



ATTACHMENT D2

MEAL COST ANALYSIS/RATE FORM FOR TITLE III-C OAA NUTRITION SERVICES

Provider: _____ Date _____

Check Bid Type: WMEC Meals Only Bid _____

Bid each type of meal on separate forms. Photocopy multiple copies of this form as needed.

√ Type of Meal: Hot _____ Supper _____ Cold bag Weekend _____ Shelf-stable _____ Latino _____ Breakfast _____ Other _____

| Cost Category | 1800-1999 Meals | 2000-2199 Meals | 2200-2399 Meals | 2400-2599 Meals | 2600-2799 Meals | 2800-2999 Meals | 3000-3199 Meals | 3200-3399 Meals | 3400-3599 Meals |
|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Raw Food | | | | | | | | | |
| Labor | | | | | | | | | |
| Administration | | | | | | | | | |
| Transportation | | | | | | | | | |
| Profit | | | | | | | | | |
| Sub Total | | | | | | | | | |
| Disposables | | | | | | | | | |
| TOTAL | | | | | | | | | |

Per Meal Labor Packaging Cost for Home Delivered Meals _____ (this cost is separate from and in addition to the base cost)

Instructions:

Bid each specific type of meal separately, using multiple copies of Attachment D1 and D2.

Refer to Attachments E, F, & I for the average number of each type of meal served daily, and then use the columns in Attachment D1 and D2 which most closely reflect the average number of each type of meal served daily. WestMass ElderCare will be analyzing most closely the bids entered in the columns which reflect the average daily number of that specific type of meal.