**Appendix 1a: Application Template to Request for Proposal (RFP# 141) – Meals for Navigation Centers and Shelters**

1. **Cover Page**
   1. Applicant Information

**Lead Organization**

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| --- | --- | --- | --- | --- | --- |
| **Organization Name** |  | **City Supplier #** |  | **Federal ID #** |  |
| **Address** |  | | | | |
| **Director Name** |  | **Director Phone** |  | **Director Email** |  |
| **Point of Contact** |  | **Point of Contact Phone** |  | **Point of Contact Email** |  |
| **Subcontractor Name** |  | **Subcontractor**  **Address** |  | | |

* 1. Certifications

I understand that the City reserves the right to modify agreement requirements at the time of funding and/or during the agreement negotiations; that an agreement may be negotiated for a portion of the amount requested; that funding sources are subject to change; and that there is no agreement until a written grant/contract has been signed by both parties and approved by all applicable City agencies.

The signatory below is a person authorized to obligate the Applicant to perform the commitments contained in the RFP and application. Submission of this document will constitute a representation by the above organization(s) that they are willing and able to perform the commitments and requirements contained in the RFP and application.

Signature of authorized representative(s):

**Name:**       **Title:**

**Signature:**       **Date:**

**Name:**       **Title:**

**Signature:**       **Date:**

1. **Minimum Qualifications**

Applicant(s) must demonstrate that they meet all of the Minimum Qualifications (MQs):

* 1. Proposers must have a commercial kitchen operation and delivery system at the time of submitting their application;
  2. Proposers must demonstrate compliance with California Retail Food Code (CRFC)[[1]](#footnote-1), a uniform statewide health and sanitation standard for food facilities, found in Section 11370 et seq., California Health and Safety Code; and
  3. Proposer must demonstrate a Health Permit to Operate from DPH or other County Department of Health/ Public Health;
  4. Proposer must demonstrate compliance with San Francisco Food Safety Training requirements by demonstrating that at least one employee be a Certified Food Safety Manager and all employees involved in the preparation, storage, or service of food in a food facility must obtain a Food Handler card;
  5. Proposers must demonstrate at least one year of experience preparing and delivering at least 1,000 meals daily.

**Please use the tables below to specify how Proposer meets the Minimum Qualifications listed above. Please add tables as needed. Please include any attachments such as Health Permit to Operate, proof of Certified Food Safety Manager, and/or copies of employees Food Handler cards with your Application as Appendix 3 Minimum Qualifications.**

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| --- | --- |
| Prior or Current Program Name |  |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Briefly describe how Applicant meets this Minimum Qualification: |  |

|  |  |
| --- | --- |
| Prior or Current Program Name |  |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Briefly describe how Applicant meets this Minimum Qualification: |  |

|  |  |
| --- | --- |
| Prior or Current Program Name |  |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Briefly describe how Applicant meets this Minimum Qualification: |  |

1. **Relevant Experience (Suggested 4 pages maximum for responses to this section)**
   1. Describe experience developing and delivering meals. Including years of experience, types of meals developed, number of meals developed and delivered, distribution services areas, communication, and delivery logistics coordination, etc.

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3.2 Describe experience implementing and maintaining health and safety protocols. Including complying with Federal, States and Local Ordinances and Regulations.

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1. **Program Plan (Suggested 6 pages maximum for responses to this section)**

4.1 Meal preparation: Describe plan for preparing 3,326 meals daily, including how meals will be augmented by fresh fruit and vegetables, as well as beverages. Describe proposed process for sites to request special meals (vegetarian, diabetic/ low-glycemic, low sodium, mechanical soft entrées, etc.) and how special meal requests will be accommodated. Provide a sample menu of potential meals that can be provided.

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4.2 Meal distribution: Describe plan for distributing meals to Navigation Centers and other temporary shelters throughout San Francisco. Include proposed number of days between deliveries and accommodating for holiday schedules, and plan for working with Navigation Centers and Shelter service providers to determine appropriate number of meals to order.

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1. **Organizational Capacity and Staffing (4 pages maximum for responses to this section)**
   1. Describe organizational capacity to provide Meals for Navigation Centers. Include any relevant certifications, permits, policies and procedures, and/or best practices relating to food handling and delivering.

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5.2 Describe program staffing plan including staff titles and FTE, roles and responsibilities, and supervision structure. Include tasks necessary to provide program services and how they will be assigned to staff.

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1. [https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#](https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx) [↑](#footnote-ref-1)