

ATTACHMENT 6

BIDDER'S QUESTIONNAIRE

All Bidders must complete the following questionnaire. All questions must be answered and the data given must be clear and comprehensive. If necessary, additional sheets may be used to complete the answers.

1. Name and Address of Bidder: _____

Telephone Number: _____

2. Address of all offices or facilities from which proposed nutrition services would be provided:

3. Type of Business (Check each one that applies):

_____ Public Non-Profit
_____ Private Non-Profit
_____ Corporation
_____ Partnership

_____ Public for Profit
_____ Private for Profit
_____ Individual Proprietor
_____ Other

4. Number of years of experience in the provision of nutrition services? _____

Number of years of experience providing nutrition services to the aging population? _____

5. Is the Bidder serving or has served customers of comparable size to the operation described in this bid? _____ Yes _____ No

6. Has Bidder ever been awarded similar contracts by any governmental body or entity?

_____ Yes _____ No. Number of such contracts in past three (3) years: _____

7. Is Bidder presently under contract with any other social service or health care related agencies or establishments? _____ Yes _____ No. If yes, please identify:

8. Has Bidder ever defaulted on a contract or failed to complete any work for which it was awarded?

_____ Yes _____ No. If yes, please explain:

9. Has Bidder ever been declared ineligible or barred from submitting bids for any government contracts? _____ Yes _____ No. If yes, please explain:

10. Has the Bidder or any of its Principals, Officers, or present or former employees ever been found by any court or administrative agency to have discriminated against any person because of race, color, national origin, religious creed, age, sex, or disability?
_____ Yes _____ No. If yes, please explain:

11. Does the Bidder have any outstanding unsatisfied judgments, tax liens filed or any pending lawsuits?
_____ Yes _____ No. If yes, please explain:

12. Please identify the amount of insurance and name of the insurance carrier:

Amount _____ Name _____

13. Please list at least two (2) recent references involving similar services and comparable size including:

- A. Name and address of individual or business for which work was performed.
- B. Dates work was performed.
- C. Name, address and telephone number of contact person.
- D. Description of the nature of work performed.

Reference #1

- A. _____
- B. _____
- C. _____
- D. _____

Reference #2

- A. _____
- B. _____
- C. _____
- D. _____

14. Please list any background and experience of the Bidder's principals and officers that would demonstrate the Bidder's ability to perform the work described.

15. List Bidder's IRS Identification Number: _____

16. Bidder acknowledges and agrees to Nutrition Service Provider Responsibilities as defined in the RFP and APPENDIX A, Senior Community Center Sites and Delivery Schedule.

The undersigned hereby certifies that the above information is true and correct, and authorizes and requests any person, firm or corporation to furnish any information requested by the Office of Human Services for verification.

Date

Authorized Signature

Printed Name and Title