

# **Informal Bid Request Packet**

***Required When Soliciting Bids less than \$250,000***

## **Child Care Food Program**

**FFY 2025-2026**

Bureau Of Child Care Food Programs  
4052 Bald Cypress Way, Bin #A-17  
Tallahassee, FL 32399-1727

Phone: 850-245-4323  
Fax: 850-414-1622

Web site: [www.FloridaHealth.gov/ccfp](http://www.FloridaHealth.gov/ccfp)  
Email: [cateringcontractinbox@flhealth.gov](mailto:cateringcontractinbox@flhealth.gov)

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, **AD-3027**, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** **[program.intake@usda.gov](mailto:program.intake@usda.gov)**.

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# Informal Competitive Procedures for Catered Meal Service

The documents noted below make up the Informal Bid Request Packet must be completed and sent to caterers in your service area.

## 1. Request for Bids

- Enter information and send with other documents as your cover page.

## 2. Menu

- View approved cycle menus in MIPS or on the [CCFP website](#)
  - Any changes to the cycle menu, or if you desire to use a different menu, must be submitted for approval to the CCFP Nutrition Team **prior** to requesting bids.
- Replace blank menu page in the Informal Bid Request Packet with chosen cycle menu or approved menu.

## 3. Attachment 5: Meal Services to be Provided

- Complete entire page
- Check appropriate boxes according to meal service needs.

## 4. Attachment 6: Delivery Schedule

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

## 5. 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 ages 6-18 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 facility will be open for business, so consider any closings for weekend days and holidays.
- The Price Schedule combines 1–2-year-old children with 3–5-year-old. All children between the ages of 1-5 must receive portion sizes based on the meal pattern for children ages 3-5.
- The caterer will fill out columns 3, 4, and enter grand total based on the information sent in the Informal Bid Request Packet

## 6. Conflict of Interest, Attachment 8

- Complete the top half of the form.
- The caterer will complete the bottom half of the form.

**Keep all emails sent/received and bids received as required documentation of the competitive procurement process.**

### **Request for Bids:**

1. Name of child care site: \_\_\_\_\_
2. Person to contact: \_\_\_\_\_
3. Email: \_\_\_\_\_
4. Location: \_\_\_\_\_
5. Response needed by: \_\_\_\_\_

Please review the documents included in this packet.

Complete columns 3, 4 and 5 of the **Attachment 7: Price Schedule** and the bottom half of the **Attachment 8: Conflict of Interest**.

Thank you

## Attachment 2

### **Cycle Menu**

**Please remove this page and insert your 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"/> <b>Breakfast</b> <input type="checkbox"/> Bulk <input type="checkbox"/> Unitized	<input type="checkbox"/> <b>Lunch</b> <input type="checkbox"/> Bulk <input type="checkbox"/> Unitized	<input type="checkbox"/> <b>Snack</b> <input type="checkbox"/> Bulk <input type="checkbox"/> Unitized	<input type="checkbox"/> <b>Supper</b> <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"/> <b>Unflavored Lowfat (1%)</b> <input type="checkbox"/> Gallon <input type="checkbox"/> Half-gallon <input type="checkbox"/> Individual 8 oz. cartons <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Unflavored Fat-Free</b> <input type="checkbox"/> Gallon <input type="checkbox"/> Half-gallon <input type="checkbox"/> Individual 8 oz. cartons <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Unflavored Whole</b> <input type="checkbox"/> Gallon <input type="checkbox"/> Half-gallon <input type="checkbox"/> Individual 8 oz. cartons <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Flavored Fat-Free or Lowfat</b> <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"/> <b>Bulk</b> , Caterer must deliver individual sandwich food components for assembly	<input type="checkbox"/> <b>Pre-assembled</b> , 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"/> <b>Yes</b> Caterer must supply disposable meal service products	<input type="checkbox"/> <b>No</b> 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"/> <b>Yes</b> , Caterer must supply serving utensils	<input type="checkbox"/> <b>No</b> , Caterer not required to supply serving utensils
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## Attachment 6

### **Delivery Schedule**

The Institution or Facility must use this (or a similar) document to identify delivery information for the Caterer. Make additional copies if needed. The Caterer will deliver once per day – the lunch and snack for the delivery day and breakfast for the following day.

**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.**
- **Ensure that delivery time is no earlier than three hours before the CCFP approved start time of each hot meal service (lunch and/or supper).**

Site #1:	Site name: _____ Site address: _____ Site contact name: _____ Site contact number: _____ Daily delivery time requested: _____ Total # meals needed: Breakfast: _____ Lunch: _____ Afternoon snack: _____ Supper: _____ Morning snack: _____ Evening snack: _____
Site #2:	Site name: _____ Site address: _____ Site contact name: _____ Site contact number: _____ Daily delivery time requested: _____ Total # meals needed: Breakfast: _____ Lunch: _____ Afternoon snack: _____ Supper: _____ Morning snack: _____ Evening snack: _____
Site #3:	Site name: _____ Site address: _____ Site contact name: _____ Site contact number: _____ Daily delivery time requested: _____ Total # meals needed: Breakfast: _____ Lunch: _____ Afternoon snack: _____ Supper: _____ Morning snack: _____ 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.

Institution/Facility Name: _____ CCFP Authorization No.: _____				
Attachment 2: Cycle Menu Selected _____ <i>Print menu selection</i>				
Check if Institution/Facility will purchase milk and Caterer will not need to supply: <input type="checkbox"/>				
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)				
<b>Note: "Boxed" lunches may be requested by the Institution for field trips. Institution must keep documentation of field trip and menu served.</b>				
<b>*Ages 1-5 based on meal pattern portion sizes for ages 3-5.</b>				<b>Grand Total 5</b>

*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**

### **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**