





WESTERN RESERVE AREA AGENCY ON AGING

Elderly Nutrition Program

COMPETITIVE PROPOSAL EVALUATION WORKSHEET

1	Complete but Effective
0.75	Complete but Partially Effective
0.5	Incomplete and/or Partially Effective.
0.25	Incomplete and Ineffective.
0	Blank or not answered directly

Applicant: 0

**Award Criteria 1: Organization, Personnel and Experience**

Question	Max points	Score	Points Awarded
1a-b Please list the location of Applicant's current food preparation sites and location of food preparation sites to be used for the program, if different, and please provide Applicant's primary business telephone number or other toll-free telephone number.	1		0
2 Please list the minimum average number of staff hours per week which will be allotted to each of the following task for this contract: Load preparation and packaging: Truck sanitation and maintenance: Indicate at what number of meals additional staff hours will be added. Indicate other operational involvement of vehicles and staff time outside those proposed for this RFP, i.e. what other older Americans Act congregate Nutrition programs, other Older Americans Act home Delivered Nutrition Program and all other programs for which the vehicles are used for, before, between, and after meals are delivered.	3		0
3 Please state the names of Applicant's legal counsel and describe any pending litigation.	1		0
4a Is Applicant a minority business enterprise within the meaning of 45 C.F.R. §75.330 or other applicable law?	1		0
4b Is Applicant a small business enterprise within the meaning of 45 C.F.R. §75.330 or other applicable law?	1		0
4c Is Applicant a women's business enterprise within the meaning of 45 C.F.R. §75.330 or other applicable law?	1		0
5 Please affirmatively state and provide documentation establishing that Applicant can adequately provide meals appropriate for consumption by older persons, as demonstrated by previous experience and as shown in physical structure, layout, and skill, without using a subcontractor or other caterer to provide meals. A list of clients and the accompanying services provided for those clients shall be included.	3		0
6 WRAAA requires the Food Preparer to manage the contract as a partnership working with the agency and its providers to address senior nutrition issues in the five county region. Providing high quality nutritious foods for eligible consumers will help them live a healthier life. For many hunger and malnutrition are real issues. Please describe the unique needs of frail older adults and how Applicant plans to address these unique needs in the provision of food services.	1		0
7 What can consumers expect if your company is the successful Applicant?	1		0
8 What can the providers expect if your company is the successful Applicant?	1		0
9 State Applicant's commitment to the OAA congregate nutrition program and the OAA home delivered nutrition program in this RFP process and how Applicant plans to deliver that commitment for the OAA Nutrition Program contract for program year 2018.	3		0

10	Please tell us the identity of the “Person-In-Charge” responsible for the food service operation. The Food Preparer shall ensure that the “Person-In-Charge” is certified in food protection as evidenced by completion of the ServSafe Program developed by the National Restaurant Association Educational Foundation. The Food Preparer shall maintain documentation of course completion.	1		0
11	Does Applicant have a written Affirmative Action Plan on file for examination by the Western Reserve Area Agency on Aging? (Please see what must be included on page ___ of the RFP Specifications).	1		0
12	If Applicant has fifty (50) or more employees: Does Applicant have written Personnel Policies and Procedures manual on file for examination by the Western Reserve Area Agency on Aging. (please indicate if no applicable, referenced on page ___ of the RFP Specifications).	1		0
<b>Total Points Available for this section:</b>		<b>20</b>		0

<b>Award Criteria 2: Concept &amp; Method of Proposed Services</b>				
	<b>Question</b>	<b>Max points</b>	<b>Score</b>	<b>Points Awarded</b>
13	Please describe Applicant’s delivery and food transportation equipment as to types and physical description. Indicate which equipment is owned and which will be leased and when the lease(s) expire(s).	2		0
14	Please explain how Applicant documents the maintenance and monitoring records of Applicant’s refrigeration/freezer equipment.	2		0
15	Please accurately describe the services Applicant is applying to provide, and describe how Applicant plans to provide them.	1		0
16	Please state how Applicant’s total price for meals reflects the itemized costs for the services Applicant is applying to provide.	2		0
17	<p>WRAAA has specific objectives to meet the needs of older persons who are low-income, low income minorities, have limited English proficiency, reside in rural areas and who are at risk for institutional placement (frail). Please affirmatively state whether Applicant will assist WRAAA in complying with 42 U.S.C. 302b(a)(4)(A)(ii). Person direction allows consumers to decide what is best for themselves from a range of viable options.</p> <ul style="list-style-type: none"> <li>• How would Applicant assist WRAAA in providing options to the consumers?</li> <li>• How will Applicant provide services that ensure that these persons’ needs are satisfied?</li> <li>• How will Applicant obtain feedback from consumers on their satisfaction with Applicant’s service?</li> <li>• How will Applicant meet WRAAA’s specific objectives for providing services to these persons and measure outcomes related to the delivery of Applicant’s service to these persons?</li> <li>• How will Applicant comply with ODA’s rule relation to Criminal Background Check (Rule 173-9-01)?</li> </ul>	5		0
18	Please affirmatively state whether Applicant has the ability to perform and will perform according to the requirements contained in the <u><a href="#">Contract Sample.pdf</a></u> should Applicant receive the grant(s) for which a competitive proposal is made.	2		0
19	What is the procedure for notifying WRAAA when there is an extreme emergency that will interrupt regular meal service?	2		0

20	What are Applicant's plans for providing meals for consumers during an emergency event that prohibits meal production at the commissary?	2		0
21	What is Applicant's plan for handling shortages, late deliveries, and questionable food items?	2		0
22	What is Applicant's plan for emergency food for home delivered meal consumers on site?	2		0
23	Please describe Applicant's internal procedures for reporting events to the public health system to facilitate surveillance and investigation using established communication protocol.	2		0
24	Please describe Applicant's plan for how reliable information will be provided to others (e.g. media, local health departments, aging service network) as relevant to the specific production sites and emergency response protocol.	2		0
25	Please describe Applicant's plan for communicating risk and actions taken clearly and accurately to WRAAA and the media.	2		0
26	Please describe Applicant's for participating in post-event feedback and assessment of response with the local public health system and take needed steps to improve future response.	2		0
<b>Total Points Available for this section:</b>		<b>30</b>		0

### Award Criteria 3: Quality Assurance, Monitoring, Evaluation System & Customer Relations

Question		Max points	Score	Points Awarded
27	Please list the name of an accredited laboratory used for testing food, food contact surfaces, and the environment for <i>Listeria monocytogenes</i> .	3		0
28	Please state Applicant's product testing procedures including frequency and documentation of detailed voluntary controls.	6		0
29	Please describe Applicant's history of food products recalls including circumstances and frequency.	4		0
30	Please describe Applicant's preventive measures and sanitation procedures used to prevent <i>Listeria monocytogenes</i> in the food preparation areas.	6		0
31	Please describe Applicant's pest control procedures.	2		0
32	Please describe Applicant's employee training regarding hygiene and sanitary procedures related to the handling of food products including formal cleaning schedules.	5		0
33	Please affirmatively state whether Applicant agrees to comply with all non-discrimination laws, federal wage and hour laws, and Ohio workers compensation laws in the recruitment and employment of individuals.	2		0
34	Please provide a written description of the step-by-step instructions a consumer may follow to file an insurance claim under the insurance coverage(s) required by these RFP Specifications.	2		0
<b>Total Points Available for this section:</b>		<b>30</b>		0

### Award Criteria 4: Financial Review

Question		Max points	Score	Points Awarded
35	Financial Review	10		0
<b>Total Points Available for this section:</b>		<b>10</b>		

### Award Criteria 5: Per Meal Price

Question		Max points	Score	Points Awarded
36	Is the price realistic, competitive, fair? Is the Applicant able to supply menu at the price stated?	10		0
<b>Total Points Available for this section:</b>		<b>10</b>		

# SFY 2020 Older Americans Act Competitive Proposal Scoring Summary

**Applicant: 0**

	Max Points	Points awarded
<b>Award Criteria 1: Organization, Personnel and Experience</b>	<b>20</b>	<b>0</b>
<b>Award Criteria 2: Concept &amp; Method of Proposed Services</b>	<b>30</b>	<b>0</b>
<b>Award Criteria 3: Quality Assurance, Monitoring, Evaluation System &amp; Customer Relations</b>	<b>30</b>	<b>0</b>
<b>Award Criteria 4: Financial Review</b>	<b>10</b>	<b>0</b>
<b>Award Criteria 5: Per Meal Price</b>	<b>10</b>	<b>0</b>

**TOTAL SCORE 0**



**Western Reserve**  
Area Agency on Aging