

Meal Services for Home-delivered Meal Program

Applicant Attachments

A copy of this form and associated document must be submitted with each email submission.

Applicant Profile

Legal Business Name:	
Trade Name (DBA):	
Registered Address:	
City, State, Zip Code	
Business Address if Different from Registered Address:	
State of Incorporation/Registration:	
Tax Identification Number (TIN/EIN):	
Phone Number:	
Email Address:	
Website:	
Primary Contact Person Name:	
Primary Contact Person Title:	
Primary Contact Person Phone Number:	
Primary Contact Person Email Address:	
Contact Person for Contractual Notices (if different from above):	
Contact Person Title for Contractual Notices:	
Contact Person Phone Number for Contractual Notices:	
Contact Person Email Address for Contractual Notices:	
Name of Person Signing Contract (if any):	
Title of Person Signing Contract (if any):	

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Email Address of Person Signing Contract (if any):	
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Business Information

Type: For-profit corporation Nonprofit corporation Limited Liability Company Limited Partnership Sole Proprietorship Government Agency Other:	
Number of years this organization has been in the food service business:	
<i>Provide evidence of financial stability, e.g., most recent audited financial statement or annual report).</i>	

Meal Category (select one)

- Nonkosher, individually frozen
- Nonkosher, cold pack
- Kosher, individually frozen & cold pack

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Facility Information

Information for all facilities to be used as a commissary, for production or distribution of the meal program under this contract must be provided. Copy this page if needed.

Facility 1	
Describe the use of this facility for the proposed meal program	
Address:	
Is the facility rented or contracted?	Yes No
<i>If the facility is a rented, submit a copy of the signed contract or lease agreement for the facility as proof that the company will be able to use this facility for the duration of the contract (3 years)</i>	
Facility owner name (if rented)	
Facility owner phone number (if rented)	
Facility address (if rented)	
Facility 2 (if applicable)	
Describe the use of this facility for the proposed meal program	
Address:	
Is the facility rented or contracted?	Yes No
<i>If the facility is a rented, submit a copy of the signed contract or lease agreement for the facility as proof that the company will be able to use this facility for the duration of the contract (3 years)</i>	
Facility owner name (if rented)	
Facility owner phone number (if rented)	
Facility address (if rented)	

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Insurance

Attach a copy of a current certificate of insurance which states the company's liability limits. If applicant is awarded a contract for services outlined in this RFP, the applicant will be required to purchase insurance coverage that will satisfy PCA's insurance requirements. This insurance must be carried with an insurance company authorized to do business in the Commonwealth of Pennsylvania

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Certification

I/We, the undersigned, certify that:

1. I am familiar with the specifications and contents of this proposal and will commit the resources at my disposal to assure the successful completion of all services and programs described in the proposal.
2. All information submitted as part of this proposal is presently or will be at the time an award is made, operable.
3. The information, documents and computations are true, correct, and complete to the best of my knowledge and ability to make this a responsive proposal.

Signature of Chief Executive

Date

Name & Title of Chief Executive

**Signature of Authorized Local Office
Administrator, if applicable**

Date

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Officer Information (copy page as needed)

Name and Title	Address and Phone Number

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Board Members (copy page as needed)

Name and Title	Address and Phone Number

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