

**ORANGE COUNTY FLORIDA
PROCUREMENT DIVISION**

NOTICE IS HEREBY GIVEN that Orange County, Florida, henceforth referred to as the County is accepting sealed bids for:

**INVITATION FOR BIDS #Y20-120-KB, ORANGE COUNTY HEAD START CHILD CARE FOOD
PROGRAM
TERM CONTRACT**

Copies of the Invitation to Bid (ITB) documents may be obtained from the Orange County Procurement Division at the below address. Copies may be requested by phoning (407) 836-5635 or by download from the Internet at: <http://apps.ocfl.net/orangebids/bidopen.asp>

BID SUBMISSION DUE DATE:

Sealed bid offers in an **original** and **three (3) copies** for furnishing the above will be accepted up to **2:00 PM (local time), Thursday, August 29, 2019**, in the Procurement Division, Internal Operations Centre II, 400 E. South Street, 2nd Floor, Orlando, FL 32801.

NOTICE TO BIDDERS:

To ensure that your bid is responsive, you are urged to request clarification or guidance on any issues involving this solicitation before submission of your response. Your point-of-contact for this solicitation is Kathy Bozeman, Purchasing Agent at Kathy.Bozeman@ocfl.net.

QUESTIONS:

All questions or concerns regarding this Invitation to Bid shall be submitted by email to Kathy.Bozeman@ocfl.net, no later than 5:00 PM **Monday, August 19, 2019** to the attention of Kathy Bozeman, Procurement Division, referencing the ITB number.

STATEMENT OF NO-BID

The Procurement Division is committed to continuously improve its processes and our goal is to receive maximum participation from the vendor community. If your firm chooses not to participate in responding to this solicitation please email Kathy.Bozeman@ocfl.net, referencing the ITB number, and briefly explain why the decision was made to not participate.

SUBMITTAL LABEL:

All submittals, should use the hard-copy label below and place on front of their outermost sealed envelope/package.

DONOTOPEN - SEALED RESPONSES - DONOTOPEN RESERVED FOR PUBLIC BID OPENING	
Company:	_____
Contact Name:	_____
Contact Phone/ Email:	_____
Address:	_____ _____
CONTACT:	Kathy Bozeman
IFB NUMBER:	Y20-120-KB
TITLE:	Orange County Head Start Child Care Food Program
BID DUE DATE:	_____
DELIVER TO:	
ORANGE COUNTY PROCUREMENT DIVISION INTERNAL OPERATIONS CENTRE II 400 E. SOUTH STREET, 2ND FLOOR ORLANDO, FL 32801.	

BID PACKAGE REQUIREMENTS:

This bid will be awarded to a responsible, responsive bidder, qualified by experience to provide the work specified. Failure to submit the below requested information may be cause for rejection of your bid.

The determination on whether a bidder is responsible or not shall be at the sole discretion of the County. Although the County may request the submission of a minimum number of contracts similar to the requirements of this solicitation with certain minimum dimensions, quantities, dollar values, etc., the County's determination of a bidder's responsibility shall not be solely based on the number of similar procurements the bidder provides but the entirety of the bidder's qualifications.

The Bidder shall submit the following information with the bid. It is recommended to use the list below as a checklist for your bid submittal:

1. Reference Documentation Form
(Required)

Bidder shall complete the attached Reference Documentation Form. References shall be for work **substantially similar in scope and magnitude** satisfactorily completed and shall validate the following capabilities and experience:

2. Bidder shall provide a written statement on its letterhead affirming the firm has adequate experience, staff, resources, facilities and equipment, required to successfully perform the work in accordance scope of services herein.
(Required)

3. Acknowledgement of Addenda
(Required if Applicable)

4. Authorized Signatories/Negotiators
(Required)

5. Drug-Free Workplace
(Required)

6. Schedule of Sub-contracting
(Required if Applicable)

7. Conflict/Non-Conflict of Interest Form
(Required)

8. E-Verification Certification
(Required)

9. Current W9

(Required)

- 10. Relationship Disclosure Form
(Required to be Submitted and Notarized)
- 11. Orange County Specific Project Expenditure Report.
(Required to be Submitted and Notarized)
- 12. Agent Authorization Form
(Submit if Applicable)
- 13. Leased Employee Affidavit
(Submit if Applicable)
- 14. Information for determining Joint Venture Eligibility (if Applicable)
(Submit if Applicable)

Failure to submit the above requested information may be cause for rejection of your bid.

BID RESPONSE FORM - CONTINUED
THE FOLLOWING SECTION MUST BE COMPLETED BY ALL BIDDERS:

Company Name: _____

NOTE: COMPANY NAME MUST MATCH LEGAL NAME ASSIGNED TO TIN NUMBER. CURRENT W9 MUST BE SUBMITTED WITH BID.

TIN#: _____ D-U-N-S® # _____

(Street No. or P.O. Box Number) (Street Name) (City)

(County) (State) (Zip Code)

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

EMERGENCY CONTACT

Emergency Contact Person: _____

Telephone Number: _____ Cell Phone Number: _____

Residence Telephone Number: _____ Email: _____

ACKNOWLEDGEMENT OF ADDENDA

The Bidder shall acknowledge receipt of any addenda issued to this solicitation by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the bid. Failure to acknowledge an addendum that has a material impact on this solicitation may negatively impact the responsiveness of your bid. Material impacts include but are not limited to changes to specifications, scope of work/services, delivery time, performance period, quantities, bonds, letters of credit, insurance, or qualifications.

Addendum No. _____, Date _____ Addendum No. _____, Date _____

Addendum No. _____, Date _____ Addendum No. _____, Date _____

AUTHORIZED SIGNATORIES/NEGOTIATORS

The Bidder represents that the following **principals** are authorized to sign bids, negotiate and/or sign contracts and related documents to which the bidder will be duly bound. Principal is defined as an employee, officer or other technical or professional in a position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Name	Title	Telephone Number/Email
------	-------	------------------------

(Signature)	(Date)
-------------	--------

(Title)	
---------	--

(Name of Business)	
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The Bidder shall complete and submit the following information with the bid:

Type of Organization

_____ Sole Proprietorship	_____ Partnership	_____ Non-Profit
_____ Joint Venture*	_____ Corporation	

State of Incorporation: _____

Principal Place of Business (Florida Statute Chapter 607): _____
City/County/State

THE PRINCIPAL PLACE OF BUSINESS SHALL BE THE ADDRESS OF THE BIDDER'S PRINCIPAL OFFICE AS IDENTIFIED BY THE FLORIDA DIVISION OF CORPORATIONS.

Federal I.D. number is: _____

** Joint venture firms must complete and submit with their Bid Response the form titled "Information for Determining Joint Venture Eligibility", and a copy of the formal agreement between all joint venture parties. This joint venture agreement must indicate the parties' respective roles, responsibilities and levels of participation for the project. **If proposing as a Joint Venture, the Joint Venture shall obtain and maintain all contractually required insurance in the name of the Joint Venture as required by the Contract. Individual insurance in the name of the parties to the Joint venture will not be accepted.** Failure to timely submit the required form along with an attached written copy of the joint venture agreement may result in disqualification of your Bid Response*

DRUG-FREE WORKPLACE FORM

The undersigned Bidder, in accordance with Florida Statute 287.087 hereby certifies that
_____ does:

Name of Business

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 thru 5.

As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.

Bidder's Signature

Date

SCHEDULE OF SUBCONTRACTING, IFB NO. Y20-120-KB

As specified in the General Terms and Conditions and in the Special Terms and Conditions, bidders are to present the details of subcontractor participation.

Name Of Subcontractor	Address	Type of Work to be Performed	Percent and dollar amount of Contract Amount to be Subcontracted

Company Name: _____

CONFLICT/NON-CONFLICT OF INTEREST STATEMENT

CHECK ONE

[] To the best of our knowledge, the undersigned bidder has no potential conflict of interest due to any other clients, contracts, or property interest for this project.

OR

[] The undersigned bidder, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

LITIGATION STATEMENT

CHECK ONE

[] The undersigned bidder has had no litigation and/or judgments entered against it by any local, state or federal entity and has had no litigation and/or judgments entered against such entities during the past ten (10) years.

[] The undersigned bidder, **BY ATTACHMENT TO THIS FORM**, submits a summary and disposition of individual cases of litigation and/or judgments entered by or against any local, state or federal entity, by any state or federal court, during the past ten (10) years.

COMPANY NAME

AUTHORIZED SIGNATURE

NAME (PRINT OR TYPE)

TITLE

Failure to check the appropriate blocks above may result in disqualification of your bid. Likewise, failure to provide documentation of a possible conflict of interest, or a summary of past litigation and/or judgments, may result in disqualification of your bid.

E VERIFICATION CERTIFICATION

Contract No.Y20-120-KB

I hereby certify that I will utilize the U.S. Department of Homeland Security's E-Verify system in accordance with the terms governing the use of the system to confirm the employment eligibility of the individuals classified below. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida statutes.

All persons, including subcontractors and their workforce, who will perform work under **Contract No.Y20-120-KB, Orange County Head Start Child Care Food Program**, within the state of Florida.

NAME OF CONTRACTOR:

ADDRESS OF CONTRACTOR:

AUTHORIZED SIGNATURE:

TITLE:

DATE:

**RELATIONSHIP DISCLOSURE FORM
FOR USE WITH PROCUREMENT ITEMS, EXCEPT THOSE WHERE THE COUNTY
IS THE PRINCIPAL OR PRIMARY BIDDER**

For procurement items that will come before the Board of County Commissioners for final approval, this form shall be completed by the Bidder and shall be submitted to the Procurement Division by the Bidder.

In the event any information provided on this form should change, the Bidder must file an amended form on or before the date the item is considered by the appropriate board or body.

Part I

INFORMATION ON BIDDER:

Legal Name of Bidder:

Business Address (Street/P.O. Box, City and Zip Code):

Business Phone: () _____

Facsimile: () _____

**INFORMATION ON BIDDER'S AUTHORIZED AGENT, IF APPLICABLE:
(Agent Authorization Form also required to be attached)**

Name of Bidder's Authorized Agent:

Business Address (Street/P.O. Box, City and Zip Code):

Business Phone: () _____

Facsimile: () _____

Part II

IS THE BIDDER A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?

___ YES ___ NO

IS THE MAYOR OR ANY MEMBER OF THE BCC THE BIDDER'S EMPLOYEE?

___ YES ___ NO

IS THE BIDDER OR ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC?

___ YES ___ NO

If you responded "YES" to any of the above questions, please state with whom and explain the relationship.

(Use additional sheets of paper if necessary)

Part III

ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Signature of Bidder

Date

Printed Name and Title of Person completing this form:

STATE OF _____ :
COUNTY OF _____ :

I certify that the foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public

Notary Public for the State of _____

My Commission Expires: _____

Staff signature and date of receipt of form

Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

FREQUENTLY ASKED QUESTIONS (FAQ)
ABOUT THE
RELATIONSHIP DISCLOSURE FORM
Updated 6-28-11

WHAT IS THE RELATIONSHIP DISCLOSURE FORM?

The Relationship Disclosure Form (form OC CE 2D and form OC CE 2P) is a form created pursuant to the County's Local Code of Ethics, codified at Article XIII of Chapter 2 of the Orange County Code, to ensure that all development-related items and procurement items presented to or filed with the County include information as to the relationship, if any, between the applicant and the County Mayor or any member of the Board of County Commissioners (BCC). The form will be a part of the backup information for the applicant's item.

WHY ARE THERE TWO RELATIONSHIP DISCLOSURE FORMS?

Form OC CE 2D is used only for development-related items, and form OC CE 2P is used only for procurement-related items. The applicant needs to complete and file the form that is applicable to his/her case.

WHO NEEDS TO FILE THE RELATIONSHIP DISCLOSURE FORM?

Form OC CE 2D should be completed and filed by the owner of record, contract purchaser, or authorized agent. Form OC CE 2P should be completed and filed by the bidder, offeror, quoter, or respondent, and, if applicable, their authorized agent. In all cases, the person completing the form must sign the form and warrant that the information provided on the form is true and correct.

WHAT INFORMATION NEEDS TO BE DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM?

The relationship disclosure form needs to disclose pertinent background information about the applicant and the relationship, if any, between, on the one hand, the applicant and, if applicable, any person involved with the item, and on the other hand, the Mayor or any member of the BCC.

In particular, the applicant needs to disclose whether any of the following relationships exist: (1) the applicant is a business associate of the Mayor or any member of the BCC; (2) any person involved with the approval of the item has a beneficial interest in the outcome of the matter *and* is a business associate of the Mayor or any member of the BCC; (3) the applicant is a relative of the Mayor or any member of the BCC; or (4) the Mayor or any member of the BCC is an employee of the applicant. (See Section 2-454, Orange County Code.)

HOW ARE THE KEY RELEVANT TERMS DEFINED?

Applicant means, for purposes of a development-related project, the owner, and, if applicable, the contract purchaser or owner's authorized agent. Applicant means, for purposes of a procurement item, the bidder, offeror, quoter, respondent, and, if applicable, the authorized agent of the bidder, offeror, quoter, or respondent.

Business associate means any person or entity engaged in or carrying on a business enterprise with a public officer, public employee, or candidate as a partner, joint venture, corporate shareholder where the shares of such corporation are not listed on any national or regional stock exchange, or co-owner of property. In addition, the term includes any

person or entity engaged in or carrying on a business enterprise, or otherwise engaging in common investment, with a public officer, public employee, or candidate as a partner, member, shareholder, owner, co-owner, joint venture partner, or other investor, whether directly or indirectly, whether through a Business Entity or through interlocking Parent Entities, Subsidiary Entities, or other business or investment scheme, structure, or venture of any nature. (See Section 112.312(4), Florida Statutes, and Section 2-452(b), Orange County Code.)

Employee means any person who receives remuneration from an employer for the performance of any work or service while engaged in any employment under any appointment or contract for hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and includes, but is not limited to, aliens and minors. (See Section 440.02(15), Florida Statutes.)

Relative means an individual who is related to a public officer or employee as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, step great grandchild, person who is engaged to be married to the public officer or employee or who otherwise holds himself or herself out as or is generally known as the person whom the public officer or employee intends to marry or with whom the public officer or employee intends to form a household, or any other natural person having the same legal residence as the public officer or employee. (See Section 112.312(21), Florida Statutes.)

DOES THE RELATIONSHIP DISCLOSURE FORM NEED TO BE UPDATED IF INFORMATION CHANGES?

Yes. It remains a continuing obligation of the applicant to update this form whenever any of the information provided on the initial form changes.

WHERE DO THE RELATIONSHIP DISCLOSURE FORM AND ANY SUBSEQUENT UPDATES NEED TO BE FILED?

For a development-related item, the Relationship Disclosure Form and any update need to be filed with the County Department or County Division where the applicant filed the application. For a procurement item, the Relationship Disclosure Form and any update need to be filed with the Procurement Division.

WHEN DO THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES NEED TO BE FILED?

In most cases, the initial form needs to be filed when the applicant files the initial development-related project application or initial procurement-related forms. However, with respect to a procurement item, a response to a bid will not be deemed unresponsive if this form is not included in the initial packet submitted to the Procurement Division.

If changes are made after the initial filing, the final, cumulative Relationship Disclosure Form needs to be filed with the appropriate County Department or County Division processing the application not less than seven (7) days prior to the scheduled BCC agenda date so that it may be incorporated into the BCC agenda packet. When the matter is a discussion agenda item or is the subject of a public hearing, and an update has not been made at least 7 days prior to BCC meeting date or is not included in the BCC agenda packet, the

applicant is obligated to verbally present such update to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

WHO WILL REVIEW THE INFORMATION DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES?

The information disclosed on this form and any updates will be a public record as defined by Chapter 119, Florida Statutes, and may therefore be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This form and any updates will accompany the information for the applicant's project or item.

However, for development-related items, if an applicant discloses the existence of one or more of the relationships described above and the matter would normally receive final consideration by the Concurrency Review Committee or the Development Review Committee, the matter will be directed to the BCC for final consideration and action following committee review.

CONCLUSION:

We hope you find this FAQ useful to your understanding of the Relationship Disclosure Form. Please be informed that if the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance or law governing relationship disclosures, the ordinance or law controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to an applicant or any other outside party. Accordingly, if the applicant or an outside party has any questions after reading this FAQ, he/she is encouraged to contact his/her own legal counsel.

ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.

This is the initial Form: _____
This is a Subsequent Form: _____

Part I

Please complete all of the following:

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls): _____

Name and Address of Principal's Authorized Agent, if applicable: _____

List the name and address of all lobbyists, Contractors, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)

1. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No ___
2. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No ___
3. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No ___
4. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No ___
5. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No ___
6. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No ___
7. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No ___
8. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No ___

Part II

Expenditures:

For this report, an "expenditure" means money or anything of value given by the principal and/or his/her lobbyist for the purpose of lobbying, as defined in section 2-351, Orange County Code. This may include public relations expenditures including, but not limited to, petitions, fliers, purchase of media time, cost of print and distribution of publications. However, the term "expenditure" **does not** include:

- Contributions or expenditures reported pursuant to chapter 106, Florida Statutes;
- Federal election law, campaign-related personal services provided without compensation by individuals volunteering their time;
- Any other contribution or expenditure made by or to a political party;
- Any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4), in accordance with s.112.3215, Florida Statutes; and/or
- Professional fees paid to registered lobbyists associated with the project or item.

The following is a complete list of all lobbying expenditures and activities (including those of lobbyists, contractors, Contractors, etc.) incurred by the principal or his/her authorized agent and expended in connection with the above-referenced project or issue. **You need not include de minimus costs (under \$50) for producing or reproducing graphics, aerial photographs, photocopies, surveys, studies or other documents related to this project.**

Date of Expenditure	Name of Party Incurring Expenditure	Description of Activity	Amount Paid
		TOTAL EXPENDED THIS REPORT	\$

Part III

Original signature and notarization required

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I acknowledge and agree to comply with the requirement of section 2-354, of the Orange County code, to amend this specific project expenditure report for any additional expenditure(s) incurred relating to this project prior to the scheduled Board of County Commissioner meeting. I further acknowledge and agree that failure to comply with these requirements to file the specific expenditure report and all associated amendments may result in the delay of approval by the Board of County Commissioners for my project or item, any associated costs for which I shall be held responsible. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

_____ Date

_____ Signature of Principal or Principal's Authorized Agent
(check appropriate box)

Printed Name and Title of Person completing this form:

STATE OF _____ :
COUNTY OF _____ :

I certify that the foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of _____
My Commission Expires: _____

Staff signature and date of receipt of form

Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

FREQUENTLY ASKED QUESTIONS (FAQ)
ABOUT THE
SPECIFIC PROJECT EXPENDITURE REPORT
Updated 3-1-11

WHAT IS A SPECIFIC PROJECT EXPENDITURE REPORT (SPR)?

A Specific Project Expenditure Report (SPR) is a report required under Section 2-354(b) of the Orange County Lobbying Ordinance, codified at Article X of Chapter 2 of the Orange County Code, reflecting all lobbying expenditures incurred by a principal and their authorized agent(s) and the principal's lobbyist(s), contractor(s), subcontractor(s), and Contractor(s), if applicable, for certain projects or issues that will ultimately be decided by the Board of County Commissioners (BCC).

Matters specifically exempt from the SPR requirement are ministerial items, resolutions, agreements in settlement of litigation matters in which the County is a party, ordinances initiated by County staff, and some procurement items, as more fully described in 2.20 of the Administrative Regulations.

Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying need not be disclosed on this form. (See Section 2-354(b), Orange County Code.)

WHO NEEDS TO FILE THE SPR?

The principal or his/her authorized agent needs to complete and sign the SPR and warrant that the information provided on the SPR is true and correct.

A principal that is a governmental entity does not need to file an SPR.

HOW ARE THE KEY RELEVANT TERMS DEFINED?

Expenditure means "a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying. This may include public relations expenditures (including but not limited to petitions, flyers, purchase of media time, cost of print and distribution of publications) but does not include contributions or expenditures reported pursuant to Chapter 106, Florida Statutes, or federal election law, campaign-related personal services provided without compensation by individuals volunteering their time, any other contribution or expenditure made by or to a political party, or any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4)." (See Section 112.3215, Florida Statutes.) Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying are not deemed to be "expenditures." (See Section 2-354, Orange County Code.)

Lobbying means seeking "to encourage the approval, disapproval, adoption, repeal, rescission, passage, defeat or modification of any ordinance, resolution, agreement, development permit, other type of permit, franchise, vendor, Contractor, contractor, recommendation, decision or other foreseeable action of the [BCC]," and "include[s] all communications, regardless of whether initiated by the lobbyist or by the person being lobbied, and regardless of whether oral, written or electronic." (See Section 2-351, Orange County Code.) Furthermore, *lobbying* means communicating "directly with the County Mayor, with any other member of the [BCC], or with

any member of a procurement committee.” (See Section 2-351, Orange County Code.) *Lobbying* also means communicating “indirectly with the County Mayor or any other member of the [BCC]” by communicating with any staff member of the Mayor or any member of the BCC, the county administrator, any deputy or assistant county administrator, the county attorney, any county department director, or any county division manager. (See Section 2-351, Orange County Code.) *Lobbying* does not include the act of appearing before a Sunshine Committee, such as the Development Review Committee or the Roadway Agreement Committee other than the BCC.

Principal means “the person, partnership, joint venture, trust, association, corporation, governmental entity or other entity which has contracted for, employed, retained, or otherwise engaged the services of a lobbyist.” *Principal* may also include a person, partnership, joint venture, trust, association, corporation, limited liability corporation, or other entity where it or its employees do not qualify as a lobbyist under the definition set forth in Section 2-351 of the Orange County Code but do perform lobbying activities on behalf of a business in which it has a personal interest.

DOES THE SPR NEED TO BE UPDATED IF INFORMATION CHANGES?

Yes. It remains a continuing obligation of the principal or his/her authorized agent to update the SPR whenever any of the information provided on the initial form changes.

WHERE DO THE SPR AND ANY UPDATES NEED TO BE FILED?

The SPR needs to be filed with the County Department or County Division processing the application or matter. If and when an additional expenditure is incurred subsequent to the initial filing of the SPR, an amended SPR needs to be filed with the County Department or County Division where the original application, including the initial SPR, was filed.

WHEN DO THE SPR AND ANY UPDATES NEED TO BE FILED?

In most cases, the initial SPR needs to be filed with the other application forms. The SPR and any update must be filed with the appropriate County Department or County Division not less than seven (7) days prior to the BCC hearing date so that they may be incorporated into the BCC agenda packet. (See Section 2-354(b), Orange County Code.) When the matter is a discussion agenda item or is the subject of a public hearing, and any additional expenditure occurs less than 7 days prior to BCC meeting date or updated information is not included in the BCC agenda packet, the principal or his/her authorized agent is obligated to verbally present the updated information to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

WHO WILL BE MADE AWARE OF THE INFORMATION DISCLOSED ON THE SPR AND ANY UPDATES?

The information disclosed on the SPR and any updates will be a public record as defined by Chapter 119, Florida Statutes, and therefore may be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This information will accompany the other information for the principal’s project or item.

CONCLUSION:

We hope you find this FAQ useful to your understanding of the SPR. Please be informed that in the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance governing specific project expenditure reports, the ordinance controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to a principal, his/her authorized agent, or any other outside party. Accordingly, if after reading this FAQ the principal, his/her authorized agent or an outside party has any questions, he/she is encouraged to contact his/her own legal counsel.

AGENT AUTHORIZATION FORM

I/We, (Print Bidder name) _____, Do hereby authorize (print agent's name), _____, to act as my/our agent to execute any petitions or other documents necessary to affect the CONTRACT approval PROCESS more specifically described as follows, (IFB NUMBER AND TITLE) _____, and to appear on my/our behalf before any administrative or legislative body in the county considering this CONTRACT and to act in all respects as our agent in matters pertaining TO THIS CONTRACT.

Signature of Bidder Date

STATE OF _____ :
COUNTY OF _____ :

I certify that the foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of _____
My Commission Expires: _____

LEASED EMPLOYEE AFFIDAVIT

I affirm that an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees only. My leasing arrangement does not cover un-enrolled worksite employees, independent contractors, uninsured sub-contractors or casual labor exposure.

I hereby certify that 100% of my workers are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify the County in the event that I have any workers not covered by the employee leasing workers' compensation policy. In the event that I have any workers not subject to the employee leasing arrangement, I agree to obtain a separate workers' compensation policy to cover these workers. I further agree to provide the County with a certificate of insurance providing proof of workers' compensation coverage prior to these workers entering any County jobsite.

I further agree to notify the County if my employee leasing arrangement terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers' compensation coverage prior to the termination of the employee leasing arrangement.

I certify that I have workers' compensation coverage for all of my workers through the employee leasing arrangement specified below:

Name of Employee Leasing Company: _____
Workers' Compensation Carrier: _____
A.M. Best Rating of Carrier: _____
Inception Date of Leasing Arrangement: _____

I further agree to notify the County in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers' compensation certificate to the County that documents the change of carrier.

Name of Contractor: _____
Signature of Owner/Officer: _____
Title: _____ Date: _____

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY

If the bidder is submitting as a joint venture, please be advised that this form **MUST** be completed and the **REQUESTED** written joint-venture agreement **MUST** be attached and submitted with this form.

HOWEVER, IF THE BIDDER IS NOT A JOINT VENTURE, CHECK THE FOLLOWING BLOCK: () NOT APPLICABLE

1. Name of joint venture: _____

2. Address of joint venture: _____

3. Phone number of joint venture: _____

4. Identify the firms which comprise the joint venture: _____

5. Describe the role of the MWBE / Labor Surplus Area(LSA) Firm (if applicable) in the joint venture: _____

6. Provide a copy of the joint venture's written contractual agreement.

7. What is the claimed percentage of ownership and identify any MWBE/LSA partners (if applicable)?

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY – PAGE 2

8. Ownership of joint venture: (This need not be filled in if described in the joint venture agreement provided by question 6.)

(a) Profit and loss sharing: _____

(b) Capital contributions, including equipment:

(c) Other applicable ownership interests:

9. Control of and participation in this contract. Identify by name, race, sex, and "firm" those individuals (and their titles) who are responsible for day-to-day management and policy decision making, including, but not limited to, those with prime responsibility for:

(a) Financial decisions: _____

(b) Management decisions, such as:

(1) Estimating: _____

(2) Marketing and sales:

(3) Hiring and firing of management personnel:

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY – PAGE 3

(4) Purchasing of major items or supplies:

(c) Supervision of field operations:

NOTE: If, after filing this form and before the completion of the joint venture's work on the subject contract, there is any significant change in the information submitted, the joint venture must inform the County in writing.

* **Joint venture must be properly registered with the Florida Division of Corporations before the contract award and the name of the Joint Venture must be the same name used in the Bid Response.**

AFFIDAVIT

"The undersigned swear or affirm that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operation of our joint venture and the intended participation by each joint venturer in the undertaking. Further, the undersigned covenant and agree to provide to the County current, complete and accurate information regarding actual joint venture work and the payment therefore and any proposed changes in any of the joint venture. Also, permit authorized representatives of the County to audit and examine records of the joint venture. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements."

Name of Firm: _____ Name of Firm: _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Title: _____ Title: _____

Date: _____ Date: _____

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY – PAGE 4

Date _____
State of _____
County of _____

AFFIDAVIT

On this _____ day of _____, 20____, before me appeared (name) _____, to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) _____ to execute the affidavit and did so as his or her free act and deed.

Notary Public _____
Commission Expires _____

(Seal)

Date _____
State of _____
County of _____

On this _____ day of _____, 20____, before me appeared _____ (name), to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) _____ to execute the affidavit and did so as his or her free act and deed.

Notary Public _____
Commission Expires _____

(Seal)

Child Care Food Program

Formal Solicitation for Catered Meal Service

Invitation to Bids (ITB)

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Section 1: Introductory Materials

1.1 Statement of Purpose

The purpose of this Invitation to Bids (ITB) is for Orange County Head Start Child Care Food Program to obtain competitive prices for catered meal services for children participating in the Child Care Food Program (CCFP). This ITB is for reference purposes only.

1.2 Scope of Services

The scope of services for this solicitation is to provide meals to the site(s) identified in the Delivery Schedule, **Attachment C** in this ITB. Meals will be delivered as scheduled in accordance with all quote specifications and Attachments regarding this solicitation.

1.3 Definitions:

1. Bid: A formal or informal offer to perform catering service in accordance with the specifications and conditions of the governing contract for a set, stated price.
2. Bulk Food (Bulk): Ready-to-eat foods portioned by Institution or Facility.
3. Business Days: Monday through Friday, excluding State of Florida holidays.
4. Calendar Days: All days, including weekends and holidays.
5. Child Care Food Programs (CCFP): The portion of the Child and Adult Care Food Program enacted in Section 17 of the National School Lunch Act authorizing assistance to states through grants-in-aid and other means to initiate, maintain, and expand non-profit food service programs for children in nonresidential institutions that provide care. The CCFP is intended to enable such institutions to integrate a nutritious food service with organized care services for enrolled participants. Reimbursement payments for allowable costs are made under the CCFP by the state to the Institution that in turn is required to pay for meals received.
6. Cycle Menu: A standard list of food items organized into daily meals meeting the USDA meal pattern. Cycle menus are provided in specific sequence and arrangement to vary the diet of CCFP participants and remain in compliance with the USDA meal pattern standards.
7. Facility: A sponsored child care center.
8. Food Service Establishment: The licensed or permitted location where food is prepared prior to being delivered to the Institution or Facility.
9. Food Service Management Company: Also known as Caterer, an organization other than a public or private nonprofit school, with which an Institution or Facility may contract for preparing and, unless otherwise provided for, delivering meals, with or without milk for use in the CCFP.
10. Institution: A sponsoring organization, child care center, at-risk afterschool care center, outside-school hours care center, or emergency shelter, which enters into an agreement with the Department to assume final administrative and financial responsibility for Program operations.
11. License or Permit: Status reflecting approval of license or permit from the applicable Licensing or Permitting Authority, and the maintenance of good standing pertaining to the permit or license. For purpose of this contract, in good standing means an active license or permit without violations which indicate health risks to the public.
12. Licensing or Permitting Authority: Includes the Department of Business and Professional Regulations (DBPR) which regulates restaurants, most mobile food vehicles, and most public food service events; the Department of Agriculture and Consumer Services (DACS) that generally regulates whole-sale food operations, convenience

stores, grocery stores, food processing operations, food storage or warehouse operations, and non-alcoholic beverage operations; and the Department of Health which regulates food service establishments such as food service operations located in institutional settings (schools, assisted living facilities, detention facilities, adult day care, etc.), civic and fraternal organizations, bars and lounges that do not prepare food, and theatres, to help ensure their products are not a source of foodborne illness.

13. Meals: Meal types (breakfast, lunch, snack, or supper) delivered and served to enrolled participants at an Institution or Facility that meets the meal pattern and nutritional requirements set forth in this ITB.
14. Milk: Pasteurized fluid types of unflavored or flavored whole milk, lowfat milk, fat-free milk, or cultured buttermilk that meet state and local standards for such milk. All milk should contain vitamins A and D at levels specified by the Food and Drug Administration and be consistent with state and local standards for such milk.
15. Responsive Bidder: A Caterer that appears on the CCFP Caterer List who has submitted a response to an Invitation to Bid for catering services.
16. Responsive, Responsible Bidder: Also known as Caterer, the successful Responsive Bidder awarded a contract by the Institution or Facility in accordance with the terms of this ITB.
17. Snack: A meal supplement that meets the meal pattern requirements specified in 7 C.F.R. § 226.20(c)(3).
18. State: State of Florida.
19. United States Department of Agriculture (USDA): The federal agency responsible for the administration, oversight, and fund distribution for the CCFP and the requirements of governing federal regulations.

Section 2: Procurement Process, Schedule, and Constraints

2.1 Procurement Contact

The Procurement Contact assigned to this solicitation is:

Orange County Board of County Commissioners

Kathy Bozeman

**Internal Operation Centre II Procurement
400 E. South Street, 2nd floor
Orlando, FL 32801**

Kathy.Bozeman@ocfl.net

2.2 Restrictions on Communications

Responsive Bidders to this solicitation or persons acting on their behalf may not contact the Institution or Facility, between the release of the solicitation and the end of the 72-hour period following the Institution or Facility's notice of intended award concerning any aspect of this solicitation, except in writing to the Procurement Contact listed in **Section 2.1**, above. Violation of this provision may be grounds for rejecting a Bid.

2.3 Term

It is anticipated that the Contract resulting from this ITB will be for a one-year period from October 1, 2019 or the Contract execution date, whichever is later, to September 30, 2020, subject to renewal as identified in **Section 2.4**. The Contract resulting from this ITB is contingent upon availability of funds.

2.4 Renewal

The Contract resulting from this solicitation may be renewed. Renewals may be made on a yearly basis for no more than two years beyond the initial contract. Renewals must be in writing, subject to the same terms and conditions set forth in the initial Contract and any new or additional terms and conditions as required by the CCFP. Renewals are by a mutual agreement and contingent upon satisfactory performance and availability of funds.

2.5 Timeline

<u>EVENT</u>	<u>DATE</u>	<u>LOCATION</u>
ITB Advertised / Released	<u>August 14, 2019</u> (Date)	Orange County Board of County Commissioners
Questions Submitted in Writing	Must be received PRIOR TO: <u>August 19, 2019</u> (Date) <u>5:00 PM</u> (Time)	<p>Submit to:</p> <p>Orange County Board of County Commissioners</p> <p>Attention: Kathy Bozeman (Institution or Facility procurement contact) Internal Operations Centre II 400 E. South Street, 2nd Floor Orlando, FL 32801</p> <p>Email: Kathy.Bozeman@ocfl.net</p>
Answers to Questions (Anticipated Date)	PRIOR TO Bid Opening: <u>August 20, 2019</u> (Date)	Answers to questions will be submitted in writing to all Bidders.
Sealed Bids Due and Opened	Must be received PRIOR TO: <u>August 29, 2019</u> (Date) <u>2:00 PM</u> (Time)	<p><u>PUBLIC OPENING</u></p> <p>Submit to:</p> <p>Orange County Procurement Division (Name of Institution or Facility) Attention:</p> <p>Kathy Bozeman (Institution or Facility procurement contact)</p> <p>Internal Operations Centre II 400 E. South Street, 2nd Floor Orlando, FL 32801 (Address of Institution or Facility)</p>
Anticipated Notice of Intent to Award	Must be AFTER Institution or Facility receives CCFP approval <u>September 25, 2019</u> (Date)	The responsive, responsible Bidder will be notified by phone or in writing.

2.6 Questions

Questions related to this solicitation must be received, in writing, by the Procurement Contact identified in **Section 2.1**, within the time indicated in the Timeline, **Section 2.5**. Verbal questions or those submitted after the period specified in the Timeline will not be addressed.

Answers to questions submitted in accordance with the Timeline will be provided in writing to all Responsive Bidders.

2.7 Basis of Award

A single award will be made to the responsive, responsible Bidder offering the lowest grand total price and meeting all stated requirements of this ITB.

The Institution or Facility may choose to award the contract to another Bidder meeting all ITB requirements as licensed or permitted under 7 CFR § 226.21(a)(7). However, the Institution or Facility must obtain CCFP approval prior to award and submit written justification explaining its reasons for not accepting the lowest Bid.

2.8 Federal Excluded Parties List

In accordance with 2 C.F.R. § 180, 2 C.F.R. § 200.13, and Appendix II to 2 C.F.R. § 200 (H), a Bidder that, at the time of submitting a Bid for a new Contract or renewal of an existing Contract is in the System for Award Management (SAM), is ineligible and may not submit a Bid, enter into, or renew a Contract with an Institution or Facility for catered meal services. SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded from receiving federal contracts.

Section 3: Instructions for Bid Submittal

3.1 Instructions for Submittal

1. Responsive Bidders must complete, sign, and return the Price Schedule, **Attachment D**, with the Bid submittal. **(Mandatory Requirement)**
2. Responsive Bidders must submit all mandatory documents in the formats specified in the ITB.
3. Responsive Bidders must submit two original paper copies of the Bid.
4. Bids must be sent by United States Postal Service, courier, or hand delivered to the location indicated in the Timeline, **Section 2.5**.
5. Bids submitted via electronic mail (email) or facsimile will **not** be considered.
6. Bids must be submitted in a sealed envelope or sealed package with the name of the Institution or Facility and the date and time of the Bid opening clearly marked on the outside.
7. The Institution or Facility is not responsible for improperly marked Bids.
8. It is the Responsive Bidder's responsibility to ensure its Bid is submitted at the proper place and time indicated in the Timeline, **Section 2.5**.
9. The Institution's or Facility's clocks will provide the official time for Bid receipt.
10. Materials submitted will become the property of the Institution or Facility and the CCFP.

3.2 Cost of Preparation

Neither the Institution or Facility nor the CCFP is liable for any costs incurred by a Responsive Bidder in responding to this solicitation.

3.3 Price Schedule, Attachment D (Mandatory Requirement)

Responsive Bidders must fill out the Price Schedule, **Attachment D**, as indicated, sign it, and return it with their Bid.

3.4 Mandatory Requirements

Responsive Bidders must complete and submit the following information or documentation as part of their Bid:

3.4.1 Minimum Qualifications

1. The Responsive Bidder's food service establishment must be licensed or permitted, and inspected as required by:
 - a. Chapter 509, Florida Statutes, if the Responsive Bidder is regulated by DBPR; or
 - b. Section 381.0072, Florida Statutes, if the Responsive Bidder is regulated by the Department of Health; or
 - c. Chapter 500, Florida Statutes, if the Responsive Bidder is regulated by Florida Department of Agriculture and Consumer Services.
2. This ITB will have no force or effect unless the Responsive Bidder is listed on the CCFP Caterer List, pursuant to Rule 64F-17.004, Florida Administrative Code, before the specified bid opening date and time, and the Responsive, Responsible Bidder must maintain its proper license or permit and remain in good standing with the appropriate Licensing or Permitting Authority throughout the contract term.

3.4.2. References

X Check here if requested.

Responsive Bidder must provide contact information for three entities the Responsive Bidder has provided catered meal services of a similar to those requested in this solicitation. Responsive Bidders must use the Reference Form, **Attachment F**, to provide the required information. The Institution or Facility reserves the right to contact any and all entities in the course of this solicitation in order to verify experience.

3.4.3. Conflict of Interest

Responsive Bidders must complete, sign and return with their Bid the Caterer Conflict of Interest Questionnaire, **Attachment E**.

3.5 Special Accommodations

Persons with a disability requiring special accommodations should call the Institution's or Facility's office at least five business days prior to Bid opening.

3.6 Responsive and Responsible (Mandatory Requirements)

Responsive Bidders must complete and submit the following mandatory information or documentation as part of their Bid. Any Bid which does not contain the information below will be deemed non-responsive.

- Bids must be received by the time specified in Section 2.5, Timeline.
- Responsive Bidders must submit two original paper copies of the Bid.
- Price Schedule, Attachment D, as specified in Section 3.3.
- Conflict of Interest, Attachment E, as specified in Section 3.4.3
- Reference Form, Attachment F, as specified in Section 3.4.2

3.7 Late Bid

The Procurement Contact must receive Bids pursuant to this ITB no later than the date and time shown in the Timeline, **Section 2.5**. Bids that are not received by the time specified will **not** be considered.

Section 4: Special Conditions

4.1 Conflict of Interest

The Responsive Bidder is prohibited from having a financial or other interest in the Institution or Facility served under this ITB. Any solicitation with a conflict will be void from its inception.

Refer to Conflict of Interest, **Section 3.4.3**.

4.2 Caterer Registration

Each Responsive Bidder must be listed on the CCFP Caterer List, pursuant to Rule 64F-17.004, Florida Administrative Code, before the specified Bid opening date and time and prior to the contract execution.

Information regarding Caterer Registration may be obtained at:

<http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/Catering/index.html>

4.3 Children with Disabilities

Caterers are required to provide substitute food components of the meal for children with disabilities when a disability restricts their diet. Substitutions are made on a case-by-case basis by the Institution or Facility, and must be supported by a statement of the need for substitutes that includes the recommended alternate foods.

4.4 Minority, Women, and Florida Veteran Business Participation

Participation of minority, women, and Florida veteran business is encouraged in all solicitations.

4.5 Commercial General Liability Insurance

The Caterer must secure and maintain, at its sole expense, throughout the term of this Contract, insurance necessary to cover services under this contract. The Caterer accepts full responsibility for identifying and determining the types and extent of liability insurance necessary to provide reasonable financial protections for itself, and the clients to be served under this contract. The limits of coverage under each policy maintained by the Caterer do not limit the Caterer's liability and obligations under this contract.

The Caterer must deliver the written notification and a Certificate of Coverage to the Institution or Facility of insurance coverage at the time this contract or renewal is executed and within five business days of any change in insurance or terms of insurance.

4.6 Standard Catering Contract

Caterers must become familiar with the CCFP Standard Catering Contract which contains terms and conditions mandated by federal laws, state statutes, and administrative code rules.

Use of the Standard Catering Contract is mandatory for CCFP catering contracts and the terms and conditions contained in the Standard Contract are non-negotiable. The Standard Catering Contract terms and conditions are located at: <http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/Catering/index.html>

4.7 Conflict of Law and Controlling Provisions

Any Contract resulting from this ITB, and any conflict of law issue, will be governed by the laws of the State of Florida.

4.8 Access to Records and Maintenance of Records

The books and records of the Caterer pertaining to the Institution or Facility's food service operation shall be available for inspection and audit by representatives of the Department, of USDA, and of the U.S. General Accounting Office at any reasonable time and place, for a period of three years from the date of receipt of final

payment under the contract, or in cases where an audit requested by the Department or USDA remains unresolved, until such time as the audit is resolved.

The Caterer shall maintain such records (supported by invoices, receipts, or other evidence) as the Institution or Facility will need to meet its responsibilities under 7 C.F.R. § 226.6(i), and shall promptly submit invoices and delivery reports to the Institution or Facility no less frequently than monthly, as specified in 7 C.F.R. § 226.6(i)(2). The records that the Caterer will maintain include, but are not limited to:

- a. Purchase orders, invoices from food distributors, and production records;
- b. Delivery records and meal change form confirmations;
- c. Temperature logs for storage, cooking and holding of potentially hazardous foods, and transportation to the Institution or Facility;
- d. Invoices to the Institution or Facility;
- e. Notices of non-payment;
- f. Records necessary to comply with federal and state laws and regulations;
- g. All state and federal tax records associated with this contract; and
- h. The contract, all addendums, and amendments.

4.9 Dispute Resolution

Disputes related to this ITB will be resolved through mutually agreed mediation. Regardless of resolution, costs or expenses for which the Institution or Facility subsequently accepts or is assigned liability will not be paid from CCFP reimbursement funds, unless those costs or expenses have been previously approved by the CCFP.

Attachment 1

Child Care Food Program Meal Pattern for Children

The Child Care Food Program (CCFP) provides aid to child care institutions and family day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children. **Child care providers must ensure that each meal served to children contains, at a minimum, each of the food components in the amounts indicated for the appropriate age group as stated in the CCFP Meal Pattern for Children.**

Child Meal Pattern Food Components:		Age Group and Serving Size:		
		1 and 2 year olds:	3 – 5 year olds:	6 – 18 ¹ year olds:
Breakfast (3 components)	Milk² Fluid milk	4 fluid ounces	6 fluid ounces	8 fluid ounces
	Vegetables, fruits, or portions of both³ Vegetable(s) and/or fruit(s)	1/4 cup	1/2 cup	1/2 cup
	Grains^{*6,6,7,14} *whole grain, whole grain-rich, enriched Bread Bread product such as biscuit, roll, muffin Cooked breakfast cereal ⁸ , cereal grain, and/or pasta Ready-to-eat breakfast cereal (dry, cold) ⁹ Flakes or rounds Puffed cereal Granola	1/2 slice 1/2 serving 1/4 cup 1/2 cup 3/4 cup 1/8 cup	1/2 slice 1/2 serving 1/4 cup 1/2 cup 3/4 cup 1/8 cup	1 slice 1 serving 1/2 cup 1 cup 1 1/4 cup 1/4 cup
	*Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. ⁶	*1/2 oz. (optional)	*1/2 oz. (optional)	*1 oz. (optional)
Lunch/Supper (5 components)	Milk² Fluid milk	4 fluid ounces	6 fluid ounces	8 fluid ounces
	Meat and Meat Alternates Lean meat, poultry, or fish ¹⁰ Tofu, soy products, or alternate protein products ¹¹ Cheese Large egg Cooked dry beans or peas Peanut butter or soynut butter or other nut/seed butters Yogurt, plain or flavored, unsweetened or sweetened ¹² Peanuts, soynuts, tree nuts, or seeds ⁹	1 oz. 1 oz. 1 oz. 1/2 egg 1/4 cup 2 Tbsp. 4 oz. or 1/2 cup 1/2 oz. = 50%	1 1/2 oz. 1 1/2 oz. 1 1/2 oz. 3/4 egg 3/8 cup 3 Tbsp. 6 oz. or 3/4 cup 3/4 oz. = 50%	2 oz. 2 oz. 2 oz. 1 egg 1/2 cup 4 Tbsp. 8 oz. or 1 cup 1 oz. = 50%
	Vegetables^{3,4} Vegetables	1/8 cup	1/4 cup	1/2 cup
	Fruits^{3,4} Fruits	1/8 cup	1/4 cup	1/4 cup
	Grains^{*5,7,14} *whole grain, whole grain-rich, enriched Bread Bread product such as biscuit, roll, muffin Cooked breakfast cereal ⁸ , cereal grain, and/or pasta	1/2 slice 1/2 serving 1/4 cup	1/2 slice 1/2 serving 1/4 cup	1 slice 1 serving 1/2 cup

Note: Milk must be served with each breakfast, lunch and supper meal. Between a child's first and second birthday, whole milk is required. After the child's second birthday, it is required that lowfat or fat-free milk be served. Flavored milk cannot be served to children less than 6 years of age.

Conversions:

1/2 cup = 4 fl. oz.
3/4 cup = 6 fl. oz.
1 cup = 8 fl. oz.

1 pint = 2 cups
1 quart = 2 pints = 4 cups
1 gallon = 4 quarts = 16 cups

CCFP Meal Pattern for Children (continued)

Child Meal Pattern Food Components:		Age Group and Serving Size:		
		1 and 2 year olds:	3 – 5 year olds:	6 – 18 ¹ year olds:
Snack ¹³ (Select 2 different components)	Milk²			
	Fluid milk	4 fluid ounces	4 fluid ounces	8 fluid ounces
	Meat and Meat Alternates			
	Lean meat, poultry or fish ¹⁰	1/2 oz.	1/2 oz.	1 oz.
	Tofu, soy products, or alternate protein products ¹¹	1/2 oz.	1/2 oz.	1 oz.
	Cheese	1/2 oz.	1/2 oz.	1 oz.
	Large egg	1/2 egg	1/2 egg	1/2 egg
	Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
	Peanut butter or soynut butter or other nut/seed butters	1 Tbsp.	1 Tbsp.	2 Tbsp.
	Yogurt, plain or flavored, unsweetened or sweetened ¹²	2 oz. or 1/4 cup	2 oz. or 1/4 cup	4 oz. or 1/2 cup
Peanuts, soynuts, tree nuts, or seeds	1/2 oz.	1/2 oz.	1 oz.	
Vegetables³				
Vegetables	1/2 cup	1/2 cup	3/4 cup	
Fruits³				
Fruits	1/2 cup	1/2 cup	3/4 cup	
Grains*^{5,7,14} *whole grain, whole grain-rich, enriched				
Bread	1/2 slice	1/2 slice	1 slice	
Bread product such as biscuit, roll, muffin	1/2 serving	1/2 serving	1 serving	
Cooked breakfast cereal ⁸ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	
Ready-to-eat breakfast cereal (dry, cold) ⁸				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cup	
Granola	1/8 cup	1/8 cup	1/4 cup	

- Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
- For children age one – must be unflavored whole milk.
For children two through five years – must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk.
For children six years and older – must be unflavored or flavored lowfat (1 percent) or fat-free (skim) milk.
- Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
- At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.
- At breakfast, meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains (one serving).
- Beginning October 1, 2021, ounce equivalents will be used to determine the quantity of creditable grains.
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).
- At lunch and supper, no more than 50% of the meat/meat alternate requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, 1 ounce of nuts or seeds is equal to 1 ounce of cooked lean meat, poultry, or fish.
- The serving size for lean meat, poultry, or fish is the edible portion as served.
- Alternate protein products must meet the requirements in Appendix A of Part 226.
- Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- At snack, select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.
- Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1/4 cup for children ages 1-2; 1/3 cup for children ages 3-5; and 1/2 cup for children ages 6-18.

Attachment1(Continued)

CCFP Meal Pattern for Children *(continued)*

Child care providers have the unique opportunity to ensure healthy eating habits are developed early and promote wellness to all children in their care.

Fluid Milk:

- After the child's first birthday and prior to the second birthday, whole milk must be served.
- After the child's second birthday, lowfat (1%) or fat-free milk must be served.
- Flavored milk is not allowed for children under the age of six. Children ages six and older may be served lowfat or fat-free flavored milk.
- The type(s) of milk served must be noted on the menu (fat content and unflavored or flavored).

Vegetable or fruit or juice:

- Vegetable or fruit juice must be full-strength, pasteurized, and 100% juice. Unless orange or grapefruit juice, it should also be fortified with 100% or more of Vitamin C.
- Fruit juice must not be served more than once a day.
- One cup of leafy greens counts as ½ cup of vegetables.
- Less than 1/8 cup of vegetables and fruits may not be counted to meet the vegetable and/or fruit component.
- At lunch and supper, one vegetable and one fruit *or* two different vegetables may be served (two fruits maynot be served to meet this requirement).

Grains:

- Grain foods must be whole grain, enriched, or made from whole grain or enriched meal or flour. Bran and germ are counted as enriched or whole-grain meals or flours. Cornmeal, corn flour, and corn masa are considered whole grain-rich.
- At least one serving per day, across all eating occasions, must be whole grain-rich. 100% whole grain strongly encouraged. This must be noted on the menu (e.g. "whole grain bread" or "WG Bread" or "WGR crackers").
- Only ready-to-eat and cooked breakfast cereals containing 6 grams (g) of sugar or less per dry ounce may be served (refer to the Florida WIC-Approved Cereal List).
- Prepackaged grain products must have enriched flour or meal or whole grains as the first ingredient listed on the package.
- Grain-based desserts (e.g. cookies, donuts, granola bars) do not count towards meeting the grains requirements.

Meat or meat alternate:

- Commercially processed combination foods (convenience entrees – frozen or canned) must have a CN Label or manufacturer's Product Formulation Statement stating the food component contribution to the meal pattern.
- A serving of cooked dry beans or peas may count as a vegetable or as a meat alternate, but not as both components in the same meal.
- Yogurt must not contain more than 23 g of total sugars per 6 ounces (15 g per 4 ounces or 3.8 g per ounce).
- At breakfast, meat/meat alternates *may* be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat/meat alternate is equal to one ounce equivalent of grains (one serving).

****Please note that donated foods cannot be used to contribute to the meal pattern requirements****

ATIACHMENT 1-A

S-734 CATERING FOOD CONTRACT ADDITIONAL REQUIRED SPECIFICATIONS RELATED TO SPECIAL DIETS & CATERED MEAL SERVICE DEFICIENCY REPORT

1. An estimated 200 special diets per day are served in Orange County Head Start. The majority of the diets are related to:
 - a. Vegetarian
 - b. Gluten-Free
 - c. No dairy products
 - d. No egg, egg-products
 - e. Seafood, fish, shellfish
 - f. Kosher

2. Orange County Head Start (Institution) shall send a list of the required special diets to be prepared and delivered by the selected bidder (Contractor).

3. Orange County Head Start (Institution) shall ensure up-to-date lists for special diets are sent to selected bidder (Contractor) with in knowledge of new health requirements.

4. Selected bidder (Contractor) shall ensure special diets requested by Orange County Head Start (Institution) are prepared and delivered according to list provided by the Nutrition Services Area.

5. Selected bidder (Contractor) shall deliver special milk (Soy Milk, Lactose-Free listed in Attachment (#5), as requested by the Nutrition Services Area.

6. Selected bidder (contractor) shall provide five cycle menu for children identifying with; medical condition, allergy, religion or preference as instructed by the nutritionist. Special diets will follow guidelines provided by the CCFP for Vegan, Gluten Free, Vegetarian and Kosher diets.
7. Special diets shall be charged at the same price as the rest of the meals delivered.
8. Orange County Head Start, (Institution), shall complete a Catered Meal Service Deficiency Report whenever a specific instance of non-compliance with the terms and conditions for the catering occurs. Bidder, (Contractor), shall submit a response indicating resolution and future avoidance of non-compliance.
9. The Caterer must:
 - (1) Provide daily delivery tickets with meal delivery. Delivery Tickets must:
 - (a) Show Caterer's name and address
 - (b) Include Caterer's production date, delivery date, and delivery time.
 - (c) Show name and address of the Facility
 - (d) Be itemized to show the number of meals of each meal type, the individual meal components and food item, serving size and number of portions by age group, (i.e. ages 1-5, portions for ages 1-5 based on meal pattern portion sizes for ages 3-5)
 - (e) Be Typed or printed in ink on company letterhead. Use of erasable ink or pencil is not permitted.
 - (f) Include when delivering to the Facility, a minimum of two copies to provide one copy of the delivery ticket for the Caterer and a duplicate of that delivery ticket for the Facility.
 - (g) Include the name of the individual making the delivery and the name of the Facility's representative accepting delivery of meals. Such names in addition to signature must be clearly printed on the delivery ticket. Failure to clearly identify required names may result in disallowance of meals delivered under this contract.
 - (h) All corrections make by the caterer and/or the Facility must be initiated.
10. Effective October 1, 2018 ounce equivalents are used to determine the quantity of creditable grains.
11. Menu changes need to be made at least three or four days in advance. Notifications should be sent to Senior Nutrition Coordinator by e-mail.
12. Foods that spoil easily should be checked carefully, and sent in original packaging. Staff should be able to see expiration dates, and nutritional labeling.
13. Days that the delivery will be late for any reason, notification needs to be made thirty minutes to an hour, along with expected arrival time. Staff should have enough time to know if emergency food will be used in regards to compliance with CCFP meal time regulations.

Attachment 2 Cycle Menu B No Pork No Peanut 2019-2020

Refer to the Child Care Food Program Meal Pattern for Children (Attachment 1) when planning portion sizes for age groups specified in this contract. Milk must be served with every breakfast, lunch and supper meal. Milk must be served with snack when indicated. Children one year of age must be served unflavored whole milk. Children two through five years old must be served either unflavored lowfat (1 percent) or unflavored fat free (skim) milk. Children six years old and older must be served unflavored or flavored lowfat (1 percent) or fat-free (skim) milk.

Week Three		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Milk Ages 1-5: six oz; Ages 6-18: eight oz		Milk	Milk	Milk	Milk	Milk
Meat/Meat Alternate		Mozzarella Cheese Slice (1 oz)		Yogurt 4 oz cup		Hard Boiled Egg (1/2 egg)
Vegetable/Fruit/Juice Ages 1-18: ½ c		Peaches	Mandarin Oranges	Seasonal Fresh Fruit (cantaloupe, honeydew, mango, pineapple, strawberries, watermelon – no bananas/apples)	Cinnamon Apples	Banana (1 whole)
Grains Ages 1-5: ½ slice/serving Ages 6-18: 1 slice/serving see Meal Pattern for cereal svg sizes		Original Cheerios (100% whole grain)	Raisin Bread (1 slice; plain, no icing) <i>Butter or Marg.</i>	Blueberry Muffin	Frosted Mini Wheats Little Bites Original Cereal (100% whole grain)	100% Whole Grain English Muffin <i>Butter or Marg. & Jelly</i>
Milk Ages 1-5: six oz; Ages 6-18: eight oz		Milk	Milk	Milk	Milk	Milk
Meat/Meat Alternate Ages 1-5: 1 ½ oz Ages 6-18: 2 oz		*Sloppy Joes	*Meatloaf (beef or turkey) <i>Ketchup</i>	Pulled Chicken <i>BBQ Sauce</i>	*Spaghetti & Meat Sauce with Ground Turkey or Beef	*Pizza
Vegetable Ages 1-5: ¼ c; Ages 6-18: ½ c (Double portion for salads)		Italian Green Beans (fresh/frozen, not canned)	Fresh Mashed Sweet Potato (not instant)	Green Peas	Steamed Baby Carrots (fresh/frozen, not canned)	Mixed Vegetables
Fruit or Vegetable Ages: 1-18: ¼ c		Pineapple	Fruit Cocktail	Fresh Apple Slices	Salad (Spinach, Romaine, Tomato, Cucumber) ½ cup <i>Lowfat Ranch Dressing</i>	Pears
Grains Ages 1-5: ½ slice/serving, ¼ c Ages 6-18: 1 slice/serving, ½ c		Bun	100% Whole Grain Bread	Soft Roll	(Spaghetti), Garlic Bread	Pizza Crust
Milk Ages 1-5: four oz; Ages 6-18: eight oz					Milk	
Meat/Meat Alternate Ages 1-5: ½ oz Ages 6-18: 1 oz		Soynut Butter Ages 1-5: 1 Tbsp Ages 6 and up: 2 Tbsp <i>Jelly</i>		Provolone Cheese Slice		Cheese Stick
Vegetable Ages 1-5: ½ c Ages 6-18: ¾ c						
Fruit/Juice Ages 1-5: ½ c Ages 6-18: ¾ c			100% Red Grape Juice			Fresh Orange Slices
Grains Ages 1-5: ½ slice/serving, ¼ c Ages 6-18: 1 slice/serving, ¼ c		100% Whole Grain Bread Ages 1-5: 1 slice Ages 6 and up: 2 slices	Soft Pita Bread	100% Whole Grain Crackers	Animal Crackers	

IMPORTANT: Ages 1-5 based on meal pattern portion sizes for ages 3-5. *Requires a Child Nutrition (CN) Label, Product Formulation Statement (PFS), or standardized recipe.

Caterer must supply this documentation to institution/facility. When a drink is not specifically listed with a snack, water is recommended as a beverage. (Note: water is NOT a creditable food item).
All food must be peanut and tree nut free.

CCFP Catered Meal Service Solicitation
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Attachment 2 Cycle Menu B No Pork No Peanut 2019-2020

Refer to the Child Care Food Program Meal Pattern for Children (Attachment 1) when planning portion sizes for age groups specified in this contract. Milk must be served with every breakfast, lunch and supper meal. Milk must be served with snack when indicated. Children one year of age must be served unflavored whole milk. Children two through five years old must be served either unflavored lowfat (1 percent) or unflavored fat free (skim) milk. Children six years old and older must be served unflavored or Flavored lowfat (1 percent) or fat-free (skim) milk.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST					
Milk Ages 1-5: six oz; Ages 6-18: eight oz	Milk	Milk	Milk	Milk	Milk
Meat/Meat Alternate	Yogurt 4 oz cup		Provolone Cheese Slice (1 oz)		
Vegetable/Fruit/Juice Ages 1-18: ½ c	Fruit Cocktail	Applesauce	Seasonal Fresh Fruit (cantaloupe, honeydew, mango, pineapple, strawberries, watermelon – no bananas/apples)	100% Apple Juice	Banana (1 whole)
Grains Ages 1-5: ½ slice/serving Ages 6-18: 1 slice/serving see Meal Pattern for cereal svy sizes	Life Original Cereal (whole grain-rich)	Blueberry Muffin	100% Whole Grain Bread	Biscuit <i>Butter or Marg.</i>	Multi Grain Cheerios (100% whole grain)
Milk Ages 1-5: six oz; Ages 6-18: eight oz	Milk	Milk	Milk	Milk	Milk
Meat/Meat Alternate Ages 1-5: 1 ½ oz Ages 6-18: 2 oz	*Chicken Alfredo	*Breaded Fish <i>Ketchup</i>	*Bean Burrito	*Chicken and (Vegetable Stir Fry)	Hamburger (Lettuce and Tomato)
Vegetable Ages 1-5: ¼ c; Ages 6-18: ½ c (Double portion for salads)	Green Peas	Cucumber Slices	Steamed Baby Carrots (fresh/frozen, not canned)	Vegetables (Stir Fry)	Oven Fried Potatoes
Fruit or Vegetable Ages: 1-18: ¼ c	Pineapple	Tropical Mixed Fruit	Fresh Broccoli Florets <i>Lowfat Ranch Dip</i>	Mandarin Oranges	Pears
Grains Ages 1-5: ½ slice/serving, ¼ c Ages 6-18: 1 slice/serving, ½ c	Pasta (in entrée)	Soft Roll	Tortilla (in entrée)	Brown Rice (100% whole grain)	Bun <i>Mustard, Mayo, Ketchup</i>
Milk Ages 1-5: four oz; Ages 6-18: eight oz	Milk	Milk			
Meat/Meat Alternate Ages 1-5: ½ oz Ages: 6-18: 1 oz		Soynut Butter Ages 1-5: 1 Tbsp Ages 6 and up: 2 Tbsp <i>Jelly</i>		Yogurt 4 oz cup	Shredded Mozzarella Cheese Ages 1-5: ½ oz Ages 6 and up: 1 oz
Vegetable Ages 1-5: ½ c Ages 6-18: ¾ c					Tomato Sauce Ages 1-5: 1 Tbsp Ages 6 and up: 2 Tbsp
Fruit/Juice Ages 1-5: ½ c Ages 6-18: ¾ c			Fresh Orange Wedges	Peaches	(children assemble own personal pizzas)
Grains Ages 1-5: ½ slice/serving, ¼ c Ages 6-18: 1 slice/serving, ¾ c	100% Whole Grain Crackers	100% Whole Grain Bread Ages 1-5: 1 slice Ages 6 and up: 2 slices	Crackers (savory)		English Muffin Ages 1-5: ½ muffin Ages 6 and up: 1 whole

IMPORTANT: Ages 1-5 based on meal pattern portion sizes for ages 3-5. *Requires a Child Nutrition (CN) Label, Product Formulation Statement (PFS), or standardized recipe.

Caterer must supply this documentation to institution/facility. When a drink is not specifically listed with a snack, water is recommended as a beverage. (Note: water is NOT a creditable food item).
All food must be peanut and tree nut free.

Attachment 2 Cycle Menu B No Pork No Peanut 2019-2020

Refer to the Child Care Food Program Meal Pattern for Children (Attachment 1) when planning portion sizes for age groups specified in this contract. Milk must be served with every breakfast, lunch and supper meal. Milk must be served with snack when indicated. Children one year of age must be served unflavored whole milk. Children two through five years old must be served either unflavored lowfat (1 percent) or unflavored fat free (skim) milk. Children six years old and older must be served unflavored or flavored lowfat (1 percent) or fat-free (skim) milk.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST					
Milk Ages 1-5: six oz; Ages 6-18: eight oz	Milk	Milk	Milk	Milk	Milk
Meat/Meat Alternate			Cheddar Cheese Slice (1 oz)		Hard Boiled Egg (1/2 egg)
Vegetable/Fruit/Juice Ages 1-18: ½ c	Fruit Cocktail	Pineapple	Pears	Banana (1 whole)	Applesauce
Grains Ages 1-5: ½ slice/serving Ages 6-18: 1 slice/serving see Meal Pattern for cereal svg sizes	Blueberry Muffin (whole grain-rich)	100% Whole Grain Bagel Cream Cheese	Total Whole Grain Cereal (100% whole grain)	Original Cheerios (100% whole grain)	100% Whole Grain Bread <i>Butter or Marg.</i>
LUNCH					
Milk Ages 1-5: six oz; Ages 6-18: eight oz	Milk	Milk	Milk	Milk	Milk
Meat/Meat Alternate Ages 1-5: 1 ½ oz Ages 6-18: 2 oz	Fresh Turkey Roast <i>Gravy</i>	Seasoned Black Beans (at least ¾ c ages 1-5 and ½ c ages 6-12)	*Lasagna (with Ground Turkey or Beef)	*Tuna Salad Sandwich <i>Pickles</i>	*Chicken Nuggets <i>Honey Mustard</i>
Vegetable Ages 1-5: ¼ c; Ages 6-18: ½ c (Double portion for salads)	Peas and Carrots	Fresh Bell Pepper Slices	Crisp Steamed Broccoli (fresh/frozen, not canned)	Mixed Vegetables	Fresh Mashed Potato (not instant)
Fruit or Vegetable Ages: 1-18: ¼ c	Peaches	Tropical Mixed Fruit	Fresh Clementine Wedges	Seasonal Fresh Fruit (cantaloupe, honeydew, mango, pineapple, strawberries, watermelon – no bananas/apples)	Salad (Spinach, Romaine, Tomato, Cucumber) ½ cup <i>Italian Dressing</i>
Grains Ages 1-5: ½ slice/serving, ¼ c Ages 6-18: 1 slice/serving, ½ c	*Macaroni & Cheese	Yellow Rice	Lasagna Noodles	Sandwich Bread <i>Mayo</i>	Soft Roll
Milk Ages 1-5: four oz; Ages 6-18: eight oz		Milk			
Meat/Meat Alternate Ages 1-5: ½ oz Ages 6-18: 1 oz			Bean Dip (bean salsa or hummus)		Yogurt 4 oz cup
Vegetable Ages 1-5: ½ c Ages 6-18: ¾ c					
Fruit/Juice Ages 1-5: ½ c Ages 6-18: ¾ c	100% Orange Juice			Fresh Apple Slices	
Grains Ages 1-5: ½ slice/serving, ¼ c Ages 6-18: 1 slice/serving, ½ c	Saltine Crackers	Raisin Bread (1 slice; plain, no icing) <i>Butter or Marg.</i>	100% Whole Wheat Tortilla	Cheese Crackers	Graham Crackers (plain)

IMPORTANT: Ages 1-5 based on meal pattern portion sizes for ages 3-5. *Requires a Child Nutrition (CN) Label, Product Formulation Statement (PFS), or standardized recipe. Caterer must supply this documentation to institution/facility. When a drink is not specifically listed with a snack, water is recommended as a beverage. (Note: water is NOT a creditable food item).

All food must be peanut and tree nut free.

CCFP Catered Meal Service Solicitation

Invitation to Bid 2019-2020

Attachment3

Minimum Food Specifications, Exhibit A – Grains Requirement, and FL WIC Approved Cereal List

Milk	<p>Must meet State and local standards for fluid milk. Must be pasteurized whole, or lowfat, or fat free, or cultured buttermilk. Must contain vitamins A and D at levels specified by the Food and Drug Administration.</p> <p><i>Note: Milk must be served with each breakfast, lunch and supper meal. Children one year of age must be served unflavored whole milk. Children two through five years old must be served either unflavored lowfat (1 percent) or unflavored fat-free (skim) milk. Children six years old and older must be served unflavored or flavored lowfat (1 percent) or fat-free (skim) milk.</i></p>		
Vegetables	Canned	Frozen	Fresh
Bean, Dip (Variety – including hummus, flavors)	Prepared, ready-to-eat, Must be from a USDA or FDA inspected plant.		Prepared, ready-to-eat, must be from a USDA or FDA inspected plant.
Beans, Baked	Beans, baked, sauce containing brown sugar, ketchup and mustard sauce. U.S. Grade A or Fancy.		
Beans, Black	U.S. Grade A or Fancy		
Beans, Green	Cut, 1 ½", 4 sieve, U.S. Grade A or Fancy.	U.S. Grade A or Fancy	U.S. No. 1
Beans, Lima, Baby	U.S. Grade A or Fancy	U.S. Grade A or Fancy	U.S. No. 1
Beans, Refried	Must be from a USDA or FDA inspected plant, smooth paste or paste with whole and partial bean pieces, plain with vegetable oil – no lard.		
Beans, Red	Dark or light red, U.S. Grade A or Fancy, water packed.		
Broccoli		Cut, U.S. Grade A or Fancy	U.S. No. 1
Broccoli and Cauliflower		U.S. Grade A, 50% Broccoli, 50% Cauliflower	U.S. No. 1
Broccoli, Ready-to-use			<u>Florets</u> – 1" to 2 ¾" by 1 to 1 ½", U.S. No. 1, USDA, QTV
Carrots	Sliced or diced U.S. Grade A, Fancy	Sliced or diced U.S. Grade A	Whole, U.S. No. 1
Carrots, Ready-to-use			<u>Baby-cut</u> – 2" by 3/8" to 11/16", U.S. No. 1, from USDA inspected plant. <u>Sticks</u> – 3 ¾" to 4" by ¼" to ½", U.S. No. 1, from USDA inspected plant.
Carrot, Pineapple & Raisin Salad			<u>Preparedsaladpack</u> – Must be from a USDA inspected plant.
Cabbage			U.S. No.1
Cabbage, Ready-to-use			<u>Shredded</u> – Green, 1/16", U.S. No. 1, from USDA inspected plant. <u>Saladmix</u> – Shredded green cabbage, shredded red cabbage and carrots mixed, U.S. No. 1, from USDA inspected plant.

Cauliflower, Ready-to-use			<u>Florets</u> – 1" to 2 ½" by 1" to 1 ½", U.S. No. 1, USDA, QTV
Celery			U.S. Extra No. 1
Celery, Ready-to-use			<u>Sticks</u> – ½" by 4", U.S. No. 1, from USDA inspected plant.
Coleslaw			<u>Preparedsaladpack</u> – Must be from a USDA inspected plant.
Corn	Vacuum pack, whole kernel, golden sweet Midwest. U.S. Grade A or Fancy	U.S. Grade A	U.S. No. 1, with or without husk
Corn, Mexican	U.S. Grade A or Fancy	U.S. Grade A	
Cucumbers			U.S. No. 1
Greens (Collard, Mustard or Turnip)	Chopped, U.S. Grade A or Fancy	Chopped, U.S. Grade A	U.S. No.1
Lettuce			Iceberg head - U.S. Grade No. 1 Romaine (or cos lettuce) U.S. Grade No. 1
Lettuce, Ready-to-use			<u>Chopped</u> – Medium, iceberg, U.S. No. 1, from USDA inspected plant <u>Saladmix</u> – Chopped iceberg lettuce and romaine, U.S. No. 1, from USDA inspected plant.
Mixed Vegetables	U.S. Grade A or Fancy	<u>CaliforniaStyle</u> - U.S. Grade A, broccoli cuts, cauliflower florets, carrot cuts <u>5VegetableBlend</u> - U.S. Grade A, 28% each corn and carrots, 17% each peas, and beans, 10% limas <u>ItalianVegetables</u> - U.S. Grade A, IQF sliced zucchini, cauliflower, carrot chunks, Italian green beans, lima beans and red peppers <u>OrientalStyle</u> - U.S. Grade A, French cut green beans, broccoli cuts, onion strips, sliced mushrooms, diced red peppers	
Peas, Black Eye	U.S. Grade B	Monarch or Clemson varieties, light skin with dark eye	U.S. No. 1

Peas, Green	U.S. Grade A or Fancy	U.S. Grade A	U.S. No.1
Peas and Carrots	U.S. Grade A or Fancy, carrots shall not comprise less than 25% by weight and peas shall not comprise less than 50% by weight	U.S. Grade A, carrots shall not comprise less than 25% by weight and peas shall not comprise less than 50% by weight	
Peppers, Green, Red, Yellow, Orange			U.S. No. 1 Whole or pre-cut, Julienne
Pickles, Dill strips	Prime Quality, firm, plump and uniform in size, cut length wise with kosher taste		
Pickles, Dill slices	US Grade B		
Pickles, Sweet chip	US Grade B, cross cuts or slices		
Potatoes	Whole or sliced, U.S. Grade A		U.S. No.1
Potatoes, New	Whole or sliced, U.S. Grade A	Roasted redskin chunks. IQF, oven prep	U.S. No. 1
Potatoes, Sweet	U.S. Grade A in Light Syrup	Yam Patties- packed in USDA inspected plant	U.S. No.1
Salsa	Mild, containing all vegetable w/ minor amounts of spices.		
Spinach	Chopped, Grade A or Fancy	Chopped, U.S. Grade A	U.S. No.1
Squash, Yellow, Summer		Sliced, U.S. Grade A or Fancy	U.S. No.1
Squash, Winter (Acorn or Butternut)		Chopped or mashed, U.S. Grade A or Fancy	U.S. No.1
Succotash	U.S. Grade A, whole-grain sweet corn shall not comprise less than 50% by weight and lima beans shall not comprise less than 12.5% by weight.	U.S. Grade A or U.S. Fancy, Corn, sweet, whole kernel (white or yellow) shall not comprise less than 50% by weight and lima beans or soy beans (edamame) shall not comprise less than 25% by weight.	
Three Bean Salad	U.S. Grade A or Fancy, mixture of green beans, wax beans, and dark or light red beans, marinated.		
Tomatoes	Whole, sliced, or crushed, U.S. Grade B or Extra Standard.		U.S. No.1
Tomato Sauce	U.S. Grade B or Extra Standard		
Yucca		Skinless, pre-cut	Roots completely covered with bark-like skin, free from cracks, sliminess or mold.
Zucchini		Sliced, U.S. Grade A or Fancy	U.S. No.1
Fruit	Canned	Frozen	Fresh
Apples (All varieties)	U.S. Grade A, Sliced, regular pack in water.		U.S. No. 1
Applesauce	U.S. Grade A, Natural, Unsweetened.		
Florida Avocados			U.S. No. 1 or U.S. Combination (at least 60%, by count, meet U.S. No. 1)

Bananas			Must be delivered to Institution with even bright yellow color, un-bruised
Cantaloupe			"Full slip" stem end, free from lumps or soft spots.
Clementines (or tangerines)			U.S. Fancy or U.S. No.1 Bright.
Fruit Cocktail	U.S. Grade B or U.S. Choice, packed in own juice or unsweetened fruit juice.		
Grapes (halved)			U.S. No. 1, seedless, red or white, must be halved
Honeydew			Symmetrical, firm-not rock-hard, free from lumps or soft spots.
Juice, Ready-to-serve (All varieties)	All juice must be 100% fruit or vegetable juice, USDA Inspected and pasteurized. All juice must be fortified with 100% or more of vitamin C unless it is orange or grapefruit juice. Juice must be delivered to the Institution ready-to-serve.		
Mandarin Oranges	Type I or II, size C or D, no sugar added, packed in own juice or unsweetened fruit juice, manufacturer's/distributor's certification required		
Mangos			U.S. Fancy or U.S. No.1.
Oranges (All varieties)			<u>Fresh</u> - U.S. Fancy <u>Chilled</u> - US Grade A or Fancy
Peaches	U.S Grade B or U.S. Choice, Halves or slices, Yellow, cling stone, packed in own juice or unsweetened fruit juice.		U.S. No. 1
Pears	U.S. Grade A, Bartlett, Halves or slices, packed in own juice or unsweetened fruit juice.		U.S. No. 1
Pineapple (Sliced, tidbits, cubes, or chunk)	U.S. Grade A packed in own juice or unsweetened fruit juice.		U.S. No. 1
Plantains (Maduros – sweet, or tostones/mofongo/mangu – not sweet)		Sliced, Individually Quick Frozen, pre-cooked, oven ready. Not pre-fried, zero grams trans fat per serving.	Very ripe or green, ready to cook.
Tropical Mixed Fruit	U.S. Grade B or U.S. Choice, packed in own juice or unsweetened fruit juice.		<u>Fresh</u> - U.S. No. 1 <u>Chilled</u> – Florida Pack in light syrup or own juice. Fruit to include papaya and mango. Packed under continuous USDA inspection
Raisins	Dried, seedless, mixed size. U.S. Grade A. 1/8 cup raisins credits as ¼ cup fruit; ¼ cup raisins credits as ½ cup fruit.		
Seasonal Fresh Fruit			Choice of cantaloupe, honeydew, mango, pineapple, strawberries, or watermelon.
Strawberries			U.S. No. 1
Watermelon			With or without seeds, dull skin, no flat sides, has hollow sound when tapped.

Grains	
All grain/bread products	Must meet Grain Requirements for CCFP, Exhibit A. Must be whole grain, whole grain-rich, or enriched. 100% whole grain means that all grain ingredients are whole grain. Cornmeal and corn flour and products using cornmeal and corn flour such as arepa, tortillas, tortilla chips, taco shells, cornbread, and corn muffins must be whole grain, whole grain-rich, or enriched. Grain products must be zero grams trans fat per serving.
Meat/Meat Alternates	
Beef, Breaded country fried patties	Frozen, fully cooked. CN Label or Product Formulation Statement (PFS) required. Ground beef not to exceed 30% fat, water, vegetable protein product, spices and seasonings. No dried whole eggs or MSG allowed. Not pre-fried, zero grams trans fat per serving.
Beef, Canned Cubed	Lean meat only, in juice. ¾" to 1" cubes. USDA inspected.
Beef, Ground	Beef, ground, bulk, frozen; IMPs 136; 80:20 lean to fat ratio or less than 20% fat.
Beef, Patties	Frozen, fully cooked. CN Label or Product Formulation Statement (PFS) required. Ground beef (not more than 30% fat), water, vegetable protein product, spices and seasonings. No dried whole eggs or MSG allowed.
Beef, Salisbury patties	Frozen, fully cooked. CN Label or Product Formulation Statement (PFS) required. Minimum 2.14 oz. patty to provide 2 oz. meat/meat alternate. Ingredients: Ground beef (not more than 30% fat), water, vegetable protein product, spices and seasonings. No dried whole eggs or MSG allowed. Not pre-fried, zero grams trans fat per serving.
Beef, Shoulder Clod Roast	USDA Grade Good 12-14 lb. Roasts. Frozen. The shoulder clod roast is the same as the IMPs 114 except that the shoulder (cutaneous muscle) shall be removed when the underlying fat must be trimmed to comply with the surface fat thickness requirements. The heavy tendons at the elbow end of the cold shall be trimmed even with the lean and all sides shall be trimmed so that the clod is not less than 1" thick at any point. When smaller roasts are specified, the thick end of the clod shall be made into one roast and the thin end shall be split length-wise, the ends reversed and the boned surfaces placed together to produce a uniformly thick roast. These roasts shall be held intact by tying girthwise. IMPs Item #144A.
Beef, for Stewing	USDA Standard Grade. IMPs 135A. Cutting with electric saw will be permitted. Meat with dark discoloration, all bones, cartilage, back strap, exposed large blood vessels, heavy connective tissue and the pre-scapular lymph gland shall be removed. The thick tendinous ends of the shank shall be removed by cutting back until a cross sectional cut shows at least 75% lean. Not less than 75%, by weight, of the diced pieces shall be of a size which is equivalent of not less than a ¾ inch cube or not more than a 1 ½" cube and no individual surface of these pieces shall exceed 2 ½" in length. This item is the same as IMPs 135 Diced Beef except that the surface or seam fat of the boneless meat prior to dicing shall not exceed ¼" in any thickness at any one point. In addition, the fat content of the boneless meat determined visually shall not exceed 20%. Container to provide proper labeling and identification and USDA Inspection Stamp.
Cheese (shredded or sliced or stick)	The following cheeses will meet 21 C.F.R. §133 standards of identity: Cheddar – U.S. Grade A A. Colby – U.S. Grade A A. Mozzarella – Low moisture, Part skim, 100% natural cheese, minimum milkfat 45% and maximum moisture content of 52%. American – pasteurized, process cheese or blended cheese, processed in USDA approved plant, process cheese: minimum milkfat 50% by weight of solids and maximum moisture content is 40%, blended cheese: 13-17% milkfat by total weight and not more than 51% moisture content. Provolone – pasteurized, minimum milkfat 45% by weight of solids and maximum moisture content is 45% by weight. (No smoked.) Swiss – U.S. Grade A
Cheese, Cottage	Pasteurized, plain, USDA Quality Approved Inspection Shield, meets 21 C.F.R. §133 standards of identity.

Chicken, Breaded patty	Frozen, fully cooked. CN Label or Product Formulation Statement (PFS) required. Minimum 3 oz. patty to provide a 2 oz. meat/meat alternate and 1 serving of bread. Ingredients: Ground chicken, vegetable protein product, spices and seasonings. No MSG allowed. Not pre-fried. Zero grams trans fat per serving.
Chicken, 8 Piece Cut	Raw individually quick frozen, ice glazed, cleaned and ready to cook, hand cut from USDA inspected grade A fryers. Portions shall be cut from 2 ½ to 3 ¼ pound fryers, without giblets or necks. Average portion weight 4.5 oz. packaged in heavy-duty poly bags inside legibly labeled heavy duty master cartons. Average cases weight 27 pounds. 96 portions per cases.
Chicken, Drumsticks	Raw individually quick frozen, ice glazed, clean and ready to cook, hand cut from USDA inspected grade A fryers. Raw portion weight 3.7 oz. plus or minus ¼ oz. Packaged in heavy duty poly bags inside legibly labeled heavy-duty master cartons.
Chicken, Nuggets	Fully cooked, breaded, IF. Cooked weight of nugget 14.17 g (1/2 oz.) to 28.35 g (1 oz.). Chunked and formed, ½ inch cube or greater, mostly white meat (not less than 66 % white, not more than 34 % dark), without skin. CN Label or Product Formulation Statement (PFS) required. Not pre-fried, zero grams trans fat per serving. No MSG. USDA certified.
Chicken, Thighs (No back)	Raw, individually quick frozen, ice glazed, cleaned and ready to cook, hand cut from USDA inspected Grade A fryers. Raw portion weight 4.1 oz. plus or minus ½ oz. Packaged in heavy duty poly bags inside legibly labeled heavy-duty master cartons.
Chicken, Whole	Raw frozen, ice glazed, cleaned and ready to cook, USDA inspected grade A broilers, fryers, or hens. Average portion weight 6-8 lb. Packaged in heavy duty poly bags inside legibly labeled heavy-duty master cartons.
Eggs	USDA inspected large, Grade A or better, 100% candled. Eggs may be raw in shell, fully cooked whole eggs, frozen diced, frozen patty (CN Label products available), or broken homogenized and pasteurized.
Egg, Salad	Fully cooked eggs (see Eggs specification). "Salad" may be prepared by mixing eggs with relish and/or chopped vegetables such as celery and onions. Mayonnaise may be used as a moistening agent to "bind" the salads. Egg portion must be one whole large egg before added ingredients.
Fish, Portion (breaded)	Cod or Alaska Pollack, oven-ready, breaded, un-fried, 3 oz. portion (rectangle or wedge). Meets the requirements of U.S. Grade A, 75 percent by weight of fish flesh. CN Label or Product Formulation Statement (PFS) required. No MSG, zero grams trans fat per serving. USDC/NOAA Seafood Inspection approved.
Fish, Portion (un-breaded)	Cod or Alaska Pollack, or Haddock, or Tilapia, or Whitefish, U.S. Grade A once-frozen fish fillets. USDC/NOAA Seafood Inspection approved.
Fish, Sticks	Cod or Alaska Pollack, oven-ready, breaded, un-fried, 1 oz. stick. Meets the requirements of U.S. Grade A, 72 percent by weight of fish flesh. CN Label or Product Formulation Statement (PFS) required. No MSG, zero grams trans fat per serving. NOAA certified.
Fish, Tuna	Fancy, chunk, light, packed in water. Canned or flexible pouch. No salt added. USDC certified.
Fish, Tuna, salad	Tuna fish (as specified above) "salad" may be prepared by mixing tuna fish with relish and/or chopped vegetables such as celery and onions. Mayonnaise may be used as a moistening agent to "bind" the salads. Weight of portion of tuna must be 2 ounces before added ingredients.
Nut/Seed Butter	Peanut butter, or soynut butter: US Grade A, smooth.
Pork, Breaded patty	Fully cooked, breaded, not pre-fried, zero grams trans fat per serving. CN Label or Product Formulation Statement (PFS) required. Minimum 2.83 oz. patty to provide 1.5 oz. meat/meat alternate and 1 serving of bread for children ages 1-5. Minimum 3.75 oz. patty to provide 2 oz. meat/meat alternate and 1 ¼ serving of bread for children ages 6-12. Ingredients: Ground pork (not to exceed 24% fat), water, vegetable protein product, spices and seasonings. Breading not to exceed 30%. No dried whole eggs or MSG allowed.
Pork, Ham	<u>Lean, boneless, cured, pressed, skinless</u> – Fully-cooked. Moist heat, Pullman, approximately 4 ¼" square. Must be fully cooked, sectioned and formed. USDA Inspected and stamped. IMPs #508. <u>Smoked</u> – Short Shank, Skinned Boned, Rolled and Tied. (Cured and Smoked). Ham is the same as Ham, Skinless, completely boneless IMPs #505, except that the ham shall not be encased in an artificial casing. The boneless ham shall be rolled and string tied. <u>Deli-Style</u> – Round or flat buffet. No binders, fillers or soy allowed. Minimum 94% lean.

Pork, Roast	Raw, fresh or frozen. Boston butt, center loin, or blade-end. U.S. Grade No. 1, less than 1" backfat thickness.
Pork, Sausage	Patty, Link or Market Style. Lightly seasoned and or flavored. No artificial casings. Total fat content not to exceed 20%.
Turkey, Breast	Deli-style, whole muscle, roasted/fully cooked, boneless, skinless, minimum 96% fat free, may be smoked.
Turkey, Ground	Made from USDA inspected turkeys, 100% turkey meat, no binders or fillers, minimum 85% lean.
Turkey, Roast	Frozen, raw, USDA Grade A. Boneless, 60/40 white/dark ratio, wrapped in natural skin, netted. 8-10 lb. each.
Turkey, Slices	Fully cooked. Made with no less than 60% white meat, no skin added, no binders, fillers, or soy allowed. Must be less than 10% fat.
Turkey, Whole	Young Tom Eviscerated, 16 lb. and over. USDA Grade A.
Veggie Burger	Hamburger Style Classic , frozen, 2.5 oz. fully cooked Hamburger Style Classic Garden burger – all vegetable. To provide 2 oz. equivalent meat alternate for Child Nutrition Meal Pattern Requirements. CN Label or Product Formulation Statement (PFS) required.
Yogurt	Type II (High Protein), Class B (lowfat) or C (nonfat), Flavor 2 (fruit flavored) – flavor style a (blended/stirred/set). Must contain no more than 23 grams of total sugars per 6 ounces (no more than 19 grams per 5 oz.; no more than 15 grams per 4 oz.). 4 oz. cups or larger. Product shall: be commercial brand products; have a shelf life of at least 50 days from date of manufacturer
Combination Foods	
Combination main dish food items require a Child Nutrition (CN) Label, Product Formulation Statement (PFS), or standardized recipe. This documentation gives the number of servings, serving size, and minimum meal contribution. Ingredients in these dishes must meet or exceed the minimum specifications on previous pages. The Caterer must inform the institution/facility of the appropriate serving size and supply documentation to institution/facility.	
Pizza, Wedge or Rectangle with Whole Grain	Frozen cheese, or pepperoni, or sausage. Low-moisture, part skim mozzarella cheese 8" wedge or 4" x 6" rectangle, to provide 2 servings grain/bread, 2 oz. meat/meat alternate, 1/8 cup vegetable. CN Label or PFS required. Primary source of flour is to be whole wheat. <u>Zero grams trans fat per serving.</u>
Sandwiches (Midnight/Cuban, Ham and cheese, Turkey and cheese, Tuna Salad)	Must provide the minimum amount of meat/meat alternate and bread/grain per serving for children ages 1-5 and ages 6-12 as specified by the Child Care Food Program Meal Pattern for Children, Attachment 2. (Children age 1 and 2 shall receive the same minimum meal pattern amounts as children age 3-5.) Note: The Caterer must deliver sandwiches pre-assembled (not in separate, bulk food containers) to Institutions, unless requested otherwise by the Institution. Condiments may be sent separately.
Other Foods	
Frequently used condiments	<i>Including: butter; margarine, salad dressings, cream cheese, mayonnaise, etc.</i> Must be zero grams trans fat per serving; low-fat or reduced fat products recommended.

Exhibit A: Grain Requirements^{1,2}

GROUP A	Minimum Serving Size for GROUP A
<ul style="list-style-type: none"> • Bread type coating • Bread sticks (hard) • Chow mein noodles • Savory Crackers (saltines and snack crackers) • Croutons • Pretzels (hard) • Stuffing (dry) <i>Note: weights apply to bread in stuffing</i> 	<ul style="list-style-type: none"> 1 serving = 20 gm or 0.7 oz ½ serving = 10 gm or 0.4 oz
GROUP B	Minimum Serving Size for GROUP B
<ul style="list-style-type: none"> • Animal crackers (plain) • Bagels • Batter type coating • Biscuits • Breads (sliced, French, Italian) • Buns (hamburger and hot dog) • Egg roll skins • English muffins • Graham crackers (plain) • Pita bread • Pizza crust • Pretzels (soft) • Rolls • Tortillas • Tortilla chips • Taco shells 	<ul style="list-style-type: none"> 1 serving = 25 gm or 0.9 oz ½ serving = 13 gm or 0.5 oz
GROUP C	Minimum Serving Size for GROUP C
<ul style="list-style-type: none"> • Cornbread • Corn muffins • Croissants • Pancakes • Waffles 	<ul style="list-style-type: none"> 1 serving = 31 gm or 1.1 oz ½ serving = 16 gm or 0.6 oz
GROUP D	Minimum Serving for GROUP D
<ul style="list-style-type: none"> • Muffins (all, except corn) 	<ul style="list-style-type: none"> 1 serving = 50 gm or 1.8 oz ½ serving = 25 gm or 0.9 oz
GROUP E	Minimum Serving for GROUP E
<ul style="list-style-type: none"> • French toast 	<ul style="list-style-type: none"> 1 serving = 63 gm or 2.2 oz ½ serving = 31 gm or 1.1 oz
GROUP F/G	Minimum Serving for GROUP F/G
Grain-based desserts are not creditable.	
GROUP H	Minimum Serving for GROUP H
<ul style="list-style-type: none"> • Breakfast cereals (cooked)³ • Bulgur or cracked wheat • Cereal Grains (barley, quinoa, etc.) • Macaroni (all shapes) • Noodles (all varieties) • Pasta (all shapes) • Ravioli (noodle only) • Rice (white or brown) 	<ul style="list-style-type: none"> 1 serving = ½ cup cooked or 1 oz (28 g) dry
GROUP I	Minimum Serving for GROUP I
<ul style="list-style-type: none"> • Ready to eat breakfast cereal (cold, dry)³ 	See Meal Pattern for Children for appropriate serving size based on meal type and age(s) of children served.

1. The following foods must be whole grain, whole grain-rich, or enriched.
2. Some of the following foods or their toppings/extras (such as cream cheese, syrup, etc.) may contain more sugar, salt and/or fat than others. This should be a consideration when deciding how often to serve them.
3. Breakfast cereals are traditionally served as a breakfast item but may be served in meals other than breakfast. Cereals must contain no more than 6 grams of sugar per dry ounce and must be whole-grain, whole grain-rich, or enriched or fortified cereal. Refer to Florida WIC-Approved Cereal List.

BREAKFAST CEREAL

All cereals on this page contain no more than 6 grams of sugar per dry ounce.

Cereals with ★ contain 51% or more whole grain and credit as whole grain-rich.

GF = Gluten Free

General Mills



Cheerios★ GF MultiGrain Cheerios★ GF Blueberry Chex GF Cinnamon Chex GF Corn Chex GF Rice Chex GF Vanilla Chex GF Wheat Chex★ Wheaties★ Total Whole Grain★ Berry Berry Kix★ Honey Kix★

Kellogg's



All Bran Complete Wheat Flakes★ Corn Flakes Crispix Frosted Mini-Wheats: Original★ Little Bites★ Touch of Fruit Raspberry★ Rice Krispies Special K Original Special K Protein: Original Honey Almond Multi-Grain★ Ancient Grains★

Post

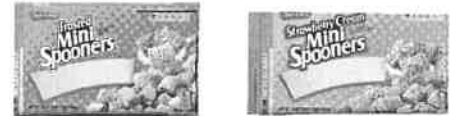


Great Grains Banana Nut Crunch★ Grape-Nuts★ Grape-Nuts Flakes★ Honey Bunches of Oats: Honey With Almonds★ Vanilla Bunches★ Whole Grain Honey Crunch★ Pecan & Maple Brown Sugar

Malt O Meal



Corn Flakes Hot Wheat Original Farina Original



Frosted Mini Spooners★ Strawberry Cream Mini Spooners★



Blueberry Mini Spooners★ Crispy Rice GF

Quaker



Instant Grits Original Instant Oatmeal Original★ Life Original★ Oatmeal Squares: Brown Sugar★ Cinnamon★

Any Store Brand or Ralston Foods Brand of the following:

- Bran Flakes★
- Corn Flakes
- Corn Squares, Biscuits, Crisps, or Bites
- Crisp Rice/Crispy Rice
- Crispy Hexagons (Corn & Rice)
- Essentially You/Toasted Rice
- Frosted Shredded Wheat/Frosted Wheat★
- Instant Grits – Original/Regular
- Instant Oatmeal – Original/Regular★ (11.8 oz)
- Strawberry Frosted Shredded Wheat★
- MultiGrain Flakes
- MultiGrain Medley, Tasteeos, Spins, or Toasted Cereal★
- Nutty Nuggets/Crunchy Nuggets/Crunchy Wheat★
- Oat Crunch/Oat Wise/Oat Squares/Lively Oats
- Oats & More with Almonds/Almonds & Oats
- Oats & More with Honey/Honey & Oats
- Rice Squares, Biscuits, Crisps, or Pockets
- Toasted Oats/Tasteeos/Toasted Oat Spins/Happy O's★
- Wheat Flakes
- Wheat Squares, Biscuits, or Crisps★

Cream of Wheat or Rice



Cream of Rice (Crema de Arroz) Stove Top & Instant GF Cream of Wheat: Whole Grain★ 2½ minute, 1 minute & Instant Stove Top & Instant

This document has been edited for use in the Florida Child Care Food Program.

ATTACHMENT 4
 ORANGE COUNTY
 FAMILY SERVICES DEPARTMENT
 HEAD START DIVISION
CCFP"BOXEDLUNCH"MENUS

MENU ONE	<p style="text-align: center;">CHICKEN PITA (1 oz. chopped boneless chicken, <i>Y</i>, oz, cheddar cheese and <i>X</i> cup lettuce in whole wheat pita pocket) Seasonal fresh fruit Celery sticks 100% whole grain or 100% multi-grain tortilla chips 1% Low Fat White Milk</p>
MENU TWO	<p style="text-align: center;">TURKEY & CHEESE SANDWICH (on whole wheat bread) Mayo & mustard Sliced cucumber & tomato Mixed fruit cup 1% Low Fat White Milk</p>
MENU THREE	<p style="text-align: center;">HAM & CHEESE SANDWICH (on whole wheat bread) Mayo & mustard Carrot & celery sticks Orange wedges 1% Low Fat White Milk</p>
MENU FOUR	<p style="text-align: center;">TUNA SALAD (on bun) Broccoli florets Low-fat Ranch dressing Sliced peaches Whole grain square crackers 1% Low Fat White Milk</p>

ATTACHMENT 4-B

ORANGE COUNTY FAMILY SERVICES DEPARTMENT HEAD START DIVISION SPECIAL EVENT MENUS

MONTH	CULTURE/COUNTRY	MENU
October Date: 10/25/2019	Vietnamese/Viet Nam	White Rice (Com) BBQ Lemon Chicken (Ga Nuong Chamh) Sautéed Spinach w/Garlic & Chilies Dinner Rolls Fruit in Syrup (Try Cai) 1% Low Fat Unflavored Milk
November Date: 11/15/2019	Thanksgiving Holiday/USA	Sliced Roast Turkey Whipped Potatoes with Gravy Green Beans Cranberry Gelatin Sweet Potato Pie Slices Peaches 1% Low Fat Unflavored Milk
December Date: 12/20/2019	Christmas Holiday/USA	Roast Chicken Macaroni & Cheese Broccoli Sliced Peaches Corn Bread with Honey Crispy Snowflake Treats 1% Low Fat Unflavored Milk
January Date: 01/31/2020	Chinese New Year /China	Chicken Stir Fry** Steamed Rice Spring Rolls** Fresh Mango Fortune Cookie 1% Low Fat Unflavored Milk
February Date: 02/28/2020	Black History Month/USA	Barbecued Chicken Collards Greens Whipped Sweet Potato Corn Bread Peach Cobbler 1% Low Fat Unflavored Milk
March Date: 03/28/2020	Iranian New Year /Iran	Cod Fish Garbanzo Beans Rice-Basmati Saffron/Sumac Green Beans Pita Bread 1% Low Fat Unflavored Milk
April Date: 04/25/2020	Caribbean/Haiti	Chicken in Sauce Rice & Red Beans ½ Banana Garden Salad Sweet Potato Bread 1% Low Fat Unflavored Milk
May Date: 05/23/2020	Asian Pacific-American Heritage Month/USA	Adobo Chicken (Hawaiian Dish) Chinese Fried Rice Snow Peas Toss Green Salad (Lettuce, Tomato Slices, Cucumber Slices, Red and Green Peppers Slices) Ranch Dressing Hawaiian Ambrosia Spring Rolls

CCFP Catered Meal Service Solicitation

Invitation to Bid

2019-2020

ATTACHMENT 4-B

ORANGE COUNTY FAMILY SERVICES DEPARTMENT
HEAD START DIVISION
SPECIAL EVENT MENUS

		1% Low Fat Milk Unflavored Milk
June Date: 06/27/2020	South America/Brazil & Columbia	Arroz a Brasileira (Brazilian Style Rice) Couve a Mineira (Brazilian Style Collard Greens) Pollo Desmenuzado Estilo Colombiano (Colombian Shredded Chicken) Mixed Fruits Cups Dinner Rolls 1% Low Fat Unflavored Milk
July Date: 07/18/2019 (No school)	Mediterranean/Italy	Italian Spaghetti & Meatball Sauce Vegetable Medley (Carrots, Cauliflower & Green Beans) (Halved) Grapefruit Italian Garlic Bread Sticks 1% Low Fat Unflavored Milk
August Date: 08/29/2020	Welcome Back to School	Oven Fried Chicken Mashed Potatoes Greens Apple Slices Honey Cornbread 1% Low Fat Unflavored Milk
September Date: 09/26/2020	Hispanic Heritage Month/USA	Cuban Stew with Beef Congri (Black Beans with Rice) Tossed Salad Ranch Dressing Cuban Bread Pineapples Chunks 1% Low Fat Unflavored Milk

**Need CN Labels or Standardized Recipes

Attachment 5

Meal Services to be Provided

- 1) **The Institution or Facility must select meal types and how food items shall be delivered by checking the appropriate boxes.** Note: Breakfast, Lunch and Supper *must* include milk. Snack may include milk according to cycle menu selected. ***Bulk canned fruit must be in suitable food-grade storage container(s) with tight fitting lid(s).***

X Breakfast <input type="checkbox"/> Bulk X Unitized	X Lunch <input type="checkbox"/> Bulk X Unitized	X Snack <input type="checkbox"/> Bulk X Unitized	<input type="checkbox"/> Supper <input type="checkbox"/> Bulk <input type="checkbox"/> Unitized
--	--	--	--

- 2) **The Institution or Facility must select milk type(s) and size(s) of milk container(s) to be delivered.** *Children one year of age must be served unflavored whole milk. Children two through five years old must be served either unflavored lowfat (1 percent) or unflavored fat free (skim) milk. Children six years old and older must be served unflavored or flavored lowfat (1 percent) or fat-free (skim) milk.* **Note: Contract price must include the price of milk to be included with program meals. The Caterer must charge separately should additional milk be requested by the Institution or Facility outside the scope of this contract.**

- | | | | |
|--|--|--|---|
| X Unflavored Lowfat (1%)
<input type="checkbox"/> Gallon
<input type="checkbox"/> Half-gallon
<input type="checkbox"/> Individual 8 oz. cartons
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Unflavored Fat-Free
<input type="checkbox"/> Gallon
<input type="checkbox"/> Half-gallon
<input type="checkbox"/> Individual 8 oz. cartons
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Flavored Fat-Free or Lowfat
<input type="checkbox"/> Gallon
<input type="checkbox"/> Half-gallon
<input type="checkbox"/> Individual 8 oz. cartons
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Unflavored Whole
<input type="checkbox"/> Gallon
<input type="checkbox"/> Half-gallon
<input type="checkbox"/> Individual 8 oz. cartons
<input type="checkbox"/> Other: _____ |
|--|--|--|---|

Maximum number of children age one (unflavored whole): _____

Maximum number of children age 6 and older (if requesting flavored fat free): _____

- 3) **The Institution or Facility must check below if the Caterer shall deliver sandwich foods such as cold sandwiches and wraps and hot burritos in bulk or pre-assembled. The Institution or Facility must be authorized to assemble sandwiches onsite and have adequate storage space to hold sandwiches at proper temperatures.**

- | | |
|--|--|
| <input type="checkbox"/> Bulk , Caterer must deliver sandwich foods separately in bulk. | X Pre-assembled , Caterer must deliver sandwiches pre-made. |
|--|--|

- 4) **The Institution or Facility must check below if the Caterer shall supply disposable meal service products.** Note: See minimum paper product specifications below. **Note: Contract price must include the price of disposable meal service products when the “yes” box below is checked. The Caterer may charge separately should additional quantities of disposable meal service products be requested by the Institution or Facility outside the scope of this contract.**

- | | |
|--|---|
| X Yes , Caterer must supply disposable meal service products. | <input type="checkbox"/> No , Caterer not required to supply disposable meal service products. |
|--|---|

Minimum Disposable Meal Service Products:

- | | | |
|--|---|---|
| X 8 oz. paper cold cup | X 9 in., 3-compartment, white, un-laminated foam or plastic plate | X 12X13, 1 ply, white, 1/4 fold napkins |
| X 10 oz. paper cold cup | X 10.25 in., 3-compartment, white, un-laminated foam or plastic plate | X Medium weight, plastic forks |
| X 8 oz. foam cup | X 4 oz. or 8 oz. foam container | X Medium weight, plastic spoons |
| X 10 oz. foam cup | X 5 oz., white, plastic bowl | X Individually wrapped plastic straws |
| X 9 oz. soft plastic, translucent cup | | X Individually wrapped paper straws |
| X 10 oz. soft plastic, translucent cup | | |

- 5) **The Institution or Facility must check below if the Caterer shall supply with each delivery, cleanserving utensils (scoops and/or ladles and/or measuring-serving spoons of standard sizes, disposable or stainless) to ensure appropriate serving size of foods as specified by the Child Care Food Program Meal Pattern for Children, Attachment 2 and the Cycle Menu, Attachment 3.**

- | | |
|--|---|
| X Yes , Caterer must supply serving utensils. | <input type="checkbox"/> No , Caterer not required to supply serving utensils. |
|--|---|

Attachment 6: Delivery Schedule

- Delete or add facilities at least one week prior to the required date of service. The Delivery Schedule or other written notice must be used to add or delete facilities.
- Specify delivery time and ensure that it is no earlier than three hours before the CCFP approved start time of each hot meal service (lunch and/or supper).

Deliver the same day snack and next day breakfast at the specified delivery time for each hot meal service (lunch and supper) according to Delivery Schedule, unless otherwise requested by the Institution or Facility.

Institution or Facility	Address	Telephone No.	Contact Person	Type of Meal* & Estimated Total No. Needed Per Day	Specified Delivery Time(s)
Bithlo Head Start	18501 Washington Avenue Orlando, Fl. 32820	407-254-1958	Jacqueline Lopez	Breakfast, Lunch and Afternoon Snack 34 Children, 4 Adults	By 10:30 a.m.
Callahan Head Start	101 N. Paramore Street Orlando, Fl. 32805	407-245-2910	Toinette Stenson	Breakfast, Lunch and Afternoon Snack 49 Children, 5 Adults	By 10:30 a.m.
East Orange Head Start	12040 East Colonial Dr. Orlando, FL 32826	407-254-9713	Sunitha Koorathota	Breakfast, Lunch and Afternoon Snack 125 Children, 13 Adults	By 10:30 a.m.
Frontline Outreach	3000 C.R. Smith Street. Orlando, FL 32805	407-254-9461	Latoia Mitchell	Breakfast, Lunch and Afternoon Snack 73 Children, 8 Adults	By 10:30 a.m.
Hal P. Marston Head Start	3933 W D Judge Dr. Orlando, FL 32808	407-836-8455	Wilna Francios	Breakfast, Lunch and Afternoon Snack 85 Children, 9 Adults	By 10:30 a.m.
John Bridges Head Start	445 W 13 th Street. Apopka, FL 32703	407-836-8455	Marcia Cotton	Breakfast, Lunch and Afternoon Snack 140 Children, 15 Adults	By 10:30 a.m.
Lila Mitchell Head Start	5151 Raleigh St. Orlando, FL 32811	407-254-9494	John Holmes	Breakfast, Lunch and Afternoon Snack 71 Children, 8 Adults	By 10:30 a.m.

*B = Breakfast, L = Lunch, S = Supper, MS = Morning Snack, AS = Afternoon Snack, ES = Evening Snack

Attachment 6: Delivery Schedule

- Delete or add facilities at least one week prior to the required date of service. The Delivery Schedule or other written notice must be used to add or delete facilities.
- Specify delivery time and ensure that it is no earlier than three hours before the CCFP approved start time of each hot meal service (lunch and/or supper).

Deliver the same day snack and next day breakfast at the specified delivery time for each hot meal service (lunch and supper) according to Delivery Schedule, unless otherwise requested by the Institution or Facility.

Institution or Facility	Address	Telephone No.	Contact Person	Type of Meal* & Estimated Total No. Needed Per Day	Specified Delivery Time(s)
Pine Hills Community Center Head Start	6408 Jennings Road. Orlando, FL 32818	407-254-9112	Tambra Jackson	Breakfast, Lunch, Afternoon Snack 200 Children, 21 Adults	By 10:30 a.m.
South Orlando YMCA Head Start	810 W. Oakridge Road. Orlando, FL 32809	407-254-1011	Tiffany Brown	Breakfast, Lunch, Afternoon Snack 60 Children, 7 Adults	By 10:30 a.m.
Southwood Head Start	6225 Brookgreen Ave. Orlando, FL 32809	407-254-6768	Vivian Jones	Breakfast, lunch, Afternoon Snack 120 Children, 13 Adults	By 10:30 a.m.
Taft Head Start	9504 South Orange Ave. Orlando, FL 32824	407-254-9274	Isis Almeda	Breakfast, Lunch, Afternoon Snack 120 Children, 13 Adults	By 10:30 a.m.

*B = Breakfast, L = Lunch, S = Supper, MS = Morning Snack, AS = Afternoon Snack, ES = Evening Snack

Attachment 7

Price Schedule (October 1 – May 27)

The Institution or Facility must complete columns 1 & 2 (in ink and retain copy) prior to obtaining price quotes from selected caterers. Caterer must complete remainder of form and return with price quote by date and time specified by the Institution. Failure to do so will be at the Caterer's risk.

Name of Institution: Orange County Head Start		CCFP Authorization No: 0734		
<input type="checkbox"/> Cycle Menu A Hispanic <input type="checkbox"/> Cycle Menu A Hispanic No Pork No Peanut <input type="checkbox"/> Cycle Menu B General <input checked="" type="checkbox"/> Cycle Menu B General No Pork No Peanut <input type="checkbox"/> Cycle Menu C Southern <input type="checkbox"/> Cycle Menu C Southern No Pork No Peanut		<input type="checkbox"/> Head Start Menu <input type="checkbox"/> Early Head Start Menu <input type="checkbox"/> Kosher Menu <input type="checkbox"/> Lunch, Snack Supper Menu <input type="checkbox"/> Supper, Snack Only Menu		
Type of Meal per Contract Specifications	Estimated Total No. of Meals per Day 1	Estimated No. of Serving Days per Year 2	Unit Price per Meal 3	Total Price 4
Breakfast (Ages 1-5*)	1077	140		
Breakfast (Adult / Staff)	108	140		
Lunch (Ages 1-5*)	1077	140		
Lunch (Adult / Staff)	108	140		
Supper (Ages 1-5*)				
Supper (Ages 6-18)				
Morning Snack (Ages 1-5*)				
Morning Snack (Ages 6-18)				
Afternoon Snack (Ages 1-5*)	1077	140		
Afternoon Snack (Ages 6-18)				
Evening Snack (Ages 1-5)				
Evening Snack (Ages 6-18)				
"Boxed" Lunches (Ages 1-5)	1077	10		
"Boxed" Lunches (Adult / Staff)	108	10		
Note: "Boxed" lunches may be requested by the Institution for field trips. Institution must keep documentation of field trip and menu served.				Grand Total 5

***Ages 1-5 based on meal pattern portion sizes for ages 3-5.**

By affixing my signature on this quote, I hereby state that I have read all contract terms, conditions and specifications and agree to all terms, and conditions, provisions, and specifications. I certify that I will provide and deliver to the location(s) specified in the contract.

Caterer Company Name: _____

Authorized Caterer Representative: _____
(Signature) (Date)

Name and Title: _____
(Print or Type)

Attachment 7

Price Schedule (June 1 – June 26)

The Institution or Facility must complete columns 1 & 2 (in ink and retain copy) prior to obtaining price quotes from selected caterers. Caterer must complete remainder of form and return with price quote by date and time specified by the Institution. Failure to do so will be at the Caterer's risk.

Name of Institution: Orange County Head Start		CCFP Authorization No: 0734		
<input type="checkbox"/> Cycle Menu A Hispanic <input type="checkbox"/> Cycle Menu A Hispanic No Pork No Peanut <input type="checkbox"/> Cycle Menu B General <input checked="" type="checkbox"/> Cycle Menu B General No Pork No Peanut <input type="checkbox"/> Cycle Menu C Southern <input type="checkbox"/> Cycle Menu C Southern No Pork No Peanut		<input type="checkbox"/> Head Start Menu <input type="checkbox"/> Early Head Start Menu <input type="checkbox"/> Kosher Menu <input type="checkbox"/> Lunch, Snack Supper Menu <input type="checkbox"/> Supper, Snack Only Menu		
Type of Meal per Contract Specifications	Estimated Total No. of Meals per Day 1	Estimated No. of Serving Days per Year 2	Unit Price per Meal 3	Total Price 4
Breakfast (Ages 1-5*)	780	20		
Breakfast (Adult / Staff)	140	20		
Lunch (Ages 1-5*)	780	20		
Lunch (Adult / Staff)	140	20		
Supper (Ages 1-5*)				
Supper (Ages 6-18)				
Morning Snack (Ages 1-5*)				
Morning Snack (Ages 6-18)				
Afternoon Snack (Ages 1-5*)	780	20		
Afternoon Snack (Ages 6-18)				
Evening Snack (Ages 1-5)				
Evening Snack (Ages 6-18)				
"Boxed" Lunches (Ages 1-5)	780	4		
"Boxed" Lunches (Adult / Staff)	140	4		
Note: "Boxed" lunches may be requested by the Institution for field trips. Institution must keep documentation of field trip and menu served.				Grand Total 5

***Ages 1-5 based on meal pattern portion sizes for ages 3-5.**

By affixing my signature on this quote, I hereby state that I have read all contract terms, conditions and specifications and agree to all terms, and conditions, provisions, and specifications. I certify that I will provide and deliver to the location(s) specified in the contract.

Caterer Company Name: _____

Authorized Caterer Representative: _____
(Signature) (Date)

Name and Title: _____
(Print or Type)

Attachment 7

Price Schedule (August 10 – September 30)

The Institution or Facility must complete columns 1 & 2 (in ink and retain copy) prior to obtaining price quotes from selected caterers. Caterer must complete remainder of form and return with price quote by date and time specified by the Institution. Failure to do so will be at the Caterer's risk.

Name of Institution: Orange County Head Start		CCFP Authorization No.: 0734		
<input type="checkbox"/> Cycle Menu A Hispanic <input type="checkbox"/> Cycle Menu A Hispanic No Pork No Peanut <input type="checkbox"/> Cycle Menu B General <input checked="" type="checkbox"/> Cycle Menu B General No Pork No Peanut <input type="checkbox"/> Cycle Menu C Southern <input type="checkbox"/> Cycle Menu C Southern No Pork No Peanut		<input type="checkbox"/> Head Start Menu <input type="checkbox"/> Early Head Start Menu <input type="checkbox"/> Kosher Menu <input type="checkbox"/> Lunch, Snack Supper Menu <input type="checkbox"/> Supper, Snack Only Menu		
Type of Meal per Contract Specifications	Estimated Total No. of Meals per Day 1	Estimated No. of Serving Days per Year 2	Unit Price per Meal 3	Total Price 4
Breakfast (Ages 1-5*)	1077	38		
Breakfast (Adults / Staff)	108	38		
Lunch (Ages 1-5*)	1077	38		
Lunch (Adults / Staff)	108	38		
Supper (Ages 1-5*)				
Supper (Ages 6-18)				
Morning Snack (Ages 1-5*)				
Morning Snack (Ages 6-18)				
Afternoon Snack (Ages 1-5*)	1077	38		
Afternoon Snack (Ages 6-18)				
Evening Snack (Ages 1-5)				
Evening Snack (Ages 6-18)				
"Boxed" Lunches (Ages 1-5)	1077	2		
"Boxed" Lunches (Ages 6-18)	108	2		
Note: "Boxed" lunches may be requested by the Institution for field trips. Institution must keep documentation of field trip and menu served.				Grand Total 5

*Ages 1-5 based on meal pattern portion sizes for ages 3-5.

By affixing my signature on this quote, I hereby state that I have read all contract terms, conditions and specifications and agree to all terms, and conditions, provisions, and specifications. I certify that I will provide and deliver to the location(s) specified in the contract.

Caterer Company Name: _____

Authorized Caterer Representative: _____
(Signature) (Date)

Name and Title: _____
(Print or Type)

Attachment 8: Reference Form

Caterer's Name: _____

Caterers must provide contact information for three references evidencing experience in providing catered meal services. Caterers must use this reference form to provide the required information. The Institution or Facility reserves the right to contact any and all entities in the course of this solicitation in order to verify experience. Information received may be considered in the Institution's or Facility's determination of the Caterer's responsibility. The Institution's or Facility's determination is not subject to review or challenge.

1.	Company/Agency Name	
	Address	
	City, State, Zip	
	Contact Name	
	Contact Phone	
	Contact Email Address	
	What products/services were provided?	
	Beginning and Ending Dates mm/dd/yyyy to mm/dd/yyyy	
2.	Company/Agency Name	
	Address	
	City, State, Zip	
	Contact Name	
	Contact Phone	
	Contact Email Address	
	What products/services were provided?	
	Beginning and Ending Dates mm/dd/yyyy to mm/dd/yyyy	
3.	Company/Agency Name	
	Address	
	City, State, Zip	
	Contact Name	
	Contact Phone	
	Contact Email Address	
	What products/services were provided?	
	Beginning and Ending Dates mm/dd/yyyy to mm/dd/yyyy	

Attachment9

Caterer Conflict of Interest Questionnaire

The authorized **Caterer** representative must complete this attachment.

	Yes	No
1. Do you, your immediate family, or business partner have financial or other interests in the Institution of which you are submitting this contract?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have gratuities, favors or anything of monetary value been offered to you or accepted by you from the Institution?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been employed by the Institution or Facility within the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you plan to obtain a financial interest, e.g. stock, in the Institution or Facility?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you plan to seek or accept future employment with the Institution or Facility?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any other conditions which may cause a conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide a written explanation of your answer.

I declare that the above questions are answered truthfully and to the best of my knowledge.

Signature of Authorized Caterer Representative

Date