

Please Note: Many more restaurants and caterers have submitted applications than currently can be accommodated. Based on participant demand and how long the program continues, new applications may be considered and will be kept on file for the entire duration of Great Plates Delivered.

Meals on Wheels Orange County was contracted by the County of Orange on May 13, 2020, to administer the Great Plates Delivered program across North & Central Orange County, including Anaheim, Brea, Buena Park, Costa Mesa, Cypress, Fountain Valley, Fullerton, Garden Grove, Huntington Beach, La Palma, Los Alamitos, Midway City, Orange, Placentia, Santa Ana, Seal Beach, Stanton, Tustin, Villa Park, Westminster and Yorba Linda. If you are a meal provider in South Orange County and want to apply, visit Age Well Senior Services [here](#).

The program is active until funding ends.

The approved Meal Provider recruitment strategy for Orange County includes:

- Phase 1 – Fast Start (Completed): Contract with several Orange County-based caterers and a chain restaurant that have the ability and capacity to quickly provide a large number of meals delivered to multiple cities and zip codes.
- Phase 2 – Extend Reach (Completed): Based on participant enrollment and demand, contract with several meal providers that have a larger scope (able to deliver to at least 100 participants a day to multiple zip codes) and/or that can meet various dietary needs or ethnic meal preferences.
- Phase 3 – Expand Based on Demand (Pending): Based on participant enrollment and demand and how long the program runs, additional providers may be included. Applications will be kept on file and restaurants/caterers will be contacted as capacity is needed.



**Great Plates Delivered Meal Provider Application
Central & North Orange County**

Revision date: May 20, 2020

For your convenience, please review the application below *before* completing it. If a Meal Purchase Agreement is executed, this application will become part of the agreement.

Company Name:
Corporate Address:
Address(es) From Which Meals Would be Delivered:
Website:
Facebook:
Twitter:
Instagram:

Name & Title of Authorized Person Completing Application:
Telephone Number:
Email Address:

By completing this application, the Company certifies the following information is true and correct. If an agreement is executed, this application will become part of the agreement. Completing an application does not ensure an agreement will be provided.

1. Is your Company currently providing meals, or has your Company provided meals since January 1, 2020, for any State or Federal Government meal service programs? (If yes, do not proceed)

2. Will your Company be able to follow the nutrition guidelines for the Great Plates Program?
<https://covid19.ca.gov/img/wp/great-plates-delivered-restaurants-faqs.pdf>

3. Do you understand and agree you will be able to ***provide and deliver*** pre-made, chilled ***breakfast, lunch and dinner to at least 100 participant homes a day***? NOTE: All three meals, including breakfast, are required. (Senior portions allowed (2-3 oz protein serving); meals to be reheated by participant)

4. Do you understand and agree that your Company would be reimbursed at the following fixed per diem rates, inclusive of all costs and taxes, for each approved days' worth of deliveries? (No additional provider costs shall be reimbursed.)

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Delivery</u>
\$ 8.16	\$ 8.67	\$ 14.28	\$ 5.00

5. Do you understand and agree that if an agreement is executed, you will ***not*** be reimbursed for meal or delivery costs due to the ***inability*** to deliver meals for any reason?

6. Do you understand and agree that your delivery drivers must have a background check on file with you and that they will be able to deliver to participant homes between 8:30am-4:30pm?

7. Are you able to provide daily reports as may be required of contracted meal providers through required electronic means the following metrics: 1) # of Meals prepared per senior, 2) # of Seniors for which meals were prepared, 3) # of Meals delivered to Seniors assigned to your restaurant 4) Participant Name, Phone number and Participant Number, and others requested?

8. You must be able to provide and deliver breakfast, lunch and dinner to at least 100 participants a day (other than for dietary restrictions). How many participants can you serve for this program, per menu type?

9. How quickly can you start making meals and delivering meals for at least 100 participants a day, once notified?
10. Will your delivery drivers be background checked prior to start of program?
(Required for this program)
11. Which of the following types of menus can you support with a 14-day cycle?
 - a. Mixed Variety (American/European/Mexican/Asian)
 - b. Asian Variety (Chinese, Vietnamese, Korean, Thai, Japanese)
12. Which, if any, of the following dietary restrictions can you provide meals for (10 day cycle on dietary meals; within reimbursement schedule)? (Check all that apply)

<input type="checkbox"/>	No special dietary menus
<input type="checkbox"/>	Cardiac Friendly (confirmed low sodium)
<input type="checkbox"/>	Diabetic Friendly (reduced carbs; no concentrated sugars; sugar-free desserts)
<input type="checkbox"/>	Vegetarian
<input type="checkbox"/>	Vegan
<input type="checkbox"/>	Kosher
<input type="checkbox"/>	Hallal
<input type="checkbox"/>	Nut Allergy
<input type="checkbox"/>	Gluten Allergy
<input type="checkbox"/>	Other (specify)

13. Do you understand and agree that a 14-day cycle menu for lunch and dinner and a 4-day cycle for breakfast are required for each menu type that you provide? (10-day cycle for menus for dietary restrictions.)
14. Are you able to appropriately package, bundle and label meals so they remain at food-safe temperatures?
15. Do you understand and agree that you will be required to meet required insurance coverages and provide a Certificate of Insurance naming Meals on Wheels OC as an additional insured for the following levels: Commercial General Liability \$1,000,000 minimum per occurrence, \$2,000,000 aggregate; Automobile Liability including coverage for owned, non-owned and hired vehicles \$1,000,000 minimum per occurrence; Worker's Compensation – Statutory?
16. Which cities (in their entirety) or zip codes (including city names) will you be able to serve for this program? (Only list locations in Central & North Orange County, i.e., cities/zips north of Newport Beach & Irvine and not including NB or Irvine)
17. Do you certify that all of your workers are following government guidelines for safe food handling, preparation and packaging during COVID-19?
Guidelines are available here: <https://www.fda.gov/food/food-safety-during-emergencies/best-practices-retail-food-stores-restaurants-and-food-pick-up-delivery-services-during-covid-19>
18. Do you certify that you are following government guidelines for reducing the risk of your employees contracting COVID-19 in the workplace?
Guidelines are available here: <https://www.osha.gov/Publications/OSHA3990.pdf>

19. Do you certify that you are following COVID-19 guidelines for food establishments, including providing facial coverings to you workers?

Guidelines are available here:

<https://occovid19.ochealthinfo.com/article/oc-health-officers-orders-recommendations/>

20. Will your staff be able to safely transfer foods from your restaurant/commercial kitchen into a vehicle for delivery, according to the following guidelines?

GUIDELINES: <https://www.fda.gov/food/food-safety-during-emergencies/best-practices-retail-food-stores-restaurants-and-food-pick-updelivery-services-during-covid-19#pickupdelivery>

21. Have you completed a Provider Interest Inquiry form here?

(Required for this program)

https://state-of-california-agency.forms.fm/great-plates-delivered-food-provider-interest-form/forms/7917?fbclid=IwAR2BhF7VV7rvUrpMGcbooa-hPrJOrf0kf9-rjnO5ICl1Q5600cK4_D8Htrg

22. Participants will be senior citizens, age 60 and older, of varying ethnicities and language capabilities, many of whom will be frail and may have hearing, vision, mobility and/or other health conditions that may require additional time to speak with, answer their phone and/or door, etc. Additionally, some participants will be COVID-19 positive or will have been exposed to COVID-19. Do you certify that you will serve all participants that may be assigned to your Company without discrimination of any type?

23. Is your Company able to source food supplies from Orange County-based and State of California-based food suppliers?

24. Does your Company prioritize hiring locally?

25. Does your Company prioritize local jobs, worker retention, and worker health and safety?

26. Does your Company promote standards of equity and fairness in employment practices, wages, hiring, and promotion?

27. Is your Company a minority business, a women's business enterprise, or labor surplus area firm? If yes, please specify which category.

28. What is your Business Tax Registration Certificate Number and place of registration?

29. What is your Taxpayer Identification Number for the purposes of completing IRS Form W-9?

Note: Completing an application does not ensure participation in the program. If an agreement is executed, this application will become part of the agreement; however, any conflicting requirements on this application may be superseded by the agreement at Meals on Wheels Orange County's sole determination.

I hereby certify that all of the information I have provided above is true and correct.

Company Name:

Name & Title of Authorized Person Completing Application:

Please upload the form at <https://www.mealsonwheelsoc.org/great-plates-delivered-restaurant-application/> and you will be contacted within two business days.