## 2017-21 FOOD SERVICE AGREEMENT

**DESCRIPTION OF SERVICE:**

In all four Community Services Areas (CSA), hot congregate meals are either prepared on site or delivered in bulk to the sites about noontime Monday through Friday. In all four CSA’s, the home-delivered meals are either prepared and individually packaged on site or prepared and individually packaged at an off-site facility ready for delivery about the noon hour, Monday – Friday. Weekend and holiday home-delivered meals, either hot, bag or frozen, are prepared/delivered on the Friday or day before the holiday.

The applicant shall be responsible for on-site food services production or for selecting a caterer and developing a subcontract for the purpose of the purchase of meals or food preparation. For the purposes of this Agreement, the provider may subcontract with an approved caterer who has a contract with more than one site in any CSA for congregate and/or home-delivered meals.

**DESCRIPTION OF STANDARDS AND RESPONSIBILITIES:**

For all applicants, it will be the provider’s or caterer’s responsibility for meeting all Food Service Requirements for congregate and home-delivered meals as defined in the Title 22. California Code of Regulations, Chapter 4, Article 6. Title III C—Elderly Nutrition Program regulations. This includes but is not limited to the program equipment and vehicles. In addition, for the caterer, this includes specifications, terms and conditions of the subcontract.

The authorized representative(s) of AAS shall have the right to conduct unannounced inspections of food preparation facilities, equipment and food transport vehicles of the provider or the caterer as well as the catering subcontractor.

**Program Requirements** include Title IIIC program requirements found in the:

* Older Americans Act (OAA) 42, (USC section 3001-3058) <http://www.aoa.gov/AoA_Programs/OAA/index.aspx>;
* Older Californians Act <https://www.aging.ca.gov/AboutCDA/Older_CA_Act.aspx>;
* Code of Federal Regulations (CFR) (45 CFR XIII, 1321);
* Title 22, California Code of Regulations (22 CCR 7000 et seq).
* California Department of Aging (CDA) Program Memoranda
* CDA Title III Program Manual
* Occupational Safety and Health Administration (OSHA) requirements;
* Current Dietary Guidelines for Americans (DGA)
* California Retail Food Code (CRFC) <http://www.cdph.ca.gov/services/Documents/fdbRFC.pdf>
* San Mateo County Health System policies and procedures

**FOOD SERVICE APPLICATION**

1. **Provider/Caterer Identification:**

 A. Provider/Caterer Name (Organization or individual)/Address (Principal

Office)/Phone

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 B. Contact Person:

 Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Provider/Caterer is (Check one)

 \_\_\_\_For-Profit Corporation \_\_\_\_Partnership

 \_\_\_\_Non-Profit Corporation \_\_\_\_Individual

 \_\_\_\_Other: Please Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Qualifications:

1. Number of years engaged in volume food preparation: \_\_\_\_\_\_\_\_Years.

 Number of years provider/caterer under present firm name:\_\_\_\_\_\_Years.

B. Is the provider/caterer presently operating any volume food operations?

\_\_\_\_No \_\_\_\_Yes

What is the volume of meals that you serve?

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Describe the clientele that you are currently serving: (i.e., age, ethnicity, location, etc.)

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C. Has the provider/caterer ever defaulted on or failed to complete a

food services contract?

\_\_\_\_No \_\_\_\_Yes

If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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D. Indicate all experience provider/caterer has had in preparing meals that meet OAA requirements.

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3. Program’s Registered Dietitian: Identify the person who will be responsible for planning the menu, providing quarterly food services handling, safety and sanitation trainings for staff and volunteers, and quarterly nutrition education presentations for participants. The identified person must meet qualifications as specified in Sections 2585 and 2586, Business and Professions Code, and also must be registered by the Commission on Dietetic Registration.

 A. Name of Program Registered Dietitian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Menus:

A. Attach a two-week sample of the cycle menu, which complies with the requirements of Section 339 of the Older Americans Act.

For applicants who plan on-site food production, please respond to questions

5 – 14.

FOOD PRODUCTION APPLICANTS: For applicants planning to prepare meals on-site, please complete the following. If the question is not applicable, just indicate n/a.

5. Discuss your current kitchen functions and capability. Include equipment, meal production, storage, and kitchen capacity. What will change if your agency is awarded this contract?

6. Describe food services management and staffing positions for this program by title, function and hours per week. A consulting or staff Registered Dietitian is required for this contract. Include description of dietitian’s role in standardizing recipes, menu development and certification, in-service staff food safety & sanitation trainings, quarterly monitoring of kitchen, and nutrition education for participants. Attach job descriptions. Please identify the individual(s) certified in food safety and consulting or staff Registered Dietitian.

7. Describe menu development at your agency. Include a discussion of kitchen layout and/or equipment limitations, standardized recipe development and nutrient analysis, menu variety (ethnic meals or special diets), scratch versus prepared foods, cost issues and vendors for food, supplies and equipment. Attach a sample menu for one cycle, a minimum of five weeks.

8. Does your agency plan to provide weekend meals? Explain.

9. Describe how food and equipment temperatures will be controlled, monitored and recorded.

10. How will agency evaluate and address service, quality and client satisfaction with menu/food?

11. Describe agency's food handling practices, including kitchen maintenance, sanitation Hazard Analysis and Critical Control Point (HACCP) procedures (available at AAS or on the internet – see General Instructions section for web address).

12. Describe anticipated home-delivered program plan for catering. Give names and addresses, hours, and days of operations, and estimated number of meals/day.

13. How will food be packed and transported for home delivery to participants? Specify number of routes necessary and length of time needed to deliver meals.

14. Describe action steps and timetable for the transition that will minimize any disruption in service.