# Informal Bid Request Packet

***Required When Soliciting Bids less than $350,000***

## Child Care Food Program

### FFY 2026-2027

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

**Web site: www.FloridaHealth.gov/ccfp**
**Email: cateringcontractinbox@flhealth.gov**

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2. **Fax**: (202) 690-7442; or
3. **Email**: **program.intake@usda.gov.**

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# INFORMAL BID REQUEST FOR
# Catered Meal Service

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

## 1 Request for Bids

- Enter information and send as your cover page with the rest of the documents referenced below.

## 2 Menu

- All cycle menus are located in MIPS or on the CCFP website.
- Any changes to the cycle menu, or if you have a custom menu, must be submitted for approval to the CCFP Nutrition Team prior to requesting bids.
- Replace Attachment 2 blank page included in the packet with chosen cycle menu or approved menu.

## 3 Attachment 5: Meal Services to be Provided

- Complete entire page, checking appropriate boxes according to meal service needs.
- Meal Types: Indicate meals and how delivered (bulk or untized)
- Milk: Check milk type(s), size of container, number of children age 1 and number of children age 6+ (if serving flavored milk)
- Sandwich foods: Indicate if sandwich foods will be delivered bulk or pre-assembled
- Disposable meal service items: Check yes or no; if yes, check which items you want
- Serving utensils: Check yes or no; if yes, indicate which type you need

## 4 Attachment 6: Delivery Schedule

- List delivery location address, contact person, phone number and email address.
- Add number of meals ordered each day for each meal type served.
- Enter requested delivery time and ensure it is no earlier than three hours before the start of hot meal service (Lunch/Supper) listed in MIPS.

## 5 Price Schedule, Attachment 7

- Center/site completes top portion, column 1 - number of meals needed each day by meal type and age group; and column 2 - estimated number of serving days per year.
- Estimate the number of children age 6+ for each meal type and number of days meals for them will be needed.
- The Boxed Lunch meal type is included for field trips - place a "1" in both columns to secure a price.
- Column 2 is the estimated number of days your center will be open per year (consider weekends/holidays).
- The caterer will fill out columns 3, 4, and enter grand total.

## 6 Conflict of Interest, Attachment 8

- Center/site completes, signs and dates the top half of the form.
- The caterer will complete, sign and date the bottom half.
- If any question is answered with “yes”, then the center/site cannot accept a bid from that caterer.

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

# Request for Bids:

1. Name of Center/Site: _____
2. Contact Name/Phone Number: _____
3. Email: _____
4. Location: _____
5. Response needed by: _____

Please review the documents included in this packet and complete the following:

- **Attachment 7: Price Schedul**e:
  - Column 3 – Unit Price per Meal
  - Column 4 – Total Price
  - Column 5 – Grand Total
- **Attachment 8: Conflict of Interest:**
  - Complete bottom half of form, sign and date

Thank you

# Attachment 2

**This page is a placeholder. Remove and replace with the 4-page cycle menu of choice**

# Attachment 5
## Meal Services to be Provided

1) **Meal types**: Check the boxes below for the meals you serve, noting whether meals will be delivered in bulk or unitized (individually plated meals).

| ☐ **Breakfast** | ☐ **Lunch** | ☐ **Snack** | ☐ **Supper** |
|---|---|---|---|
| ☐ Bulk | ☐ Bulk | ☐ Bulk | ☐ Bulk |
| ☐ Unitized | ☐ Unitized | ☐ Unitized | ☐ Unitized |

2) **Milk:** Select milk type(s) and size(s) of milk container(s) to be delivered by checking boxes below. Contract price must include the price of milk to be included with program meals.

| **UNFLAVORED** | | **Maximum # children age 1 (whole milk) _____** | | | |
|---|---|---|---|---|---|
| ☐ | Whole | ☐Gallon | ☐Half Gallon | ☐8oz - Individual Carton | ☐Other: _____ |
| ☐ | 2% (Reduced-Fat) | ☐Gallon | ☐Half Gallon | ☐8oz - Individual Carton | ☐Other: _____ |
| ☐ | 1% (Low-Fat) | ☐Gallon | ☐Half Gallon | ☐8oz - Individual Carton | ☐Other: _____ |
| ☐ | Skim (Fat-Free) | ☐Gallon | ☐Half Gallon | ☐8oz - Individual Carton | ☐Other: _____ |
| **FLAVORED** | | **Maximum # children age 6 and up (flavored milk) _____** | | | |
| ☐ | Whole | ☐Gallon | ☐Half Gallon | ☐8oz - Individual Carton | ☐Other: _____ |
| ☐ | 2% (Reduced-Fat) | ☐Gallon | ☐Half Gallon | ☐8oz - Individual Carton | ☐Other: _____ |
| ☐ | 1% (Low-Fat) | ☐Gallon | ☐Half Gallon | ☐8oz - Individual Carton | ☐Other: _____ |
| ☐ | Skim (Fat-Free) | ☐Gallon | ☐Half Gallon | ☐8oz - Individual Carton | ☐Other: _____ |

3) **Sandwich foods:** Indicate below whether sandwiches will be delivered pre-assembled or bulk (center will assemble).

| ☐ **Bulk**, Caterer must deliver individual sandwich food components for assembly | ☐ **Pre-assembled**, Caterer must deliver complete sandwiches that are ready to eat |
|---|---|

4) **Disposable meal service products**: Contract price must include the price of the disposable meal service products when the "Yes" box below is checked. See minimum paper product specifications below.

| ☐ **Yes** Caterer must supply disposable meal service products | ☐ **No** Caterer not required to supply disposable meal service products |
|---|---|

**Minimum Disposable Meal Service Products:**

| | | |
|---|---|---|
| ☐ paper cup<br>☐ foam cup<br>☐ soft plastic, clear cup<br><br>☐ Plastic straws, individually wrapped<br>☐ Paper straws, individually wrapped | ☐ 3-compartment plate<br>☐ 5-compartment plate<br><br>☐ foam plate<br>☐ paper plate<br>☐ plastic plate<br><br>☐ plastic bowl<br>☐ foam bowl | ☐ 1 ply, white, ¼ fold napkins<br>☐ Paper towels: _____<br><br>☐ Plastic forks, medium weight<br>☐ Plastic spoons, medium weight<br><br>☐ 8 oz. plastic container<br>☐ Other: _____ |

5) **Serving utensils:** Indicate below if Caterer shall supply with each delivery, clean serving utensils (scoops and/or ladles and/or measuring-serving spoons of standard sizes, disposable or stainless)

| ☐ **Yes**, Caterer must supply serving utensils<br>☐ Disposable serving utensils<br>☐ Stainless steel | ☐ **No**, Caterer not required to supply serving utensils<br>☐ Disposable serving utensils<br>☐ Stainless steel |
|---|---|

## Attachment 6
# Delivery Schedule

This form is used to identify delivery information for the Caterer. Make additional copies, if needed.

- **Organization will delete or add sites using this form at least one week prior to required date of service.**
- **Specify delivery time and ensure it is no earlier than 3 hours before hot meal service (CCFP approved start time).**

Deliver same day snack and next day breakfast at the specified delivery time for each hot meal service (Lunch and Supper)

| Site Name | Address | Contact Person Name & Phone # | Type of Meal* & Estimated Total # Needed Per Day | | | | | | Delivery Time |
|---|---|---|---|---|---|---|---|---|---|
| | | | B | L | AS | S | ES | MS | |
| | | | | | | | | | |
| | | | | | | | | | |
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***B=Breakfast; L=Lunch; AS=Afternoon Snack; S=Supper; ES=Evening Snack; MS=Morning Snack**

# Attachment 7

## Price Schedule

**The Institution or Facility must complete columns 1 & 2 (*in ink and retain copy)* prior to obtaining bids from selected caterers.** Caterer must complete remainder of form and return completed bid by date and time specified in the bid request packet. Failure to do so will be at the Caterer's risk.

**The Caterer is required to provide meals for children with disabilities when a valid Medical Statement is on file.** The Caterer may elect to charge a higher unit price for meal modifications; but both parties must agree to the price in writing.

Institution/Facility Name: _____ CCFP Authorization No.: _____

Attachment 2: Name of Cycle Menu Selected_____

☐ Check here if milk will be purchased by organization and ***NOT*** included in meal prices below.

| 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 organization for field trips. Organization must keep documentation of field trip and menu served.**<br>***Ages 1-5 based on meal pattern portion sizes for ages 3-5.** | | | **Grand Total 5** | |

*By affixing my signature on this bid, 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**