# LOWCOUNTRY AREA AGENCY ON AGING REQUEST FOR PROPOSAL

Purchase of Older American Act Services FY 2024

**Meal Caterer** 

#### OFFEROR ACKNOWLEDGEMENT

The only official distribution source for this Request for Proposals ("RFP") is through the Lowcountry Area Agency on Aging (AAA). If you have obtained this RFP from a different source, you are encouraged to contact the Lowcountry Area Agency on Aging to receive an official copy.

The Lowcountry Council of Governments Solicitation website offers a Vendor Registry. Vendor registration can be completed online by clicking on the link below. The registration not only records your interest in the RFP but will allow you to quickly update details such as what products and services you provide. By using this registry, this will also enable us to notify you of important updates to this RFP as well as opportunities in the future. Please visit: <a href="https://vrapp.vendorregistry.com/Vendor/Register/Index/lowcountry-council-of-governments-sc-vendor-registration">https://vrapp.vendorregistry.com/Vendor/Register/Index/lowcountry-council-of-governments-sc-vendor-registration</a>

Please note that you may not receive addenda or important information regarding this RFP if you are not registered with the Lowcountry Council of Governments (LCOG) as having interest in this Request for Proposals ("RFP"). If you have obtained this RFP from a different source, you are encouraged to contact the Lowcountry Area Agency on Aging to receive an official copy

All registrants will receive notification of amendments until the deadline for the letter of intent *February 23, 2024*. Offerors who have submitted a Letter of Intent, prior to the deadline, will continue to receive important information regarding this RFP.

By submitting a proposal, you are asking the Lowcountry Council of Governments to accept your offer for services and/or the sale of goods. It is important that you read and understand all terms and conditions contained herein, as well as understand the laws that govern Older American Act and SC State Funded Services.

Offeror(s) awarded a contract agree to execute the contract in the same form as the template referred to in this RFP, in the timeframe noted. Any supplemental agreement(s) (e.g. licensing or maintenance agreements) requested by an Offeror must be included in the proposal and are subject to the discretionary approval of the Lowcountry Council of Governments. Failure to reach agreement on contract terms and conditions may result in rejection of a proposal, rescission of an award and/or retention of bid security by the Lowcountry Council of Governments.

The Lowcountry Council of Governments shall have no responsibility or liability for any of Offertory's costs related to preparation of proposals, attendance at the Provider Orientation, etc.; all such costs are solely at Offeror's risk and expense.

Every effort has been made to ensure that all information needed by the Offeror is included herein. If a Offeror finds that it cannot complete a proposal without additional information, it may submit written questions to the Lowcountry Council of Governments' Representative. All replies to questions will be in writing. When a question received by the Lowcountry Council of Governments is found to be already sufficiently addressed in the Request for Proposal that question will be returned to the Offeror with a reference to the part of the Request for Proposal containing the answer. All questions and written replies will be distributed to all Offerors and will be regarded as a part hereof. No negotiations, decisions or actions shall be initiated by any Offeror or potential Offeror as a result of any verbal discussion with any Lowcountry Council of Governments' representative or employee.

If you do not agree with the terms and conditions contained in this RFP, you should not submit a proposal.

#### **REQUEST FOR PROPOSAL #: LCOGAAA Meals 2024**

ISSUE DATE: Wednesday, February 14, 2024

LETTER OF INTENT TO PROPOSE DEADLINE: 3:00 PM EST, Friday, February 23, 2024

PROPOSAL SUBMITTAL DEADLINE: 3:00 PM EST, Thursday, March 14, 2024

**PURPOSE:** For the purchase of Older Americans Act Services under Title III of the Older Americans Act of 1965, as amended and State funded Programs of the South Carolina State Unit on Aging for the Lowcountry PSA four county area: Beaufort, Colleton, Hampton and Jasper Counties of South Carolina.

**SERVICES TO BE PROCURED:** Nutrition Program – Meal Caterer

The Lowcountry Council of Governments invites the submission of Proposals in accordance with requirements contained in the following solicitation. Contracts that may result from this solicitation are funded through a combination of Federal, State and Local funding sources.

A letter of intent will be required of all offeror's who plan to submit a proposal in response to this RFP. The letter of intent is due to the Lowcountry AAA by 3:00 PM EST, Friday, February 23, 2024. If a letter of intent is not submitted by the required deadline, the proposal will not be accepted.

The proposal MUST be received by the Lowcountry Council of Governments by Wednesday, March 14, 2024 at 3:00 PM EST. Any proposal received after the deadline will be deemed non-responsive.

The Proposal must be <u>signed in Blue Ink</u> by an official authorized to legally bind the offering person, organization, company or corporation submitting the Proposal and must contain a statement that the proposal is firm for a period of one hundred and twenty (120) days from the closing date for submission of proposals. Proposals must be submitted in a sealed opaque envelope/ container showing the above proposal name, opening date and opening time.

This solicitation does not commit the **Lowcountry Council of Governments** to award a contract or to pay any costs incurred in the preparation of a proposal. The **Lowcountry Council of Governments** reserves the right to accept or reject any or all Proposals received as a result of this RFP, to negotiate with all qualified Offerors, or to cancel in part or in whole this RFP if it is in the best interest of the **Lowcountry Council of Governments** to do so.

All questions or requests for information must be submitted to: <u>Letisha N. Scotland</u>, <u>Area Agency on Aging Director</u>, <u>Lowcountry Council of Governments</u>, <u>PO Box 98</u>, <u>Yemassee</u>, <u>SC 29945</u>. The envelope must be marked "RFP Questions". You may also email questions to <u>lscotland@lowcountrycog.org</u>. Questions to be answered at the Pre-Proposal Conference must be submitted in writing and received by 4.pm. on <u>Friday</u>, <u>February 23</u>, <u>2024</u>. After this date, no further questions will be accepted for the Pre-Proposal Conference. See Section VI for more information on the question period.

The term of any Contract(s) resulting from this RFP is to be for the period beginning July 1, 2024 and continuing through June 30, 2025 with options for an additional three (3) one-year extensions.

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#### Section I Scope of Solicitation

#### 1.1. TO ACQUIRE SERVICES

The purpose of this solicitation is to acquire Older Americans Act and/or State funded services in full compliance with all applicable Federal, State and Local requirements. Contractor(s) and the services provided must also be in compliance with the applicable specifications and conditions described in this solicitation.

#### 1.2. AGREEMENT PERIOD

One-year agreement with an additional three (3) one (1) year extension options. Contract Base Period: July 1, 2024 through June 30, 2025.

#### 1.3 SERVICES TO BE OFFERED

Offerors may submit a proposal for the complete package or any combination of **county or entire region.** This RFP may result in multiple providers. Proposals must address all activities described in the applicable Scope of Work and the required services must be provided throughout each designated geographic service area being proposed for services. Offers that fail to offer services throughout the entire service area selected, will be declared non-responsive.

#### 1.4 SCHEDULE OF EVENTS – (DATES ARE SUBJECT TO CHANGE)

| 1.4 SCHEDULE OF EVENTS - (DATES ARE SUBJECT TO CHANGE)                |                                 |
|---|---------------------------------|
| Request for Proposals (RFP) release date                              | February 14, 2024               |
| Question Period Opens   | February 14, 2024               |
| Letter of Intent due date (required)                                  | 3:00 PM EST, February 23, 2024  |
| Question Period Deadline (to be addressed at Pre-Proposal Conference) | 4:00 PM EST, February 23, 2024  |
| Pre-Proposal Conference   | 10:00 AM EST, February 29, 2024 |
| Deadline for Receipt of Formal Offers                                 | 3:00 PM EST, March 14, 2024     |
| Meal Tasting Panel  | 11:00 AM EST, April 3, 2024     |
| Presentation of Recommendations to LCOG Board                         | April 25, 2024                  |
| Provider Selection Notification                                       | May 1, 2024                     |
| Commencement of Services  | July 1, 2024                    |

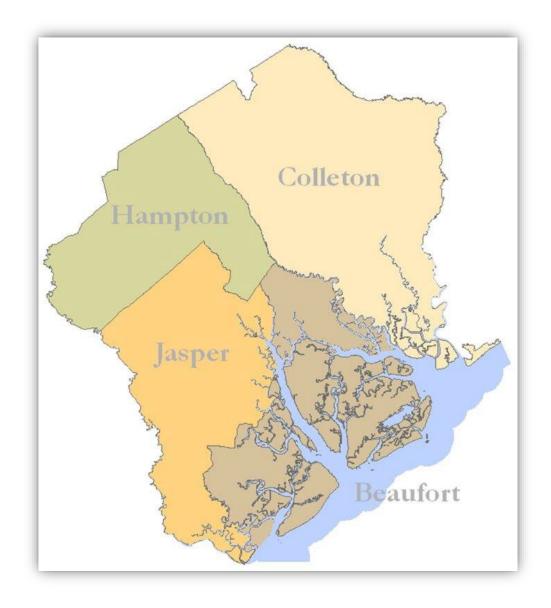
#### 1.5 PRE-PROPOSAL CONFERENCE

| Pre-Proposal Conference   | In-Person, Voluntary                                     |  |
|---|--|--|
| Location:   | Lowcountry Council of Governments                        |  |
|   | 634 Campground Rd  |  |
|   | Yemassee, SC 29945                                       |  |
| Date and Time   | 10:00 AM EST, February 29, 2024                          |  |
|   | Letisha N. Scotland – <u>lscotland@lowcountrycog.org</u> |  |
| Organizations planning to attend must RSVP to:                    | Subject Line: Meal Caterer RFP RSVP                      |  |
| RSVPs must be received by (required):                             | 4:30 PM EST, February 23, 2024                           |  |
| All questions and/or requests for additional information shall be | Letisha N. Scotland – <u>Lscotland@lowcountrycog.org</u> |  |
| submitted in writing to:  | Subject Line: Meal Caterer RFP Questions                 |  |
| All questions and/or requests for additional information to be    |  |  |
| addressed at the Pre-Proposal Conference must be submitted by:    | 4:00 PM EST, February 23, 2024                           |  |
|   | Yes, additional questions can be submitted, however      |  |
| Will additional questions be accepted at the Pre-Proposal         | they will not be addressed on the day of the offeror's   |  |
| Conference?   | conference. (See Section VI for more information.)       |  |

The purpose of the pre-proposal conference is to ensure potential Offerors have a clear understanding of the requirements of the solicitation. The AAA will accept questions only prior to the deadline indicated below and will provide written answers that will be communicated to all eligible, potential Offerors.

# **Location of Service Provision**

Lowcountry Area Agency on Aging serves all of Region 10 of SC. This geographical area spans 50 zip codes and 3,318 square miles. For the purpose of this RFP, 100% of each zip code will be served; Offerors must serve 100% of the geographic area of the respective zip codes bound within the counties bid upon.



# Section II Introduction and Background

#### 2.1 Goal

The goal of aging services is to keep older adults living safely and independently at home for as long as possible, and to give them the tools necessary to make good informed decisions that promote beneficial health and wellness practices. The Area Agency on Aging (AAA) and provider/contractor must be good stewards of the limited Federal and State funding allocated by the State Unit on Aging (SUA).

#### 2.2 Purpose

This solicitation is an invitation for qualified Offerors to submit proposals to provide the services listed on page 2, and outlined in the Minimum Bid Specifications and SCOPE OF WORK attached. These services will be provided to eligible, qualified individuals within the designated geographic area.

#### 2.3. Overview of the Older Americans Act (OAA)

Signed into law by President Lyndon B. Johnson in 1965, the OAA is considered the backbone of aging legislation and funding. OAA funds provide for programs and services to help seniors remain healthy, independent and safe for as long as is reasonably possible.

There are a wide range of community-based services, both in-home and in group settings, that may be provided under the OAA, including transportation services, in-home supportive services and home health care, homemaker and chore services, nutrition services and education, exercise and physical fitness, residential repair, employment programs, respite care, and many others.

Anyone aged 60 or over regardless of income is eligible for services. However, funding is limited so the OAA targets seniors with the greatest economic and social need, focusing particularly on low-income minority seniors and rural seniors. The OAA established the Administration on Aging (AoA), now within the U.S. Department of Health and Human Services, and called for the creation of State Units on Aging.

Using OAA and other funds, the South Carolina Department on Aging is responsible for statewide planning and development of programs and services targeted to older citizens, and is responsible for allocating funds to the state's regional Area Agencies on Aging.

Information pertaining to the Older Americans Act referred to in this proposal may be obtained from the Administration for Community Living at <a href="www.acl.gov/node/650">www.acl.gov/node/650</a>. Each program administered by Lowcountry Council of Governments, with respect to the Older Americans Act, necessitates individual Scopes of Work.

#### 2.4. Overview of Area Agencies on Aging

The OAA expects Area Agencies on Aging (AAAs) to be the leaders relative to all aging issues within designated planning and service areas. In South Carolina, the State Unit on Aging (SUA) has designated ten (10) such regions. 45 CFR 1321.53(c)

AAAs proactively carry out and procure, under the leadership of the SUA, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to create a comprehensive and coordinated community-based system. This system assists older persons and ensures that they are able to live in their own homes and communities as long as possible.

In addition to planning, administration and coordination responsibilities, AAAs are also authorized by the OAA to directly provide some specified services and are required to competitively procure others.

#### 2.5 Values and Principles of the Lowcountry Council of Governments AAA

The South Carolina Department on Aging has been designated to serve as the State Unit on Aging (SUA) to receive and administer Federal Older Americans Act (OAA) funds. As the SUA for South Carolina and in accordance with Federal



Requirements in 45 CFR 1321, the SUA designates Area Agencies on Aging (AAA) to serve as planning/coordinating/administrative entities for their specified planning and service area (PSA). The SUA has designated ten (10) multi-county planning and service areas in South Carolina and has designated an Area Agency on Aging for each PSA. The Lowcountry Council of Governments Area Agency on Aging LCOG AAA has been designated as the AAA for the Lowcountry Region to include the counties of Beaufort, Colleton, Hampton and Jasper counties. LCOG AAA contracts for a variety of aging services under Title III under the Older Americans Act that have in the past included: group dining meals, home delivered meals, home care services (Level I), health promotion and disease prevention and transportation for persons sixty (60) years of age or older.

Title III funding provides financial resources to stimulate the development or enhancement of comprehensive and coordinated community-based systems resulting in a continuum of services to older persons with special emphasis on older individuals having the greatest economic or social need giving particular attention to the low-income minority individuals. A responsive community-based system of service shall include collaboration in planning, resource allocation and delivery of a public and private resource in the community and assure the provision of a full range of efficient, well-coordinated and assessable service for older persons. Funding opportunities under the OAA are initiated by the Administration on Aging at the Federal Level, the SUA at the State Level and AAA at the Regional Level.

As part of the formal procurement process for Aging Services in South Carolina, a Needs Assessment was conducted by the LCOG Area Agency on Aging to identify the needs of older adults, to evaluate the present service delivery system available in the region and to analyze the gaps in services. The goal of the Needs Assessment was to learn about the needs of seniors from three (3) perspectives: consumers age 60+ receiving and not receiving services, professionals and family caregivers.

With projected growth of the older population, home and community-based services are needed to enable older adults to maintain maximum independence and remain a vital part of their communities. It is anticipated that as the "baby boomers" (individuals born after 1945) continue to reach age 60 over the next several years, the traditional ways of providing aging services will be challenged thus giving way to new and innovative programs and service delivery options to include consumer choice and possibly service voucher options.

The LCOG Area Agency on Aging administers programs included but not limited to group dining meals, home delivered meals, home care support, transportation, legal assistance, information and referral, disease prevention and health promotion, insurance counseling I-Care (insurance counseling) and the family caregiver support program.

#### 2.4. Funding Structure for Provision of Services

Determining the total amount of funding that is available to the AAA for the provision and/or procurement of senior services is a highly complex process that includes numerous sources of funds, including several Federal, State and local/private resources. Many of these vary in amount from year to year and become available at varying times during each fiscal year, often making total budgeted amounts for a particular service uncertain. Additionally, voluntary contributions and cost-sharing from program participants are allowed for some services. A more detailed description of service funding in SC can be found in the SC Department on Aging's (DOA) Policies and Procedures Manual (<a href="www.aging.sc.gov">www.aging.sc.gov</a>). If Federal and/or State Government reduces funding during a contract period, or funding is withheld, these reductions would be passed on to successful Offerors who are awarded a contract.

Although it is expected that Offerors be familiar with the basics of OAA and AAA service funding, it is the responsibility of the SUA and the AAAs to interpret and coordinate these resources, and to provide technical support to contractors. In order to assist the Offeror with cost calculations and units of service estimations, historical data is provided where appropriate.

## Section III Offeror Compliance

The Submission of a proposal represents that the Offeror has read and understands the solicitation and that its offer is made in compliance with the solicitation. Offerors are expected to examine the solicitation thoroughly and should request an explanation of any ambiguities, discrepancies, errors, omissions, or conflicting statements in the solicitation. Failure to do so will be at the Offeror's risk. Offeror assumes responsibility for any patent ambiguity in the solicitation that Offeror does not bring to the AAA's attention.

Funding for the services being procured through this Solicitation are obtained from a number of sources, to include Local, State and Federal funding. In order to be considered for an award of a contract for any of the services being procured through this Solicitation, your concurrence, agreement and signed acceptance of the GENERAL TERMS AND CONDITIONS (found in Section IX) is a general requirement. The required submission of the Offeror's Certification indicating that the interested party understands and agrees to comply with these policies is a general requirement to be considered for any contract(s) pursuant to this Solicitation. If you take exception or are unable or unwilling to comply with a particular standard, you must identify the standard and provide an explanation. The AAA will consider your comments; however, it should be noted that allowable waivers are rare.

Contractor and service requirements defined in this solicitation are primarily based, as applicable, on the following Laws, Regulations and Policies\*:

#### The OAA, as amended to date;

Federal regulations issued pursuant to the OAA;

- 45 CFR 1321.5 cites that the following regulations apply to all activities under this part [Title III] and adds that there may be others not listed here.
- 45 CFR Part 74: Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations;
- OMB Circular A-122: Cost Principles for Non-Profit Organizations;
- 45 CFR Part 80: Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education, and Welfare; Effectuation of Title VI of Civil Rights Act of 1964;
- 45 CFR Part 81: Practice and Procedure for Hearings under Part 80 of this Title;
- 45 CFR Part 84: Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation;
- 45 CFR Part 100: Intergovernmental Review of Department of Health and Human Services Programs and Activities;
- 2 CFR Part 200: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (OMB);
- Program Issuances (PIs) issued by AoA or the SUA that supersede the manual. AoA issuances will become effective only after the SUA has provided notice to that effect;
- The State Unit on Aging's Policies and Procedures Manual, to include supplemental instructions, when issued;
   and
- Other Laws, Regulations and Policies may apply.

This is not intended to be an all-inclusive list. Such policies will be listed in the final Agreement.

# Section IV Letter of Intent, Question Period, and Proposal Delivery

#### **Letter of Intent to Propose (required)**

A letter of intent to submit a proposal in response to this RFP <u>must be</u> submitted no later than 3:00 PM EST, Friday, February, 23, 2024. A statement on the entity's letterhead stationery, indicating intent to submit a proposal by the stated RFP submission deadline will be sufficient.

The following verbiage is provided as an example: "The undersigned, the duly authorized signatory authority for this agency, hereby declares its intent to submit a proposal in response to the Lowcountry Council of Governments Area Agency on Aging RFP for Nutrition Services – Proposal # LCOGAAA MEALS 2024."

- a. Include the addresses, phone numbers, fax numbers and e-mail addresses for the signatory authority and contact person, and service type intending to propose on (i.e., Emergency Meals, Hot, Frozen, etc.).
- b. The letter of intent to submit a proposal must be signed by the same signatory authority who will sign the proposal to be submitted later. **Email copies are accepted.** Please email your Letter of Intent to <a href="Liscotland@lowcountrycog.org">Liscotland@lowcountrycog.org</a> with the Subject line: Nutrition Services- Meal Caterer RFP Letter of Intent to Propose.
- c. Confirmation of receipt will be sent to the Offeror via email within two (2) business days. If the Offeror has submitted a Letter of Intent to Propose and has not received confirmation from the Lowcountry AAA, it is the responsibility of the Offeror to follow-up with the Lowcountry AAA prior to the deadline to ensure that their Letter of Intent to Propose was received.

(Proposals will not be accepted unless a Letter of Intent to Propose was properly submitted.)

# **Questions from Offerors**

All questions or requests for information must be submitted to: <u>Letisha N. Scotland, Area Agency on Aging Director, Lowcountry Council of Governments, PO Box 98, Yemassee, SC 29945</u>. The envelope must be marked "Meals RFP Questions". You may also email questions to <u>lscotland@lowcountrycog.org.</u> Communications should include the RFP title and number, as well as the service type (if applicable). Oral explanations or instructions will not be binding. Any answers or information in response to questions received by a prospective Offeror concerning the RFP will be furnished to all other prospective Offerors who submitted a letter of intent and will posted as an FAQ on the Lowcountry Council of Governments website.

Questions to be answered at the Pre-Proposal Conference must be submitted in writing and received by 4.pm. on <u>Friday</u>, <u>February 23, 2024</u>. After this date, no further questions will be accepted for the Pre-Proposal Conference.

Additional questions concerning this RFP may be submitted in writing during or following the Pre-Proposal Conference, however they will not be addressed at that time. Any additional questions received on the day of the Pre-Proposal Conference will be reviewed, answered, and added to the RFP FAQ.

No further questions will be accepted following the date of the Pre-Proposal Conference – February 29, 2024.

#### **Proposal Delivery Information**

Proposals, amendments thereto or withdrawal request must be received by the time advertised for proposal opening to be timely filed. It is the Offeror's sole responsibility to ensure that these documents are received by the Lowcountry Council of Governments representative at the time indicated in the solicitation document. When specifications or descriptive literature are submitted with the proposal, the Offeror's name must be entered thereon. Any proposals received after the Lowcountry Council of Governments representative has declared that the time set for opening has arrived, shall be rejected.

Proposals will be considered as specified herein or attached hereto under the terms and conditions of this proposal. Offerors are to include all applicable requested information and are encouraged to include any additional information they wish to be considered.

Proposals will be received by the Lowcountry Council of Governments (LCOG) until 3:00 PM EST on Thursday, March 14, 2024 via delivery or postal/express mail. The Lowcountry Council of Governments picks up all mail from The US Postal Service once daily approximately 12:30 PM (excluding weekends and holidays).

| *Proposals are to be mailed to:                     | *Hand Deliver and/or Express mail to:               |
|---|---|
| Lowcountry Council of Governments                   | Lowcountry Council of Governments                   |
| Letisha N. Scotland, Director, Area Agency on Aging | Letisha N. Scotland, Director, Area Agency on Aging |
| P. O. Box 98  | 634 Campground Rd                                   |
| Yemassee, SC 29945                                  | Yemassee, SC 29945                                  |

The Lowcountry Council of Governments assumes no responsibility for unmarked or improperly marked envelopes. All envelopes received showing a proposal name are placed under locked security until the date and time of opening. Only include one (1) clearly identified original and six (6) copies of your proposal in the envelope. If directing any other correspondence address the envelope to the procurement official, but do not include the proposal name on this envelope since it does not include the actual proposal.

If an emergency or unanticipated event interrupts normal government processes so that offers cannot be received at the office designated for receipt of the proposals by the exact time specified in the solicitation, the time specified for receipt of the proposals will be extended to the same time of day specified in the solicitation on the first work day on which normal government processes resume. In lieu of an automatic extension, an Amendment may be issued to reschedule proposal opening.

In competitive sealed proposals, prices will not be divulged at opening.

# Section V Proposal Requirements

Unless otherwise noted, all categories and questions must be addressed. Information must be presented in the listed order, using the forms provided (when applicable), and tabbed/identified accordingly. A Table of Contents is required.

Your proposal must include one (1) original bound version, one (1) flash drive and six (6) additional bound copies. Electronic or faxed copies will not be accepted.

Your proposal must be submitted in a sealed package and include the RFP title and opening date on the package.

Please respond completely, but concisely, to each question and, where indicated, keep the length of your response reasonably close to the length suggested. Unnecessarily long responses may result in low or no scores for the applicable question(s).

Font size(s) must be appropriate to allow easy reading of your proposal and not be excessively large or small for the purpose of complying with suggested length.

The format for proposals must adhere to the following outline. At a minimum, the questions asked in each area must be answered and referenced in the proposal. Be sure that Proposal content directly answers the questions asked. Please DO NOT answer the questions in this RFP directly on this document. Responses in regards to this RFP should be in a document format. Attachment L has a Required Proposal Content Check List that is to be used as a guide to ensure that the proposals have included all of the requested information. Additional information on each subject area is welcome. (The Lowcountry AAA reserves to right to request clarification of Offeror's proposal(s) if necessary.)

#### I. TABLE OF CONTENTS

A Table of content should be included in any and all proposals. The Table of Contents must follow the required format indicated below.

#### II. EXECUTIVE SUMMARY

#### Letter of Transmittal (must be signed)

This section should be at least four (4) printed pages. The first page should consist of the signed and dated cover page (see Attachment K). The second page should be a cover letter which includes a summary of the contractor's ability to perform the services described herein and statement that the contractor is willing to perform those services and enter into a contract with the Lowcountry Council of Governments. The cover letter must be signed by a person having the authority to commit the Offeror to a contract and should contain the person's name, title, address and phone number. The third page should be a completed Required Proposal Content Checklist (see Attachment L), and the fourth page should consist of a completed Proposed Services List (see Attachment M).

#### Experience Providing Service(s) (3 pages or less)

Describe your organization's experience in providing senior services/activities (including partnerships) in similar competitive areas. List any challenges faced in providing the same or similar services being proposed. Describe your relationships with other human services organizations.

#### References

References from three (3) agencies your organization has conducted work of a similar nature with in the past three years with at least one being for an agency outside the Aging Network and with preference given to a South Carolina agency. Provide a contact person, company name, address, telephone number, and email address, where available. (*The Lowcountry AAA reserves the right to check references not included in this proposal. Offerors must be licensed to do business in the State of South Carolina*.)

#### III. ORGANIZATIONAL CAPACITY

#### **Qualifications**

Include resumes of key personnel such as the Executive Director, Manager, etc. The history/background of your organization, the number of years in business, its' legal structure (not for profit, county department, private, etc.) and current Ownership arrangement should also be included.

Offerors must be licensed and bonded to do business in the State of South Carolina, and are required to have the appropriate insurance coverage. A copy of the organizations South Carolina Department of Health and Environmental Control (DHEC) license, as well as documentation of its' liability insurance and workers compensation insurance is required and should be attached.

[Note: A copy of your System for Award Management certificate (DUN) that clearly identifies your agency name, address, and current SAMS DUN must be submitted by the successful offeror prior to service commencement, if applicable. This can be found at www.SAMS.gov for printout or saved as a PDF.]

#### Service Area

Discuss your ability to provide quality service(s) for the entire service delivery area(s) you are proposing. Include a completed Location of OF Vendor and Production Facility Form listing the location of all facilities/sites.

#### Service Requirements and Standards - Scope of Work

Describe in detail your approach to the provision of services contained within this Request for Proposal by submitting information for each of the specifications that must be met listed within the associated Scope(s) of Work. (Offerors who are submitting proposals for more than one meal type must answer this section for each individual service being proposed.). Reference Attachment M, for meal type options.

- Describe your plan for ensuring that the delivery of service will begin on July 1, 2024. Include the following information:
- Detail your service delivery plan
- Provide a statement describing your ability and capacity for provision of service(s) based on the AAA's previous year's data.
- Discuss your willingness to increase services as the AAA's target population continues to grow.
- Describe your process for securing and training staff, determining additional staffing needs, and securing any additional equipment necessary to execute service requirements.
- \*Note: All questions within the Minimum Meal Bid Specifications **must** be addressed. All Minimum Meal Bid Specifications Required Attachments **must** be completed and included. (Reference Attachments A-J, SCDOA Minimum Meal Specifications).

#### Preferred Provider Components

In addition to addressing all minimum service requirements, describe additional service aspects offered such as technological resources, innovative resources or activities, enhanced service features, etc. and/or your organization's willingness to incorporate one or more of these aspects into your strategic plan, service development, or service delivery. If the Offeror has the current capacity and ability to provide any of these features to clients, please include expectations and limitations.

If you intend to subcontract with another business for any portion of the work and that portion exceeds 10% of your price, your offer must identify that business and the portion of work which they are to perform. Identify potential subcontractors by providing the business' name, address, phone, taxpayer identification number, and point of contact. In determining your responsibility, the Lowcountry Council of Governments may evaluate your proposed subcontractors. Attachments should include a copy of the contract with the subcontractor.

All tools and resources required for appropriate service delivery must be on site, and in working order at the provider location prior to first date of service.

#### IV. FINANCIAL MANAGEMENT AND STRENGTH

Cost

Provide your unit cost and budget narrative in reference to the scope of work for all services being proposed using Attachment N.

Note: Offerors who are submitting proposals for more than one service must complete a Unit Cost Analysis and Budget Narrative for each individual meal type being proposed. Proposals for multiple meal types and unit costs associated with those services are considered standalone and should not be dependent on one another unless otherwise noted within the RFP.

#### Viability

- Provide documentation of financial strength or support that supports or ensures your ability to perform the services being procured. Accepted forms of financial status would include audits or reviews conducted by an independent accounting firm for those subject to audit requirements, board approved financial statements, or comparable financial documentation.
- Within the past five years, has any entity cancelled or terminated a contract they held with your organization due to your failure to meet the requirements of the contract? If so, explain.
- Has the Offeror filed for bankruptcy or restructuring under the U.S. bankruptcy code within the last ten (10) years? If yes, when and where?

#### V. QUALITY MANAGEMENT/IMPROVEMENT

#### Continual Quality Improvement Process

Describe your quality management/improvement policies and processes which are designed to reduce risk, identify weaknesses, and improve all aspects of service delivery. Include the following, as well as your AAA notification process and timeline for each:

- Describe how your agency will provide adequate program oversight.
- How will your business or organization determine participant's satisfaction with the services?
- How will you take actions to remedy problems or concerns?

#### <u>Safety</u>

Describe the Offeror's safety practices and procedures as it pertains to service delivery.

#### Choice

Describe the Offerors ability to offer meal options to participants (if applicable).

#### **Emergency Preparedness**

Describe your organization's Continuity of Operations Plan, to include your designated back up location in the event that yourmain office is inaccessible/non-operational. Provide an explanation/description of your Emergency/Disaster Plan to ensure the continuation of services when an emergency arises, including but not limited to, staff shortages, equipment or vehicle failures, and inclement weather. If your Contigency plan for operatons includes an Alternate service locations, you must list that location on Attachment E.

Include a statement indicating a willingness to abide by the AAA Emergency Plan and protocols. (Note: Please review AAA Emergency Policy and Procedure overview on page 19.)

#### VI. CERTIFICATIONS/ASSURANCES – (REQUIRED ATTACHMENTS)

The following must be completed and returned with the offer regardless of the number of services being proposed. These forms apply to your organization as a whole. These forms must be completed, signed, and attached in order for the offeror to be considered for award of contract.

- 1. Lowcountry AAA Checklist
- 2. General Terms and conditions Signature Page (Attachment O)
- 3. Offeror Certification Non-Collusion (Attachment P)
- 4. Offeror Certification Debarment (Attachment Q)
- 5. Disclosure of Prior Non-Responsibility Determinations (Attachment R)

#### VII. SCDOA MINIMUM MEAL SPECIFICATIONS – (REQUIRED ATTACHMENTS)

- 1. Requested Menu Types (Attachment A)
- 2. Meal Cost Schedule (Attachment B)
- 3. Site Location and Group Dining Meal Type Schedule (Attachment C1)
- 4. Site Location and Home-Delivered Meal Type Schedule (Attachment C2)
- 5. Meal Cost Analysis Worksheet-Regular/Cold (Attachment D1)
- 6. Meal Cost Analysis Worksheet-Frozen & Shelf Stable (Attachment D2)
- 7. Location of Production Facilities (Attachment E)
- 8. Proposed Route Schedule (Attachment F)
- 9. Menu Plan Template (Attachment G)
- 10. SC Menu Checklist-Computer Analysis (Attachment H)
- 11. SC Menu Checklist-Meal Pattern (Attachment I)
- 12. Dietary Guidelines for Americans 2020-2025 (Attachment J)

#### **NON-OFFERORS RESPONSE:**

In the event that an Offeror submits a letter of intent to propose and thereafter decides not to submit a proposal, the Lowcountry AAA requests that such organization complete the Non-Offerors Response form, Appendix B.

The Lowcountry AAA is interested in ascertaining reasons for prospective Offerors' failure to respond to Requests for Proposals in hopes soliciting more Proposals for future contracts.

#### Section VI General Information

Offerrors may submit a proposal for the complete package or any combination of individual service(s), **by county, or the entire region.** Services are not bundled, therefore proposals for multiple services and the proposed unit costs associated with those services are considered standalone unless otherwise noted within the RFP. This RFP may result in multiple providers. Please note that although LCOG/AAA will review all appropriately submitted proposals, a *Preferred Proposal* is a proposal inclusive of all minimum requirements as well as the submission of documentation detailing the Offerors ability to provide enhanced services to AAA clients. Preferred proposals should include a description of current technological resources to aid in service delivery, and a summarized outlook that provides confidence to the RFP review panel of the Offeror's capacity for growth and/or expansion as in pertains to client population service areas. An Offeror may be requested to provide services at the same cost to additional sites in a county as funding becomes available. In every case, where the Offeror's proposal cannot fully comply with the requirements of the request for proposal the proposal must list all exceptions on the required general terms and conditions signature page (see Attachment O).

All proposals shall be complete and carefully worded and shall convey all the information requested by the Lowcountry Council of Governments. If significant errors are found in the Offeror's proposal, or if the proposal fails to conform to the essential requirement of the RFP, the Lowcountry Council of Governments alone will be the judge as to whether that variance is significant enough to reject the proposal. Proposals should be prepared simply and economically, providing straight forward, concise description of Offeror's capabilities to satisfy the requirements of the RFP. Emphasis should be on completeness and clarity of content. Proposals which include either modifications to any of the contractual requirements of the RFP or a Offeror's standard terms and conditions, may be deemed non-responsive and therefore not considered for award.

Unless stated otherwise herein, the basic and governing language of the contract resulting from this solicitation shall be comprised of the RFP documents, including any attachments and amendments, and the successful Offeror's signed proposal. In the event of a conflict between the two documents, the RFP shall govern. Standard Contract Terms and Conditions specifying individual contracted service requirements will be attached to all contracts upon award.

#### 6.1 General Information

Information pertaining to the Older Americans Act may be obtained from the Administration for Community Living at <a href="https://www.acl.gov/about-acl/authorizing-statutes/older-americans-act">https://www.acl.gov/about-acl/authorizing-statutes/older-americans-act</a>. Each program administered by the Lowcountry Council of Governments, with respect to the Older Americans Act, necessitates individual Scopes of Work. When bidding for the Lowcountry Council of Governments services, please note respective Scopes of Work relate to the type of service to be offered as well as the overall supportive requirements that must be met if applicable.

The Proposal must meet the broad spectrum of the statutes appropriate to the conduct of the Older Americans Act, Programs for the Elderly and any regulations and policies published by the U. S. Department of Health and Human Services, the Administration on Aging, the SC Department on Aging, and the Lowcountry Council of Governments, including but not limited to conduct prescribed by the South Carolina Ethics Commission, and the Code of Federal Register's. The Offeror will be required to meet, but not be limited to, the criteria listed within this RFP.

#### **6.2 Confidential Information**

For every document a Offeror submits in response to or with regard to this solicitation or request, the Offeror must separately mark with the word "CONFIDENTIAL" every page, or portion thereof, that the Offeror contends contains information that is exempt from public disclosure because it is either (a) a trade secret as defined in Section 30-4-40(a)(1), or (b) privileged and confidential, as that phrase is used in Section 11-35-410.

For every document a Offeror submits in response to or with regard to this solicitation or request, the Offeror must separately mark with the words "TRADE SECRET" every page, or portion thereof, that the Offeror contends contains a trade secret as that term is defined by Section 39-8-20 of the Trade Secrets Act. For every document the Offeror submits in response to or with regard to this solicitation or request, the Offeror must separately mark with the word "PROTECTED"

every page, or portion thereof, that Offeror contends is protected by Section 11-35-1810. All markings must be conspicuous; use color, bold, underlining, or some other method in order to conspicuously distinguish the mark from the other text.

Do not mark your entire response (proposal, quote, etc.) as confidential, trade secret, or protected. If your response, or any part thereof, is improperly marked as confidential or trade secret or protected, Lowcountry Council of Governments may, in its sole discretion, determine it non-responsive. If only portions of a page are subject to some protection, do not mark the entire page. By submitting a response to this solicitation or request, the Offeror (1) agrees to the public disclosure of every page of every document regarding this solicitation or request that was submitted at any time prior to entering into a contract (including, but not limited to, documents contained in a response, documents submitted to clarify a response, and documents submitted during negotiations), unless the page is conspicuously marked "TRADE SECRET" or "CONFIDENTIAL" or "PROTECTED", (2) agrees that any information not marked, as required by these proposals instructions, as a "Trade Secret" is not a trade secret as defined by the Trade Secrets Act, and (3) agrees that, notwithstanding any claims or markings otherwise, any prices, commissions, discounts, or other financial figures used to determine the award, as well as the final contract amount, are subject to public disclosure. In determining whether to release documents, Lowcountry Council of Governments will detrimentally rely on the Offeror's marking of documents, as required by this proposal instructions, as being either "Confidential" or "Trade Secret" or "PROTECTED". By submitting a response, the Offeror agrees to defend, indemnify and hold harmless the Lowcountry Council of Governments, its officers and employees, from every claim, demand, loss, expense, cost, damage or injury, including attorney's fees, arising out of or resulting from the State withholding information that Offeror marked as "confidential" or "trade secret" or "PROTECTED".

#### 6.3 Proposal Rejection/Cancellation

This solicitation does not commit the Lowcountry Council of Governments to award a contract, to pay any costs incurred in the preparation of a proposal, or to procure or contract for the articles of goods or services. Lowcountry Council of Governments reserves the right to reject any and all proposals and to cancel this solicitation in its entirety if it is in the best interest of Lowcountry Council of Governments to do so.

#### 6.4 Offeror's Qualification

By submission of a proposal, you are guaranteeing that all services proposed meet the requirements of the RFP during the contract period. Offerors must, upon request of the Lowcountry Council of Governments, furnish satisfactory evidence of their ability to furnish services in accordance with the terms and conditions of these specifications. The Lowcountry Council of Governments reserves the right to make the final determination as to the Offeror's ability to provide the products or services requested herein.

#### 6.5 Amendments to Solicitation

The Solicitation may be amended at any time prior to the deadline for receipt of formal offers. All actual and prospective Offerors should monitor the following website for the issuance of Amendments: https://vrapp.vendorregistry.com/Bids/View/BidsList?BuyerId=4349e3d2-685e-4b15-9530-e9ae2ea4cb04.

All amendments to and interpretations of the solicitation shall be in writing from the Lowcountry Council of Governments Contact Person. The representative shall not be legally bound by any amendment or interpretation that is not documented. All registered Offerors will receive notice of issuance of ammendments posted to the LCOG website.

#### 6.6 Proposal withdrawal

In order to withdraw your offer within the minimum 120 day period specified on the Cover Page, you must notify the Lowcountry Council of Governments Representative, Letisha N. Scotland, in writing.

#### 6.7 Propose in English and Dollars

Offers submitted in response to this solicitation shall be in the English language and in US dollars, unless otherwise permitted by the Solicitation.

#### 6.8 Offeror's Responsibility

Each Offeror shall fully acquaint himself with conditions relating to the scope and restrictions pertaining to the execution of the work under the conditions of this proposal. Failure to do so will be at the Offeror's risk. It is expected that this will sometimes require on-site observation. The failure or omission of a Offeror to acquaint himself with existing conditions shall in no way relieve him of any obligation with respect to this proposal or to the contract.

#### 6.9 Debarments/Suspension

- A. (1) By submitting an Offer, the Offeror certifies, to the best of its knowledge and belief, that (i) the Offeror and/or any of its Principals (A) Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any state or federal agency; (B) Have not, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and (C) Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision. (ii) Offeror has not, within a three-year period preceding this offer, had one or more contracts terminated for default by any public (Federal, state, or local) entity. (2) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).
- B. Offeror shall provide immediate written notice to the Lowcountry Council of Governments Representative if, at any time prior to contract award, Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- C. If Offeror is unable to certify the representations stated in paragraphs (a) (1), Offer must submit a written explanation regarding its inability to make the certification. The certification will be considered in connection with a review of the Offeror's responsibility. Failure of the Offeror to furnish additional information as requested by the Lowcountry Council of Governments Representative may render the Offeror non-responsible.
- D. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of a Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings. The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making the award. If it is later determined that the Offeror knowingly or in bad faith rendered an erroneous certification, in addition to other remedies available to the Lowcountry Council of Governments, the Lowcountry Council of Governments Representative may terminate the contract resulting from this solicitation for default.

#### 6.10 Competition

This solicitation is intended to promote competition. If the language, specifications, terms and conditions or any combination thereof restricts or limits the requirements in this solicitation to a single source, it shall be the responsibility of the interested Offeror to notify the Lowcountry Council of Governments in writing so as to be received five (5) days prior to the opening date. The solicitation may or may not be changed but a review of such notification will be made prior to the award.

#### **6.11 Indemnification**

The Lowcountry Council of Governments, its officers, agents, and employees shall be held harmless from liability from any claims, damages, and actions of any nature arising from the use of any materials furnished by the contractor, provided that such liability is not attributable to negligence on the part of the Lowcountry Council of Governments or failure of the Lowcountry Council of Governments to use the materials in the manner outlined by the contractor in descriptive literature or specifications submitted with the contractor's proposal.

#### 6.12 Protests

- A. Right to protest: Any actual or prospective bidder, offeror, or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the Chief Administrative Officer. The protest shall be submitted in writing within fourteen (14) calendar days after the aggrieved person knows or should have known of the facts giving rise thereto. The Protest must be delivered to the Chief Administrative Officer at <a href="mailto:sgraham@lowcountrycog.org">sgraham@lowcountrycog.org</a> or Lowcountry Council of Governments, PO Box 98, Yemassee, SC 29945.
- B. Authority to resolve protests: The Chief Administrative Officer shall have authority, prior to commencement of an action in court concerning the controversy, to settle and resolve a protest of an aggrieved bidder, offeror, or contractor, actual or prospective, concerning the solicitation or award of a contract.

Detailed information may be found within the Lowcountry Council Of Governments Procurement Policy, Section III

#### 6.13 Responsiveness/Improper Offers

Offerors may submit more than one proposal, provided that each proposal has significant differences other than price. Each separate proposal must satisfy all Solicitation requirements. If this solicitation is a Request for Proposals, multiple proposals may be submitted as one document, provided that you clearly differentiate between each proposal and you submit a separate cost proposal for each offer, if applicable. Any Proposal which fails to conform to the material requirements of the Solicitation may be rejected as non-responsive. Proposals which impose conditions that modify material requirements of the Solicitation may be rejected. If a fixed price is required, a Proposal will be rejected if the total possible cost to the Lowcountry Council of Governments cannot be determined. Offerors will not be given an opportunity to correct any material nonconformity. Any deficiency resulting from a minor informality may be cured or waived at the sole discretion of the Lowcountry Council of Governments Representative.

#### 6.14 Non-Appropriations

Any contract entered into by the Lowcountry Council of Governments resulting from this proposal invitation shall be subject to cancellation without damages or further obligation when funds are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period or appropriated year.

#### 6.15 Ownership of Material

Ownership of all data, material and documentation originated and prepared for the Lowcountry Council of Governments pursuant to this contract shall belong exclusively to the Lowcountry Council of Governments.

#### 6.16 Contract Period

The contract will run from July 1, 2024 through June 30, 2025 with the option of being extended on an annual basis, not to exceed three additional years. Extension of contracts is optional, and is determined on an annual basis. If either party elects not to extend on the anniversary date, they must notify the other party of its intention in writing 120 days prior to the anniversary date. If/when a contract is extended, the Lowcountry Council of Governments may elect to add an optional service which as stated in this RFP, is subject to negotiations and a written agreement between both parties.

#### 6.17 Unit Cost

Following the execution of a RFP, price changes may be negotiated to be effective on renewal date, if extended. Requested increases should be adjusted in accordance with changes in the Consumer Price Index for all Urban Consumers published by the Bureau of Labor Statistics of the Department of Labor, based on the 12-month period ending on July 1 of the preceding year. In the event of a major change in the quantity of units, the Lowcountry Council of Governments reserves the right to negotiate the price based on market conditions. The contract will automatically renew at the existing price unless the Offeror notifies the Lowcountry Council of Governments in writing by January 1st of proposed price negotiation. Negotiation request must be supported by justification of the need to modify the unit cost to include supporting documentation.

#### 6.18 Prohibition of Gratuities

It shall be unethical for any person to offer, or give, or agree to give any LCOG employee or former LCOG employee, or for any LCOG employee or former LCOG employee to solicit, demand, accept, or agree to accept from another person, a

gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore. No Lowcountry Council of Governments Board member, or employee, will have any personal or beneficial interest whatsoever in the services offered by the firm itself, any parent or subsidiary firms awarded this project.

#### **6.19 Description of Type and Service**

Please see attached Scopes of Work for specifications for each type of service to be procured under this contract.

#### **6.20** Emergency Policy and Procedure

The Older Americans Act (OAA) assigns a very proactive emergency management coordination role for the Department on Aging and AAAs. AAA contracted providers are expected to work in tangent with the AAA to meet all emergency preparedness and continuity of services requirements, including but not limited to wellness checks, reporting requirements, etc.

There are two types of emergencies:

- 1) *Participant emergencies* are situations in which the participant may have suffered a personal concern, i.e. Health event, injury, etc.
- 2) *Programming Emergencies* are situations in which regular services cannot be offered due to circumstances. The most common circumstances that cause impediment of services to all participants are weather and program site/structure safety related events

Client Safety is the number one priority during an emergency situation. Lowcountry Council of Governments follows local county Emergency Management Divisions advisement for closure, delay and cancellations of school and businesses attendance and activity, due to weather. Thereby all contracted services shall abide by the same recommendations.

**6.21 RFP Service Data** – Historical data collected by the AAA for each respective service is included within each RFP as appropriate/available. Additional information may be available upon request.

**6.23 Matching Requirements** – Funding under this RFP has the potential to require a 10% match as mandated by ACL. The possibility of requiring such a match will be reviewed on an annual basis.

# Section VII Meal Caterer Scope of Work

Meal Caterer Services purchased under this Proposal shall comply with these requirements and all applicable the Lowcountry Area Agency on Aging Policies and Procedures and state and federal regulations.

#### **Purpose:**

The purpose of the Older Americans Act (OAA) Nutrition Program is to:

- Reduce hunger and food insecurity among older individuals;
- Promote socialization of older individuals;
- Promote the health and well-being of older individuals; and
- Delay adverse health conditions for older individuals.

The purpose is fulfilled by providing access to healthy meals, and by promoting good health behaviors through nutrition education and nutrition counseling.

#### **Service Requirements:**

The Contractor shall have the capacity to:

- 1. Deliver prepared and/ or purchased meals that are satisfying to service recipients that meet nutrition and food safety requirements.
- 2. Provide service management records, including daily documentation of services delivered;
- 3. Maintain established and regularly updated meal delivery routes to ensure that meals are delivered within time frames required to preserve food safety and palatability.
- 4. Provide Menu review of approved Menus made by a Registered Dietician and/ or a Nutritionist.
- 5. Provide annual Portion Control training to AAA Nutrition Program Providers.
- 6. Provide Nutrition Education resources to Local Providers if request by AAA and/ or Local Nutrition program Providers.
- 7. Work with the AAA to implement a more advanced and an effective participant satisfaction monitoring practice; However, the Contractor shall not authorize any participant satisfaction measuring methods using the staff and/or participants without prior written approval of the LCOG AAA. This documentation must be kept on file and provided to the AAA upon request.
- 8. Utilize the necessary technology requirements outlined in the Standard Contract Terms and Conditions, or as requested by LCOG AAA. Support and Training will be provided by the LCOG AAA. This data shall be made available to the Lowcountry Council of Governments upon request.
- 9. Provide throughout the duration of this contract, all appropriate warming equipment products, for the Congregate meals and packaging equipment for Home Delivered meals that promote food safety in re-thermalizing, re-heating and conversion bulk to individual.

#### **Contract Standards:**

The contractor shall maintain information that documents compliance with all standards for the Meal Catering Services.

#### **Service Documentation:**

The contractor shall comply with the following documentation requirements:

- 1. Kitchen facilities and appropriate staff shall maintain regulatory credentials
  - DHEC
  - USDA
  - ServSafe

- 2. Record the following service documentation daily:
  - (a) number of meals ordered
  - (b) number of meals delivered to each Service Provider site;
  - (c) hot and cold food temperatures, recorded according to regulatory standards;
  - (d)action on any shortages or temperature discrepancies; and
  - (e) comments on recipient satisfaction with the meal.
- 3. Keep on file incident/accident reports and substantive complaints with follow-up.
- 4. Keep on file, documentation of the nutrition education and/ or counseling information distributed upon request of the Local Service Provider.
- 5. Keep on file, documentation of the AAA Service Provider staff annual training materials.

#### **Unit of Service**

A unit of service is one meal. All necessary and allowable costs associated with delivery of the service contracted are to be included in the unit cost.

\*NOTE: General administrative activities related to this service such as record keeping, travel and training time, time spent coordinating with other agencies, etc. are not counted as units of service but are elements of total unit cost proposed.

#### **Key Terms Used:**

Contractor: agency from whom the AAA purchases meals for delivery to local Service Providers.

<u>Meal service</u>: The type of meals to be served (hot, frozen, shelf stable, deli, picnic, emergency), number of meals and delivery schedule, and the available support system.

Nutrition Education: Resources that have been reviewed and approved by a Nutritionist or a Registered Dietician.

Nutrition Program Manager: Local Service Provider staff responsible for managing the Nutrition Program.

#### **HUMAN RESOURCES STANDARDS**

- **STANDARD 1.1:** The contractor assures that all meals shall be Managed/Supervised and delivered by personnel with the appropriate qualifications.
- **STANDARD 1.2:** The contractor shall provide a designated supervisor in-office or on-call consultation during any hours that personnel are engaged in service delivery activities. Each kitchen facility has designated AAA point of contact present during all hours of program operation.
- **STANDARD 1.3**: The contractor assures that all personnel involved in the provision of meal services shall receive initial and ongoing training that includes administrative procedures, portion control, safe food handling, and driver's safety.

#### **FACILITY STANDARDS**

- **STANDARD 2.1**: The contractor assures that all food service operations follow applicable regulatory procedures and requirements.
- **STANDARD 2.2**: The contractor assures that the facilities and vehicles used for the meal service program are in compliance with applicable regulatory requirements, local occupancy and fire safety requirements.

- **STANDARD 2.3**: For any facility not owned by the contractor there are written facility agreements/contracts governing the use and specifying the responsibilities of each party, on record at the AAA.
- **STANDARD 2.4:** The contractor ensures that meal services are available for five or more days per week or as specified by the AAA in the RFP.

#### SERVICE RECIPIENT STANDARDS

**STANDARD 3.1:** Service Provider requests for change in service shall be addressed within two weeks of the request.

#### SERVICE DELIVERY STANDARDS

Services include the preparation and delivery of meals and the provision of Nutrition Education materials and/or resources.

- STANDARD 4.1 The Meal Caterer shall provide all vehicles, food-handling and transportation equipment, service ware, serving and eating utensils, cutlery, napkins, hot and cold cups, and other accessories required to serve a complete meal.
- STANDARD 4.2 The Contractor ensures that meals comply with the Dietary Reference Intakes and Dietary Guidelines in Older Americans Act Nutrition Program: An Issue Panel Report, with guidance from the Dietary Guidelines for Americans (DGA) 2015 and provide a minimum of one-third of the current Recommended Dietary Allowances (RDAs) and Adequate Intakes (AIs) as part of the Dietary Reference Intakes (DRIs) established by the Institute of Medicine. If a program serves an individual more than one meal per day, together the two meals will provide a minimum of 66 2/3 percent of the RDA/AI and together three meals will provide 100 percent of the RDA/AI
- **STANDARD 4.3:** The contractor assures that all applicable safety procedures for serving meals are consistently followed including:
  - a) Use proper hand washing procedures and put on gloves immediately before handling food items.
  - b) Record the temperature of hot and cold food items.
  - c) Clean and sanitize all carriers and assure they maintain a tight seal.
  - d) Holding practices must follow ServSafe practice and procedures and must be well documented. After removal from electric or gas powered temperature control, foods shall be held at proper temperatures for no more than four hours before serving.
  - e) Develop delivery routes that require no more than four hours from the time the meals leave the Meal kitchen until the last meal is delivered.
- **STANDARD 4.4** When a supply of frozen or shelf stable meals are delivered, a printed menu is provided to assist the service recipient in choosing the appropriate items and/or supplements to meet nutrition requirements.
- **STANDARD 4.5** Frozen or shelf stable meals are only delivered to the service recipient if storage, cooling and heating equipment are available.
- **STANDARD 4.6** The contractor has appropriate and adequate procedures to handle emergency service situations in which regular services cannot be offered due to circumstances.

**STANDARD 4.7** The Caterer must have an adequate and AAA approved plan of service for all meal types during declared emergencies, issued by the National Weather Service, the Governor, or any emergency announced on the Emergency Broadcast Network.

#### **ADMINISTRATIVE STANDARDS**

- **STANDARD 5.1** The contractor maintains an information management system in the event of AAA request for information.
- **STANDARD 5.4:** The contractor is responsible for ensuring any and all staff and/or volunteers are properly trained and follow applicable regulatory procedures and requirements. Position requirements and descriptions and certifications shall be kept on record and shall be provided to the AAA if requested.
- **STANDARD 5.5:** The contractor covers necessary expenses incurred by staff in the performance of their duties, according to procedures established in contractor policy.

# Scope of Work General Information

The Offeror shall comply with the Proposal requirements, information to submit and proposal instructions per respective program. The service for which the AAA is soliciting for bid proposal is a Meal Caterer for the AAA local providers, to include:

- ➤ Hot, deli, picnic
- > Frozen Meal
- > Shelf Stable Meals
- > Pureed
- > Theuraputic
- > Emergency

#### **General Service Requirements**

- 1. The contractor shall accurately input required client data into the AIM system, or any other required DOA client data collection/sharing systems, in a timely manner and as mandated by the terms, conditions, policies, procedures and specifications of the indicated aging program. The AAA will not reimburse for any units deemed not earned.
- 2. The AAA requires all contractors to input client data into the AIM data collection system for the site that is providing the individual client with the service (if applicable). Service units earned must be reported by the entity providing the service.
- 3. The contractor shall use the State approved database system, even if there is an equipment or user fee to use such approved system (if applicable). The contractor is responsible for any fees associated with such databases.
- 4. The contractor shall maintain and make available to those monitoring service delivery any information that documents compliance with the South Carolina's Aging Network's Policies and Procedures Manual and AAA contracts.
- 5. The Offeror shall maintain all support documentation necessary to support requests for reimbursement made by the successful offeror for the service awarded. The Offeror will be monitored for Program Compliance by the AAA and/or SUA.
- 6. The contractor shall maintain and provide documentation of services delivered daily. All participants of service must be assessed annually by the AAA.
- 7. Preference for service shall be given to those seniors determined through the Older Americans Act to be at high nutrition risk, low-income, low-income minority, with limited English proficiency, and those living in rural areas. The AAA determines eligibility and notifies the contractor of client selection by referral in order of priority.
- 8. The contractor must maintain a system for the collection and protection of contributions donated by participants each day. Voluntary contributions amounts collected each day must be tracked, deposited, and reported in AIM. Supporting documentation must be maintained and made available when requested by the AAA or SUA. These contributions must be recorded and reported for expansion of service(s).
- 9. The contractor shall meet all reporting requirements of the AAA by the deadlines outlined for services.
- 10. The contractor shall maintain written procedures for termination of services as approved by the AAA.
- 11. The contractor shall maintain and make available Incident Reports, complaints, and follow-up for such instances.
- 12. Must be able to provide assurances of data collection computer capacity prior to any Contract Award. Offeror certifies that, at a minimum, offeror possesses or will obtain the following technology: Internet service provider (ISP), preferably high speed with 10Mb transfer capability; On-site or available technical support; Ability to communicate with the AAA via email; Microsoft Word® for word processing tasks, current and/or compatible with AAA; Microsoft Excel® for spreadsheet tasks, current and/or compatible with AAA; Backup system, Zip drive, etc., performed at least once per month; Uninterruptible power supply (UPS) on database server; Fax capability; PDF Reader; SCAN capabilities; Document Sharing capabilities.

(Note: Some requirements may not apply depending on the serice. This list is not all inclusive and is meant to be general in nature. Standard Contract Terms and Conditions specifying individual contracted service requirements will be attached to all contracts upon award.)

#### Section VIII Evaluation Process and Notification

Award(s) will be made to responsive and responsible Offeror(s) whose proposal(s) provide the best value and are determined to be most advantageous to the AAA. Each responsive proposal will be evaluated to ensure it meets the requirements and criteria specified in the Solicitation.

The Lowcountry Aging Advisory Committee hosts an RFP panel subcommittee. This team is comprised of individuals with applicable experience and knowledge of the requirements of the Solicitation to conduct a fair and unbiased evaluation of all proposals submitted by qualified Offerors in response to this Solicitation. The evaluation team reserves the right to reject any and all proposals. The evaluation team will make recommendations for awards. The awarding of contract(s) can be made only after final approval is obtained from the AAA's decision-making authority.

#### Proposal will be initially evaluated based on the following (listed in order of importance).

- 1. The proposal must be complete, in the required format, and be in compliance with all the requirements of this RFP.
- 2. Offeror's understanding of the project and approach to provision of the services, as reflected by the response to the proposal package.
- **3.** Offeror's experience, including references, financial stability, and description of his ability to perform the required service.

| Dogwinoment/Evaluation Factor                              | Percentage of Score | Primary<br>Reference(s)/Comments |
|--|---------------------|----------------------------------|
| Requirement/Evaluation Factor Completed, Signed Cover Page | 0)                  | Required; Form Provided          |
| 1 0  |                     | *                                |
| Completed, Proposal Package Required Content Checklist     | 0                   | Required; Form Provided          |
| Proposed Services and Cost Summary                         | 0                   | Required; Form Provided          |
| Location of Facilities/Sites                               | 0                   | Required; Form Provided          |
| Certification of Agreement to General Terms and Conditions | 0                   | Required; Form Provided          |
| Unit Cost Analysis and Budget Narrative                    | 0                   | Required; Form Provided          |
| Minimum Bid Specifications Checklist                       | 0                   | Required:Form Provided           |
| Minimum Bid Specifications Attachements A-E                | 0                   | Required:Forms Provided          |
| Offeror Certification – Non-Collusion                      | 0                   | Required; Form Provided          |
| Offeror Certification – Debarment                          | 0                   | Required; Form Provided          |
| Disclosure of Prior Non-Responsibility Determinations      | 0                   | Required; Form Provided          |
| Copy of Business License (If applicable)                   | 0                   | Required; Form Provided          |
| Documentation of Insurance – Liability                     | 0                   | Required; Offer Provided         |
| Documentation of Insurance –Workers Compensation           | 0                   | Required; Offer Provided         |
| Executive Summary  | 25                  | Offeror's Response               |
| Organizational Capacity                                    | 35                  | Offeror's Response               |
| Financial Management and Strength                          | 25                  | Offeror's Response               |
| Quality Management/Improvement                             | 15                  | Offeror's Response               |
|  |                     |                                  |
| Total Percentage   | 100                 |                                  |

The Lowcountry Council of Governments Representative may elect to make an award without conducting negotiations. However, after the offers have been ranked, the Lowcountry Council of Governments Representative may elect to negotiate price or the general scope of work with the highest ranked Offeror. If a satisfactory agreement cannot be reached, negotiations may be conducted with the second, and then the third, and so on, ranked Offerors to such level of ranking as determined by the Lowcountry Council of Governments' Representative.

#### **Taste Testing**

**Tasting Panel:** Lowcountry Council of Governments will conduct a tasting panel on **April 3, 2024**. Bidders will be required to deliver no more than (9) meals for evaluation. The meals must reflect a standard meal that will be served to a client according to the Meal Type bid offered and must be prepared and packaged according to specifications outlined in the Bid Specs. The basis of the group discussion will be the appearance, aroma, taste (flavor), and texture of the presented meal.

#### **Notification Procedure and Process**

Each respective offeror will be notified of the acceptance or denial of the proposal submitted. The Award notification will be sent by email and certified postal mail. The denial of proposal will be mailed by certified mail only. The entire notification process will be completed by May 3, 2024.

The term of any Contract(s) resulting from this RFP shall be for the period beginning July 1, 2024, and continuing through June 30, 2025 with three (3) options to extend.

# <u>Section X Required Attachments - Forms</u> ATTACHMENTS A-J Minimum Meal Bid Specifications Required Attachments

<u>All forms</u> contained in Section X must be completed and returned with the offer regardless of the number of services being proposed. These forms apply to your organization as a whole. Note, some forms may be required to be completed for each service being proposed. Information on submitting these forms within your proposal can be found within Section V Information to Submit Proposals. As noted below Attachment F is a checklist of required proposal content.

Below is an outline of all forms provided within this section.

- ATTACHMENT A-J See attachments accompanying SCDOA Minimum Meal Specifications
- ATTACHMENT K Proposal Package Cover Letter
- ATTACHMENT L Required Proposal Content Checklist
- ATTACHMENT M Proposed Services List
- ATTACHMENT N Unit Cost Analysis and Budget Narrative
- ATTACHMENT O General Terms and Conditions Signature Page
- ATTACHMENT P Offeror Certification Non-Collusion
- ATTACHMENT O Offeror Certification Debarment
- ATTACHMENT R Disclosure of Prior Non-Responsibility Determinations

# ATTACHMENT K: PROPOSAL PACKAGE COVER LETTER

| HOME OFFICE ADDRESS:   | NOTICE ADDRESS:  |
|--|--|
| Company  | Company  |
| Contact  | Contact  |
| Mailing Address  | Mailing Address  |
| Phone  | Phone  |
| E-mail address   | E-mail address   |
| PAYMENT ADDRESS:   | OFFEROR'S TYPE OF ENTITY: (CHECK ONE)  |
| Company  | Sole Proprietorship  |
|  | Corporate Entity (not-tax exempt)  |
| Contact  | Partnership  |
| Mailing Address  | Corporation (tax-exempt)   |
| Phone  | Government entity (Federal, State, local)  |
|  | 501(c)3  |
| E-mail address   | 301(c)3  |
| plans and budget necessary to conduct the proposed provisunder Title III of the Older Americans Act, as amended, Aging described herein. I acknowledge that I have read entity is prepared to implement the proposed services as deproposal and any contractual agreement emanating there of | ned in this proposal fairly represents this entity and its operating sion of In-Home and/or Community Based Services for the Elderly and South Carolina State-Funded Programs of the State Unit on and understand the requirements of the Solicitation and that this described herein. I further certify that I am authorized to sign this on behalf of the entity submitting the proposal. This PROPOSAL (120) calendar days from the closing date. Closing date for this |
| Signature of Signatory Official (in <b>BLUE</b> ink)   | Date   |
| Typed Name of Signatory Official   | Typed Job Title of Signatory Official  |
|  |  |

# **Proposal Specifications Required Information Checklist**

Proposers shall thoroughly examine all aspects of this Invitation to Propose. All of the supplemental materials identified and requested must be submitted and made a part of the Proposal. Additional supporting documentation that is requested within <u>Section V Information to Submit</u> is the responsibility of the Offeror to include as appropriate.

This form should be turned in with your proposal package. The form should be located behind your proposal package letter.

| I.   | Table of Contents  |
|------|--|
| II.  | Executive Summary  ☐ Proposal Package Cover Letter (Attachment K) ☐ Required Proposal Content Checklist (Attachment L) ☐ Proposed Services List (Attachment M) ☐ References (3)  |
| III. | Organization Capacity  ☐ Resumes of Key Personnel ☐ Minimum Bid Specifications Required Information ○ Dept. on Aging Minimum Bid Specifications Required Information Checklist-p. 28 ○ Minimum Bid Specifications Required Attachments A-J   |
| IV.  | Financial Management  Unit Cost Analysis and Budget Narrative (Attachment N)  Documentation of Financial Strength – Audit/Financial Statement  Written procedures for Grant Related Income (donations)   |
| V.   | Quality Management   |
| VI.  | Certifications and Assurances – Required Attachments  ☐ General Terms and conditions Signature Page (Attachment O)  ☐ Offeror Certification – Non-Collusion (Attachment P)  ☐ Offeror Certification – Debarment (Attachment Q)  ☐ Disclosure of Prior Non-Responsibility Determinations (Attachment R) |
| VII. | SCDOA Minimum Meal Specifications (Attachments A-J)  |

# ATTACHMENT M: PROPOSED SERVICES LIST

Identify the service(s) and the applicable counties that you are offering to provide by placing "YES" in the appropriate cell(s).

|   | Beaufort | Colleton | Hampton | Jasper |
|---|----------|----------|---------|--------|
| Service                                   | County   | County   | County  | County |
| REGULAR DAILY PREPARED                    |          |          |         |        |
| REGULAR BREAKFAST                         |          |          |         |        |
|   |          |          |         |        |
| THERAPEUTIC DAILY PREPARED                |          |          |         |        |
| SHELF-STABLE                              |          |          |         |        |
|   |          |          |         |        |
| DELI                                      |          |          |         |        |
| REGULAR &/or Therapeutic FROZEN           |          |          |         |        |
| *Specify fresh supplemental foods Y or N  |          |          |         |        |
| REGULAR &/or Therapeutic FROZEN           |          |          |         |        |
| * Specify fresh supplemental foods Y or N |          |          |         |        |
| REGULAR FROZEN BREAKFAST                  |          |          |         |        |
| *Specify fresh supplemental foods Y or N  |          |          |         |        |
|   |          |          |         |        |
| EMERGENCY                                 |          |          |         |        |

# ATTACHMENT N: UNIT COST ANALYSIS AND BUDGET NARRATIVE

| Offeror:    |   | Geographic Service Area: |  |  |
|-------------|---|--------------------------|--|--|
|             |   | Service Type:            |  |  |
| Narrative j | Offerors who are submitting proposals for more than one meal type must complete a Unit Cost Analysis and Budget Narrative for each individual service being proposed. Proposals for multiple services and unit costs associated with those services are considered standalone and should not be dependent on one another unless otherwise noted within the RFP. |                          |  |  |
| Item #      | SERVICE Delivery Costs:   | Budget                   |  |  |
| 1           | Personnel Salaries  | 0.00                     |  |  |
| 2           | Fringe Benefits   | 0.00                     |  |  |
| 3           | Travel (for service delivery)   | 0.00                     |  |  |
| 4           | Training (include training related staff travel)  | 0.00                     |  |  |
| 5           | Facility/Building cost  | 0.00                     |  |  |
| 6           | Utilities   | 0.00                     |  |  |
| 7           | Equipment Insurance   | 0.00<br>0.00             |  |  |
| 9           | Supplies  | 0.00                     |  |  |
| 10          | Food/Meal Cost (Nutrition Svcs only)  | 0.00                     |  |  |
| 11          | Other: (specify)  | 0.00                     |  |  |
| 12          | Other: (specify)  | 0.00                     |  |  |
| 13          | Other: (specify)  | 0.00                     |  |  |
| 14          | Other: (specify)  | 0.00                     |  |  |
| 15          | Other: (specify)  | 0.00                     |  |  |
| 16          | Other: (specify)  | 0.00                     |  |  |
|             | Caron (openity)   | \$                       |  |  |
| 17          | Subtotal - Service Provision Costs  | · ·                      |  |  |
|             | Management (Indirect/Overhead) Costs  |                          |  |  |
| 18          | Personnel Salaries  | 0.00                     |  |  |
| 19          | Fringe Benefits   | 0.00                     |  |  |
| 20          | Other: (specify)  | 0.00                     |  |  |
| 21          | Other: (specify)  | 0.00                     |  |  |
| 22          | Other: (specify)  | 0.00                     |  |  |
| 23          | Subtotal - Mgmt. (Indirect/Overhead) Costs  | 0.00                     |  |  |
|             | ,   |                          |  |  |
| 33          | TOTAL OPERATING BUDGET  | 0.00                     |  |  |
| 34          |   |                          |  |  |
| 35          | Projected Total # of Units  | 0                        |  |  |
| 36          | Actual Unit Cost  | #DIV/0!                  |  |  |
|             | Other Funding Sources   |                          |  |  |
| 37          | Source: (specify)   | 0.00                     |  |  |
| 38          | Source: (specify)   | 0.00                     |  |  |
| 39          | Subtotal  | 0.00                     |  |  |
|             | Net Unit Cost (Offer)   | #DIV/01                  |  |  |

#### **BUDGET NARRATIVE**

In the budget narrative, you will provide a justification for all budget line items included in your proposed budget. The budget narrative provides supporting information for proposed unit costs and will be reviewed to ensure such unit cost is reasonable, necessary, prudent and includes only allowable costs as it relates to these funds. A budget and narrative justification should be completed for each service you are submitting a proposal for.

[Note: line items not specific to this service should be inputted based on a percentage of the total expenses for your organization and not all inclusive. This contract is not meant to be a sole funding source.]

#### I. SERVICE DELIVERY COSTS

#### A. Personnel

- List all staff positions by title and briefly describe their scope of responsibility for the service.
- Give annual salary, percentage of time assigned to the project, and total cost for the budget period.

[Note: This category includes only direct costs for the salaries of those individuals who will perform work directly for the project.]

#### **B.** Fringe Benefits

Identify the types of benefits included in fringe.

[Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to payroll taxes, employee insurance, workers compensation, and pension.]

#### C. Travel (for service delivery)

- List all travel anticipated necessary for employees to perform the service during the budget/contract period. Be specific about who will travel, where, and why.
- Travel may be integral to the purpose of the proposed project or related to the proposed project activities (e.g., attendance at meetings).

[<u>Do not</u> include costs for travel for consultants, contractors or other partner organizations – these costs should be placed in the "contractual" line item.]

## D. Training (include training related staff travel)

- Identify all trainings and the purpose of the training that will be conducting for the proposed project (e.g., staff trainings, community member training, etc.) and list each individual training, if known.
- Specify the fees associated with each training (e.g., conference or registration fees).

[<u>Do not</u> include trainer or consultant/contractor fees. These costs should be placed in the "contractual" line item.]

#### E. Facility/Building Costs

Describe the facility costs (rent/leave, maintenance, etc.) as associated with delivery of service.

[Note, this line item is specific to facilities/buildings of which the service is being operated out of and does not include administrative buildings. If you receive more than one funding source for the same type of service operating within this building, this expense should be only a percentage of your total expense.]

#### F. Utilities

Describe the utility costs as associated with delivery of service.

[Note, if you receive more than one funding source for the same type of service, this expense should be only a percentage of your total expense.]

#### G. Equipment

- Identify all equipment items to be purchased for the proposed service delivery and place in an itemized list.
- Also include accessories necessary to make the equipment operational.

[<u>Do not</u> include equipment service or maintenance costs or contracts. These costs should be placed in the "other direct costs" line item.]

#### H. Insurance

- Describe all expenses included in this line item that are related to insurance costs required to operate the program (i.e. liability accident insurance for both facilities and vehicles, if applicable).
- List types of insurance and estimated costs for the program term.

# I. Supplies

- All tangible personal property other than "equipment".
- The budget detail should identify categories of supplies to be procured dependent on the service type (i.e., office supplies, gas, oil, etc.).

[NOTE: Non-tangible goods and services associated with supplies, such as printing services, photocopy services, and rental costs should not be placed in the "supplies" line item – place the non-tangible goods and services costs in the "other direct costs" line item.]

#### J. Food/Nutrition Costs (caterer services only)

Include a description of raw food costs as associated with the service, if known.

#### K. Other

- This category should include only those types of direct costs that do not fit in any other budget categories.
- Examples of costs that may be in this category are: insurance, rental/lease of equipment or supplies, equipment service or maintenance contracts, printing or photocopying, vehicle maintenance or repair, or other direct contracts.

#### II. MANAGEMENT COSTS (INDIRECT/OVERHEAD)

[Indirect costs are those incurred by the grantee for a common or joint purpose that benefit more than one cost objective or project, and are not readily assignable to specific cost objectives or projects as a direct cost. Examples of IDC are: administrative personnel, services, facility costs (e.g. rent, utilities, telephone), equipment and activities associated with agency administration]

#### A. Personnel

- List all staff positions by title.
- Give annual salary, percentage of time assigned to the project, and total cost for the budget period.

[This category includes only indirect costs for the salaries of those individuals who will perform work directly for the project.]

#### **B.** Fringe Benefits

Identify the types of benefits included in fringe for indirect staff.

[Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to payroll taxes, employee insurance, workers compensation, and pension.]

#### C. Other

This category should include only those types of indirect costs that do not fit in any other budget categories.

#### III. OTHER FUNDING SOURCES

#### A. Source

The funding provided for services awarded through this RFP represents a subsidy for services. Describe the additional resources that will be used to expand the programs offered. How much will the additional resources lower the unit cost and/or increase the number of proposed units for this Offer? If you receive additional funding from other funding sources that will be used to expand services proposed, please list the amounts.

[Note: This section may not apply to you.]

#### ATTACHMENT O: GENERAL TERMS AND CONDITIONS SIGNATURE PAGE

In order to be considered for an award of a contract for any of the services being procured through this Solicitation, your concurrence, agreement and signed acceptance of the GENERAL TERMS AND CONDITIONS (found in Section IX) is a general requirement. These requirements will become part of any contract(s) resulting from this Solicitation. The AAA is aware that, in rare circumstances, an exception may apply. If you take exception or are unable to comply with a particular standard, you must identify the standard and provide an explanation. The AAA will consider your comments; however, it should be noted that allowable waivers are rare.

By signing this Statement Offeror attests to the fact that offeror will meet all of the assurances described in this RFP <u>Purchase of Older Americans Act Services FY 2024</u> and must meet the minimum qualifications for services as defined in the specific service standards found in the applicable Scope of Work. Unless stated otherwise, all terms and conditions are applicable to an "offeror" and/or a "contractor." The term "offeror" is used when the term or condition is not reasonably applicable until after an offeror receives an award of a contract.

| Please check (✓) one:                                |                  |                                       |
|--|------------------|---------------------------------------|
| ■ No Exceptions Noted                                |                  | Exceptions Noted Below                |
| COMPANY:   |                  |                                       |
| MAILING ADDRESS:                                     |                  |                                       |
| CITY:  | STATE:           | ZIPCODE: PHONE:                       |
|  |                  |                                       |
| Signature of Signatory Official (in <b>blue</b> ink) |                  | Date                                  |
| Typed Name of Signatory Official                     |                  | Typed Job Title of Signatory Official |
| Organization/Company Name                            |                  | RFP Title                             |
| Exceptions (include clause reference, title a        | nd explanation): |                                       |
|  |                  |                                       |
|  |                  |                                       |
|  |                  |                                       |
|  |                  |                                       |
|  |                  |                                       |

## ATTACHMENT P: OFFEROR CERTIFICATIONS - NON-COLLUSION

| As an a | authorized representative of  | feror organization's name}   |  |  |  |  |
|---------|---|--|--|--|--|--|
| hereaft | ter referred to as "we" or "our," my signature below  |  |  |  |  |  |
| 1.      | . That we have submitted the enclosed offer and that we are fully informed regarding the preparation and contents of the offer and of the requirements for providing the services being procured through this RFP;  |  |  |  |  |  |
| 2.      | 2. That none of our officers, partners, owners, agents, representatives, employees or parties in interest, including the undersigned, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other offeror, firm or person to submit a collusive or sham offer or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage in connection with any contract that may be awarded to any offeror responding to this solicitation; |  |  |  |  |  |
| 3.      | 3. That none of our officers, partners, owners, agents, representatives, employees or parties in interest, including the undersigned, has sought through any collusion, conspiracy, connivance or unlawful agreement to have any other party refrain from making an offer of their choosing or to limit any such offer to specific geographic locations or scope of services;   |  |  |  |  |  |
| 4.      | That the offer submitted herewith is not tainted by agreement on the part of any of our officers, partner in interest, including the undersigned.   | a collusion, conspiracy, connivance or unlawful ers, owners, agents, representatives, employees or parties |  |  |  |  |
|         |   |  |  |  |  |  |
| Signa   | ture of Signatory Official (in <b>BLUE</b> ink)   | Date   |  |  |  |  |
| Турес   | d Name of Signatory Official  | Typed Job Title of Signatory Official  |  |  |  |  |
| Organ   | ization/Company Name  | RFP Title  |  |  |  |  |

In order to be considered for an award of a contract for any of the services being procured through this RFP, your concurrence, agreement and signed acceptance of the following NON-COLLUSION certification is required.

## ATTACHMENT Q: OFFEROR CERTIFICATIONS - DEBARMENT

In order to be considered for award of a contract for any service being procured through this Solicitation, you must not be presently DEBARRED or EXCLUDED from provision of these services by any Federal Agency.

## CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTION

Note: Any contractor receiving an award made pursuant to this solicitation is considered a "lower tier participant."

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List (Telephone 202/245-0729).
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

|   | by submission of this proposal, that neither it nor its principals are presently gible, or voluntarily excluded from participation in this transaction by any Federal |
|---|---|
| (2) Where the prospective contractor (lower tier participant) is u<br>participant shall attach an explanation to this proposal. | inable to certify to any of the statements in this certification, such prospective  |
| Signature of Signatory Official (in <b>blue</b> ink)  | Date  |
| Organization/Company Name   | RFP Title   |

## ATTACHMENT R: DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS

Please disclose finding of non- responsibility made in the history of your Firm. This document must accompany each Bid Form, Letter of Interest or Proposal submitted by all Offerors.

| ivaine (     | Name of Individual/ Entity seeking to enter into the Procurement Contract:  |  |  |  |  |  |
|--------------|---|--|--|--|--|--|
| Official     | Official Address:   |  |  |  |  |  |
| Name a       | Name and Title of Person submitted this form:   |  |  |  |  |  |
| 1.           | <ol> <li>Has any Governmental Entity made a finding of non-responsibility regarding to enter into the Procurement Contract? (Please circle) No Yes         If yes, please answer the following questions.     </li> </ol> | ng the individual or entity seeking  |  |  |  |  |
| 2.           | <ol> <li>Was the basis for the finding of non-responsibility due to the intentional proinformation to a Government entity? (Please circle) No Yes         Basis of finding of non- responsibility     </li> </ol>         | •  |  |  |  |  |
| 3.           | 3. Was the basis for the finding of non-responsibility due to a violation of a st If Yes, please provide details below and attach additional pages as necessa   | ne finding of non-responsibility due to a violation of a state finance law? vide details below and attach additional pages as necessary. |  |  |  |  |
|              | Governmental Entity: Date of Termination/Withholding  | of Contract:   |  |  |  |  |
| 4.           | 4. If you answered Yes to any of the above questions, please provide details regardle responsibility below and attach additional pages as necessary.  | arding the finding of non-   |  |  |  |  |
|              | Governmental Entity: Date of finding of non- res  | sponsibility:  |  |  |  |  |
|              | Basis of finding of non- responsibility:  |  |  |  |  |  |
| 5.           | 5. Has any governmental entity or other Governmental agency terminated or with the above-named individual or entity due to the intentional provision of (Please circle) No Yes  |  |  |  |  |  |
| 6.           | 6. If Yes, please provide details below and attach additional pages as necessar   | y.   |  |  |  |  |
|              | Governmental Entity: Date of Termination/Withholdin   | g of Contract:   |  |  |  |  |
|              | Basis of Termination or Withholding:  |  |  |  |  |  |
|              | Offeror certifies that all information provided to the Lowcountry Area Agency on Agir correct.  | ng is complete, true and   |  |  |  |  |
| <br>Signatur | Signature of Signatory Official Date  |  |  |  |  |  |
| Typed N      | Typed Name of Signatory Official RFP Title  |  |  |  |  |  |

## APPENDIX A – RFP SERVICE DATA

## COMPARISON OF UNITS OF SERVICE BY COUNTY

|                             | FY 23/24 | FY 22/23 | FY 21/22 | FY 20/21 |
|-----------------------------|----------|----------|----------|----------|
| <b>Beaufort County</b>      | Units    | Units    | Units    | Units    |
| Group Dining Transportation | 39,873   | 66,868   | 22,481   | 0        |
| Congregate Meals            | 15,379   | 11,504   | 1,530    | 0        |
| Home Delivered Meals        | 94,051   | 43,879   | 60,705   | 61,943   |
|                             | FY 23/24 | FY 22/23 | FY 21/22 | FY 20/21 |
| <b>Colleton County</b>      | Units    | Units    | Units    | Units    |
| Group Dining Transportation | 34,291   | 4,564    | 168      | 0        |
| Congregate Meals            | 5,148    | 0        | 0        | 0        |
| Home Delivered Meals        | 51,108   | 56,415   | 55,296   | 53,794   |
|                             | FY 23/24 | FY 22/23 | FY 21/22 | FY 20/21 |
| Hampton County              | Units    | Units    | Units    | Units    |
| Group Dining Transportation | 31,862   | 31,892   | 21,784   | 5,524    |
| Congregate Meals            | 9,681    | 13,936   | 11,608   | 2,251    |
| Home Delivered Meals        | 39,074   | 46,406   | 47,884   | 61,860   |
|                             | FY 23/24 | FY 22/23 | FY 21/22 | FY 20/21 |
| Jasper County               | Units    | Units    | Units    | Units    |
| Group Dining Transportation | 34,226   | 20,433   | 16,084   | 1,447    |
| Congregate Meals            | 8,340    | 9,138    | 9,017    | 1,505    |
| Home Delivered Meals        | 33,493   | 34,776   | 38,775   | 46,648   |

Note: Units listed for FY 23/24 reflect the number of units that have been contracted for this current Fiscal Year. All other data reflects the total number of units served for that Fiscal Year.

## APPENDIX B – NON-OFFERORS RESPONSE

| BUSINESS NAME:   |
|--|
| For the purpose of facilitating your firm's response to our Request for Proposals, the Lowcountry Area Agency on Aging is interested in ascertaining reasons for prospective Offerors' failure to respond to Requests for Proposals.   |
| If your firm is not responding to this proposal, please indicate the reason(s) by checking any appropriate item(s) below and returning to the Lowcountry Area Agency on Aging, Attention Letisha N. Scotland at <a href="mailto:lscotland@lowcountrycog.org">lscotland@lowcountrycog.org</a> .   |
| We are <b>not</b> responding to this RFP for the following reason(s):  |
| <ul> <li>We do not offer this product or service.</li> <li>We are unable to meet specifications.</li> <li>Specifications not clearly understood or applicable (too vague, too rigid, etc.).</li> <li>Insufficient time allowed for preparation of proposal.</li> <li>Incorrect address used or our branch/division does not handle this type of proposal.</li> </ul> |
| Correct name and mailing address is:   |
| Other reason(s):   |
|  |
|  |
| Signature of Signatory Official Date   |
| Typed Name of Signatory Official  Title of Signature of Signatory Official   |
| RFP Title  |



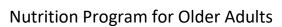
**Nutrition Program for Older Adults** 

**REVISED 3-4-21** 



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#### **OVERVIEW**

The primary purpose of this program is to fulfill the requirements of the Older Americans Act, as Amended in 2020, by providing nutritionally balanced meals to strategically located centers that provide meals and socialization to eligible individuals.

It is estimated that there shall be approximately 249 serving days during each contract period. The period covered is from July 1, 2024 through June 30, 2025.

The food shall be delivered to sites designated within the specifications of this document. Food shall be packaged and maintained at specified temperatures according to state and federal regulations and guidelines (South Carolina Department of Health and Environmental Control (SCDHEC) and the U.S. Department of Agriculture (USDA). Proposers shall provide all vehicles, food-handling and transportation equipment, service ware, serving and eating utensils, cutlery, napkins, hot and cold cups, and other accessories required to serve a complete meal.

#### **USEFUL RESOURCES**

**SCDOA Aging Services Policies and Procedures Manual** 

SCDHEC Retail Food Establishment- Regulation 61-25 (9/27/19)

**Dietary Guidelines for Americans 2020-2025** 

**USDA FoodData Central** 

## A. Types of Meals

Refer to [Attachment A – Requested Menu Types] for the meal types and cycle length requested for this proposal.

- **1. Regular Hot or Cold prepared meals:** may be delivered in bulk, daily to the sites by the proposer. These meals can be breakfast or main meals.
- 2. Cold Bag/Box (or unnecessary to heat): can be used as a daily meal, second meal of the day, a weekend meal, or for special circumstances. Individual components of the meals shall be individually portioned and wrapped as appropriate.
- **3. Frozen meals:** pre-plated frozen meals combined with fresh or frozen supplemental foods to meet nutrient requirements. Frozen meals should include, at a minimum, preparation instructions and should be marked with use by dates.
- 4. Shelf-stable meals: composed of individually portioned foods that have been processed in such a manner as to be free of microorganisms capable of growth in the products at non-refrigerated conditions during distribution and storage. The packaging must be easy to open, clearly labeled, and include preparation instructions when needed. A multi-pack shall include menus to instruct participants on how to combine the foods to meet requirements. The box (or individually packaged items) should be clearly marked with a "use by" or "best by" date. Low sodium products should be used to the maximum extent when building shelf-stable meals due to the high sodium content of these types of products. Due to the nature of shelf-stable products, food items may be lacking in quality vegetables and protein, as well as several key nutrients, and therefore, are not appropriate for ongoing use. Shelf-stable meals may be used as Emergency Meals.
- **5. Texture Modified meals:** may be hot or frozen and may be variations of the regular diet that are modified in food consistency, such as <u>pureed or ground (minced and moist)</u>. etc.
- **6. Diabetic:** a type of therapeutic meal that may be a variation of the regular diet and incorporates lean proteins, dietary fiber, healthy fats and a consistent carbohydrate content. If this meal type is included in the proposal, provide a narrative describing your diabetic friendly nutritional standards.
- Meal types are to meet with the most recent Dietary Guidelines for American (DGA's) and Dietary Reference Intakes (DRI'S).
  - See pages 10-12: Section E: South Carolina Nutrition Services Requirements
- On occasion, hot or cold meals may be served in a location other than the group dining meal site (such as for a special event or outing). The proposer shall agree to deliver the meals on the day of the event at the usual location or at another agreed upon location for the same price.
- Regular meals, Cold Bag/Box, Texture Modified and/or Diabetic meals, they shall be proposed at the same price.
- Shelf-stable meals may be proposed at a separate price.

- For frozen meals with fresh supplemental foods, prices are requested for the following categories as indicated on [Attachment A: Requested Menu Types]:
  - Regular only; Regular, Texture Modified and Diabetic at the same price;
    - If equipment is provided, then installation, leasing, and maintenance of equipment shall be included); and pricing proposed on the basis of ordering the frozen component by complete case

## o Site Location and Meal Type Schedule

Refer to [Attachment B – Meal Cost Schedule] and [Attachment C1 – Site Location and GROUP DINING Meal Type Schedule]/[Attachment C2 – Site Location and HOME-DELIVERED Meal Type Schedule] for the type and number of meals requested at each location. The Site Location and Meal Type Schedule will determine the service area for the proposal. Proposals shall be submitted on the delivered price per type of meal, with disposables and beverages as applicable, and if requested, with equipment. The proposal shall conform to all the descriptions herein. Meals provided under this proposal are not subject to South Carolina State sales tax. The successful proposers may be requested to provide the same meals and services at the same price to additional sites.

Holiday closings: Meal sites served under this contract shall be closed for approximately  $\underline{12}$  holidays during the contract year.

## o Required Information

[Required Information Checklist on Page 13]

- **1. Meal Cost Schedule [Attachment B]:** Provide the appropriate price per requested meal. The template provides the projected number and type of meal.
- 2. Meal Cost Analysis Worksheet [Attachment D1]/[Attachment D2]: Provide the percentage of the total cost of the meal for raw food, disposables, labor, delivery, equipment, and administration. If equipment is being provided, then installation, leasing, and the maintenance of such equipment shall be included. The price is based on the basis of ordering the frozen component by complete case lots.
- 3. Location(s) Food Production Facilities [Attachment E]: Provide information regarding vendor and food production facility location and delivery vehicle information (type and age). Attach additional sheets if needed. Include a copy of the most recent health department sanitation inspection (initial and follow-up reports); and/or USDA/FDA certification, if applicable shall be provided.
- **4. Food Safety Inspection Report-** Provide the most recent health department food inspection report; if the most recent report is for a follow-up inspection, include the initial inspection report.
- **5. USDA/FDA Certification for Frozen meal production facilities as needed**: Provide certification as appropriate. This requirement applies to out of state inspected food production facilities that are bringing meals **into** South Carolina (crossing state lines).

**6. Quality Assurance Procedures**: Provide a description of quality assurance procedures as related to food quality and safety. At a minimum, include the following information:

Refer to [Pages 8-9: SC Vehicle, Equipment, and Temperature Requirements]
[Pages 10-12: SC Nutrition Services Requirement]

- **A. Meal Order Accuracy:** Describe your process to ensure the correct amount of food is delivered each day.
- **B.** Food Quality: Describe your organizational food purchasing/sourcing standards.
- **C.** Hazard Analysis Critical Control Points: Include process flow chart for quality assurance and or the Hazard Analysis Critical Control Point (HACCP) summary for production and handling of all meal types included in the proposal. Please include the required qualifications of the individuals who have overall responsibility of the food service quality control program.
- D. Description of Thermal Transport Equipment: Delivery equipment that is designed to maintain safe food temperatures for allowed holding periods. Provide a description of the types and sizes of equipment, including brand name and quantity, used to transport daily-prepared, cold boxes/bags, and frozen meals. Explain how the equipment is monitored on a continuous basis to ensure proper function.
- E. Temperature Compliance: Include recent (within three years or since equipment purchases) documentation of validation that the equipment and handling procedures are adequate to maintain food temperatures in accordance with SCDHEC requirements until portioning and serving time(s). The current required minimum holding temperature for heated food is 135 degrees °F and 41 degrees °F for cold foods. Frozen meals should be kept in a frozen solid state. After removal from electric or gas powered temperature control, foods shall be held at proper temperatures for no more than four hours before serving.
- F. Example of daily meal delivery record: Include forms with the times and temperatures for all time/temperature control for safety (TCS) foods. The time shall represent when the food was removed from temperature control (i.e. when foods were removed from a heating or cooling source). The daily meal delivery form shall have a place for the meal sites to document the time and temperature of TCS foods for up to four monitoring points (arrival, plating of home-delivered, prior to group dining service and an optional point.)
- 7. Proposed Route Schedule [Attachment F]: Provide a packing and delivery schedule that includes the following information by route: total number of stops, length in miles, estimated travel time and delivery times by site, based on the Site Location and Meal Type Schedule. The delivery schedule is to be compatible with requirements for food safety and minimizes the amount of time food spends in transit.

- 8. Proposed Menu Plan [Attachment G]: Provide completed sample menu plans for each meal type and cycle length requested on Attachment A. If proposer submits a Regular Hot/Cold menu plan for bulk delivered meals, a Serving Guide must also be provided within the proposal. The proposer will provide cleaned and sanitized serving utensils with daily bulk delivered meals. The utensils are to provide the correct amounts of foods in accordance with the nutrient analysis or meal pattern. These utensils will be listed on the Serving Guide that accompanies the menu.
- 9. SC Menu Checklist provided with each meal type proposed: Complete South Carolina Menu Checklist (\*Computer Analysis) [Attachment H] or South Carolina Guide for Menu Checklist (Meal Pattern) [Attachment I] by menu plan type.
  \*For the nutrient analysis method, include the nutrient reports from the software program utilized to show source documentation.
- 10. Meal Choice: Provide a description as to how meal choice will be incorporated into service provided. Menu choice is encouraged to allow for consumer choice and increase participant satisfaction. Choice Menus will comply with menu planning requirements. If more than one menu item is offered, the food item that has lower nutrient value will be counted towards the weekly nutrient average when computer analysis is used. If a meal pattern approach is used, then both meals must meet the guidelines.
- **11. Description of Meal and Beverage Service Equipment and Supplies:** Provide an itemized description of beverage and/or serving equipment and utensils, dishware, flatware, beverage cups, napkins, straws and other accessories, and other supplies to be used for packaging home-delivered meals.
- **12. Description and Expectations of Food Management Staff:** Provide a description of the current food management staff and any other staff who will be employed for this contract period. Include an organizational chart, job titles, educational and/or experience requirements, and staffing levels.

Include specific roles and responsibilities for the managers, cooks, drivers, dietitian, etc. Provide verification of ServSafe Food Protection Manager Certification for Food Management staff. Registered Dietitians (either employed or contracted) are to ensure the integrity of the menu and nutrient analysis/meal pattern. Provide verification of Registered Dietitian licensure and registration status. Also, identify who will be the primary liaison as well as point of contact for each production facility.

**Annual training via Food Management Staff** to be available at least annually and cover topics such as portion control, food safety, and proper care and cleaning of equipment or other related issues. Identify individual responsible for such trainings.

**Menu review meetings** shall be conducted on a quarterly basis. Identify 1-2 representatives for the review. At least two weeks prior to the quarterly review, the draft menu will be provided for preview and to solicit feedback from clients.

- 13. Description on Maximum Meal Production Load: Provide information on the current total meal production load and the safe, maximum meal production load for each kitchen facility used to serve the contract. In addition, a brief statement that demonstrates the capability, based on past experience, to implement the nutritional and logistical aspects applicable to the performance of the contract shall be included.
- **14. Contingency Plans:** Provide a written plan for contingencies including, but not limited to, substitute driver availability, delivery of food in the event of vehicle breakdown, delivery of food in the event of emergency at a production site, and method of reimbursement if replacement food must be purchased. Please include in your plan the length of time it will take to implement each of the examples above.

## D. South Carolina Vehicle, Equipment & Temperature Requirements

#### 1. General Requirements

All equipment and vehicles used in the preparation, transportation, service and delivery of food must have records of appropriate maintenance and meet the current requirements of the state and county health department. Equipment shall be classified or certified to listed NSF (National Sanitation Foundation)/American National Standards Institute (ANSI) Commercial Food Equipment Standards.

2. **Time and temperature control for safety (TCS) foods** shall be packaged and transported in closed thermal containers and enclosed vehicles in a manner that will maintain required temperatures.

If necessary, vehicles must be equipped with adequate facilities, automatic in operation and thermostatically controlled, for maintaining food at safe temperature requirements.

The proposer shall provide support and necessary equipment for maintaining safe temperatures during the entire holding time for foods (until served or packed for delivery to the client). If delivered in bulk, food shall be packaged so that there will be a minimum of spills in the carrier. Measures may include monitoring fill level and covering pans with plastic film, aluminum foil and/or metal lids. Foods for group dining and home-delivered meals may be packed together when it benefits compliance with food safety temperature requirements (i.e. less than 30 servings when using insulated carrier equipment). Thermal containers, etc. shall be provided in a size and/or quantity to contain all food delivered to the sites. Special care shall be taken in packaging cold food to prevent melting ice from contacting food.

The current required minimum holding temperature for heated food is 135 degrees °F and 41 degrees °F for cold foods. After removal from electric or gas powered temperature control, foods shall be held at proper temperatures for no more than four hours before serving.

Daily records of the time and temperature of all potentially hazardous foods shall be maintained and provided upon request. Recorded information includes the time and temperature when the food was removed from temperature control (i.e. when foods were removed from a heating or cooling source). Temperature information shall be reported to each meal site on a daily basis. These records shall be kept for a period of three years.

The proposer shall provide at least one, properly calibrated dial or digital style thermometer to each site as well as provide instructions on re-calibrating the thermometers to ensure the accuracy of each.

**Frozen meals** must be stored as zero degrees °F. During transportation and delivery, the meals must remain solid to the touch. The proposer shall take any measure necessary to provide equipment and vehicles to ensure they remain in this state. If frozen meals are delivered with fresh or canned supplemental foods, these should be handled appropriately.

Equipment needed at dining sites to properly handle and prepare these meals may include chest freezers, rethermalization ovens/convection ovens, holding cabinets and refrigerated units. Maintenance of this equipment, when provided by the proposer, shall be the responsibility of the proposer, but daily cleaning of the equipment shall be the responsibility of the meal site personnel.

#### 3. Beverage Equipment Requirements

Insulated beverage dispensers are to be used to keep beverages hot or cold. The capacity of the beverage holding equipment will be dependent upon the number of meals served at the site. Refer to <a href="Beverage Service with Meals">Beverage Service with Meals</a>.

#### 4. Supply/Equipment Responsibilities

As appropriate, daily meal delivery to include the provision of cleaned and sanitized serving utensils. Authorized designees are responsible for rinsing/removing food debris from equipment (utensils and serving pans, etc.); wiping any spills from thermal delivery containers; placing the rinsed and dry equipment into the delivery units and having it ready for pick up at the next delivery.

The proposer should have a method to ensure a working food thermometer is available for all days of service. Authorized designees are responsible for monitoring the operation of the supplied food thermometer and making timely requests for replacement when required.

Authorized designees are responsible for taking inventory and requisitioning paper supplies and edible items in a timely manner to ensure a perpetual inventory. Both parties shall rotate inventory of any edible supplies to ensure freshness.

## E. South Carolina Nutrition Services Requirements

#### 1. Nutrient Requirements

Each Nutrition Program meal must comply with the Dietary Guidelines for Americans (DGA's)- 2020-2025, and provide to each participating individual: A minimum of 33 1/3 percent of the Dietary Reference Intakes (DRI's) per meal, if the project provides one meal per day. A minimum of 66 2/3 percent of the DRIs if the project provides two meals per day, and 100% of the DRIs if the project provides three meals per day.

#### 2. Methods of Menu Compliance

Proposers must demonstrate compliance with the DGA's and DRI's by using **one** of the following documentation methods by meal type:

a. Computer Analysis - South Carolina Menu Guide Checklist [Attachment H]

Use of computer nutrient analysis software allows for increased menu planning flexibility. If the nutrient analysis method is used for menu compliance, it will supersede the meal pattern.

or

**b.** *Meal Pattern* - South Carolina Menu Guide Checklist [Attachment I]

This method is typically employed when there is no access to nutrient analysis software, but may also be selected for other reasons, such as ease of use when making substitutions.

Regardless of the method utilized, all standardized recipes and menus must be reviewed by a Registered Dietitian Nutritionist (include verification of Registration and Licensure status) to ensure compliance. The completion of the checklist and Registered Dietitian's final signature verifies that the corresponding signed menu is in compliance with the guidelines as set forth within this document.

#### 3. Food Specifications

All food used in the preparation or service of meals shall be of high quality and meet any required standards and guidelines of the SCDHEC and the USDA. Food shall be from sources approved or considered satisfactory by the SCDHEC and USDA; shall be properly labeled; shall be free from spoilage, adulteration, and

other contamination; and shall be safe for human consumption. No home-prepared or home-canned food is allowed.

#### The following minimum food standards must be met:

- Canned Fruits and Vegetables USDA Grade A
- Fresh Fruits and Vegetables #1 Quality
- Poultry USDA Grade A or better
- Beef USDA Choice or better; lean cuts should be selected and cooking methods that promote tenderness used
- Pork USDA #1 or better; lean cuts should be selected and cooking methods that promote tenderness used
- Ground Meats (beef, pork and poultry) shall not exceed 20 percent fat by weight
- Fish all fish and seafood products shall be of comparable quality to USDA guidelines for beef and poultry.
- Eggs (or pasteurized eggs) USDA Grade A or better
- Milk and milk products (fluid or dry) pasteurized and USDA Grade A
- Salt Iodized

#### 4. Recipes & Menu Planning

All bidders, regardless of menu compliance method utilized, should refer to the Dietary Guidelines for Americans 2020-20205. See [Attachment J].

Tested quantity recipes, adjusted to yield the number of servings needed, must be used to achieve consistent and desirable quality and quantity. Only actual recipe ingredients, that have been accurately identified, should be used in the menu approval process.

Successful bidders shall maintain a recipe file at each production site and provide copies of these recipes upon request. If the proposer provides meals from more than one production site, all production sites must use the same products and follow the same standardized recipes.

Foods must be selected, stored, and prepared to assure maximum nutritional content. Specific attention should be given to batch cooking and short cooking times, minimizing the use of water in the preparation of vegetables and minimal holding times for foods. No deep fat frying of foods is permitted.

When delivered, the food shall be appetizing, attractive in color and texture, lightly seasoned and not greasy. Whenever possible, herbs and spices appropriate to the dish should be utilized to reduce the amount of sodium added in food preparation. Fats should be primarily from vegetable sources and in a liquid or soft (spreadable) form (polyunsaturated and monounsaturated fats) that are lower in partially hydrogenated fat (trans-fatty acids), saturated fat and cholesterol.

Food items within the meat, vegetable, fruit, and dessert groups shall be varied within the week and not repeated on the same days of consecutive weeks. A variety of food attributes and combinations shall be considered in menu planning.

Religious, ethnic, cultural or regional dietary requirements or preferences shall be reflected in the planned menus. Cycle menus should include the provision of seasonal foods.

#### 5. Beverage Service with Meals

Dehydration is a common problem in older adults. Therefore, at a minimum, drinking water should be available with all meals.

- Milk is not a required beverage as long as calcium requirements are met.
- Other beverages, such as 100% fruit juices, may be served occasionally, as long as nutrient/meal pattern targets are met. Low nutritive value beverages that provide excess calories, such as fruit flavored beverages and sweetened drink mixes, should be avoided.
- Non-nutritive beverages (i.e. sugar-free drinks) do not help meet nutrition requirements, but can help with hydration.

**Optional Beverage Service**: One optional beverage may be requested. The beverage option can be switched according to seasonal preference. The size of the urns and dispensers provided to each site shall be large enough to accommodate the number of group dining meals ordered for the site.

The following items, as appropriate, would be provided and included in the cost if optional beverage service is desired:

- Hot Beverage: urns, sugar, sugar substitute, creamer, six or eight ounce cups for hot liquids, and stirrers;
- Cold Beverage: dispenser, ice, unsweetened tea, sugar, sugar substitute, stirrers, and nine or ten ounce cups for iced tea.

## **Required Information Checklist**



Proposers shall thoroughly examine all aspects of this Request for Proposals. All of the supplemental materials identified and requested in this section must be submitted and made a part of the Proposal.

Failure to submit any required information will be grounds for rejection of a Proposal. Include this checklist.

| Completed Meal (Cost) Schedule [Attachment B]   |
|---|
| 2. Meal Cost Analysis Worksheets for included Meal Types [Attachment D1][Attachment D2]   |
| Location of Vendor and Food Production Facilities [Attachment E]  |
| 4. Food Safety Inspection Report (include the most recent inspection report; if the most recent   |
| report is for a follow up inspection, include initial inspection report   |
| 5. USDA/FDE Certification for frozen meal production facility, as needed  |
| 6. Quality Assurance Procedures:  |
| ☐ <b>A.</b> Meal Order Accuracy   |
| ☐ B. Food Quality   |
| ☐ <b>C.</b> HACCP program summary (personnel, processes, monitoring, frequency, & response)   |
| ☐ <b>D.</b> Description of thermal transport equipment for various meal types   |
| ☐ E. Temperature Compliance   |
| ☐ <b>F.</b> Example of Meal Delivery Form   |
| 7. Vendor Proposed Route Schedule [Attachment F]  |
| 8. Proposed Menu Plans by meal type as requested on Attachment A [Attachment G]   |
| ☐ Serving Guide as appropriate (bulk delivered meals)   |
| 9. SC Menu Checklist Sheet for each meal type: Meal Pattern [Attachment H] or *Nutrient Analysis [Attachment I]: *Include nutrient analysis report originating from software program as |
| appropriate.  |
| ☐ Narrative for Diabetic Meal nutritional standards as appropriate  |
| 10. Meal Choice description   |
| 11. Itemized description of meal and beverage service equipment and supplies  |
| 12. Description of Food Management Staff  |
| ☐ ServSafe Food Protection Manager Certification  |
| ☐ Registered Dietitian verification of Licensure/Registration status  |
| 13. Description of maximum safe meal production load and current production volumes for each  |
| production facility   |
| 14. Contingency plans   |
|   |

## ATTACHMENT A





Menu plans must be developed for the following menu types as checked:

| <b>Regular (Hot/Cold):</b> main meal menus for July, August, and September (4 week cycle, 5 days = 20 menus)  |
|---|
| <b>Cold Box/Bag:</b> menus for July, August, and September to include two meals for weekend days (2 week cycle, 7 days = 14 menus)                          |
| <b>Frozen meals (with </b> <i>frozen</i> <b>supplements):</b> menus for July, August, and September (4 week cycle 5 days = 20 menus)                        |
| <b>Frozen meals (with </b> <i>fresh</i> <b>supplements):</b> menus for July, August, and September (4 week cycle, 5 days = 20 menus)                        |
| Shelf-stable/Emergency Meals: non-perishable meal menus (1 week cycle, 5 days = 5 menus)  |
| *Texture Modified Meals: menus for July, August, and September (4 week cycle, 5 days = 20 menus).  *specify type (Pureed, Ground (minced and moist), etc.): |
| Diabetic Meals: menus for July, August, and September (4 week cycle, 5 days = 20 menus).  |



# ATTACHMENT B MEAL COST SCHEDULE

| Region: | Lowcountry | <br>Date: |  |
|---------|------------|-----------|--|
| _       |            |           |  |

| MEALS  | QUANTITY<br>PER YEAR | COST PER<br>MEAL | COST PER MEAL PLUS<br>OPTIONAL BEVERAGE |
|--|----------------------|------------------|---|
| REGULAR  |                      |                  |   |
| COLD BOX/BAG                                   |                      |                  |   |
| FROZEN- with <i>Frozen</i> Supplements         |                      |                  |   |
| FROZEN- with <i>Fresh</i> Supplements          |                      |                  |   |
| SHELF-STABLE                                   |                      |                  |   |
| TEXTURE MODIFIED MEALS:(Specify: Pureed, etc.) |                      |                  |   |
| DIABETIC MEALS                                 |                      |                  |   |

**NOTE**: Using [Attachment D1 & D2 – Meal Cost Analysis Worksheet], the proposer shall provide a breakdown of the cost of group dining meals and home-delivered meals (Regular-Hot/Cold, frozen, and/or shelf-stable) using the forms provided. The breakdown shall provide the percentage of the total cost of the meal for raw food, disposables, labor, transportation/delivery, and administration.



# ATTACHMENT C1 SITE LOCATION AND GROUP DINING MEAL TYPE SCHEDULE

| <b>REGION:</b> | Lowcountry | DATE: |  |
|----------------|------------|-------|--|
|                |            |       |  |
| PROVIDER       | l:         |       |  |

| AVERAGE NUMBER OF MEALS PER DAY |                       |                                |                               |                 |              |                       |          |               |
|---------------------------------|-----------------------|--------------------------------|-------------------------------|-----------------|--------------|-----------------------|----------|---------------|
| Site & Location                 | Regular<br>(Hot/Cold) | Frozen with Frozen supplements | Frozen with Fresh supplements | Cold<br>Box/Bag | Shelf-stable | *Texture<br>Modified: | Diabetic | Delivery Time |
|                                 |                       |                                |                               |                 |              |                       |          |               |
|                                 |                       |                                |                               |                 |              |                       |          |               |
|                                 |                       |                                |                               |                 |              |                       |          |               |
|                                 |                       |                                |                               |                 |              |                       |          |               |
|                                 |                       |                                |                               |                 |              |                       |          |               |
|                                 |                       |                                |                               |                 |              |                       |          |               |
|                                 |                       |                                |                               |                 |              |                       |          |               |
|                                 |                       |                                |                               |                 |              |                       |          |               |

<sup>\*</sup>Specify Texture Type- "Pureed", "Ground", etc.



# ATTACHMENT C2 SITE LOCATION AND <u>HOME-DELIVERED</u> MEAL TYPE SCHEDULE

DATE: \_\_\_\_\_

| PROVIDER:                       |                       |                                |                                     |                 |              |                       |          |               |
|---------------------------------|-----------------------|--------------------------------|-------------------------------------|-----------------|--------------|-----------------------|----------|---------------|
| AVERAGE NUMBER OF MEALS PER DAY |                       |                                |                                     |                 |              |                       |          |               |
| Site & Location                 | Regular<br>(Hot/Cold) | Frozen with Frozen supplements | Frozen with<br>Fresh<br>supplements | Cold<br>Box/Bag | Shelf-stable | *Texture<br>Modified: | Diabetic | Delivery Time |
|                                 |                       |                                |                                     |                 |              |                       |          |               |
|                                 |                       |                                |                                     |                 |              |                       |          |               |
|                                 |                       |                                |                                     |                 |              |                       |          |               |
|                                 |                       |                                |                                     |                 |              |                       |          |               |
|                                 |                       |                                |                                     |                 |              |                       |          |               |
|                                 |                       |                                |                                     |                 |              |                       |          |               |

REGION: Lowcountry\_\_\_\_\_

<sup>\*</sup>Specify Texture Type- "Pureed", "Ground", etc.

# ATTACHMENT C1 SITE LOCATION AND <u>GROUP DINING</u> MEAL TYPE SCHEDULE

| REGION:   | DATE: |
|-----------|-------|
| PROVIDER: |       |

## AVERAGE NUMBER OF MEALS PER DAY

| Site & Location                    | Regular<br>(Hot/Cold) | Frozen with<br>Frozen<br>Supplements | Frozen with Fresh Supplements | Cold<br>Box/Bag | Shelf-Stable | *Texture<br>Modified: | Diabetic | Delivery Time |
|------------------------------------|-----------------------|--------------------------------------|-------------------------------|-----------------|--------------|-----------------------|----------|---------------|
| Burton Wells Senior Center         |                       |                                      |                               |                 |              |                       |          |               |
| 1 Middleton Recreation Rd. Burton, |                       |                                      |                               |                 |              |                       |          |               |
| SC 29906                           | 20                    |                                      |                               |                 |              |                       |          | 9:00          |
| Bluffton Nutrition Site            |                       |                                      |                               |                 |              |                       |          |               |
| 11 Ulmer Rd.                       |                       |                                      |                               |                 |              |                       |          |               |
| Bluffton, SC 29910                 | 14                    |                                      |                               |                 |              |                       |          | 9:10          |
| Booker T. Washington Center        |                       |                                      |                               |                 |              |                       |          |               |
| 182 Booker T. Washington Circle    |                       |                                      |                               |                 |              |                       |          |               |
| Yemassee, SC 29945                 | 17                    |                                      |                               |                 |              |                       |          | 8:15          |
| Dale Community Center              |                       |                                      |                               |                 |              |                       |          |               |
| 15 Community Center Rd.            |                       |                                      |                               |                 |              |                       |          |               |
| Seabrook, SC 29940                 | 16                    |                                      |                               |                 |              |                       |          | 8:50          |
| Port Royal Center                  |                       |                                      |                               |                 |              |                       |          |               |
| 1514 Richmond Ave.                 |                       |                                      |                               |                 |              |                       |          |               |
| Port Royal, SC 29935               | 21                    |                                      |                               |                 |              |                       |          | 10:00         |
| Scott Center                       |                       |                                      |                               |                 |              |                       |          |               |
| 242 Scott Hill Rd.                 |                       |                                      |                               |                 |              |                       |          |               |
| St. Helena, SC 29920               | 18                    |                                      |                               |                 |              |                       |          | 10:00         |
| St. Helena Nutrition Site          | 10                    |                                      |                               |                 |              |                       |          | 10.00         |
| 6315 Jonathan Francis Rd.          |                       |                                      |                               |                 |              |                       |          |               |
| St. Helena, SC 29920               | 16                    |                                      |                               |                 |              |                       |          | 9:40          |
| Walterboro Nutrition Site          | 10                    |                                      |                               |                 |              |                       |          | 3.40          |
| 78 Highland Circle                 |                       |                                      |                               |                 |              |                       |          |               |
| Walterboro, SC 29488               | 7                     |                                      |                               |                 |              |                       |          | 7:45          |
| Green Pond Nutrition Site          | ,                     |                                      |                               |                 |              |                       |          | 7.40          |
| 29 Playground Lane                 |                       |                                      |                               |                 |              |                       |          |               |
| Green Pond, SC 29446               | 11                    |                                      |                               |                 |              |                       |          | 8:00          |
| Estill Nutrtion Center             | 11                    |                                      |                               |                 |              |                       |          | 0.00          |
| 791 Fifth St.                      |                       |                                      |                               |                 |              |                       |          |               |
| Estill, SC 29918                   | 16                    |                                      |                               |                 |              |                       |          | 9:00          |
| Hampton Nutrition Site             | 10                    |                                      |                               |                 |              |                       |          | 9.00          |
| 108 Pine St. W.                    |                       |                                      |                               |                 |              |                       |          |               |
| Hampton, SC 29924                  | 21                    |                                      |                               |                 |              |                       |          | 8:00          |
| Yemassee Senior Center             | 21                    |                                      |                               |                 |              |                       |          | 8.00          |
| 4 Orrell St.                       |                       |                                      |                               |                 |              |                       |          |               |
| Yemassee, SC 29945                 | 17                    |                                      |                               |                 |              |                       |          | 7:45          |
| Hardeeville Senior Center          | 1/                    |                                      |                               |                 |              |                       |          | 7.45          |
| 205 E. Main St.                    |                       |                                      |                               |                 |              |                       |          |               |
|                                    | 10                    |                                      |                               |                 |              |                       |          | 0.20          |
| Hardeeville, SC                    | 16                    |                                      |                               |                 |              |                       |          | 8:30          |
| Ridgeland Senior Center            |                       |                                      |                               |                 |              |                       |          |               |
| 444 Wise St.                       |                       |                                      |                               |                 |              |                       |          |               |
| Ridgeland, SC 29937                | 15                    |                                      |                               |                 |              |                       |          | 8:00          |
| Robertville Nutrition Site         |                       |                                      |                               |                 |              |                       |          |               |
| 9731 Cotton Hill Rd.               |                       |                                      |                               |                 |              |                       |          |               |
| Garnett, SC 29922                  | 16                    |                                      |                               |                 |              |                       |          | 9:30          |

# ATTACHMENT C2 SITE LOCATION AND <u>HOME DELIVERED</u> MEAL TYPE SCHEDULE

| REGION:   | DATE: |
|-----------|-------|
| PROVIDER: |       |

## AVERAGE NUMBER OF MEALS PER DAY

| Site & Location                            | Regular<br>(Hot/Cold) | Frozen with<br>Frozen<br>Supplements | Frozen with Fresh Supplements | Cold<br>Box/Bag | Shelf-Stable | *Texture<br>Modified: | Diabetic | Delivery Time |
|--|-----------------------|--------------------------------------|-------------------------------|-----------------|--------------|-----------------------|----------|---------------|
| Burton Wells Senior Center                 |                       | 82-                                  |                               |                 |              |                       |          |               |
| 1 Middleton Recreation Rd. Burton,         |                       | 5PACK=410                            |                               |                 |              |                       |          |               |
| SC 29906                                   |                       | MEALS                                |                               |                 |              |                       |          | 9:00          |
| Bluffton Nutrition Site                    |                       |                                      |                               |                 |              |                       |          |               |
| 11 Ulmer Rd.                               |                       |                                      |                               |                 |              |                       |          |               |
| Bluffton, SC 29910                         |                       |                                      |                               |                 |              |                       |          | 9:10          |
| Booker T. Washington Center                |                       |                                      |                               |                 |              |                       |          |               |
| 182 Booker T. Washington Circle            |                       |                                      |                               |                 |              |                       |          |               |
| Yemassee, SC 29945                         |                       |                                      |                               |                 |              |                       |          | 8:15          |
| Dale Community Center                      |                       |                                      |                               |                 |              |                       |          |               |
| 15 Community Center Rd.                    |                       |                                      |                               |                 |              |                       |          |               |
| Seabrook, SC 29940                         |                       |                                      |                               |                 |              |                       |          | 8:50          |
| Port Royal Center                          |                       |                                      |                               |                 |              |                       |          |               |
| 1514 Richmond Ave.                         |                       |                                      |                               |                 |              |                       |          |               |
| Port Royal, SC 29935                       |                       |                                      |                               |                 |              |                       |          | 10:00         |
| Scott Center                               |                       |                                      |                               |                 |              |                       |          | 10.00         |
| 242 Scott Hill Rd.                         |                       |                                      |                               |                 |              |                       |          |               |
| St. Helena, SC 29920                       |                       |                                      |                               |                 |              |                       |          | 10:00         |
| St. Helena Nutrition Site                  |                       |                                      |                               |                 |              |                       |          | 10.00         |
| 6315 Jonathan Francis Rd.                  |                       |                                      |                               |                 |              |                       |          |               |
| St. Helena, SC 29920                       |                       |                                      |                               |                 |              |                       |          | 9:40          |
| Walterboro Nutrition Site                  |                       | 84-                                  |                               |                 |              |                       |          | 9.40          |
| 78 Highland Circle                         |                       | 5PACKS=420                           |                               |                 |              |                       |          |               |
| Walterboro, SC 29488                       |                       | MEALS                                |                               |                 |              |                       |          | 7:45          |
| Green Pond Nutrition Site                  |                       | 17-                                  |                               |                 |              |                       |          | 7.43          |
|  |                       | 5PACKS=85                            |                               |                 |              |                       |          |               |
| 29 Playground Lane<br>Green Pond, SC 29446 |                       | MEALS                                |                               |                 |              |                       |          | 8:00          |
| •  |                       | MEALS                                |                               |                 |              |                       |          | 8.00          |
| Estill Nutrtion Center                     |                       |                                      |                               |                 |              |                       |          |               |
| 791 Fifth St.                              |                       |                                      |                               |                 |              |                       |          | 0.00          |
| Estill, SC 29918                           | 38                    |                                      |                               |                 |              |                       |          | 9:00          |
| Hampton Nutrition Site                     |                       |                                      |                               |                 |              |                       |          |               |
| 108 Pine St. W.                            |                       |                                      |                               |                 |              |                       |          |               |
| Hampton, SC 29924                          | 110                   |                                      |                               |                 |              |                       |          | 8:00          |
| Yemassee Senior Center                     |                       |                                      |                               |                 |              |                       |          |               |
| 4 Orrell St.                               |                       |                                      |                               |                 |              |                       |          |               |
| Yemassee, SC 29945                         | 20                    |                                      |                               |                 |              |                       |          | 7:45          |
| Hardeeville Senior Center                  |                       |                                      |                               |                 |              |                       |          |               |
| 205 E. Main St.                            |                       |                                      |                               |                 |              |                       |          |               |
| Hardeeville, SC                            | 29                    |                                      |                               |                 |              |                       |          | 8:30          |
| Ridgeland Senior Center                    |                       |                                      |                               |                 |              |                       |          |               |
| 444 Wise St.                               |                       |                                      |                               |                 |              |                       |          |               |
| Ridgeland, SC 29937                        | 81                    |                                      |                               |                 |              |                       |          | 8:00          |
| Robertville Nutrition Site                 |                       |                                      |                               |                 |              |                       |          |               |
| 9731 Cotton Hill Rd.                       |                       |                                      |                               |                 |              |                       |          |               |
| Garnett, SC 29922                          | 26                    |                                      |                               |                 |              |                       |          | 9:30          |



## ATTACHMENT D1

## MEAL COST ANALYSIS WORKSHEET – <u>Daily Prepared</u> (Regular, Cold Box/Bag, Textured, Diabetic, etc.)

On the worksheet below, provide the **percentage** breakdown of the meal components listed.

## [INSERT MEAL TYPE HERE] MEALS

| Meal Cost Component   | Percent of<br>Total |
|---|---------------------|
| 1. Raw Food Cost  |                     |
| 2. Disposable Meal supplies (serve-ware, cutlery, napkins, glassware) |                     |
| 3. Beverage Service   |                     |
| 4. Labor  |                     |
| 5. Equipment (thermal transport)                                      |                     |
| 6. Transportation/Delivery - Labor                                    |                     |
| 7. Transportation/Delivery – Equipment                                |                     |
| 8. Administrative Expense   |                     |
| 9. Nutrition Education (if included in contract)                      |                     |
| TOTAL (should equal 100%)   |                     |



# ATTACHMENT D2 MEAL COST ANALYSIS WORKSHEET – Frozen and Shelf-Stable

On the worksheet below, provide the **percentage** breakdown of the meal components listed.

| FROZEN   | MEALS .  |                     |
|----------|--|---------------------|
| Meal C   | Cost Component   | Percent of<br>Total |
| 1.       | Raw Food Cost (frozen)                                 |                     |
| 2.       | Raw Food Cost (fresh supplemental foods as applicable) |                     |
| 3.       | Labor  |                     |
| 4.       | Equipment (thermal transport)                          |                     |
| 5.       | Transportation/Delivery - Labor                        |                     |
| 6.       | Transportation/Delivery – Equipment                    |                     |
| 7.       | Administrative expense                                 |                     |
| 8.       | Nutrition education (if included in contract)          |                     |
| TOTAL    | (should equal 100%)                                    |                     |
| SHELF-ST | TABLE MEALS  |                     |
| Meal C   | Cost Component   | Percent of<br>Total |
| 1.       | Raw Food Cost (shelf-stable)                           |                     |
| 2.       | Raw Food Cost (fresh supplemental foods as applicable) |                     |
| 3.       | Labor  |                     |
| 4.       | Equipment  |                     |
| 5.       | Transportation/Delivery – Labor                        |                     |
| 6.       | Transportation/Delivery – Equipment                    |                     |
| 7.       | Administrative expense                                 |                     |
| 8.       | Nutrition education (if included in contract)          |                     |

**TOTAL (should equal 100%)** 



## **ATTACHMENT E: LOCATION OF PRODUCTION FACILITIES**

PROPOSER:

**OFFICE ADDRESS:** 

| PHO | NE:                                      |                      |                                    |       |  |  |  |
|-----|--|----------------------|------------------------------------|-------|--|--|--|
| CON | TACT:                                    |                      |                                    |       |  |  |  |
|     |  |                      |                                    |       |  |  |  |
|     | LIST OF PRODU                            | JCTION FACILITIES    | *DATE OF MOST RECENT<br>INSPECTION | GRADE |  |  |  |
| 1.  | Address:                                 |                      |                                    |       |  |  |  |
|     | Phone:                                   |                      |                                    |       |  |  |  |
|     | Manager:                                 |                      |                                    |       |  |  |  |
|     | Description, number and age of vehicles: |                      |                                    |       |  |  |  |
|     |  |                      |                                    |       |  |  |  |
|     |  |                      |                                    |       |  |  |  |
| 2.  | Address:                                 |                      |                                    |       |  |  |  |
|     | Phone:                                   |                      |                                    |       |  |  |  |
|     | Manager:                                 |                      |                                    |       |  |  |  |
|     | Description, number a                    | and age of vehicles: |                                    |       |  |  |  |
|     |  |                      |                                    |       |  |  |  |
|     |  |                      | 1                                  | 1     |  |  |  |
| 3.  | Address:                                 |                      |                                    |       |  |  |  |
|     | Phone:                                   |                      |                                    |       |  |  |  |
|     | Manager:                                 |                      |                                    |       |  |  |  |
|     | Description, number and age of vehicles: |                      |                                    |       |  |  |  |

<sup>\*</sup>Copies of most recent sanitation inspection (and/or USDA/FDA certification, if applicable) for each production facility must be attached. If the most recent inspection was a follow-up inspection, the initial inspection that required the follow-up inspection must be provided.

# ATTACHMENT F PROPOSED ROUTE SCHEDULE

|  |  | The same of the sa |
|--|--|--|
| Date:  |  | 10   |
| Name of Route:   | Is this a Contract Dedicated Route? Yes/No |  |
| Total Number of Stops on Route:                                  | Number of Non-contract Stops:              | No.  |
| Use one page per route. Add pages as needed. Indicate non-contra | ct stops using "Stop 1", "Stop 2", etc.    | TH CAROLL  |
| Do not complete travel time and delivery window for non-contract | t stops.                                   |  |

| Estimated Route Start Time:   |                        |                          |  |  |
|-------------------------------|------------------------|--------------------------|--|--|
| Sites Names in Delivery Order | Estimated Travel Time* | Window for Delivery Time |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |
|                               |                        |                          |  |  |

| TOTAL ESTIMATED          | AMOUNT OF TIME FOR ROUTE:   |  |
|--------------------------|-----------------------------|--|
| I O I AL LO I IIVIA I LD | AIVIOUNT OF THAT FOR ROUTE. |  |

<sup>\*</sup> Estimated travel time includes period from start time and all stops prior to the delivery of any particular meal site.

ATTACHMENT G: MENU PLAN \_\_\_\_\_

|                                |                  |                   |               | CYCLE:       |                        | _ WEEK #:       |                |                    |               |              |            |
|--------------------------------|------------------|-------------------|---------------|--------------|------------------------|-----------------|----------------|--------------------|---------------|--------------|------------|
| D                              | ay               | Mo                | nday          | Tue          | sday                   | Wedi            | nesday         | Thu                | rsday         | Fri          | day        |
| Month, Day                     | ,                |                   |               |              |                        |                 |                |                    |               |              |            |
| Protein or A                   | Alternate        |                   |               |              |                        |                 |                |                    |               |              |            |
| Vegetable                      |                  |                   |               |              |                        |                 |                |                    |               |              |            |
| Fruit                          |                  |                   |               |              |                        |                 |                |                    |               |              |            |
| Grain                          |                  |                   |               |              |                        |                 |                |                    |               |              |            |
| Milk or alte                   | rnate            |                   |               |              |                        |                 |                |                    |               |              |            |
| Dessert (op                    | tional)          |                   |               |              |                        |                 |                |                    |               |              |            |
| Beverage (o                    | ptional)         |                   |               |              |                        |                 |                |                    |               |              |            |
| Analysis W                     | eekly Avg.       |                   |               | Nutrient A   | nalysis Daily          | Values [leave s | ection below l | plank if utilizing | meal pattern] |              |            |
| Kcal                           | Pro%             | Kcal              | Pro%          | Kcal         | Pro%                   | Kcal            | Pro%           | Kcal               | Pro%          | Kcal         | Pro%       |
| Fat%                           | Carbs%           | Fat%              | Carbs%        | Fat%         | Carbs%                 | Fat%            | Carbs%         | Fat%               | Carbs%        | Fat%         | Carbs%     |
| Vit C (mg)                     | Carbs (gm)       | Vit C (mg)        | Carbs (gm)    | Vit C (mg)   | Carbs (gm)             | Vit C (mg)      | Carbs (gm)     | Vit C (mg)         | Carbs (gm)    | Vit C (mg)   | Carbs (gm) |
| Vit B12 (mg)                   | Na (mg)          | Vit B12 (mg)      | Na (mg)       | Vit B12 (mg) | Na (mg)                | Vit B12 (mg)    | Na (mg)        | Vit B12 (mg)       | Na (mg)       | Vit B12 (mg) | Na (mg)    |
| Vit B6 (mg)                    | Vit A (µg)       | Vit B6 (mg)       | Vit A (µg)    | Vit B6 (mg)  | Vit A (µg)             | Vit B6 (mg)     | Vit A (µg)     | Vit B6 (mg)        | Vit A (µg)    | Vit B6 (mg)  | Vit A (µg) |
| Fiber (gm)                     | Ca (mg)          | Fiber (gm)        | Ca (mg)       | Fiber (gm)   | Ca (mg)                | Fiber (gm)      | Ca (mg)        | Fiber (gm)         | Ca (mg)       | Fiber (gm)   | Ca (mg)    |
|                                | K (mg)           |                   | K (mg)        |              | K (mg)                 |                 | K (mg)         |                    | K (mg)        |              | K (mg)     |
| Prepared by: _ certify that th | nese menus me    | eet the nutrition | n requirement |              | e date:<br>the SCDOA M |                 | ns for complia | nce with the DG    | GA-1/3 DRIs.  |              |            |
| Registered Die                 | titian Nutrition | nist              |               | RDN Licens   | e Number               |                 |                |                    |               |              |            |

## ATTACHMENT H: SOUTH CAROLINA MENU CHECKLIST Computer Analysis



## **SCDOA Nutrient Requirements and Values for Analysis**

For menus that are documented as meeting the nutrient requirements through nutrient analysis software, this form must be completed and signed by the Registered Dietitian.

|  |   | Menu Cycle Name/Months/Year:   |                                     |                                     |                       |           |  |  |
|--|---|--|-------------------------------------|-------------------------------------|-----------------------|-----------|--|--|
| NUTRIENT   | Daily Target Values<br>(Represent 1/3 of daily DRI)                                     | Compliance Values Averaged over 1 week   | Weekly Average<br>Criteria Met ⊠    |                                     |                       |           |  |  |
|  |   |  | Week<br>1                           | Week<br>2                           | Week<br>3             | Week<br>4 |  |  |
| Calories (Kcal)  | >/= 600 calories  | 625-850  |                                     |                                     |                       |           |  |  |
| Protein (% of meal calories)   | >/= 15% of total calories   | > 15% of total calories  |                                     |                                     |                       |           |  |  |
| Fat (% of meal calories)   | Less than (<) 35% of total calories   | 20-35% of total calories   |                                     |                                     |                       |           |  |  |
| Carbs (% of meal calories)   | 45-65% of total calories  | 45-65% of total calories   |                                     |                                     |                       |           |  |  |
| Fiber (gm)   | >/= 9 gm*   | 9 gm   |                                     |                                     |                       |           |  |  |
| Vitamin A (μg)   | 300 micrograms* or 1000 I.U.  | 300 micrograms or 1000 I.U.  |                                     |                                     |                       |           |  |  |
| Vitamin C (mg)   | 30 milligrams*  | 30 milligrams  |                                     |                                     |                       |           |  |  |
| Vitamin B6 (mg)  | 0.57 milligrams*  | 0.57 milligrams  |                                     |                                     |                       |           |  |  |
| Vitamin B12 (μg)   | 0.79 micrograms*  | 0.79 micrograms  |                                     |                                     |                       |           |  |  |
| Calcium (mg)   | 400 milligrams*   | 400 milligrams   |                                     |                                     |                       |           |  |  |
| Sodium (mg)  | = 1100 milligrams*</td <td>1100 milligrams</td> <td></td> <td></td> <td></td> <td></td> | 1100 milligrams  |                                     |                                     |                       |           |  |  |
| Potassium (mg)   | 1133 milligrams*  | 1133 milligrams  |                                     |                                     |                       |           |  |  |
| Value Average is met. The Complianutrients such as calories and protection.  To increase menu variety, slight increase not exceed 1400 milligrams are prepared by: | <br>e nutrition requirements as specifie  | nenu flexibility and client satisfaction. No individual meal should be less inimums for fat and sodium may o | on. Pleas<br>than 600<br>occur twic | e note th<br>O calories<br>e per me | nat some<br>nu cycle: | sodium    |  |  |
| Registered Dietitian Nutritionist  |   | ense Number  |                                     |                                     |                       |           |  |  |

# ATTACHMENT I: SOUTH CAROLINA MENU CHECKLIST

Meal Pattern

If nutrient software is not used, each meal will follow the meal pattern described in this section.

Instructions: A food item in one or more food group can only be classified once as meeting the requirement for a meal. For example: cottage cheese can be counted as a Milk/Milk alternative or a Lean Protein source, not both.

Nutrient-rich desserts that include fruit, whole grains, and low-fat milk can count toward meeting the appropriate food group required servings.

|                           | Meal Pattern   |              |           |           |           |  |
|---------------------------|--|--------------|-----------|-----------|-----------|--|
| FOOD GROUP OR SUBGROUP    | Amount when 1 Older Adult Nutrition Program Meal is served per day | Criteria Met |           |           |           |  |
|                           | ivical is served per day   | Week<br>1    | Week<br>2 | Week<br>3 | Week<br>4 |  |
| Vegetables                | 2 servings per meal  |              |           |           |           |  |
| Dark-Green Vegetable      | 1 serving/week   |              |           |           |           |  |
| Red & Orange Vegetable    | 1 serving/week   |              |           |           |           |  |
| Beans, Peas, Lentils      | 1 serving/week   |              |           |           |           |  |
| Starchy Vegetable         | 1 serving/week   |              |           |           |           |  |
| Other Vegetables          | 1 serving/week   |              |           |           |           |  |
| Fruits                    | 1 serving per meal   |              |           |           |           |  |
| Grains                    | 1-2 servings per meal  |              |           |           |           |  |
| Whole Grains              | 2 servings/week  |              |           |           |           |  |
| Dairy and Alternates      | 1 serving/meal   |              |           |           |           |  |
| Protein Foods             | 2-3 oz (equiv.) per meal   |              |           |           |           |  |
| Processed meat            | Max. 1 serving/week  |              |           |           |           |  |
| Vitamin A- good sources * | 3 servings/week  |              |           |           |           |  |
| Vitamin C- good sources * | 3 servings/week  |              |           |           |           |  |
| *Fresh Fruits/Vegetables  | 3 servings/week  |              |           |           |           |  |
| Dessert                   | Optional   |              |           |           |           |  |
| Beverage                  | Optional   |              |           |           |           |  |

| *Criteria not applicable to complete fro                    | ozen meal systems  |
|---|--|
| Prepared by:  |  |
| I certify that these menus meet the nutrition DGA-1/3 DRIs. | requirements as specified in the SCDOA Meal Specifications for compliance with the |
| Registered Dietitian Nutritionist                           | RDN License Number   |

## **ATTACHMENT J - Dietary Guidelines for Americans 2020-2025**

The Dietary Guidelines translates the nutrient quantitative requirements or limits – known as Dietary Reference Intakes (DRI) – into food and beverage recommendations. The information within this section provides the framework for healthy menu planning practices for the older adult nutrition program. Using nutrient analysis method for menu compliance supersedes the meal pattern method. <a href="https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary Guidelines for Americans 2020-2025.pdf">https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary Guidelines for Americans 2020-2025.pdf</a>

USDA FoodData Central: <a href="https://fdc.nal.usda.gov/">https://fdc.nal.usda.gov/</a>

|                           | Meal Pattern   |   |
|---------------------------|--|---|
| FOOD GROUP OR SUBGROUP    | Amount when 1 Older Adult Nutrition Program Meal is served per day | Recommendations and Notes   |
| Vegetables                | 2 servings per meal  | A fruit serving may be substituted for a vegetable serving.   |
| Dark-Green Vegetable      | 1 serving/week   | A serving from each vegetable   |
| Red & Orange Vegetable    | 1 serving/week   | subgroup must be served at least once   |
| Beans, Peas, Lentils      | 1 serving/week   | per week.   |
| Starchy Vegetable         | 1 serving/week   |   |
| Other Vegetables          | 1 serving/week   |   |
| Fruits                    | 1 serving per meal   | Serve fresh, canned, and dried more often than juice to increase fiber  |
| Grains                    | 1-2 servings per meal  | Whole grains should be served at least twice per week.  |
| Whole Grains              | 2 servings/week  |   |
| Dairy and Alternates      | 1 serving/meal   | Products selected should be mostly fat-free and low-fat options.  |
| Protein Foods             | 2-3 oz (equiv.) per meal   | Lean protein sources should be emphasized. Beans and peas may be used as a protein source, but may not count as both a protein and a vegetable in the same meal. Processed meats (higher in fat and sodium) should be |
| Processed meat            | Max. 1 serving/week  | served a maximum of 1 time per week.  |
| Vitamin A- good sources*  | 3 servings/week  | Refer to Vegetable and Fruit categories   |
| Vitamin C- good sources ◆ | 3 servings/week  | on next pages for good sources of Vitamin A and C. A single fruit or vegetable may count as both a source of vitamin A and C for the week.  |
| Fresh Fruits/Vegetables   | 3 servings/week  | Fresh fruits/vegetables shall be served at least three times a week. Fresh means not frozen or canned.  |
| Dessert                   | Optional   | Should come from existing food groups such as fruit, grain, and milk groups   |
| Beverage                  | Optional   | Water, Tea, Coffee in addition to those listed in other food groups   |

## **Vegetables**

Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut-up, or mashed. Canned vegetables are usually high in sodium; low sodium varieties are available and are encouraged. *Fresh* vegetables (not canned or frozen) provide additional fiber.

Nutrients provided include potassium, dietary fiber, and vitamin A ♦& C♦, potassium, calcium, and B vitamins amongst others.

## **Vegetable Serving Sizes:**

½ cup cooked, drained fresh, frozen, canned or raw

1 cup leafy raw vegetable (lettuce, spinach, etc.)

½ cup (4 oz) 100% tomato or vegetable juice (low sodium preferred)

Vegetables are organized into 5 subgroups based on their nutrient content: Dark-Green, Red & Orange, Beans, Peas and Lentils, Starchy, and Other.

| Vegetable Subgroups   |                            |  |  |  |
|-----------------------|----------------------------|--|--|--|
| D                     | ark-Green                  | Red & Orange   |  |  |
| Forms: Fres           | h - Frozen – Canned        | Forms: Fresh - Frozen - Canned                                 |  |  |
| Bok Choy (cooked◆)    | Mesclun                    | Acorn squash ◆ ◆   |  |  |
| Broccoli ♦ (cooked ♦) | Mustard greens◆            | Butternut squash ◆ ◆   |  |  |
| Chard                 | (cooked*)                  | Carrots (raw or cooked ♦)                                      |  |  |
| Collard greens •      | Romaine lettuce • •        | Carrots and Peas •   |  |  |
| (cooked♦)             | Spinach ◆ (cooked ◆)       | Pumpkin ♦ (cooked ♦)   |  |  |
| Escarole (cooked)     | Turnip greens◆             | Red ♦ or Orange Bell Pepper                                    |  |  |
| Kale ◆ (cooked ◆)     | (cooked◆)                  | Sweet potatoes ◆ ◆   |  |  |
| , , ,                 | Watercress◆                | Tomatoes ◆ ◆   |  |  |
|                       |                            | 100% Tomato Juice ◆ ◆  |  |  |
| *-                    |                            | 6: 1 ×   |  |  |
|                       | s, Peas, Lentils           | Starchy Vegetables   |  |  |
|                       | ed from dry – Canned       | Forms: Fresh - Frozen - Canned                                 |  |  |
| Black beans           | Baked Beans                | Corn   |  |  |
| Black-eyed peas       | Navy beans                 | Green peas◆  |  |  |
| Edamame               | Pigeon Peas                | Lima beans (green♦)  |  |  |
| Garbanzo beans        | Pinto beans                | Potatoes ◆   |  |  |
| (Chickpeas)           | Soy beans                  |  |  |  |
| Kidney beans          | Split peas                 | Rutabagas  |  |  |
| Lentils               | Tofu (bean curd made from  | Yams   |  |  |
| Lima beans            | soybeans)                  |  |  |  |
| (mature)              | *subgroup does not include |  |  |  |
|                       | green beans or green peas  |  |  |  |
|                       |                            | <ul><li>Vitamin A sources,</li><li>Vitamin C sources</li></ul> |  |  |
|                       | Vegetable Subgroups        |  |  |  |

| Other  Forms: Fresh - Frozen – Canned    |  |  |
|--|--|--|
| Iceberg (head) lettuce                   |  |  |
| Mushrooms                                |  |  |
| Okra *                                   |  |  |
| Onions (raw*)                            |  |  |
| Parsnips                                 |  |  |
| Radicchio                                |  |  |
| Snow Peas◆                               |  |  |
| Summer Squash ◆                          |  |  |
| Turnip •                                 |  |  |
| Wax beans                                |  |  |
| Zucchini                                 |  |  |
|  |  |  |
| ♦ Vitamin A sources, ♦ Vitamin C sources |  |  |
|  |  |  |

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## **Fruits**

Meals should include a variety of fruits—whether fresh, frozen, canned, pureed or dried—rather than fruit juice for most of the fruit choices. When canned fruit is served, it must be in water or 100% juice—not light or heavy syrup. *Fresh* fruits (not canned or frozen) provide additional fiber.

Nutrients provided include potassium, dietary fiber, and vitamin A ♦& C♦

#### **Fruit Serving Sizes:**

½ cup of cooked, frozen or canned, drained fruit 1/2 cup (4 oz) of 100% fruit juice ¼ cup dried fruit 15 grapes

Medium piece of fresh fruit (banana, pear, orange, apple, etc.)

|   | <b>Fruits</b> Forms: Fresh – Frozen – Canned – Dried  |   |   |  |  |
|---|---|---|---|--|--|
| Apple (raw*)  Apricot* Asian pear  Banana*  Blackberries (raw*)  Blueberries (raw*)  Cantaloupe**  Cherries*  Citrus Juice* | Figs Fruit Juices (100%) Guava (raw♦) Grapes Grapefruit♦ Honeydew melon♦♦ Kiwifruit♦ Mandarin Oranges♦♦ | Nectarine • • Orange • Papaya • • Passion Fruit Peach (frozen & raw •) Pear • Pineapple (fresh or canned •) Plantain Plum • • | Prunes Raisins Raspberries Rhubarb Star fruit Strawberries Tangerine Watermelon |  |  |

**♦** Vitamin A sources, **♦** Vitamin C sources

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#### Grains

Grains are divided into two subgroups, whole grain and refined grains.

- Whole grains contain the entire grain kernel the bran, germ and endosperm.
  - Provide a higher fiber and potassium content
- Refined grains have been milled, a process that removes the bran and germ.
  - *Enriched grains* B vitamins (thiamin, riboflavin, niacin, folic acid) and iron are added back in after processing. Fiber is not added back in.

## **Grain serving sizes:**

1 slice (1 oz) of bread 3/4 cup (1 oz) of ready-to-eat-cereal ½ cup cooked rice ½ cup cooked cereal (grits, oatmeal)

1 biscuit (2 inch diameter) ½ cooked pasta (noodles, macaroni, spaghetti)

1 small muffin (2 oz) ½ bagel/English Muffin (1 oz)

Cornbread (2" cube) 1 tortilla, 6" diameter

½ large hotdog/hamburger bun (1 oz)
 4-6 Crackers (1 oz) – saltine type
 2 pancakes, 4" diameter
 1 waffle, 7" diameter

NOTE: Limit use of breads that are relatively high in fat such as biscuits, muffins, cornbread, & dressings.

| Grain Subgroups  |   |  |  |  |
|--|---|--|--|--|
| Whole Grains   | Refined Grains  |  |  |  |
| All whole-grain products and whole grains used as ingredients:   | All refined-grain products and refined grains used as ingredients:  |  |  |  |
| amaranth, barley (not pearled), brown rice, buckwheat, bulgur, millet, oats, popcorn, quinoa, dark rye, triticale, whole-grain cornmeal, whole-wheat bread, whole grain multi-grain bread, whole-wheat chapati, whole-grain cereals and crackers, and wild rice. | white breads, refined-grain cereals and crackers, corn grits, cream of rice, cream of wheat, barley (pearled), masa, pasta, and white rice. Refined-grain choices should be <i>enriched</i> . |  |  |  |

## **Dairy or Alternates**

#### What foods are included:

All fluid, dry, or evaporated milk, including lactose-free and lactose-reduced products and fortified soy beverages (soy milk), buttermilk, yogurt, kefir, frozen yogurt, dairy desserts, and cheeses. Most choices should be fat-free or low-fat. Cream, sour cream, and cream cheese are not included due to their low calcium content.

Nutrients provided include, calcium, vitamin A, vitamin D, and potassium amongst others.

#### Dairy/Alt. serving sizes:

1 cup (8 oz) milk

• skim, 1%, low-fat chocolate or buttermilk (higher in sodium), lactose-reduced, lactose-free, calcium fortified soy/rice/almond milk (fat free or 1%/flavored)

½ cup (4 oz) evaporated milk

1 cup (8 oz) yogurt- fruited or non (a 4-6 oz container represents as ½ - ¾ of a serving)

1/3 cup non-fat dry milk powder

½ cup calcium processed tofu

1 ½ ounces hard cheese (cheddar, mozzarella, Swiss, parmesan)

1/3 cup cheddar cheese

2 ounces processed cheese (American)- higher in sodium

½ cup ricotta cheese- higher in sodium

1 cup pudding made with milk- higher in sugar

Note: Most dairy choices should be fat-free or low-fat (use skim or 1% milk).

#### **Protein**

All foods made from meat, poultry, fish, dry beans and peas, eggs, processed soy products, nuts, and seeds are considered part of this group. Dry beans and peas are also part of the vegetable group. If being used in the protein category of the meal pattern, it may not count as a vegetable in the same meal.

#### Ounce equivalents:

1 ounce of meat, poultry or fish (excluding breading, bones) ¼ cup cooked dry beans or peas

1 egg 2 Tbsp peanut butter

½ ounce of nuts or seeds ¼ cup tuna

¼ cup of tofu ¼ cup roasted soybeans

2 Tbsp hummus

Note: Breading does not count towards meeting the serving requirement (nor the grain).

| Protein Subgroups   |  |  |  |  |  |
|---|--|--|--|--|--|
| Meat, Poultry, Eggs   | Seafood  | Nuts, Seeds, Soy Products  |  |  |  |
| Common meat selections include beef, liver and pork. Poultry includes chicken and turkey. Eggs include chicken eggs and other birds' eggs. Meats and poultry should be lean or low-fat. | Common seafood include sea bass, catfish, cod, flounder, haddock, hake, pollock, salmon, | Nuts and seeds include all nuts (tree nuts and peanuts), nut butters, seeds (e.g., chia, flax, pumpkin, sesame, and  |  |  |  |
| Processed meats (high in sodium and saturated fat) may be served a maximum of 1 x's weekly:  Bologna Canned, pressed luncheon meat Corndogs Hot dogs Pepperoni Polish Sausage           | sardine, sole, tilapia,<br>light tuna, and<br>whiting.                                   | sunflower), and seed butters (e.g., sesame or tahini and sunflower). Soy includes tofu, tempeh, and products made from soy flour, soy protein isolate, and soy concentrate. Nuts should be unsalted. |  |  |  |

#### Sodium

The Dietary Guidelines recommends moderate sodium (e.g. salt) intake, and therefore the SCDOA Menu Policies have established target sodium content per meal, maximum values per menu cycle as well as weekly averages. To assist in determining if food products meet the sodium limits, please refer to chart below, and review the Protein Foods section. Foods should be flavored with herbs and spices instead of salt.

Food and Drug Administration Regulations for Low Sodium Labeling Terminology

| Terms  | Sodium Amount   |
|--|---|
| "Sodium Free"                                    | Less than 5 milligrams per serving  |
| "Very low sodium"                                | 35 milligrams or less per serving   |
| "Low sodium"                                     | 140 milligrams or less per serving  |
| "Reduced Sodium"                                 | Usual sodium level is reduced by 25%  |
| "Unsalted, no-salt-added, or without added salt" | Made without the salt that is normally used, but contains the sodium that is a natural part of the food itself. |

#### Oils

Oils are important to consider as part of a healthy dietary pattern as they provide essential fatty acids. Acceptable oil use for food preparation includes canola, corn, olive, peanut, safflower, soybean, and sunflower oils. Oils also are naturally present in nuts, seeds, seafood, olives, and avocados. Meals preparation should avoid the use of butter, shortening, lard, coconut oil, palm kernel oil, and palm oil (contain a higher percentage of saturated fat than do other oils).

### 1 serving is equivalent to:

1 Tablespoon vegetable oil or margarine ½ medium avocado

1 Tablespoon mayonnaise 1 oz (1/4 cup) nuts or seeds

2 Tablespoons low-sodium salad dressing

2 Tablespoons peanut butter

#### **Condiments**

Encourage herbal seasonings, lemon, and vinegar to provide flavor without sodium. Limit foods high in sodium. Condiments include items on the side like salad dressing, ketchup, mustard, relish packets, etc. If part of the planned meal, these items should be included in the meal pattern or nutrient analysis.

#### **Desserts**

Recommend fruit for dessert to decrease added sugar consumption. Nutrient-rich desserts that contain fruit, whole grains, and low-fat milk products are encouraged.