

### Bid 138-2022 **Bateman Com Living an Elior Company Supplier Response**

### **Event Information**

Number:

Bid 138-2022

Title:

Catering Services for Family Care Center

Type:

Competitive Bid

Issue Date: 11/14/2022

Deadline:

11/18/2022 02:00 PM (ET)

Notes:

ONLY ONLINE BIDS WILL BE ACCEPTED FOR THIS

SOLICITATION. PRICING SHOULD BE SUBMITTED ON THE LINE ITEMS TAB ONLY. PRICING WITHIN SUBMITTALS WILL NOT BE ACCEPTED AND MAY MAKE YOUR BID NON-RESPONSIVE.

For questions regarding these specifications or the bidding process, please post to the published bid on lonWave https://lexingtonky.ionwave.net. Phone calls or emails are not

accepted.

### **Contact Information**

Contact: Conni Haves

Address: Central Purchasing

**Government Center Building** 

Room 338

200 East Main Street Lexington, KY 40507

Phone:

(859) 2583320

Fax:

(859) 2583322

Email:

chayes@lexingtonky.gov

### **Bateman Com Living an Elior Company Information** Donna Doran Contact: Address: 100 Valley Drive Jackson, MS 39208 Phone: (601) 594-0252 donna.doran@triocommunitymeals.com Email: 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@triocommunitymeals.com Donna Doran Email Signature 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: 1 UOM: Each  Supplier Notes: Breakfast is \$2.61/meal	Unit Price: \$2.61 Total: \$2.61
2	Lunch  Quantity: 1 UOM: Each  Supplier Notes: Lunch is \$4.43/meal	Unit Price: \$4.43 Total: \$4.43
3	Snack  Quantity: 1 UOM: Each  Supplier Notes: Snack is \$1.23/snack	Unit Price: \$1.23 Total: \$1.23

Company

Response Total: \$8.27

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

### <u>AFFIDAVIT</u>

per	Comes t jury as follows	he Affiant, _ :	John Kirk		, and after	being first o	duly sworn und	ler penalty of
1.		presentative	of Bateman Cor		_ and he/she is the			d or is the
	the entity sub	mitting the b	oid (hereinafter re	eferred to as "Bidd	er")			
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 ol contract.	btain a Lexin	igton-Fayette Url	ban County Gove	nment business lice	ense, if appl	icable, prior to	award of the
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.	of Ordinance	s, known as '	"Ethics Act."		25 of the Lexington			
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 sayet	n naught. 🧲	Jh				
ST	ATE OF	South Da	kota					
CC	OUNTY OF	Minnehaha	a					
	The fore	going instrun	nent was subscri	ibed, sworn to and	acknowledged befo	ore me		
by	John Kirk				$\underline{}$ on this the $\underline{}$	3th da	ay	
of	November	. 2	022					
UI ,			es: <u>11/06/202</u>	24 \$7	Their CBe	era)	STEPHE NOTAR SOUTH	N C. BERA RY PUBLIC ADAKOTA

NOTARY PUBLIC, STATE AT LARGE

Please refer to Section II, Bid Conditions, Item  ${\rm ``U''}$  prior to completing this form.

### WORKFORCE ANALYSIS FORM

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

Categories	Total	(N Hisp	nite Jot Panic Pr ino)	Hispa or Latin	.	Blac Afric Ame (N Hisp or La	can- rican ot anic	Nat Hawa and C Pac Islan (N Hisp or La	aiian Other ific ider ot anic	Asia (No Hispa or Latin	ot mic	Amer India Alas Nat (n Hisp or La	n or kan ive ot anic	more (1 Hisp	yo or eraces Not anic or tino)	Tot	tal
		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
<b>Protective Service</b>		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Para-Professionals(OPER	ATIVES)	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

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

### 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 AR	E BASED UPON PORTION S	SIZES FOR AGES 3-5	•					
Meal	1. Estimated Total No. of	2. Preferred	3. Unit	4. Total				
	Meals per Day	Delivery time	Price per	Price				
			Meal					
Breakfast (Ages 1-5)*	85	6:30 a.m.		\$221.85				
			\$2.610	\$221.03				
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 guote. I hereby	state that I have read and ag	ree to the all the requi	rements listed ir	the CACFP				
	reviewed the meal pattern red							
Caterer Company Name: Bateman Com Living an Elior Company (TRIO Community Meals, LLC)								
Authorized Caterer Representative: Number   11/18/2022								
21C00EDFA2A941F (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.

-21C00EDFA2A941F...

### Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

### Certification Regarding Debarment, Suspension, Incligibility 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 Elior Company
(TRIO Community Meals, LLC)

NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S)

SIGNATURE(S)

DOCUMENT OF AUTHORIZED REPRESENTATIVE(S)

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 (<a href="https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer">https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer</a>) 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) 690-7442.

### 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 da  November 21, 2022 to September 30, 2023, except for holid  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.

ne Sponsor/Institution agrees to pay for r	neals based on the	e above unit price(s) within	30_ days of receipt o
voice. eman Com Living an Elior Company			-
O Community Meals, LLC) agrees to provide me	eals that are safe a	and wholesome, but that any lia	bility is severed upon
ceipt of meals.			
for any reason, this agreement is no long otification.	ger desired, either	party may terminate these serv	ices with a 14 days
I WITNESS WHEREOF, the parties here	to have caused s	aid agreement to be executed b	by their duly authorized
ficers.		John kirk	11/10/2022
y:	12/15/∂e≫By: .	21C00EDFA2A941F	11/18/2022
Authorized Signature	Date	Authorized Signature	Date
Warraw.		John Kirk, Presi	ident
<u>Mayor</u> Title		Title	
1110		Bateman Com Living an E (TRIO Community Meals, I	lior Company
Family Care Center		Caterer	LLC)
Child Care Center		Caterer	
By:Authorized Signature	_	By:Authorized Signature	Date
, <b>, , , , , , , , , , , , , , , , , , </b>			
Title		Title	
Title		,	
		0.1	
Child Care Center		Caterer	
Agreement Renewal Second Year			
The institution or facility is exercising the September 30, 20		the original (initial) catering col	4 44 4 49
Second Year Renewal: October 1, 20	ne option to renew	the original (initial) catering sol	ntract that will expire of
Second real New Man. Coloner 1, 2			ntract that will expire of
	0 to Septem	ber 30, 20	
	0 to Septem	ber 30, 20	
	0 to Septem		
By:Authorized Signature	0 to Septem	By:Authorized Signature	
	0 to Septem	ber 30, 20	
By:Authorized Signature	0 to Septem	By:Authorized Signature	

### **Caterer Registration Form**

### **Kentucky Child and Adult Care Food Program (CACFP)**

The Caterer must complete this form and attach copies of current food service permit, most recent food service inspection report and food service management certificates (if applicable to your county). Scan and email to <a href="mailto:cacfpcatering@education.ky.gov">cacfpcatering@education.ky.gov</a>, or fax to 502-564-5519/Attention: Elizabeth Fiehler or mail to:

Kentucky Department of Education
Division of School and Community Nutrition
Attention: Elizabeth Fiehler
300 Sower Blvd., 5<sup>th</sup> Floor
Frankfort, KY 40601

Legal Name of Company: Bateman Com Living an Elior C	company (TRIO Community Meals, LLC)						
Physical Address: 100 Valley Drive; Pearl, MS 39288							
Mailing Address if different from Physical Address: Mailing: P.O. Box 5454, Jackson, MS 39288							
Physical Address of Kitchen if different from Phys 857 Floyd Drive, Lexington, KY 40505	sical Address of Company Office:						
Owner: TRIO Community Meals, LLC							
Phone Number: 859.252.0352 Fax Number:							
Email: lexington@triocommunitymeals.com	:mail: lexington@triocommunitymeals.com						
CATERING CONTACT INFORMATION for REGISTERED CATERER LIST							
Contact Name/Title (this is the name that will ap Donna Doran	pear on the CACFP Registered Caterer List):						
Phone Number: 601.594.0252	Fax Number:						
Email:_donna.doran@triocommunitymeals.com							
Counties to be Served: Fayette							
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>							
Signature of Authorized Caterer Representative: Jalun kirk							
Fitle of Representative: President Date: 11/17/2022							

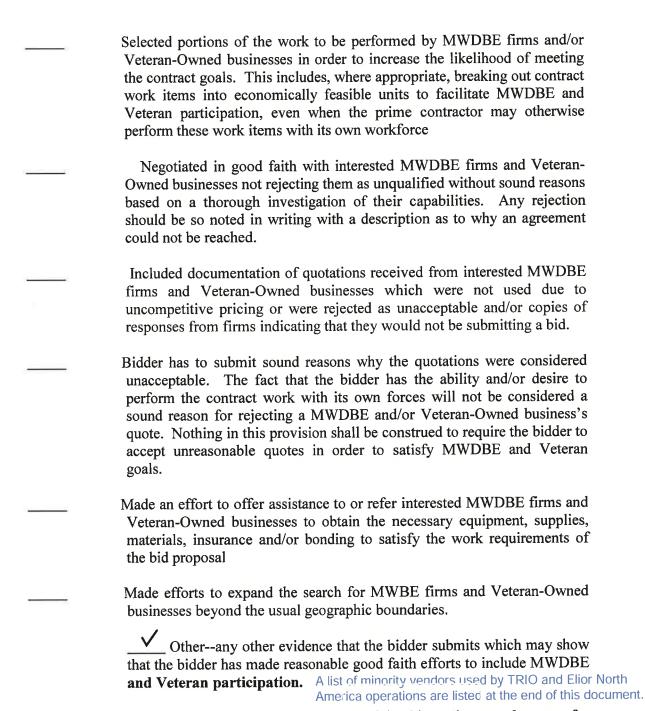
This Affidavit must be completed before your firm can be considered for award of this contract.

### **AFFIDAVIT**

per	Comes rjury as follows	the Affiant, <u>John Kirk</u> s:	, and after being f	irst duly sworn under penalty of				
1.	His/her name	<sub>e is</sub> John Kirk	and he/she is the individu	al submitting the bid or is the				
	authorized re	epresentative of Bateman Com	Living an Elior Company (TRIO Communit	y 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 contract.	obtain a Lexington-Fayette Urba	n County Government business license, if	applicable, prior to award of the				
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.		not knowingly violated any provises, known as "Ethics Act."	sion of Chapter 25 of the Lexington-Fayette	Urban County Government Code				
7.								
ST	ATE OF	South Dakota						
CC	COUNTY OF Minnehaha							
	The fore	egoing instrument was subscribe	d, sworn to and acknowledged before me					
by	John Kirk on this the 18th day							
of	November  My Com	, 20 <u>22</u> , mission expires: <u>11/06/2024</u>	NOTARY PUBLIC, STATE AT LARGE	STEPHEN C. BERA NOTARY PUBLIC SOUTH DAKOTA				

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

### LFUCG STATEMENT OF GOOD FAITH EFFORTS Bid/RFP/Quote # By the signature below of an authorized company representative, we certify that we have utilized the following Good Faith Efforts to obtain the maximum participation by MWDBE and Veteran-Owned business enterprises on the project and can supply the appropriate documentation. Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate. Included documentation of advertising in the above publications with the bidders good faith efforts package Attended LFUCG Central Purchasing Economic Inclusion Outreach event Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned Businesses of subcontracting opportunities Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s). Contacted organizations that work with MWDBE companies for assistance in finding certified MWBDE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation. Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively. Followed up initial solicitations by contacting MWDBEs and Veteran-Owned businesses to determine their level of interest. Provided the interested MWBDE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.



NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.

Date Title				
11/18/2022	President			
Company	Company Representative			
Bateman Com Living an Elior Company (TRIO Community Meals, LLC)	John Eine 21000EDFAZAB41F			
result in termination of the contract and/or be concerning false statements and claims.	DocuSigned by:			
The undersigned acknowledges that all information				

### TRIO and Elior North America Minority Vendors

TRIO and Elior North America are committed to using minority owned vendors. Below lists vendors utilized by some TRIO operations and Elior North America Operations.

### TRIO Operations utilizes these Minority Vendors:

Allied Eagle Supply Co.

Holman Enterprises

Fire Tech Systems

Glazier Foods Co.

Panola Paper Co.

Robertson Fruit & Produce

Ron's Home Style Foods

Sirna & Sons Produce

Spring Valley Dairy

Staff Force

### Elior North America utilizes these Minority Vendors:

Holman Enterprises

Anserteam

1st Choice Activewear

**MGEFE** 

Acorn

Economical Janitorial

Aster

Tempstaff



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/18/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	1-612-333-3323	CONTACT NAME: Dawn Heinemann or Angela Whirley		
Brown & Brown Inc.		PHONE (A/C, No, Ext): 612-333-3323 FAX (A/C, No): 6	12-373-7270	
80 South 8th Street		E-MAIL ADDRESS: eliorcerts@bbrown.com		
Suite 700		INSURER(S) AFFORDING COVERAGE	NAIC#	
inneapolis, MN 55402		INSURER A: SENTRY INS CO	24988	
INSURED		INSURER B: ACE PROP & CAS INS CO	20699	
Elior, Inc DBA Elior North Americ	а	INSURER C: SENTRY CAS CO	28460	
TRIO Community Meals, LLC 300 S. Tryon Street, Suite 400		INSURER D: RSUI IND CO	22314	
Joo D. Ilfon Boleco, Balac 100		INSURER E:		
harlotte, NC 28202		INSURER F:		

### COVERAGES

### CERTIFICATE NUMBER: 67167701

### REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
1	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- X LOC	x		9018840005	09/01/22	09/01/23	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 2,000,000 \$ 1,000,000 \$ 10,000 \$ 2,000,000 \$ 4,000,000 \$ 4,000,000
A A A	OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY			9018840004 (MA) 9018840006 (VA) 9018840003 (AOS)	09/01/22 09/01/22 09/01/22	09/01/23 09/01/23 09/01/23	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 3,000,000 \$ \$ \$ \$
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			XEUG71175194005	09/01/22	09/01/23	EACH OCCURRENCE AGGREGATE	\$ 10,000,000 \$ 10,000,000 \$
A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		9018840001 (AOS) 9018840002 (OR, WI)	09/01/22 09/01/22	09/01/23 09/01/23	X PER OTH- E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	DÉSCRIPTION OF OPERATIONS below  Excess Auto Policy			NHA099188	09/01/22	09/01/23	E.L. DISEASE - POLICY LIMIT  Bach Occurance	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is additional insured as respects the general liability policy where required by written contract, subject to the policy(s) terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Family Care Center	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1135 Harry Sykes Way	AUTHORIZED REPRESENTATIVE
Lexington, KY 40504 USA	Jelin

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### **CONTRACT CLARIFICATIONS**

The Family Care Center-CACFP (sometimes referred to as the "Client") Request for Proposals (RFP) Kentucky Child and Adult Care Food Program (CACFP) contains provisions that TRIO Community Meals, LLC (sometimes referred to as the "Company") would like to clarify. This serves as the Company's respectful request (but does not demand) that Client consider the following terms for inclusion in the contract.

### Indemnification

Each party agrees that it will defend, indemnify and hold harmless the other party, its officers, directors, parent corporation, affiliates, employees and agents ("Indemnified Parties") against any and all liabilities, losses, damages, injuries, deaths, reasonable litigation expenses (including, without limitation, reasonable attorneys' fees), costs and costs of court (collectively, "Damages") which Indemnified Parties may hereafter sustain, incur or be required to pay arising out of the other party's negligent acts, omissions or failure to perform obligations pursuant to this Agreement. Provided, however, neither party shall be required to defend, indemnify and hold harmless the other party for any intentional or criminal actions of the other party or its employees, visitors or invitees. Client agrees to defend, indemnify and hold harmless Company Indemnified Parties from all Damages which may arise due to any act or omission of a Company Party made in compliance with a Client's rules or requirements.

### **Limitation of Liability**

Company's entire liability and Client's exclusive remedy for damages arising out of or related to this Agreement or the Food Services shall not exceed the total amount paid by Client to Company for the current term of this Agreement (not to exceed three (3) years). COMPANY SHALL NOT BE LIABLE FOR LOSS OF BUSINESS, BUSINESS INTERRUPTION, CONSEQUENTIAL, INCIDENTAL, SPECIAL OR PUNITIVE DAMAGES, OR FOR LOSS OF REVENUE OR PROFIT IN CONNECTION WITH THE PERFORMANCE OR FAILURE TO PERFORM THIS AGREEMENT, REGARDLESS OF WHETHER SUCH LIABILITY ARISES FROM BREACH OF CONTRACT, TORT OR ANY OTHER THEORY OF LIABILITY.

### **Excused Performance**

If performance of any terms or provisions hereof (other than the payment of monies) shall be delayed or prevented because of compliance with any law, regulation, decree or order by any federal, state, or local court, governmental agency or governmental authority, or because of riot, war, public disturbance, strike, lockout, differences with workmen, pandemic, epidemic, fire, flood, Act of God or any other reason whatsoever, which is not within the control of the party whose performance is interfered with, and which, by the exercise of reasonable diligence said party is unable to prevent, the party so suffering may at its option, suspend, without liability, the performance of its obligations hereunder (other than the payment of monies) during the period such cause continues.

### **Change in Conditions**

The financial terms set forth in this Agreement, and all other obligations assumed by Company hereunder, are based on conditions in existence on the date Company commences operations including, without limitation, population; labor costs; applicable Governmental Rules; food and supply costs; provision of equipment and utilities; state of the Premises; and federal, state and local sales, use and excise taxes (the "Conditions"). Further, Client acknowledges that in connection with the negotiation and execution of this Agreement, Company has relied upon Client's representations regarding existing and future conditions (the "Representations"). In the event of change in the Conditions, inaccuracy of the Representations, or if Client requests any significant change in the Food Services as provided under this Agreement, the

financial terms and other obligations assumed by Company shall be renegotiated to reflect a proportionate increase in Company's charges to the Client. Company will provide a thirty (30) day notice of such increased charges. If Company sustains increases in its operational costs (e.g. product or labor costs), Company, with written notification to Client, may increase its prices for items to recover such increased costs.

### Non-Hire

Client acknowledges that Company has invested considerable amounts of time and money in training its Supervisory Employees. Therefore, the Client agrees that during the Supervisory Employee's employment with Company and for a period of twelve (12) months thereafter no Supervisory Employees of Company will be hired by Client nor any facility affiliated with Client, nor will Client permit employment of Company Supervisory Employees on Client's Premises or the Premises of any facility affiliated with Client. Client agrees that if it violates this provision, Client shall pay to Company and Company shall accept as liquidated damages and not as a penalty, an amount equal to one time the annual salary) of the Supervisory Employee(s) hired by or allowed to work with Client in violation of the terms of this Agreement. Company shall be entitled to pursue all other remedies available under federal, state, or local law. This provision shall survive the termination of this Agreement.

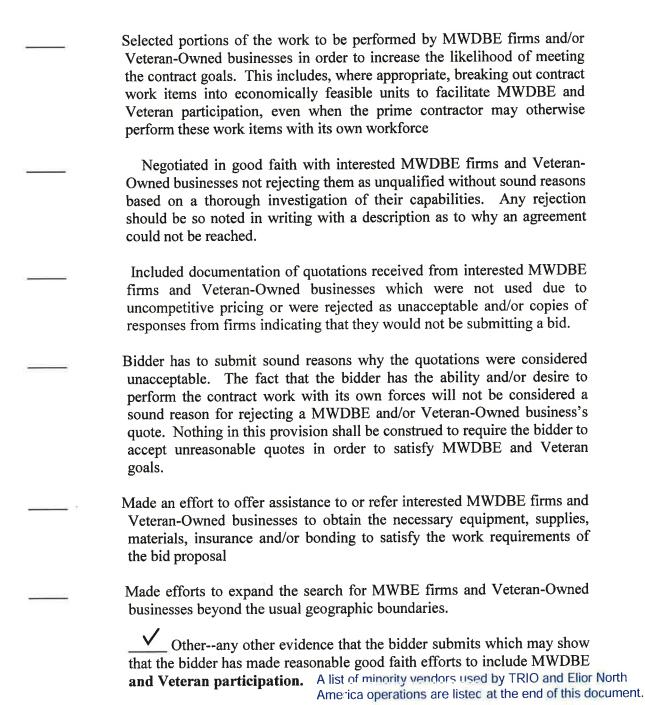
### **Termination for Convenience**

Either Party may terminate this Agreement with or without cause by written notice to the other party given not less than (30) days prior to the effective date of termination.

### **Assignment**

Neither party may assign or transfer this Agreement, or any part thereof, without written consent of the other party. Such consent shall not be unreasonably withheld Provided, however, that this shall not apply to Company's transfer to a parent, sister or successor company where Company provides Client at least thirty (30) days written notice.

LFUCG STA Bid/RFP/Q	ATEMENT OF GOOD FAITH EFFORTS  Quote #
utilized the fo	cure below of an authorized company representative, we certify that we have ollowing Good Faith Efforts to obtain the maximum participation by MWDBE. Owned business enterprises on the project and can supply the appropriate on.
	Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.
	Included documentation of advertising in the above publications with the bidders good faith efforts package
	Attended LFUCG Central Purchasing Economic Inclusion Outreach event
	Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned Businesses of subcontracting opportunities
	Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses
	Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).
	Contacted organizations that work with MWDBE companies for assistance in finding certified MWBDE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.
	Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.
<del></del>	Followed up initial solicitations by contacting MWDBEs and Veteran-Owned businesses to determine their level of interest.
	Provided the interested MWBDE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.



NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.

The undersigned acknowledges that all inform result in termination of the contract and/or be	ation is accurate. Any misrepresentations may
concerning false statements and claims.	DocuSigned by:
Bateman Com Living an Elior Company (TRIO Community Meals, LLC)	John teinte 21000EDFAZA941F
Company	Company Representative
11/18/2022	President
Date	Title

### TRIO and Elior North America Minority Vendors

TRIO and Elior North America are committed to using minority owned vendors. Below lists vendors utilized by some TRIO operations and Elior North America Operations.

### TRIO Operations utilizes these Minority Vendors:

Allied Eagle Supply Co.

Holman Enterprises

Fire Tech Systems

Glazier Foods Co.

Panola Paper Co.

Robertson Fruit & Produce

Ron's Home Style Foods

Sirna & Sons Produce

Spring Valley Dairy

Staff Force

### Elior North America utilizes these Minority Vendors:

Holman Enterprises

Anserteam

1st Choice Activewear

MGEFE

Acorn

Economical Janitorial

Aster

Tempstaff

### **Caterer Registration Form**

### **Kentucky Child and Adult Care Food Program (CACFP)**

The Caterer must complete this form and attach copies of current food service permit, most recent food service inspection report and food service management certificates (if applicable to your county). Scan and email to <a href="mailto:cacfpcatering@education.ky.gov">cacfpcatering@education.ky.gov</a>, or fax to 502-564-5519/Attention: Elizabeth Fiehler or mail to:

Kentucky Department of Education
Division of School and Community Nutrition
Attention: Elizabeth Fiehler
300 Sower Blvd., 5<sup>th</sup> Floor
Frankfort, KY 40601

Legal Name of Company: Bateman Com Living an Elior C	Company (TRIO Community Meals, LLC)
Physical Address: 100 Valley Drive; Pearl, MS	39288
Mailing Address if different from Physical Address Mailing: P.O. Box 5454, Jackson, MS 39288	ss:
Physical Address of Kitchen if different from Phy 857 Floyd Drive, Lexington, KY 40505	sical Address of Company Office:
Owner: TRIO Community Meals, LLC	
Phone Number: 859.252.0352	Fax Number:
Email: lexington@triocommunitymeals.com	
CATERING CONTACT INFORM	MATION for REGISTERED CATERER LIST
Contact Name/Title (this is the name that will ap Donna Doran	opear on the CACFP Registered Caterer List):
Phone Number: _601.594.0252	Fax Number:
Email: donna.doran@triocommunitymeals.com	
Counties to be Served: Fayette	
>>>>>>>>>>>	->>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Signature of Authorized Caterer Representative:	/ E/ 2E/
Title of Representative: President	—21C00EDFA2A941F  Date: 11/17/2022



Date Received:	

## CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR PUBLIC HEALTH FOOD SAFETY BRANCH 502-564-7181

105844 KY. Assi	301126034 ign No. FEI No.	7 12180401 ESAF Assign. No.	Regular F Survey A Reinspection C	Pre-opening Follow-Up Admin Follow-Up Complaint []Other
Fayette		triocommunitymeals.c	om	
County	E-Mail			
Trio Community Me		359-252-0352	1	
Firm Name	P	hone Number	CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	lisk Category
857 Floyd Dr		Lexington		0505
Firm Address	and the second second	City	Z	lp
Chris Dedic	079	253		
Lead Inspector	SI#	Region	Additional Inspector	'S
6/9/2022	1.0	2.0	7.5	
Date(s) of Inspection	Travel Time	Inspection Tim	ne Repo	rt Time
	*			
Check if report continued	on DFS-221	Ya i		
<del></del> :		AI OVAI OAI and require	correction within	or follow up within
The observations detailed a	above are classified as ONA		day	_
The observations detailed a	above are classified as ONA	ner action against your firm per	day 902 KAR 1:400.	s da
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The observations detailed a Failure to correct these def Emailed To Firm	above are classified as ONA ficiencies could result in furth Richa	ner action against your firm per ard Burk/District Mana ame & Title	day 902 KAR 1:400. ager 6/9/22	5 da



**Compliance Officer** 

Date

Attached is your permit

THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE

Permit #

KYF0050105844

Issued:

01/01/2022

**Expires** 

12/31/2022

TRI COMMUNITY MEALS

ATTN: BUSINESS TAX 775 WOODLANDS PARKWAY, STE 100 RIDGELAND, MS 39157

Cut Along This Line

County

CABINET FOR HEALTH AND FAMILY SERVICES

THIS PERMIT MUST BE POSTED

**FAYETTE** 

COMMONWEALTH

OF KENTUCKY

IN A CONSPICUOUS PLACE

1,001 - 5,000 SQ FEET

OTHER RTE PHFS INCLUDING CERTAIN BAKERIES



AUTHORIZATION IS HEREBY GRANTED TO OPERATE A FOOD PROCESSING OR STORAGE ESTABLISHMENT IN COMPLIANCE WITH KENTUCKY KRS 217.125

THIS PERMIT IS NON-TRANSFERABLE AND SHALL EXPIRE ON

12/31/2022

Location of Establishment if Different From Mailing Address

TRI COMMUNITY MEALS

PERMIT # KYF0050105844

857 FLOYD DRIVE LEXINGTON, KY 40505

12/31/2022

Given under our hands on this date

01/01/2022

STEVEN J. STACK, MD

COMMISSIONER OF KENTUCKY DEPARTMENT FOR PUBLIC HEALTH

ERIC C. FRIEDLANDER / SECRETARY FOR HEALTH AND FAMILY SERVICES



# ServSafe CERTIFICATION

## RONALD BOLDEN

for successfully completing the standards set forth for the ServSate\* Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI+Conference for Food Protection (CFP).

5/25/2021

5525

EXAM FORM NUMBER

5/25/2026

DATE OF EXPIRATION

cy for recertification requirements. DATE OF EX.
Local laws apply. Che



#0655

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Contact us with questions at 233 S. Wacker Drive, Sule 3600, Chicago, Le60506-6383 or ServSofe@restourant org.



National Registry of Food Safety Professionals CERTIFIED FOOD SAFETY MANAGER

HUNTER MACEY

Certificate No: 21629547 Issue Date: October 1, 2019 Expiration Date: October 1, 2024