



**FY21 – FY23 OLDER AMERICANS ACT TITLE III C NUTRITION PROGRAM
CATERER APPLICATION - TITLE PAGE**

APPLICANT AGENCY DESCRIPTION

Name of organization: _____

Address: _____

Telephone: _____ Fax: _____

Chair/Chief Signatory: _____

Executive Director: _____

Food Service Manager: _____

Supplier Diversity Certification: Yes ___ No ___
If yes, list type(s) of certification(s):

1. **Name and address of food preparation facility:**

2. **Is this site now available to you? ___yes ___no**

- 3. If not, please submit supporting documentation that the proposed site will be available by start of contract implementation.**

- 4. How long has company been in business/experience catering Elder Nutrition Programs:**

- 5. Please list names, addresses and phone numbers of other food service programs that you provide (in the past two years).**

- 6. Please list names and contact information for two current customers and one current purveyor that can be contacted as references:**

- 7. Indicate any specifications which cannot be met as described in the bid package:**

- 8. Please describe the proposed method of food preparation, transport and delivery:**

- 9. Please describe the proposed method of trash removal. (Please note trash may not be transported in same vehicle as food is transported.)**