**Attach a copy of the process to be used to assure fair and competitive bidding for the selection of a caterer(s), and copy of the health inspection report from kitchen used to prepare meals.**

|  |  |  |
| --- | --- | --- |
| Agency Name: |        | Date:       |
| Name of Caterer: |       |
| Address: |       |
| Telephone Number: |       |
| Certified Manager Name: |       | Certification Date: |       |

Type of Operation:

 [ ]  National Caterer [ ]  Local Caterer [ ]  Vocational School [ ]  School

 [ ]  Restaurant [ ]  Hospital [ ]  Other, Specify

 [ ]  AAA1-B Provider under separate contract\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **AVERAGE MEALS SERVED PER WEEK:** |
|  | **Congregate** | **Home Delivered** | **Sub Total** |
| WEEKLY |       |       |       |

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| --- | --- |
| List names of all sites served by the caterer: |       |
|       |
|       |

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| ANNUAL AVERAGE COST: |
|  | **Congregate** | **Home Delivered** | **Sub Total** |
| Raw Food |       |       |       |
| Labor  |       |       |       |
| Meal Delivery |       |       |       |
| Other |       |       |       |
| Total: |       |       |       |
|  |  |  |  |

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| **FOOD SERVICE LICENSE** |

Attach copy of **Food Service License** and **Current Health Inspection Report** for kitchen(s) indicated.