

Bateman Com Living an Elior Company Information

Contact: Donna Doran
 Address: 100 Valley Drive
 Jackson, MS 39208
 Phone: (601) 594-0252
 Email: donna.doran@triocommunitymeals.com
 Web Address: TRIO Community Meals

ONLY ONLINE BIDS WILL BE ACCEPTED! By submitting your response, you certify that you are authorized to represent and bind your company and that you agree to all bid terms and conditions as stated in the attached bid/RFP/RFQ/Quote/Auction documents.

Donna Doran
 Signature

donna.doran@triocommunitymeals.com
 Email

Submitted at 11/18/2022 10:50:57 AM (ET)

Response Attachments

TRIO _ WORKFORCE ANALYSIS FORM.pdf

Bateman/TRIO Workforce Analysis

TRIO _ Family Care Center-CACFP Bid _ 11.18.2022.pdf

Bateman Com Living (TRIO Community Meals) Bid Response for Family Care CACFP

TRIO _ Registration Page with Permit Health Department Inspection ServSafe.pdf

Bateman Com Living (TRIO) Vendor Registration with Business Permit, Health Department Inspection, and ServSafe Certification.

TRIO_Affidavit - Signed.pdf

Bateman Com Living (TRIO) Signed Affidavit

TRIO _ LFUCG MWDBE PARTICIPATION FORMS Signed.pdf

Bateman Com Living (TRIO) Minority Vendor Response

Bid Lines

1	Breakfast	Quantity: <u> 1 </u> UOM: <u> Each </u>	Unit Price: <input type="text" value="\$2.61"/>	Total: <input type="text" value="\$2.61"/>
Supplier Notes: <input type="text" value="Breakfast is \$2.61/meal"/>				
2	Lunch	Quantity: <u> 1 </u> UOM: <u> Each </u>	Unit Price: <input type="text" value="\$4.43"/>	Total: <input type="text" value="\$4.43"/>
Supplier Notes: <input type="text" value="Lunch is \$4.43/meal"/>				
3	Snack	Quantity: <u> 1 </u> UOM: <u> Each </u>	Unit Price: <input type="text" value="\$1.23"/>	Total: <input type="text" value="\$1.23"/>
Supplier Notes: <input type="text" value="Snack is \$1.23/snack"/>				

Response Total: \$8.27

This Affidavit must be completed before your firm can be considered for award of this contract.

AFFIDAVIT

Comes the Affiant, John Kirk, and after being first duly sworn under penalty of perjury as follows:

1. His/her name is John Kirk and he/she is the individual submitting the bid or is the authorized representative of Bateman Com Living an Elior Company (TRIO Community Meals, LLC) the entity submitting the bid (hereinafter referred to as "Bidder")
2. Bidder will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the bid is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.
3. Bidder will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.
4. Bidder has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.
5. Bidder has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Bidder will not violate any provision of the campaign finance laws of the Commonwealth.
6. Bidder has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."
7. Bidder acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.

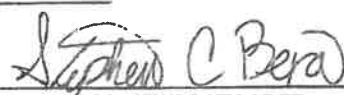


STATE OF South Dakota

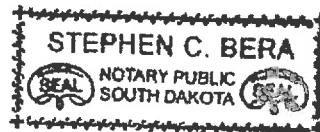
COUNTY OF Minnehaha

The foregoing instrument was subscribed, sworn to and acknowledged before me by John Kirk on this the 18th day of November, 2022

My Commission expires: 11/06/2024



NOTARY PUBLIC, STATE AT LARGE



Please refer to Section II, Bid Conditions, Item "U" prior to completing this form.

WORKFORCE ANALYSIS FORMName of Organization: Bateman Com Living an Elior Company (TRIO Community Meals, LLC)

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino)		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrators		86	65	12	2	17	14	1	0	3	0	0	0	4	0	123	81
Professionals		1	8	0	0	0	0	1	0	0	0	0	0	0	0	2	8
Superintendents		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supervisors		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Foremen		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Protective Service		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Para-Professionals(OPERATIVES)		134	60	71	32	185	69	3	0	5	2	7	2	5	3	410	168
Office/Clerical		5	22	2	2	1	4	0	0	0	1	0	0	0	20	8	49
Skilled Craft		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service/Maintenan		103	132	90	107	155	150	0	1	10	13	9	5	14	13	381	421
Total:		329	287	175	143	358	237	5	1	18	16	16	7	23	36	924	727

Figures provided by: Laura Bauer, Elior North America Human Resources
Form completed by Donna Doran, Client Partnership Director, TRIO Community Meals
Prepared by: _____ Date: 10 / 12 / 2022
(Name and Title)

Revised 2015-Dec-15

Request for Child and Adult Care Food Program (CACFP) Catering Quote

The center should complete the name lines and column 1 and 2 prior to sending to the caterer for request of quote.

Caterer should complete columns 3 and 4 and remainder of form and return with price quote by date and time specified by the center.

Sponsor/Center Name: _____ Family Care Center _____				
*MEALS FOR AGES 1-5 ARE BASED UPON PORTION SIZES FOR AGES 3-5.				
Meal	1. Estimated Total No. of Meals per Day	2. Preferred Delivery time	3. Unit Price per Meal	4. Total Price
Breakfast (Ages 1-5)*	85	6:30 a.m.	\$2.610	\$221.85
Breakfast (Ages 6-18)				
Breakfast (Adult)				
Lunch (Ages 1-5)*	85	10:00 a.m.	\$4.430	\$376.55
Lunch (Ages 6-18)				
Lunch (Adult)				
Supper (Ages 1-5)*				
Supper (Ages 6-18)				
Supper (Adult)				
Snack (Ages 1-5)*	85	10:00 a.m.	\$1.230	\$104.55
Snack (Ages 6-18)				
Snack (Adult)				
Total:				\$702.95

By signing this quote, I hereby state that I have read and agree to the all the requirements listed in the CACFP Catering Agreement and have reviewed the meal pattern requirements (provided by the center).

Caterer Company Name: Bateman Com Living an Elior Company (TRIO Community Meals, LLC)

Authorized Caterer Representative: John Kirk DocuSigned by: 21C00EDFA2A841F... 11/18/2022
(Signature) (Date)

Name and Title: John Kirk, President
(Print or Type)

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion AD-1048

Lower Tier Covered Transactions

Instructions for Certification

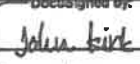
- (1) By signing and submitting this form, the prospective lower tier participant is providing the certification set out on page 1 in accordance with these instructions.
- (2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was 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 or debarment.
- (3) The prospective lower tier participant shall provide immediate written notice to the person(s) to which 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 the rules implementing Executive Order 12549, at 2 C.F.R. Parts 180 and 417. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- (5) The prospective lower tier participant agrees by submitting this form 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 form 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 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 System for Award Management (SAM) database.
- (8) Nothing contained in the foregoing shall be construed to require establishment of a system of records 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.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion AD-1048 Lower Tier

Covered Transactions The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 C.F.R. §§ 180.300, 180.335, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction. According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal and civil fraud privacy, and other statutes may be applicable to the information provided.

(Read instructions on page two before completing certification.) A. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency; B. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME Bateman Com Living an Elixir Company <small>(TRIO Community Meals, LLC)</small>	PR/AWARD NUMBER OR PROJECT NAME Bid #138-2022
NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S) John Kirk	
SIGNATURE(S)  <small>DocuSigned by: 21C00EDFA2A941F...</small>	DATE 11/18/2022

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint (<https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 890-7442.

Child and Adult Care Food Program (CACFP) Meal Service Agreement

Name of Sponsor/Institution: Family Care Center	CNIPS ID: 11475
Contact Person: Sheila Horton-Holt	Phone No. 859-288-4040
Address: 1135 Harry Sykes Way	
Lexington, KY 40504	

Bateman Com Living an Elior Company
(TRIO Community Meals, LLC)

_____ agrees to furnish meals daily to the above child care center for the period from:

November 21, 2022 to September 30, 2023, except for holidays or other days of in-operation complete with

required (Indicate below):

- paper products TRIO will provide forks and spoons
 condiments
 Milk

***AGES 1-5 MEALS BASED ON PORTION SIZES FOR AGES 3-5.**

Meal Type/Age	Estimated Total No. of Meals Per Day	Estimated No. of Serving Days per Year	Unit Price per Meal	Total Price	Delivery or Pick-up Time
Breakfast (1-5)*	85	248	\$ 2.610	\$55,018.80	6:30a.m.
Breakfast (6-12)					
AM Snack (1-5)*					
AM Snack (6-12)					
Lunch (1-5)*	85	248	\$4.430	\$93,384.40	10:00p.m.
Lunch (6-12)					
PM Snack (1-5)*	85	248	\$1.230	\$25,928.40	10:00p.m.
PM Snack (6-12)					

TOTAL PRICE: \$ 174,331.60

Bateman Com Living an Elior Company
(TRIO Community Meals, LLC)

_____ agrees to:

- Ensure that meals/snacks meet the minimum meal pattern requirements of program regulations, 7 CFR Part 226, including creditable components and accurate portion sizes, and will maintain complete and accurate records that at a minimum include details regarding the preparation and delivery of meals/snacks ordered, including nutrition and/or Child Nutrition (CN) labels .
- Maintain receipts and cost determination records for a period of 3 years after the end of the agreement period.
- These records will be made available to representatives of the Kentucky CACFP, U.S. Department of Agriculture, the child care center or any other appropriate state or federal officials.
- Provide meals in: _____ bulk or ___x___ unitized
- Prepare meals for: _____ pick up by center or ___x___ delivery by caterer at the time(s) indicated above.
- Provide delivery slips using the Kentucky CACFP delivery slip form or equivalent.
- Submit billing invoice for payment by the _____10th_____ of each month to mailing address provided by center.
- Notify the Institution immediately if the Caterer or its principals are suspended, disbarred or otherwise prohibited from performing under this contract.
- Any other information pertinent to the agreement may be included and attached to this agreement by the center.

DocuSign Envelope ID: E9EC2E36-90B0-4AAE-A03D-1DCFBBE12FB0

The Sponsor/Institution agrees to pay for meals based on the above unit price(s) within 30 days of receipt of invoice.

Bateman Com Living an Elior Company (TRIO Community Meals, LLC) agrees to provide meals that are safe and wholesome, but that any liability is severed upon receipt of meals.

If for any reason, this agreement is no longer desired, either party may terminate these services with a 14 days notification.

IN WITNESS WHEREOF, the parties here to have caused said agreement to be executed by their duly authorized officers.

By: Linda Horton 12/15/2022
Authorized Signature Date
Mayor
Title
Family Care Center
Child Care Center

DocuSigned by:
John Kirk 11/18/2022
Authorized Signature Date
John Kirk, President
Title
Bateman Com Living an Elior Company
(TRIO Community Meals, LLC)
Caterer

Agreement Renewal First Year

The institution or facility is exercising the option to renew the original (initial) catering contract that will expire on September 30, 20²³.

First Year Renewal: October 1, 20²³ to September 30, 20²⁴

By: _____
Authorized Signature Date
Title
Child Care Center

DocuSigned by:
John Kirk 9/27/2023
Authorized Signature Date
President
Title
TRIO Community Meals, LLC
Caterer

Agreement Renewal Second Year

The institution or facility is exercising the option to renew the original (initial) catering contract that will expire on September 30, 20____.

Second Year Renewal: October 1, 20____ to September 30, 20____

By: _____
Authorized Signature Date
Title
Child Care Center

By: _____
Authorized Signature Date
Title
Caterer