



**GREATER SPRINGFIELD
SENIOR SERVICES, INC.**
DIGNITY - PASSION - PURPOSE

**Caterer Application
Older Americans Act Title III-C Nutrition Programs
October 1, 2026 – September 30th, 2029**

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?

Meal Type	Yes	No
Regular & Modified Hot HDM and Congregate Meals		
Latino Regular & Modified Hot HDM and Congregate Meals		
Regular Hot Pureed and Ground HDM		
Modified Cold Supper HDM		
Regular Puree and Ground Ready to Heat Supper HDM		
Medically Tailored Hot Cardiac/Diabetic HDM		
Medically Tailored Hot Renal HDM		
Low Lactose HDM		

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 October 1, 2026.

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?

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:

Items Submitted	Yes	No
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 and Recipies		
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 October 1, 2026.		
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 Aging & Independence. 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:

