

ATTACHMENT C
Elderly Nutrition Program Home Delivered Meal Catering
Waupaca County, Wisconsin

SUBMITTAL CHECKLIST

PROPOSER'S NAME: _____

REQUEST FOR BID	INITIAL TO ACKNOWLEDGE
BIDS RECEIVED AND IDENTIFIED AS: Elderly Nutrition Program Home Delivered Meal Catering RFP19-011-22	
ATTACHMENT A – BIDDER INFORMATION	
ATTACHMENT B – PROPOSAL WORKSHEET	
ATTACHMENT C – SUBMITTAL CHECKLIST	

Proposer's Signature

Date