

**Informal Quote Request Packet
Quotes less than \$250,000**

Child Care Food Program

FFY 2024-2025

Bureau of Child Care Food Programs
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Tallahassee, Florida 32399-1727

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July 2024

Informal Competitive Procedures for Catered Meal Service

You MUST read the 2024-2025 Informal Procurement Guide and submit the Attestation located on the final page before soliciting caterers for bids or quotes.

The documents noted below make up the Informal Quote Request Packet and can be found at the end of this booklet, as well as on the CCFP Web page. They must be completed and sent to each caterer identified as a potential caterer.

1. Menu

- Replace blank menu page in the Informal Quote Request Packet with current year's approved cycle menu of choice
- View approved menus in MIPS or on the catering tab of the CCFP Web site
- If choosing a menu that does not appear in MIPS or on the CCFP Web site, you must receive approval from CCFP nutrition staff prior to requesting quotes.

2. Meal Services to be Provided, Attachment 5

- Complete entire page
- Check all of the appropriate boxes according to your Institution or Facility's needs

3. Delivery Schedule, Attachment 6

- Complete entire page
- Ensure specified delivery time is no earlier than three hours before the CCFP approved start time of each meal service (lunch and/or supper).

4. Price Schedule, Attachment 7

- Complete top portion and columns 1 and 2
- The estimated number of school age children needs to be considered when estimating the 6-18 year old meal type(s) for the number of meals per day and number of days per year.
- A "boxed lunch" meal type is included for those centers in need of this type of meal for field trips. It is recommended that you place a "1" in this line to secure a price for boxed lunches.
- Column 2 is the estimated number of days in a year your Institution will be open for business, so consider any closings for weekend days and holidays.
- The Price Schedule combines 1 and 2 year old children with the 3 to 5 year old. All children between the ages of 1 and 5 must receive portion sizes based on the meal pattern for children ages 3 to 5.
 - The caterer will fill out columns 3, 4, and enter Grand Total based on the information sent in the Informal Quote Request Packet

5. Conflict of Interest, Attachment 8

- Complete the top half of the form
- The Caterer will complete the bottom half

Keep all price quotes and emails as required documentation of the competitive procurement process.

Request for Price Quotes:

Name of child care site:

Person to contact:

Location:

Response needed by:

Please review the Menu and Attachments included in this packet.

Complete Columns 3, 4 and 5 of the Price Schedule and the bottom half of the Conflict of Interest. Scan and return to site email:

Thank you

Attachment 2

Cycle Menu

Institution must remove this page and insert Cycle Menu(s) of choice:

Cycle Menu A Hispanic

Cycle Menu A Hispanic No Pork No Peanut

Cycle Menu A Hot Breakfast

Cycle Menu B General

Cycle Menu B General No Pork No Peanut

Cycle Menu C Southern

Cycle Menu C Southern No Pork No Peanut

Head Start Menu

Early Head Start

Lunch, Snack, Supper Menu

Supper, Snack Only Menu

Supper Only Menu

Kosher Menu

Boxed Lunch

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).*

<input type="checkbox"/> Breakfast <input type="checkbox"/> Bulk <input type="checkbox"/> Unitized	<input type="checkbox"/> Lunch <input type="checkbox"/> Bulk <input type="checkbox"/> Unitized	<input type="checkbox"/> Snack <input type="checkbox"/> Bulk <input type="checkbox"/> Unitized	<input type="checkbox"/> Supper <input type="checkbox"/> Bulk <input type="checkbox"/> Unitized
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- 2) The Institution or Facility must select milk type(s) and size(s) of milk container(s) to be delivered. *Please see Attachment 1, CCFP Meal Pattern for children for milk requirements.* 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.

<input type="checkbox"/> 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"/> Unflavored Whole <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: _____
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Maximum number of children age one (unflavored whole): _____

Maximum number of children ages 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 individual sandwich food components for assembly	<input type="checkbox"/> Pre-assembled , Caterer must deliver complete sandwiches that are ready to eat
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- 4) The Institution or Facility must check below if the Caterer shall supply disposable meal service products. *Note: See minimum paper product specifications below. Contract price must include the price of the 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.*

<input type="checkbox"/> Yes Caterer must supply disposable meal service products	<input type="checkbox"/> No Caterer not required to supply disposable meal service products
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Minimum Disposable Meal Service Products:

<input type="checkbox"/> paper cup <input type="checkbox"/> foam cup <input type="checkbox"/> soft plastic, clear cup <input type="checkbox"/> Plastic straws, individually wrapped <input type="checkbox"/> Paper straws, individually wrapped	<input type="checkbox"/> 3-compartment plate <input type="checkbox"/> 5-compartment plate <input type="checkbox"/> foam plate <input type="checkbox"/> paper plate <input type="checkbox"/> plastic plate <input type="checkbox"/> plastic bowl <input type="checkbox"/> foam bowl	<input type="checkbox"/> 1 ply, white, ¼ fold napkins <input type="checkbox"/> Paper towels <input type="checkbox"/> Plastic forks, medium weight <input type="checkbox"/> Plastic spoons, medium weight <input type="checkbox"/> 8 oz. plastic container <input type="checkbox"/> Other: _____
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- 5) The Institution or Facility must check below if the Caterer shall supply with each delivery, clean serving 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.

<input type="checkbox"/> Yes , Caterer must supply serving utensils	<input type="checkbox"/> No , Caterer not required to supply serving utensils
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Attachment 6

Delivery Schedule

To be completed by the Institution or Facility (*in ink and retain copy*) prior to execution of the Standard Catering Contract and provided to the Caterer. (Make additional copies if needed.)

The Institution or Facility must:

- **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 meal service (lunch and/or supper).**

Deliver the same day snack and next day breakfast at the specified delivery time for each 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)

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

Attachment 7

Price Schedule

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.

The Caterer is required to substitute food components of the meal for children with disabilities when the 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. The Institution or Facility must ensure adequate documentation is on file and that protected health information is not shared with the Caterer. The Caterer may elect to charge a higher unit price for substituted meals; but both parties must agree to the price in writing.

Name of Institution: _____ CCFP Authorization No.: _____

Attachment 2: Cycle Menu Selected _____
Print menu selection

Initial required if Institution or Facility will procure their own source for Milk Delivery _____

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*)				
Breakfast (Ages 6-18)				
Lunch (Ages 1-5*)				
Lunch (Ages 6-18)				
Supper (Ages 1-5*)				
Supper (Ages 6-18)				
Morning Snack (Ages 1-5*)				
Morning Snack (Ages 6-18)				
Afternoon Snack (Ages 1-5*)				
Afternoon Snack (Ages 6-18)				
Evening Snack (Ages 1-5)				
Evening Snack (Ages 6-18)				
"Boxed" Lunches (Ages 1-5)				
"Boxed" Lunches (Ages 6-18)				
Note: "Boxed" lunches may be requested by the Institution for field trips. Institution must keep documentation of field trip and menu served.				Grand Total
*Ages 1-5 based on meal pattern portion sizes for ages 3-5.				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

Institution or Facility Conflict of Interest Questionnaire

The authorized ***Institution or Facility*** representative must complete this attachment.

Yes No

1. Do you, your immediate family, or business partner, have financial or other interests in the potential Caterer?
2. Have gratuities, favors or anything of monetary value been offered to you or accepted by you from the potential Caterer?
3. Have you been employed the potential Caterer within the last 24 months?
4. Do you plan to obtain a financial interest, e.g., stock, in the potential Caterer?
5. Do you plan to seek or accept future employment with the potential Caterer?
6. Are there any other conditions which may cause a conflict of interest?

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.

Institution or Facility	Signature of Authorized Institution Representative	Date
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Caterer Conflict of Interest Questionnaire

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

1. Do you, your immediate family, or business partner, have financial or other interests in the Institution or Facility of which you are submitting this bid?
2. Have gratuities, favors or anything of monetary value been offered to you or accepted by you from the Institution or Facility?
3. Have you been employed by the Institution or Facility within the last 24 months?
4. Do you plan to obtain a financial interest, e.g., stock, in the Institution or Facility?
5. Do you plan to seek or accept future employment with the Institution or Facility?
6. Are there any other conditions which may cause a conflict of interest?

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.

Caterer	Signature of Authorized Caterer Representative	Date
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