

Food Service Vendor:

Evaluator:

Meals On Wheels South Florida
2020-2023 Food Service Vendor
Bid Evaluation

Date: _____

What programs did the Food Service Vendor bid for:
(On Front cover of bid package and Pricing Sheets)

☐ **Congregate Meal Services: (Title III-C-1)**

REGULAR Meals

- ☐ Bulk Meals
- ☐ Pre-Plated Meals
- ☐ Pre-Plated Formed **Pureed** Meals
- ☐ Holiday Take Home Meals
- ☐ Sandwich/Frozen Weekend Meals
- ☐ Picnic / Special Event Meals
- ☐ Disaster/Hurricane Meals

☐ **Home Delivered Meal Services: (Title III-C-2)**

REGULAR Meals

- ☐ Breakfast Meals
- ☐ Daily Hot Meals
- ☐ Cold Plate Lunch Meals
- ☐ Frozen Dinner Meals
- ☐ Frozen Formed **Pureed** Dinner Meals
- ☐ Emergency Frozen 14 Meal Packages
- ☐ Disaster/Hurricane Meals

☐ **Disaster / Hurricane Meals Only**

☐ **Private Pay, MDW / NHD Home Delivery Services:**

KOSHER Meals

- ☐ Bulk Meals
- ☐ Pre-Plated Meals
- ☐ Take Home Meals
- ☐ Hurricane/Disaster Shelf Stable
- ☐ Picnic / Special Event Meals
- ☐ Passover Meals

KOSHER Meals

- ☐ Breakfast Meals
- ☐ Frozen Dinner Meal Services
- ☐ Emergency 14 Meal Packages
- ☐ Hurricane/Disaster Shelf Stable
- ☐ Passover Meals

Does the bid identify any partnerships/agreements between food service providers?

Yes ☐ No ☐

If yes, who: _____

(There are no points for this page.)

Current **certificates of insurance** are present for and pertain to the FACILITY where the meals for this contract will be produced and/or delivered from: **Minimum accepted is \$1,000,000.**

Worker's Compensation

- ☐ Yes, 1 Point
☐ No, Zero

General Commercial Liability

- ☐ Personal Injury
☐ Property Damage Liability Insurance
☐ Product Liability Insurance

☐ Automobile Liability
☐ Yes, 1 Point
☐ No, Zero

Page Number: _____

Acknowledgment is provided for the acceptance of Section 2 Terms and Requirements of the contracts

- ☐ Yes, 1 Point
☐ No, Zero

Page Number: _____

A written description of the Broward County food service and management staff, (or proposed staff)

- ☐ Yes, 1 Point
☐ No, Zero

Page Number: _____

Organizational chart, clearly showing who will be responsible for the implementation and management of the project in Broward.

- ☐ Yes, 1 Point
☐ No, Zero

The Organizational chart shows a full-time local food service manager assigned to this contract.

- ☐ Yes, 1 Point
☐ No, Zero

Page Number: _____

Total Points: _____ Of 6

Introductory Narrative addresses the following items:

Length of time Food Service Vendor has been engaged in providing meal services and catering under their present firm or trade name. _____ (Check if provided and how long in the space)

____ Yes, 1 Point

____ No, Zero

Page Number: _____

Is the Food Service Vendor now operating any senior food service programs?

If yes, where? _____ (Check if provided and write where in the space)

____ Yes, 1 Point

____ No, Zero

Is there a location identified in Broward County?

____ Yes, 2 Points

____ No, Zero

Page Number: _____

Letters of recommendation or support from currently contracted clients are included

____ Yes, 1 Point

____ No, Zero

Their contract has been for at least one year .

____ Yes, 1 Point

____ No, Zero

The contracts are comparable in size and scope to our service levels.

Congregate: (+/- 300,000 meals annually)

____ Yes, 1 Point

____ No, Zero

Home Delivered: (+/- 800,000 meals annually)

____ Yes, 1 Point

____ No, Zero

Page Number: _____

Has Food Service Vendor failed to complete or defaulted on a contract?

____ No, 2 Points

____ Yes, Zero

____ No response to question, Zero

If yes, explanation is provided.

____ Yes, 1 Point

____ No, Zero

Page Number: _____

Food Service Vendor acknowledges able to change meals and services as BMOW may dictate.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Do they adequately describe what their process/capabilities are?

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Do they indicate within what time frames they can accommodate changes?

(This is **not** the daily changes, this would be introduction of new items, new menus, etc.)

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Is the Food Service Vendor able and willing to expand meal service capabilities by assisting in utilizing the Food Bank, GPO's, Farm Share?

☐ Yes, 2 Points

☐ No, Zero

Page Number: _____

Food Service Provider has fully discussed that they can expand with menus and meals to meet the growing diverse needs of the agency and it's clientele.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Total points _____ of 17

Pricing Sheet is for 3 years

☐ Yes, 1 Point

☐ No, Zero

Pricing Sheet has meal and delivery costs.

☐ Yes, 1 Point

☐ No, Zero

Are there other prices included besides meal and delivery costs.

(Labor, rental equipment, ...)

☐ Yes, 1 Point _____ (Check if provided and identify what in the space)

☐ No, Zero

There is an explanation of what the pricing of meals is based on..

(CPI, Experience in field, existing negotiated contracts, guess, COLA, etc.)

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Did Food Service Vendor acknowledge and agree with the intent of BMOW to pursue a more interactive relationship with it's Food Service Vendor?

Food Service Vendor agrees that this interaction will include, at a minimum, the disclosure of pricing being paid for items contained in the BMOW contract for the sole purpose of taking full advantage of opportunities presented to BMOW through Food Banks and Group Purchasing Organizations.

☐ Yes, 1 Point

☐ No, Zero _____

Page Number: _____

Total points _____ **of 5**

Detailed description of the operational systems in place (or to be developed) to accomplish the following tasks:

A meal ordering and scheduling of service method.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

The ability and flexibility of receiving last minute changes in the meal order and schedule.

(You should see a time frame, i.e. nothing after 4:30 pm the day prior)

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

A system for collecting, distributing and returning contribution bags and communication portfolios from designated sites/volunteer stations.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Communication system between delivery personnel, vendor facility, and BMOW.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Delivery system description includes:

A description of and the number of vehicles planned for the deliveries

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Vehicle breakdown contingency plan

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Description of the food transporting equipment

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

System of record keeping and accountability

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Billing cycle and payment terms to BMOW.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Total points _____ of 9

Special Operational Considerations have been acknowledged:

Annual Thanksgiving Day Project:

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Home Delivery Routes are provided a double delivery the week prior to a holiday.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Disaster Meal Packages

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Disaster /Emergency Plan:

Food Service Providers have a disaster/emergency plan that covers all aspects of service:
Alternative food delivery options /replacement, alternative sites, contingency plans for gas, freezer breakdown, etc.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Pilot Programs

Any current BMOW Food Service Provider will be provided the option to participate in the research, development and implementation of programs innovations. Should this be of no interest to the current Food Service Provider, BMOW has the right to obtain additional provider to participate it's projects.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Total points _____ of 5

Congregate Kosher Providers only:

Posnack-Donated Kosher Meals.

In the event there is NO LSP funding, the BMOW Congregate Kosher Food Service Provider will be required to provide Kosher meals to the LSP sites until either the LSP funding is restored or other arrangements are made.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Kosher Home Delivery Providers:

Passover meals will be delivered in a timely manner.

(This generally requires a tiered system of meals in order to follow the kosher rules)

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Home Delivery Providers only:

Home Delivery Volunteer Shortages : deliveries will be required of the Food Service Provider during volunteer staffing shortages, in areas where there is no volunteer station, and when the Food Service Provider is more than 30 minutes late in delivering to the station.

☐ Yes, 1 Point

☐ No, Zero

Page Number: _____

Is there any additional meal or service of the food service provider that are being made available to BMOW in this bid response? (This could be many things, i.e. individual menu selection, fund raising or sponsorships opportunities ,etc.)

☐ Yes, 1 Point

☐ No, Zero

If yes, what? _____

Page Number _____

Food Package Evaluation:

Menus are at least four (4) week cycle

___ Yes, 1 Point

___ No, Zero

Menus match the meals provided.

___ Yes, 1 Point

___ No, Zero

Labels are easy to read.

___ Yes, 1 Point

___ No, Zero

Labels clearly and accurately list all components (**NOT individual ingredients**) in meal:

___ Yes, 1 Point

___ No, Zero

Instructions for preparing the meal are clearly readable on the label.

___ Yes, 1 Point

___ No, Zero

Expiration date on the label is easily read and understood.

(Should say best used by or expiration date defined)

___ Yes, 1 Point

___ No, Zero

Style of Meal packages are attractive

___ Very Attractive: (4 Points)

___ Somewhat attractive: (3 Points)

___ Okay: (2 Points)

___ Not very attractive: (1 Point)

___ Unattractive, (0 Points)

Frozen meals are packaged to prevent components from crushing during delivery?

___ Yes, 1 Point

___ No, Zero

Frozen meals are packaged with secondary insulation to prevent thawing.

___ Yes, 1 Point

___ No, Zero

Seals on meals are intact, not broken or lifted from plate?

___ Yes, 1 Point

___ No, Zero

Meals look appetizing, colorful.

___ Yes, 1 Point

___ No, Zero

Meals appear "institutional"

☐ No, 1 Point

☐ Yes, Zero

Meals provide a variety.

☐ Yes, 1 Point

☐ No, Zero

Meal taste.

☐ Excellent, (5 Points)

☐ Very Good (4 Points)

☐ Good (3 Points)

☐ Fair, (2 Points)

☐ Poor, (1 Point)

☐ Unacceptable (0 Points)

Total points Of 22

Only Program Staff will answer:

Menus meet 1/3 of the Recommended Dietary Allowances

☐ Yes, 1 Point

☐ No, Zero

Menus will comply with a no added salt or sugar diet

☐ Yes, 1 Point

☐ No, Zero

Menus comply with latest guidelines for Healthy Americans

☐ Yes, 1 Point

☐ No, Zero

Total points _____ of 3

Total Evaluation Points _____ of 67

Are there any comments, questions, or concerns you have after reading this bid proposal that BMOW should be following up with a conversation with the Food Service Vendor?

To be answered only if you believe you are qualified to:

Does the Food Service Vendor's Financial Information show enough cash flow to effectively operate this contract given the payments may not be until 45 days after the meal is served?

YES _____ NO _____

Is there anything else you feel the financial statements reveal that BMOW should be aware of?

YES _____ NO _____

If yes, please explain:
