

**WESTERN RESERVE AREA AGENCY ON AGING**  
**Older Americans Act Nutrition Program**  
**PROSPECTIVE CATERER PROPOSAL EVALUATION WORKSHEET**

Applicant:		
Item #	Description of Applicant's Qualifications and Experience	Present
1	Completed Applicant Competitive Proposal Checklist	<input type="checkbox"/>
2	Older Americans Act Nutrition Program Caterer Contact Sheet	<input type="checkbox"/>
3	Competitive Proposal Pricing document with cost breakdown	<input type="checkbox"/>
4	Proposal bond in a sum of five percent (5%) of the amount proposed	<input type="checkbox"/>
5	Caterer Questionnaire	<input type="checkbox"/>
6	Copy of Federal and/or State Inspection Number; or current copy of Food Preparers Ohio Food Service Operation License	<input type="checkbox"/>
7	Audited financial statements for the last two fiscal years	<input type="checkbox"/>
8	List of food service equipment which will be used in this program	<input type="checkbox"/>
9	Hierarchical organizational chart <span style="float: right;">See RFP Specs Page 16</span>	<input type="checkbox"/>
10	List of current and/or proposed companies to be used by Applicant for food and/or supply item purchases <span style="float: right;">See RFP Specs Page 18</span>	<input type="checkbox"/>
11	Description of Applicant's qualifications and experience	<input type="checkbox"/>
12	Copy of site visit monitoring report	<input type="checkbox"/>
13	Copy of a food safety program that complies with Hazard Analysis Critical Control Point (HACCP) based food safety program	<input type="checkbox"/>
14	Copy of most recent Enforcement Investigation Analysis Officer review performed by Ohio Department of Agriculture (if applicable)	<input type="checkbox"/>
15	Copy of most recent "Good Manufacturing Practices Inspection Report" performed by the Ohio Department of Agriculture (ODA), Division of Food Safety (if applicable) <span style="float: right;">See RFP Specs Page 20</span>	<input type="checkbox"/>
16	Copy of most recent Establishment Inspection Report (EIR) conducted by ODA for the Food and Drug Administration (FDA) (if applicable) <span style="float: right;">See RFP Specs Page 20</span>	<input type="checkbox"/>
17	Assurance of Compliance with Dept. of Health and Human Services Regulations under Title VI of the Civil Rights Act of 1964	<input type="checkbox"/>
18	Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, As Amended. <span style="float: right;">See RFP Specs Page 22</span>	<input type="checkbox"/>
19	Proof of the following: <span style="float: right;">See RFP Specs Page 22</span>	<input type="checkbox"/>
	•For all Applicants other than a sole owner/proprietorship, the Applicant shall provide proof that it is currently registered with the Secretary of State as a non-profit organization, association, trust, co-operative, for-profit business, Limited Liability Company, limited partnership or partnership having limited liability. <span style="float: right;">See RFP Specs Page 22</span>	<input type="checkbox"/>
	•Signed and notarized Non-Collusion Affidavit <span style="float: right;">See RFP Specs Page 22</span>	<input type="checkbox"/>
	•Certification Regarding Debarment, Suspension and Other Responsibility Matters. <span style="float: right;">See RFP Specs Page 23</span>	<input type="checkbox"/>
	•For a corporation, a notarized certificate or Power of Attorney authorizing the person signing to bind the corporation to the proposal document or a notarized certificate of corporate resolution authorizing the person signing the proposal document to bind the corporation <span style="float: right;">See RFP Specs Page 22</span>	<input type="checkbox"/>
	•For a sole owner/proprietorship, a notarized statement indicating that the individual is the sole owner and is authorized to sign for and bind the Food Preparer <span style="float: right;">See RFP Specs Page 22</span>	<input type="checkbox"/>
	•For a partnership, a certificate of partnership agreement showing the names and address of all partners and authorizing the signing partner to bind the partnership to the proposal document <span style="float: right;">See RFP Specs Page 22</span>	<input type="checkbox"/>
20	<b>Kosher Meals Only</b> – Certificate of Warranty insuring that all Kosher meals are, indeed, Kosher <span style="float: right;">See RFP Specs Page 23</span>	<input type="checkbox"/>
21	Adequate evidence of capability to provide meals appropriate for consumption by older people, such as demonstrated by previous experience. A list of clients and the accompanying services shall be provided <span style="float: right;">See RFP Specs Page 24</span>	<input type="checkbox"/>
22	Emergency Food Protocol <span style="float: right;">See RFP Specs Page 64</span>	<input type="checkbox"/>
23	Annual plan to evaluate and improve the effectiveness of the program's operations and services <span style="float: right;">See RFP Specs Page 66</span>	<input type="checkbox"/>
24	Supply Ordering Policy <span style="float: right;">See RFP Specs Page 70</span>	<input type="checkbox"/>

25	Asian, Hispanic and Kosher Meal Preparers only: Cycle menus for January, April, July and October	See Appendix W	<input type="checkbox"/>
26	W-9		<input type="checkbox"/>

**Name of Contact Person:** \_\_\_\_\_

**Phone of Contact Person:** \_\_\_\_\_

**Email of Contact Person:** \_\_\_\_\_



WESTERN RESERVE AREA AGENCY ON AGING

Older Americans Act Nutrition Program

COMPETITIVE PROPOSAL EVALUATION WORKSHEET

1	Complete and Effective
0.75	Complete but Partially Effective
0.5	Incomplete and/or Partially Effective.
0.25	Incomplete and Ineffective.
0	Blank or not answered directly

Applicant: 0

Award Criteria 1: Organization, Personnel and Experience				
Question		Max points	Score	Points Awarded
1	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? 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.	1		0
2	Please affirmatively state whether Applicant agrees to comply with all required and necessary licensures and certificate to serve all menu items.	2		0
3	Please list the minimum average number of staff hours per week which will be allotted to each of the following task 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 RFP, 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.	1		0
4	Please state the names of Applicant's legal counsel and describe any pending litigation.	1		0
5a	Is Applicant a minority business enterprise within the meaning of 45 C.F.R. §75.330 or other applicable law?	1		0
5b	Is Applicant a small business enterprise within the meaning of 45 C.F.R. §75.330 or other applicable law?	1		0
5c	Is Applicant a women's business enterprise within the meaning of 45 C.F.R. §75.330 or other applicable law?	1		0
6	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.	2		0

7	What can the providers expect if Applicant is awarded a contract? What can consumers expect if your company is the successful Applicant?	2		0
8	State Applicant's commitment to the OAA congregate nutrition program and the OAA home delivered nutrition program in this RFP process and how Applicant plans to deliver that commitment for the OAA Nutrition Program contract for program year 2026.	1		0
9	Please tell us the identity of the "Person-In-Charge" responsible for the food service operation. The Food Preparer 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 Food Preparer shall maintain documentation of course completion.	1		0
10	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).	1		0
11	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 no applicable, referenced on page 24 of the RFP Specifications).	1		0
12	Applicant has described that they have space, equipment and refrigerated vehicles to produce meals for the 2026-2027 WRAAA Nutrition Program if awarded. Applicant described current contracts and the number of meals produced per week, space required (refrigeration/freezer/commissary) for those meals, and the projected number of meals and space required for those meals anticipated for 2028-2029.	3		0
13	Consumer references, surveys, performance tracking and/org taste test information is summarized and within 24 months of submission.	1		0

Total Points Available for this section: **20**

0

Award Criteria 2: Concept & Method of Proposed Services				
	Question	Max points	Score	Points Awarded
14a	<p>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.</p> <p>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?</p>	2		0
14b	Please describe Applicant's delivery and food transportation equipment as to types and physical description. Indicate which equipment is owned and which will be leased and when the lease(s) expire(s).	2		0
15	Please explain how Applicant documents the maintenance and monitoring records of Applicant's refrigeration/freezer equipment.	2		0
16	Please accurately describe the services Applicant is applying to provide, and describe how Applicant plans to provide them.	1		0
17	Please state how Applicant's total price for meals reflects the itemized costs for the services Applicant is applying to provide.	2		0

18	<p>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 42 U.S.C. 302b(a)(4)(A)(ii). Person direction allows consumers to decide what is best for themselves from a range of viable options.</p> <ul style="list-style-type: none"> <li>How would Applicant assist WRAAA in providing options to the consumers?</li> <li>How will Applicant provide services that ensure that these persons' needs are satisfied?</li> <li>How will Applicant obtain feedback from consumers on their satisfaction with Applicant's service?</li> <li>How will Applicant meet WRAAA's specific objectives for providing services to these persons and measure outcomes related to the delivery of Applicant's service to these persons?</li> <li>How will Applicant comply with ODA's rule relation to Criminal Background Check (Rule 173-9-01)?</li> </ul>	5		0
19	Please affirmatively state whether Applicant has the ability to perform and will perform according to the requirements contained in the <u>Contract Sample.pdf</u> should Applicant receive the grant(s) for which a competitive proposal is made.	2		0
20	What is the procedure for notifying WRAAA when there is an extreme emergency that will interrupt regular meal service?	2		0
21	What are Applicant's plans for providing meals for consumers during an emergency event that prohibits meal production at the commissary?	2		0
22	What is Applicant's plan for handling shortages, late deliveries, and questionable food items?	2		0
23	What is Applicant's plan for emergency food for home delivered meal consumers on site?	2		0
24	Please describe Applicant's internal procedures for reporting events to the public health system to facilitate surveillance and investigation using established communication protocol.	2		0
25	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 sites and emergency response protocol.	2		0
26	Please describe Applicant's plan for communicating risk and actions taken clearly and accurately to WRAAA and the media.	2		0
27	Please describe Applicant's for participating in post-event feedback and assessment of response with the local public health system and take needed steps to improve future response.	2		0
Total Points Available for this section:		30		0

Award Criteria 3: Quality Assurance, Monitoring, Evaluation System & Customer Relations				
Question		Max points	Score	Points Awarded
28	Please list the name of an accredited laboratory used for testing food, food contact surfaces, and the environment for Listeria monocytogenes.	3		0
29	Please state Applicant's product testing procedures including frequency and documentation of detailed voluntary controls.	6		0

30	Please describe Applicant’s history of food products recalls including circumstances and frequency.	4		0
31	Please describe Applicant’s preventive measures and sanitation procedures used to prevent Listeria monocytogenes in the food preparation areas.	6		0
32	Please describe Applicant’s pest control procedures.	2		0
33	Please describe Applicant’s employee training regarding hygiene and sanitary procedures related to the handling of food products including formal cleaning schedules.	3		0
34	Please describe Applicant’s employee training for food delivery drivers and substitute delivery drivers.	2		0
35	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.	2		0
36	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 these RFP Specifications.	2		0
Total Points Available for this section:		30		0

Award Criteria 4: Financial Review				
Question		Max points	Score	Points Awarded
37	Financial Review	10		0
Total Points Available for this section:		10		

Award Criteria 5: Per Meal Price				
Question		Max points	Score	Points Awarded
38	Is the price realistic, competitive, fair? Is the Applicant able to supply menu at the price stated?	10		0
Total Points Available for this section:		10		