**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 |  |  |  |

|  |
| --- |
|  |

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

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

|  |
| --- |
| **FOOD SERVICE LICENSE** |

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