

APPLICATION FORM

SNP ENTRÉE MEALS APPLICATION PROJECT
PERIOD:

July 1, 2025 - June 30, 2026

(MAY BE RENEWABLE)

Applications submitted in response to this IFB to provide VCAAA's Senior Nutrition Meal Program Entrees must be submitted no later than **4:00 p.m., Friday, April 18, 2025**

This application is submitted for the following nutrition service(s):

Single Serve Entrees

Application Checklist: Each application must include the items listed below. Please check the box to confirm that your completed application packet contains all items.

One (1) original set of the following are required to be submitted:

Completed Application with Original Signatures & Full Description of Proposed Program

List (with Price per Serving) of Single Serving Entrées – (approved by a VCAAA RD)

Current Business License(s)

Current Certificate of Insurance (*listing Conejo Valley Senior Concerns as a Certificate Holder – with required limits and all endorsements*)

Current County of Ventura Environmental Health Permit

Signed W-9 (applicable for any new vendors)

Note: Applicants should answer the following questions in a narrative format, where applicable.

1. RELEVANT EXPERIENCE

Describe your organization's experience in providing meals, for older adults with dietary restrictions.

Answer:

Describe your existing or previous County of Ventura restaurant meal program participation.

Answer:

2. **PROGRAM ADMINISTRATION**

Who, is the main point of contact (name and contact information) that will be responsible for the services provided.?

Answer:

Who, (name and contact information), will be responsible for the submission of the weekly invoices?

Answer:

3. **SERVICE PROPOSAL**

Projected Meal Costs – Provide the cost per serving, for each of your proposed entrées for the contract period. Please attach your price list showing the cost per serving.

Answer:

- a. Single Serving Entrée Price List attached

4. **PROJECT CAPACITY**

Capacity – what is your maximum weekly capacity to provide single and multiple serving entrees delivered to the meal sites?

Answer:

- Single Serving Entrée Count: _____

5. REQUIRED INFORMATION:

Applicant: _____
Address: _____
Project Address: _____
Contact Person: _____ Title: _____
Telephone: _____ Fax: _____
E-Mail Address: _____

| | | |
|--|---------------------|---------------------|
| Agency Type: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Private For-Profit | | |
| Date of Incorporation: | Corporation Number: | Taxpayer ID Number: |

Authorization to Submit Proposal

This proposal is authorized for submission by the governing body of the applicant agency(s). The undersigned is aware of all pertinent conditions and specifications affecting the provision of meals and services and all relevant terms and conditions stated in the request for proposal.

Print or Type Name and Title

Authorized Signature and Date