

Small Purchase Vended Meal Contract VENDOR PRICE QUOTE RESPONSE

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SFA Name _____

SFA Representative/Contact _____

Mailing address _____

Telephone Number _____ Email address _____

As part of the small purchase food procurement requirements for participation in the National School Lunch Program, we must obtain a written quote for meals and/or snacks from at least three qualified potential vendors. Please complete the following information and return both pages via mail or email as soon as possible to the above person.

1. GEOGRAPHIC PREFERENCE (SFA to complete Part A; Potential Vendor to complete Part B)

A. SFA Information

☐ No: SFA will not apply geographic preference in awarding this Small Purchase Vending Contract.

☐ Yes SFA will apply geographic preference for the purchase of local unprocessed agricultural products based on the criteria listed below

“Unprocessed agricultural products” means only those agricultural products that retain their inherent character. The effects of the following handling and preservation techniques shall not be considered as changing an agricultural product into a product of a different inherent character: cooling, refrigerating, freezing; size adjustment through size reduction made by peeling, slicing, dicing, cutting, chopping, shucking, and grinding; drying/dehydration; washing; the application of high water pressure or “cold pasteurization”; packaging (such as placing eggs in cartons) and vacuum packing and bagging (such as placing vegetables in bags); butchering livestock, fish and poultry; and the pasteurization of milk.

For the purposes of this contract, “locally” shall have the following definition:

B. Potential Vendor Response (Complete ONLY if Yes is checked above)

☐ Yes ☐ No Vendor agrees to meet geographic preference criteria and Purchaser (SFA) definition of “locally” as stated above during this contract period. An answer of “No” will not disqualify a potential Vendor’s bid.

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2. PRICE QUOTE

Meal prices quoted below should **(include/exclude)** milk.

		SFA Complete		SFA Complete		Vendor Complete		Vendor Complete
Type of Meal	Age Group	Estimated Total Number of Meals per Day	X (Multiplied by)	Estimated Total No. Days to be Vended per Contract	X (Multiplied by)	Unit Price per Meal	= (Equals)	Estimated Total Meal Cost per Contract
Breakfast	School Age K-8		X		X		=	\$
Breakfast	School Age 9-12		X		X		=	\$
Breakfast	Adult		X		X		=	\$
Lunch	School Age K-8		X		X		=	\$
Lunch	School Age 9-12		X		X		=	\$
Lunch	Adult		X		X		=	\$
PM Snack	School Age		X		X		=	\$
PM Snack	Adult		X		X		=	\$
Estimated Quote								\$

Vendor agrees to meet geographic preference criteria as stated above during this contract period.

☐ Yes ☐ No

Vendor offers a prompt payment discount of _____% for payment within _____ days.

Vendor will have an employee present at the center(s) during the serving of the meal/snack.

☐ Yes ☐ No

Vendor has provided the following documents:

☐ Food Service License ☐ Food Safety Registration ☐ Meat Inspection License ☐ Letter of exemption

Vendor/Company Name:

Print Name of Vendor's Authorized Representative:

Signature of Vendor's Authorized Representative:

Title:

Date:

Telephone number:

Email address: