



APPLICATION FORM

**SNP ENTRÉE MEALS APPLICATION PROJECT PERIOD:  
MARCH 1, 2023 - JUNE 30, 2023 (MAY BE RENEWABLE  
FOR FY 2023-2024)**

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Applications submitted in response to this IFB to provide VCAAA's Senior Nutrition Meal Program Entrees must be submitted to the following address no later than **4:00 p.m., Wednesday, February 22, 2023.**

Ventura County Area Agency on Aging  
Attn: Alyssa Corse  
(alyssa.corse@ventura.org)  
646 County Square Drive, Suite 100  
Ventura, CA 93003

**This application is submitted for the following nutrition service(s):**

- Single Serve Entrees
- Multiple Serving Entrees (Steam Trays)

**Application Checklist:** Each application must include the items listed below. Please check the box to confirm that your completed application packet contains all items.

**One (1) original set of the following are required to be submitted:**

- Completed Application with Original Signatures & Full Description of Proposed Program
- List (with Price per Serving) of Single Serving Entrées – (approved by a VCAAA RD)
- List (with Price per Serving) of Multiple Serving Entrees – (approved by a VCAAA RD)
- Current Business License(s)
- Current Certificate of Insurance (*listing Ventura County as a Certificate Holder – with required VC limits and all endorsements*)
- Current County of Ventura Environmental Health Permit
- Signed W-9 (applicable for any new vendors)

**Note:** Applicants should answer the following questions in a narrative format, where applicable.

**1. RELEVANT EXPERIENCE**

Describe your organization's experience in providing meals, for older adults with dietary restrictions.

Answer:

Describe your existing or previous County of Ventura restaurant meal program participation.

Answer:

2. **PROGRAM ADMINISTRATION**

Who, (name and contact information), in your organization will be responsible for the administration of this program?

Answer:

Who, (name and contact information), will be responsible for the submission of the weekly invoices?

Answer:

Please advise what supporting documentation will be provided with your invoices, to evidence that entrees were received in good condition by the recipient meal site

Answer:

3. **SERVICE REGIONS**

Which service regions are you applying to serve?

- Camarillo, Somis, Santa Rosa Valley
- Fillmore
- Moorpark
- Oxnard, El Rio, Nyeland Acres, Del Norte, Hollywood Beach
- Port Hueneme
- Santa Paula
- Simi Valley
- Ventura, Saticoy, Montalvo
- Thousand Oaks, Newbury Park
- Ojai Valley
- All (includes the entire county)***

4. **SERVICE PROPOSAL**

Projected Meal Costs – Provide the cost per serving, for each of your proposed entrées for the contract period. Please attach your price list showing the cost per serving, delivered to the meal site.

Answer:

- Single Serving Entrée Price List attached
- Multiple Serving Entrée Price List attached

5. **PROJECT CAPACITY**

Capacity – what is your maximum weekly capacity to provide single and multiple serving entrees delivered to the meal sites?

Answer:

- Single Serving Entrée Count: \_\_\_\_\_
- Multiple Serving Entrée Count: \_\_\_\_\_

6. REQUIRED INFORMATION:

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Agency Type: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Private For-Profit		
Date of Incorporation: MM/DD/YYYY	Corporation Number: Example: X00000XX0000XXX-000000	Taxpayer ID Number: Example: 00-0000000

Authorization to Submit Proposal

This proposal is authorized for submission by the governing body of the applicant agency(s). The undersigned is aware of all pertinent conditions and specifications affecting the provision of meals and services and all relevant terms and conditions stated in the request for proposal.

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Print or Type Name and Title

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Authorized Signature and Date