



**Greater Springfield Senior Services, Inc. Caterer Application  
 Older Americans Act Title III C Nutrition Programs  
 December 4<sup>th</sup>, 2021 – September 30<sup>th</sup>, 2024**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Chief Signatory: \_\_\_\_\_

Food Service Manager: \_\_\_\_\_

Supplier Diversity Certification: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list type(s) of certification(s):

Is your company able to produce the following?

<b>Meal Type</b>	<b>Yes</b>	<b>No</b>
Regular & Modified Hot HDM		
Latino Regular & Modified Hot HDM		
Regular, Modified, and Latino Congregate (bulk) Hot Meals		
Medically Tailored Meals: Renal HDM		
Medically Tailored Meals: Cardiac/Diabetic HDM		
Pureed and Ground Meals (Homemade)		
Frozen (Regular, MTM, and Pureed) Meals		
Shelf Stable (Regular, MTM, and Pureed) Meals		

1. Name and address of proposed food facility (kitchen):

2. Is the proposed food site (kitchen) currently available to you? \_\_\_\_ Yes \_\_\_\_ No

**If not, please submit supporting documentation that an alternative site will be available to you by the Contract start date of December 4<sup>th</sup>, 2021.**

3. How long has your company been in the food service business, and what is your experience catering to Older Adult Nutrition Programs?

4. Please describe in detail your proposed method of food preparation, transport, and delivery:

5. Have you read and fully understand that you are required to adhere to the following State and federal requirements associated with this bid?

**Non-discrimination in service delivery** Yes \_\_\_\_ No \_\_\_\_

**Non-discrimination in employment** Yes \_\_\_\_ No \_\_\_\_

6. Have you read and fully understand that you are required to adhere to the following State and federal requirements associated with this bid?

**Performance bond** Yes \_\_\_\_ No \_\_\_\_

**Affirmative action** Yes \_\_\_\_ No \_\_\_\_

**Wages and employment procedures** Yes \_\_\_\_ No \_\_\_\_

**Certificate of Insurance & Liability Coverage** Yes \_\_\_\_ No \_\_\_\_

7. Will your organization access and utilize USDA commodities and group purchasing as described herein and as they are available? Yes \_\_\_\_ No \_\_\_\_

8. Does your organization have access to other cost-saving methods for acquiring food, such as food banks, seasonal arrangements, etc.? Yes \_\_\_\_ No \_\_\_\_

If yes, please specify:

9. Does your company understand it gives GSSSI the right to inspect and audit all Provider records, kitchen facilities, and operations related to this food service contract?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Does your company agree to submit financial statements (billing) to GSSSI on a timely basis as indicated in this request?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Does your company have all the necessary licenses and permits required to operate a food preparation site, prepare, handle and transport food?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Please list your square footage dry storage space and freezer space available to the GSSSI's Nutrition Program.

Dry Storage Space \_\_\_\_\_ Freezer Space \_\_\_\_\_

13. Does your company have a Food Service Manager who will be available to GSSSI personnel to address food quality and other operational concerns?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Will your company be able to meet all the nutrient requirements as specified within this request?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Does your company have sufficient resources and equipment to provide & transport food at the required temperatures?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. Please describe the type, number, model, year, and condition of all vehicles used in the nutrition program. The information should also indicate whether these vehicles are capable of transporting all equipment owned by the Provider:

17. Is your company willing to be flexible regarding the addition or reduction of meals sites and meal counts?

Yes \_\_\_\_\_ No \_\_\_\_\_

18. Does your company agree to notify the GSSSI of non-delivery due to weather-related or other emergency-related matters?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Does your company understand the reimbursement practices regarding inconsumable food and inclement weather cancellations? Yes \_\_\_\_ No \_\_\_\_

20. Will your company provide the necessary training of program personnel as requested? Yes \_\_\_\_ No \_\_\_\_

21. Will your company be able to provide holiday or special events meals? Yes \_\_\_\_ No \_\_\_\_

22. Do you have the capacity to prepare medically tailored meals (cardiac, diabetic & renal) and non-frozen, house-made pureed, and ground meals? Yes \_\_\_\_ No \_\_\_\_

23. Please indicate any of the required specifications which cannot be met as described in this bid:

24. Please indicate that the following items are included in the submission of your proposal as either statements or accompanying attachments:

<b>Items Submitted</b>	<b>Yes</b>	<b>No</b>
Most Recent Organizational Chart		
Most Recent Financial Statement		
Most Recent Annual Report		
Completed Meal Cost Analysis		
List of Available Kitchen Equipment		
List of Needed Kitchen Equipment		
Completed Four-week Sample Menu		
Copy of Insurance Liability Certificate		
Copy of Most Recent Health Dept. Inspections		
Statement of Ability to Purchase & Maintain the Performance Bond for the Life of the Contract		
Statement of Sanitation Plans/Policies/Procedures		
Written Emergency Operation Plan (that details delivery system in the event of a disruption of service including but not limited to power outages, water damage, inclement weather, and ongoing Covid-19 accommodations)		
If the proposed food site is not currently available, supporting documentation that a proposed site will be available on Dec.4 <sup>th</sup> , 2021.		
Written Kitchen Audit by an independent sanitarian, validation maximum safe meal production for the Provider's kitchen facility(ies)		
Written Transition Plan outlining key dates, identifying all responsible parties and expectations for a smooth transfer of services, ensuring that there are no disruptions in meal provision		

25. Do you agree that your company will be expected to comply with all specifications, standards, and regulations as noted if your proposal is accepted?

Yes \_\_\_\_\_ No \_\_\_\_\_

26. Please list the contact person's name, company, address, and phone number of at least one other foodservice program that you have catered for during the past two years.

27. List two (2) current customers and one (1) purveyor, their company, and daytime phone number as references:

Customer #1: \_\_\_\_\_

Customer #2: \_\_\_\_\_

Purveyor: \_\_\_\_\_

28. In the event of an unplanned disaster, does your company have the ability to produce meals at an alternative site or supply & store additional shelf stable meals?

Yes \_\_\_\_\_ No \_\_\_\_\_

**TERMS AND CONDITIONS:**

It is understood and agreed by the undersigned that the information contained herein is true and correct. Funds granted under this request are to be expended for the purposes and in the manner set forth herein per all applicable terms as stated. All grants awarded will be approved by the GSSSI Board of Directors, and grant awards are contingent upon the availability of funding by the Executive Office of Elder Affairs. By signing below, we hereby certify that I have read and understood the terms of this Agreement:

Company Name:

Signature:

Name & Title (Please Print):

Date:

