TOWN OF TRUMBULL
SENIOR CENTER
REQUEST FOR QUALIFICATIONS (RFQ)
CATERING SERVICES

RFQ: # 6033  DUE: MARCH 5, 2014 @ 3:00PM

Town of Trumbull (hereinafter referred to as “Town”) seeks qualified firms or individuals (here-in-after referred to as caterer, firm, responder or, proposer) to provide lunch service for the Trumbull Senior and shall accept sealed qualifications in accordance with the attached specifications and scope of work. The selected firm must be a Qualified Food Operator and shall comply with all state and town (district) regulated health requirements as administered by the Trumbull/Monroe Health District.

A. PREPARATION OF PROPOSALS
1. One (1) ORIGINAL and one (1) EXACT COPY of your proposal shall be submitted. All responses shall be submitted in a clear, concise and legible manner to permit proper evaluation.
2. Proposers may also submit, under separate cover with their proposal, any additional reports and documents that are necessary to meet the requirements of this request.

B. PROPOSAL SUBMISSION
1. Proposals are to be submitted in a sealed envelope and addressed as follows:
   RFP #6033 – Senior Center Caterer
   Attention: Robert J. Chimini
   Purchasing Agent
   Town of Trumbull
   5866 Main Street, Trumbull, CT  06611
   The deadline for submittal of response is MARCH 5, 2014 @ 3:00PM.
2. Proposals must be signed by an authorized principal or agent of your organization and the person signing the Proposal Form must be authorized by the organization to contractually bind that organization with regard to price and related contractual obligations. Unsigned proposals or proposals received after the due date and time noted above shall not be considered.
3. A proposal may be withdrawn at any time prior to the above scheduled date.
4. A proposal received after the above scheduled date and time shall not be considered or opened.
5. No oral, telephonic, emailed, or faxed responses shall be considered. No oral, telephonic, emailed, or faxed corrections, deletions, or additions to any response shall be accepted. Any responses received after the above scheduled due date and time shall not be accepted or opened.

C. TOWN OPTIONS
The Town reserves the right to reject any or all proposals and to waive any requirements, irregularities, technical defects or service therein when it is deemed to be in the best interest of the Town.

D. TAXES
All purchases made by the Town, and associated with the award of this requirement shall be tax exempt. Any taxes must not be included in proposal prices. A Town Tax Exemption Certificate shall be furnished upon request.

E. INQUIRIES
1. Inquiries regarding this request may be directed to Ms. Jean Fereira (203)452.5199. To ensure consistent interpretation of certain items, answers to questions the Town deems to be in the interest of all proposers will be made available in writing or by Fax as appropriate to all proposers.
2. Additionally, after proposals are received, the Town reserves the right to communicate with any or all of the proposers to clarify the provisions of this request. The Town further reserves the right to request additional information at any time after proposals are opened.

F. AWARD AND AUTHORITY
Final acceptance and award by the Town shall occur upon mutual agreement by the Town and service provider and upon execution by both parties of a signed agreement.

G. AGREEMENT AND PRICING
1. All pricing quoted shall remain firm fixed for a period of one (1) year from date of proposal opening.
2. The duration of the agreement shall be for six (6) months and may be renewed for an additional six (6) months at the terms stated in the Proposal Form by giving the service provider at least thirty (30) days written notice and upon mutual consent of both parties.
3. Notwithstanding the foregoing the Town may cancel a contract at any time upon material breach by the service provider with seven (7) days written notice prior to the termination date.

H. ASSIGNMENT OF RIGHTS, TITLES, AND INTERESTS AND SUBCONTRACTING
Any assignment or subcontracting for service to be performed related to this request, in whole or in part, and any other interest in conjunction with Town procurement shall not be permitted without the express written consent of the Town.

I. HOLD HARMLESS CLAUSE
The selected service provider agrees to indemnify, hold harmless and defend the Town from and against any and all liability for loss, damage or expense which the Town may suffer or for which the Town may be held liable by reason of injury, including death, to any person or damage to any property arising out of or in any manner connected with the operations to be performed under this request and subsequent Contract, whether or not due in whole or in part of any act, omission or negligence of the Town or any of its representatives or employees.

J. WORK REGULATIONS AND HEALTH STANDARDS
1. All work activities performed in association with this request must be performed and completed for the Town in accordance with current Federal, State and Local labor regulations. All services performed shall also conform to the latest OSHA standards and/or regulations as well as other standards and requirements stated in this request.
2. All services provided shall conform to State and Regional Health District (The Trumbull/Monroe Health District) standards. Prior to the execution of any agreement or delivery of services associated with this request the selected caterer shall meet with Ms. Patrice Sulik, Director of Health, Trumbull Monroe Health District (203.452.5195) to review health standards and requirements.

K. INSURANCE
The successful proposer shall provide the Town Purchasing Agent with a Certificate of Insurance before work commences. The Town shall be named as an additional insured with an Insurance Company licensed to write such insurance in Connecticut, against the following risks and in not less than the following amounts:

<table>
<thead>
<tr>
<th></th>
<th>Each Person</th>
<th>Each Occurrence</th>
<th>Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liability</td>
<td></td>
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<tr>
<td>Bodily Injury Liability</td>
<td>$1,000,000</td>
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<td>$1,000,000</td>
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<tr>
<td>Property Damage Liability</td>
<td>$1,000,000</td>
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<td>$1,000,000</td>
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<tr>
<td>Personal Injury Liability</td>
<td>$1,000,000</td>
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<tr>
<td>Comprehensive Automobile Liability</td>
<td>$1,000,000</td>
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<td>$5,000,000</td>
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<tr>
<td>Bodily Injury</td>
<td></td>
<td>$1,000,000</td>
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</tr>
<tr>
<td>Property Damage</td>
<td></td>
<td>$1,000,000</td>
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</tbody>
</table>
Such policies shall provide that no coverage shall be changed or cancelled unless thirty- (30) days prior notice of such change or cancellation shall be made to the owner. Such notice shall be made by registered mail; postage prepaid, to the Purchasing Agent, Town of Trumbull, Town Hall, Trumbull, Connecticut 06611.

In the event of cancellation, the contractor shall cease all operations on or before the effective date of said cancellation and he shall not commence work again until he has obtained replacement insurance and has delivered a Certificate of Insurance to the office of the Owner’s Purchasing Department.

L. SELECTION PROCESS AND REFERENCES
A committee authorized by the Senior Center Commission shall review all proposals submitted in response this request and shall determine evaluation criteria which will include but not be limited to, similar or related experience, references, qualifications, and fee structure. It is likely that the committee may require interviews and presentations from selected respondents prior to final selection.

Responders to this request shall submit a least contact information for similar services. (Submit attached Reference Form).

M. ADDENDUMS
It is the responsibility of the responder to verify, prior to final submittal, of its response, if any addenda to this request have been issued. Any addenda to this request shall be posted on the Town of Trumbull website www.trumbull-ct.gov (Purchasing Department – Bid Invitations). Responders may also call the Purchasing Department directly 203.452.5031 for inquiries and regarding addenda.
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GENERAL SPECIFICATIONS & REQUIREMENTS

Town of Trumbull seeks a qualified firms or individuals to provide lunch service to the Trumbull Senior. The selected firm shall be a Qualified Food Operator and shall comply with all state and town (district) regulated health requirements as administered by the Local Health District.

Qualifications for the food provider are as follows:

1. Minimum of five years of experience in the food business.
2. A demonstrated history of similar services as requested herein.
3. Experience in preparing and providing on-site (catered) food services.

Responses to this request shall include but not be limited to:

1. A proposed scope of services and catering approach.
2. Detailed information of the firm’s background and experience.
3. Key staff assigned with resumes.
4. A proposed variety of food menus that would be provided.

Lunch meals (pre packaged) shall include but not be limited to the following

- Soups
- Sandwiches
- Salads
- Small dinners
- Hot dogs
- Hamburgers
- Dessert

Additional Requirements and Conditions

- The service shall include all disposable plates, plastic utensils, napkins
- The cost shall be no greater than $6.00 (all inclusive)
- 5 days a week     11:00AM – 1:00 PM
- NOTE: There are no cooling or cooking facilities on the premises

- Collection of all monies is solely the responsibility of the catering provider.
- The caterer shall provide a weekly menu in advance. All food is pre ordered by sign-up sheets.
- All clean-up is the responsibility of the caterer
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REFERENCES

(To be submitted with proposal – attach additional pages as necessary)

List references for similar services provided for at least three (3) clients in the past five (5) years (attach any other client references if desired). PLEASE NOTE IT IS THE TOWN’S INTENT TO COMMUNICATE WITH THE REFERENCES LISTED HEREIN.

CLIENT 1:
Organization Name:________________________________________________
Contact Name: __________________________________________ Phone: ___________________________
Service Dates:_____________________________________________________
Project(s):   ___________________________________________________________________________________

CLIENT 2:
Organization Name:________________________________________________
Contact Name: __________________________________________ Phone: ___________________________
Service Dates:_____________________________________________________
Project(s):   ___________________________________________________________________________________

CLIENT 3:
Organization Name:________________________________________________
Contact Name: __________________________________________ Phone: ___________________________
Service Dates:_____________________________________________________
Project(s):   ___________________________________________________________________________________