

## ATTACHMENT B

### Elderly Nutrition Program Home Delivered Meal Catering Waupaca County, Wisconsin

### PROPOSAL WORKSHEET

PROPOSER'S NAME: \_\_\_\_\_

#### COST PROPOSAL

Indicate your Estimated Per Meal Expense to fulfill all requirements of administering the Elderly Nutrition Program Home Delivered Meal Catering as stated in the RFP. The Estimated Per Meal Expense must be inclusive of all costs as listed in the required following breakdown.

Estimated Per Meal Expense: \$ \_\_\_\_\_

#### Instructions:

1. Review the list of cost categories provided below.
2. Using the table provided below, indicate the Direct Service and/or Administrative costs for each category to support the Estimated Per Meal Expense.

CATEGORY	COST
Food (To Include: Grain, Fruit, Vegetable, Protein, Fat & Oils)	
Dessert (optional, preferred by participants)	
Labor	
Delivery	
Supplies	
Profit	
Other Costs (Please specify)	
<b>Per Meal Expense</b>	

Explanation to Other Expenses:

**SERVICE AREA PROPOSAL**

Indicate the service area(s) you are proposing provide service to by checking from the list below:

\_\_\_ Clintonville

\_\_\_ Iola

\_\_\_ Manawa

\_\_\_ Marion

\_\_\_ New London

\_\_\_ Waupaca

\_\_\_ Weyauwega

**DELIVERY PROPOSAL**

Indicate your meal delivery capabilities by checking from the list below:

\_\_\_ Delivery of meals directly to participants' homes

\_\_\_ Delivery of meals to an identified drop off location for service areas outside of the Proposer's current physical location

\_\_\_ No delivery available

\_\_\_ Other: \_\_\_\_\_

**NUTRIENT ANALYSIS PROPOSAL**

Indicate if you are able to provide ongoing nutrient analysis by a registered dietician to meet nutrient specifications outlined in the RFP:

\_\_\_ Yes

\_\_\_ No

**DATE AVAILABLE TO BEGIN SERVICES IF AWARED A CONTRACT:**

\_\_\_\_\_

**ADDENDUM RECEIPT VERIFICATION**

The undersigned acknowledges that the following addenda have been received:

Addendum No: \_\_\_\_\_ Signature: \_\_\_\_\_

Addendum No: \_\_\_\_\_ Signature: \_\_\_\_\_

