In the space provided below please answer the listed questions. The space for your response will expand to the length of your response. All questions must be answered. Points will be deducted for unanswered questions and incomplete responses. If you are attaching another document with the information requested, please indicate that in the space provided below.

| **CAterer QuestionNaire** |
| --- |
| **Organization, Personnel and Experience** |
|  | Please list the location of the primary food preparation site to be used for the OAA meal program.      Do you have an alternate food preparation or site? Yes [ ]  No [ ] If Yes, please list the location of secondary food preparation site/s and explain how it/they may be utilized for the OAA meal program.     Please provide Applicant’s primary business telephone number or the toll-free telephone number.      |
|  | Please affirmatively state whether Applicant agrees to comply with all required and necessary licensures and certificate to serve all menu items.      |
|  | Please list the minimum average number of staff hours per week which will be allotted to each of the following tasks for this contract:* Load preparation and packaging:

     * Truck sanitation and maintenance:

     * Indicate at what number of meals additional staff hours will be added. Indicate other operational involvement of vehicles and staff time outside those proposed for this bid, i.e. what other Older Americans Act Congregate Nutrition programs, other Older Americans Act Home Delivered Nutrition Program and all other programs for which the vehicles are used for, before, between, and after meals are delivered.

      |
|  | Please state the name of Applicant’s legal counsel and describe any pending or past food service-related litigation in the last 10 years.      |
|  | Is Applicant a minority business enterprise within the meaning of 45 C.F.R. §75.330 or other applicable law? Yes [ ]  No [ ] Is Applicant a small business enterprise within the meaning of 45 C.F.R. §75.330 or other applicable law? Yes [ ]  No [ ] Is Applicant a women’s business enterprise within the meaning of 45 C.F.R. §75.330 or other applicable law? Yes [ ]  No [ ]  |
|  | WRAAA requires the food preparer to manage the contract as a partnership working with the Agency and its providers to address senior nutrition issues in the five county region. Providing high quality nutritious foods for eligible consumers will help them live a healthier life. For many, hunger and malnutrition are real issues.  Please describe the unique needs of frail older adults and how Applicant plans to address these unique needs in the provision of food services.  What can consumers expect if Applicant is awarded a contract?     Please affirmatively state and provide documentation establishing that Applicant can adequately provide meals appropriate for consumption by older persons, as demonstrated by previous experience and as shown in physical structure, layout and skill, without using subcontractor or other caterer to provide meals. A list of clients and the accompanying services provided for those clients shall be included.       |
|  | What can the providers expect if Applicant is awarded a contract?      What can consumers expect if your company is the successful Applicant?      |
|  | State Applicant’s commitment to the OAA congregate nutrition program and the OAA home delivered nutrition program in this proposal process and how you plan to deliver that commitment for the OAA Nutrition Program contract for program year 2026.      |
|  | Please tell us the identity of the “Person-In-Charge”, responsible for the food service operation. Applicant shall ensure that the “Person-In-Charge” is certified in food protection as evidenced by completion of the ServSafe Program developed by the National Restaurant Association Educational Foundation. The Applicant shall provide with its proposal documentation of course completion.      |
|  | Does Applicant have a written Affirmative Action Plan on file for examination by the Western Reserve Area Agency on Aging? (Please see what must be included on page 23 & 24 of the RFP Specifications)      |
|  | If Applicant has fifty (50) or more employees: Does Applicant have written Personnel Policies and Procedures manual on file for examination by the Western Reserve Area Agency on Aging. (please indicate if not applicable, referenced on page 24 of the RFP Specifications)      |
|  | With respect to the preparation sites and refrigerated vehicles Applicant would use to produce meals for WRAAA’s 2026-2029 Nutrition Program if awarded the contract sought by Applicant, and so that WRAAA can assess the extent to which Applicant’s resources would be available to perform the contract sought, identify Applicant’s current catering/food service contracts, the number of meals currently being produced by Applicant per week, the number of refrigerated vehicles currently used by Applicant and the number of cubic feet of refrigeration/freezer/commissary space used by Applicant for Applicant’s current catering/food service contracts, and identify which current or other catering/food service contracts Applicant will continue to perform in 2026, and subsequent 3 years.      |
|  | If Applicant is submitting with its competitive proposal consumer references, consumer surveys, performance tracking and/or taste test information, do you personally certify that such information is less than 24 months old and complete for the period for which it is submitted? Yes [ ]  No [ ]  |
| **Concept & Method of Proposed Services** |
|  | Please affirmatively state and provide documentation establishing that Applicant can adequately provide meals appropriate for consumption by older persons, as demonstrated by previous experience and as shown in physical structure, layout, and skill. A list of all clients and the accompanying services provided for those clients for the last 5 years shall be included.Does Applicant have sufficient available kitchen equipment to cook and prepare the meals Applicant proposes to provide, given Applicant’s contractual duties or obligations to other customers or third parties? Yes [ ]  No [ ] Facilities:* Applicant’s total freezer space (cu. ft.):       cu. ft.
* Applicant’s total useable freezer space (cu. ft.):       cu. ft.
* Applicant’s total freezer space available for this contract:       cu. ft.
* Applicant’s total refrigerated space (cu. ft.):       cu. ft.
* Applicant’s total useable refrigerated space (cu. ft.):       cu. ft.
* Applicant’s total refrigerated space available for this contract:       cu. ft.
* Applicant’s total commissary space (cu. ft.):       cu. ft.
* Applicant’s total useable commissary space (cu. ft.):       cu. ft.
* Applicant’s total commissary space available for this contract:       cu. ft.
* Applicant’s total operable trucks:       (no. of vehicles, owned or leased)
* Applicant’s total operable refrigerated trucks:       (no. of vehicles, owned or leased)
* Applicant’s total available operable refrigerated trucks available for this contract:       (no. of vehicles, owned or leased)

Describe, in narrative form, how Applicant’s business model and business practices make Applicant’s available (a) kitchen space, (b) food-service employees, (c) transport and delivery equipment, (d) useful cubic feet of freezer space, (e) useful cubic feet of refrigeration space, (f) useful commissary space, adequate and sufficient (or more than adequate and sufficient) to fully and faithfully produce the meals Applicant proposes to provide according to WRAAA’s RFP requirements, in light of Applicant’s prior experience in providing wholesome meals to the elderly, to another Area Agency on Aging or to WRAAA.      |
|  | Please explain how Applicant documents the maintenance and monitoring records of your refrigeration and freezer equipment.      |
|  | Please accurately describe the services Applicant is applying to provide, and describe how you plan to provide them.      |
|  | Please state how Applicant’s total proposal reflects the itemized costs for the services Applicant is proposing to provide.      |
|  | WRAAA has specific objectives to meet the needs of older persons who are low-income, low-income minorities, have limited English proficiency, reside in rural areas, and who are at risk for institutional placement (frail). Please affirmatively state whether Applicant will assist WRAAA in complying with the above. * 1. Person direction allows consumers to decide what is best for themselves from a range of viable options. How would Applicant assist WRAAA in providing options to the consumers?

     * 1. How will Applicant provide services that ensure that these persons’ needs are satisfied?

      * 1. How will Applicant obtain feedback from consumers on their satisfaction with the service?

     * 1. How will Applicant meet WRAAA’s specific objectives for providing services to these persons and measure outcomes related to the delivery of your service to these persons?

     * 1. How will Applicant comply with ODA’s rule relating to Criminal Background Check (Rule 173-9)?

      |
|  | Please affirmatively state whether Applicant has the ability to perform and will perform according to the requirements contained in the *Contract Sample.pdf* should Applicant receive the grant(s) for which application is made.      |
|  | What is the procedure for notifying WRAAA when there is an extreme emergency that will interrupt regular meal service?      |
|  | What is Applicant’s plans for providing meals for consumers during an emergency event that prohibits meal production at the commissary?       |
|  | What is Applicant’s plan for handling shortages, late deliveries, and questionable food items?      |
|  | What is Applicant’s plan for emergency food for home delivered meal consumers on site?      |
|  | Please describe Applicant’s internal procedures for reporting events to the public health system to facilitate surveillance and investigation using established communication protocol.       |
|  | Please describe Applicant’s plan for how reliable information will be provided to others (e.g. media, local health departments, aging service network) as relevant to the specific production site and emergency response protocol.       |
|  | Please describe Applicant’s plan for communicating risks and actions taken clearly and accurately to WRAAA and the media.       |
|  | Please describe Applicant’s plan for participating in post-event feedback and assessment of response with the local public health system and take needed steps to improve future response.       |
| **Quality Assurance, Monitoring, Evaluation System &****Customer Relations Management** |
|  | Please list the name of an accredited laboratory used by Applicant for testing food, food contact surfaces, and the environment for Listeria monocytogenes.      |
|  | Please state Applicant’s product testing procedures including frequency and documentation of detailed voluntary controls.      |
|  | Please describe Applicant’s history of food products recalls including circumstances and frequency.      |
|  | Please describe Applicant’s preventive measures and sanitation procedures used to prevent Listeria monocytogenes in the food preparation areas.      |
|  | Please describe Applicant’s pest control procedures.      |
|  | Please describe Applicant’s employee training regarding hygiene and sanitary procedures related to the handling of food products including formal cleaning schedules.       |
|  | Please describe Applicant’s employee training for food delivery drivers and substitute delivery drivers.      |
|  | Please affirmatively state whether Applicant agrees to comply with all non-discrimination laws, federal wage and hour laws, and Ohio workers compensation laws in the recruitment and employment of individuals.      |
|  | Please provide a written description of the step-by-step instructions a consumer may follow to file an insurance claim under the insurance coverage(s) required by this RFP.      |
|  | Is Applicant able to provide meals to WRAAA under Applicant’s competitive proposal without involving or using another caterer/food provider – subcontractor? Yes [ ]  No [ ]  |
|  | Will Applicant first seek written permission of WRAAA before permitting another caterer/food provider – subcontractor to provide any emergency or other meals for Applicant to perform the contract sought by Applicant, if Applicant is awarded a contract? Yes [ ]  No [ ]  |
|  | If awarded a contract in response to Applicant’s competitive proposal, list all anticipated capital and other expenditures Applicant expects to make to prepare and/or perform according to the competitive proposal (include all real property improvements, fixtures, equipment, leased or purchased vehicles, etc.).      |
|  | If the largest or another congregate nutrition site within a Group [A-I] has an emergency situation which prevents the site from final preparation/heating of meals delivered by the Food Preparer/Caterer, can Applicant deliver stored, pre-frozen meals on short notice to serve those consumers for up to a week or until the emergency is over whichever is shorter? Yes [ ]  No [ ]  (If so, please explain how Applicant will be able to accomplish this).      |
|  | If awarded a contract, does Applicant agree that all communication between the caterer and a nutrition site shall be through WRAAA, except when the communication involves a WRAAA-approved menu adjustment? Yes [ ]  No [ ]  |