INVITATION TO BID
for
Food Services Contract
CABARRUS COUNTY DEPARTMENT OF HUMAN SERVICES
LUNCHPLUS CLUB

Cabarrus County is formally requesting bids for private contractors to provide Bulk Catering Services for the Cabarrus County Department of Human Services LunchPlus Club Program for the period July 1, 2018 to June 30, 2020 according to the specifications and conditions set forth herein and attached. Bids which are mailed should be sent to Thomas C. Nunn, Cabarrus County Contract and Risk Coordinator, P.O. Box 707, Concord, NC 28026-0707 with the following designation marked on the sealed envelope: "Bid for LunchPlus Club Meals".

PURPOSE: The purpose of the Cabarrus County LunchPlus Club Program is to promote, maintain, and improve the health and well-being of older adults through the provision of a nutritionally balanced meal 5 or more days per week served in a strategically located congregate setting. This meal is part of the overall wellness program designed to promote independence and allow our older adult clients to remain at home as long as possible. Each meal provides a minimum of 1/3 Recommended Dietary Allowances (RDA) for older adults (as established by the Food and Nutrition Boards of the National Research Council).

CONDITIONS: The Cabarrus County Board of Commissioners will determine the acceptability of the bid. Bids shall be awarded to the lowest responsible bidder taking into consideration past quality performance, service unit cost, bidder's qualifications, completeness and accuracy of the bid, and bidder’s history of providing the service. Bids are awarded by the Board of Commissioners based on recommendations from the Department of Human Services staff. The County reserves the right to reject any and all bids and to accept the bid most favorable to the County.

BID BOND: All bids must be accompanied by a bid deposit. The deposit should be computed to equal 5% of the net bid price for a total of 41,250 meals. The deposit may be in the form of cash, certified check, cashiers check, or a bid bond. The bond must be executed by a corporate security licensed under the laws of North Carolina (G.S. 143-129). Other forms of deposit are not acceptable.

The deposit shall be retained if the successful bidder fails to execute the contract within ten days after the award or fails to give satisfactory surety as required herein.

Bid deposits of unsuccessful bidders will be returned as soon as the contract is formally awarded by the Board of Commissioners.
BID OPENING PROCEDURE: Bids will be opened publicly at 3:00 pm on Monday, April 16, 2018 at the Cabarrus County Governmental Center, Board of Commissioner’s Chambers (2nd floor), 65 Church Street, Concord, N. C. The official clock is located in the Board of Commissioner’s Chambers. Late bids will not be accepted.

Bids will be examined promptly after opening and an award will be made prior to May 22, 2018.

Bid proposals must be submitted in two sections:

1. A cost per meal (use Bid Submittal Form enclosed)

2. A Management Services Proposal (use Management Information Questionnaire enclosed)

Bids must be submitted on the attached forms and a response provided to all items as indicated. Bids made otherwise will be subject to rejection. Bidders may provide additional information on extra pages that bear the bidder's name and reference to the item being expanded upon. The bidder should submit two (2) complete copies of this bid.

Acceptance is contingent upon receipt of sufficient funds for the program from Centralina Council of Governments Area Agency on Aging and the N.C. Division on Aging and Adult Services.

Proposals will be evaluated on the following features:

- Cost
- Quality of Product
- Capability to Provide Service (financial and technical resources)
- Proximity to Locations
- Past Contract Performance
- References

Cabarrus County reserves the right to: request additional information and/or references, accept or reject any or all bids, waive minor technicalities, to accept proposals in whole or in part, and to the award the contract which in the opinion of Cabarrus County, best serves the interest of the Cabarrus County Department of Human Services LunchPlus Club Program.

It is the County's policy to furnish bid tabulation to all bidders requesting same upon notification of award or upon returning bid deposits. All bidders are welcome to attend the bid opening. In the event of a tie bid, with all terms, deliveries, etc., the same, the successful bidder will be chosen by a drawing, certified by the Board of Commissioners Clerk.

The General Statutes of the State of North Carolina, insofar as they apply to purchasing and competitive bidding, are made a part hereof.
For further information regarding bidding procedures and program specifications please contact:

<table>
<thead>
<tr>
<th>Bidding Procedures</th>
<th>Program Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas C. Nunn</td>
<td>Cindy C. Hall</td>
</tr>
<tr>
<td>Contract and Risk Coordinator</td>
<td>Nutrition Program Coordinator</td>
</tr>
<tr>
<td>65 Church Street</td>
<td>Cabarrus County Department of Human Services</td>
</tr>
<tr>
<td>P.O. Box 707</td>
<td>1303 S. Cannon Blvd.,</td>
</tr>
<tr>
<td>Concord, North Carolina 28026-0707</td>
<td>Kannapolis, North Carolina 28083</td>
</tr>
<tr>
<td>(704) 920-2888</td>
<td>(704) 920-3475</td>
</tr>
</tbody>
</table>

**Enclosures:**

- Intent to Bid Form
- Food Contract Specifications and Conditions
  - Schedule A - Scope of Services
  - Schedule B - Nutrition Standards
  - Schedule C - Cabarrus County LunchPlus Club Locations
  - Schedule D - Official FY 2019 Approved Menus
- Management Information Questionnaire
- Bid Submittal Form
The vendor named below intends to submit a bid for the LunchPlus Club Program for the period July 1, 2018 through June 30, 2020. Please submit this form by email at echall@cabarruscounty.us by April 9, 2018.

By signing below, vendor acknowledges receipt of necessary bid package including forms and understands that the deadline for submitting a proposal is Monday, April 16, 2018 at 3:00 pm. Late bids will not be accepted.

COMPANY: ____________________________________________________________

ADDRESS: ____________________________________________________________

EMAIL: ________________________________________________________________

TAX ID #: _________________________   COUNTY:  ____________________

TELEPHONE #: _________________________  FAX #: ___________________

SIGNATURE: _____________________________________________________________

PRINTED NAME: _________________________________________________________

TITLE:  __________________________________________________________________

DATE:  ____________________________
SCOPE OF SERVICE

The purpose of the LunchPlus Club Program is to meet nutritional needs of individuals age sixty and older, by serving them nutritionally sound meals at strategically located community locations. The LunchPlus Club Program is administered under the Cabarrus County Department of Human Services, hereafter referred to as "Program" or "Purchaser". This contract may be renewed upon agreement of both parties. Such agreement must be reached on or before January 31, 2020.

There will be approximately 250 serving days during this contract period. Meals will be ordered for Monday through Friday with the exception of twelve (12) holidays. Shelf stable meals may be requested for part or all holiday observances to be delivered prior to the holiday closing.

The following holidays will be observed:

- Independence Day Holiday ............................................ July 4, 2018
- Labor Day ................................................................. September 3, 2018
- Veterans Day ......................................................... November 12, 2018
- Thanksgiving ....................................................... November 22, 2018
- November 23, 2018
- Christmas ............................................................... December 24, 2018
- December 25, 2018
- December 26, 2018
- New Year's Holiday .................................................... January 1, 2019
- Martin Luther King's Birthday .................................... January 21, 2019
- Good Friday ............................................................... April 19, 2019
- Memorial Day ............................................................. May 27, 2019

All meals ordered during this contract period will be delivered in bulk amount and to the locations indicated on the attached specifications and provisions, which are a part, by reference, of all official bid forms to be submitted; with the exception of special events that may require “Picnic Meals” delivered to one central location within Cabarrus County.

A listing of all LunchPlus Club locations, estimated number of meals ordered daily for each location are detailed in Schedule C - Cabarrus County LunchPlus Club Locations. Schedules A, B, C, and D are considered part of these specifications and conditions and shall be the basis for all bids. Additional meals and/or additional
locations may be added by the Program, depending upon existing utilization and/or availability of funds, under the same bid. These changes will take effect upon notice to the Caterer by the Program.

The Caterer shall be flexible regarding the number of daily meals to be prepared and delivered. The program will notify the caterer of the number of meals required (per location) for the next serving day by telephone, fax, or email no later than 2:00 p.m. the previous day. This will constitute a purchase order which will cover maximum billing for that order. The Program has the authority to make a change in the number of daily meal orders.

The Caterer shall bill the Program each calendar month for meals purchased. After verification of proper billing, Purchaser shall pay such billing within fifteen (15) days of the receipt of the invoice. Any such payment shall be conditioned upon receipt of sufficient funds from Centralina Council of Governments Area Agency on Aging and NC Division of Aging and Adult Services.

Bills presented to Purchaser shall have the daily meal orders listed by location, each location's daily orders totaled, total meals ordered for billing periods, along with copies of delivery receipts. The bill should be figured with total meals excluding tax, and the tax figured separately. The total amount should reflect the added tax. A sample form must be included with this bid.

Meal deliveries must be made within the limits specified in the NC Division of Aging and Adult Services Policies. These policies state meals must be delivered within three (3) hours of preparation time. Meals must be delivered to all locations in Cabarrus County between 9:00 a.m. and 11:00 a.m. If meals are not delivered within a twenty-minute late time frame, meals may be purchased from an alternate source, and the meal cost plus related expenses billed to the Caterer. The Caterer should contact the Purchaser as early as possible in the event that the Caterer is unable to deliver the requested meals. This will allow the Purchaser as much time as possible to make other arrangements. Alternately, the Program may elect to accept meals delivered more than twenty minutes late to a location but Purchaser will only be obligated to pay for the number of meals that can be served to the Program participants still in attendance at the time of meal delivery.

Meals ordered will be packaged in bulk containers approved by the National Sanitation Foundation (NSF). The Caterer must abide by food safety practices required in the North Carolina Administrative Code (NCAC) Section .2644 (Rules Governing the Sanitation of Restaurants and other food handling establishments). If Caterer fails to deliver adequate amounts of food or all items on menu as ordered, the Purchaser may request that any omissions in delivery be provided by the Caterer. If there is insufficient time for the Caterer to deliver the omissions on the same day before serving time, then the Purchaser shall have the right to purchase the comparable food items from another source and the cost of items purchased will be billed to Caterer or credited on the Caterer's invoice equal to the Purchaser's expense for obtaining these food items.

If the shortage or omission cannot be made up by the Caterer by serving time on the same day and if the Program is not able to purchase the needed food items, then the shortage or omission of the specific food item (meat, vegetable, bread, dessert or milk) will constitute a shortage of entire meal(s) and the cost of these meals will be deducted from the Caterer's bill accordingly. Cost of the meals shall be the contract price including tax plus total administrative expenses figured per meal. This cost shall be the total unit cost established in the Cabarrus County Home & Community Care Block Grant funding plan as submitted to Centralina Council of Governments Area Agency on Aging.
Should the Caterer fail to deliver meals for a consecutive three (3) day period or should any person eating meals prepared under this contract become ill as a result of food borne illness attributable to the negligence of the Caterer, as determined by the Cabarrus Health Alliance or their assignee, then such action shall be deemed non-performance of the contract and shall be justification for immediate cancellation of the contract.

Upon delivery of meals to a designated location, a meal receipt in triplicate must be provided by the Caterer. This delivery receipt must be signed by the Caterer's representative and the Program's representative. This delivery receipt must include the time meal preparation is completed for each location daily. **A sample of the form that will be used for the daily delivery receipt must be included with this bid.**

The Caterer will be notified by 7:00 a.m. not to prepare meals for any inclement weather days. The Cabarrus County Department of Human Services adheres to the Cabarrus County School System Inclement Weather Closing Schedule. No charges will be made to the Purchaser for inclement weather days. Charges made for notification after 7:00 a.m. will be made at a pro-rated cost for preparations that have been made.

The Caterer must assure that a qualified person is in charge of meal preparation and delivery. A representative must be available during normal business hours (8:00 am -5:00 pm). The names and titles of these individuals must be provided to the Program.

Each meal provided by the Caterer must furnish one-third (1/3) of the daily Recommended Dietary Allowance for adults over age fifty-one (51) detailed in Schedule "B" and must conform to the meal pattern described in the NC Division of Aging and Adult Services, Service Definition and Standards, available at the web page incorporated herein.

The attached Official FY 2019 Approved Menus - Schedule "D" - are to be served as specified throughout the contract year. These menus include special holiday meals and picnic meals. Picnic meals may be requested for special events. **These menus cannot be changed without prior authorization of Cindy Hall, Cabarrus County Nutrition Coordinator.**

All foods shall be prepared on the day to be served and meals will be provided by the Caterer to the Program as specified in the approved menus. Tested quantity recipes, adjusted to yield the number of servings needed must be used to achieve quality and quantity of meals. Any deviation from the approved menus must be approved by the Purchaser at least forty-eight (48) hours prior to the serving time. A menu substitution form must be completed and signed by the Caterer's registered dietitian and returned to Purchaser in advance.
FOOD CONTRACT SPECIFICATIONS

Protein Category - The total protein content of each meal must be no less than twenty-one grams. Fourteen grams of this must be a "complete protein" in the form of 2 oz. edible meat, fish or poultry, exclusive of fat, bone or gristle.

One-half cup cooked drained dried beans, peas, or lentils may be used as a substitute for 1 oz. of meat. One cup of dried beans may be used twice in one 20-day cycle as a substitute for 2 oz. meat; however, a "complementary" protein source must be served at the same meal with the 1 cup dried beans in order to serve a complete protein (i.e., rice, corn or cornbread.) Other protein sources such as 1 egg or 2 tablespoons of peanut butter may also be substituted for 1 oz. of meat.

Ground meat may be used in entrees no more than two (2) times in one week.

All prepared or breaded meat or meat in combination must be specified on the menu. The bidder awarded this contract must obtain and submit a certificate of compliance from the manufacturer for each item to be included on the meat category. Only approved brands may be used in the meat category. Example: Holly Farms chicken would prepare the certificate of compliance for chicken nuggets, and be submitted by the Caterer. These certificates must be included in your bid packet.

- Beef, Lamb, Veal: Grade USDA choice
- Poultry: USDA Grade A
- Pork: Grade US No.1
- Beef: ground USDA choice, 80% lean, 20% fat
- Beef patties: USDA choice, 80% lean, 20% fat
- Beef: roast, USDA choice top round, without ends, precooked
- Eggs: USDA, Grade A
- Beef Stew: USDA choice, cubed 1" fresh
- Franks or frankfurters: maximum 30 percent fat excluding meat by products, cereals, or extenders.
- Turkey franks: 8 per pound (yield 1 1/2 oz meat each), 2 per serving.
- All meat or all beef franks: 10 per pound, 2 per serving.
- Breaded, flaked and/or molded meat items must yield either 3 ounces cooked weight excluding breading and fat or a minimum of 2 ounce cooked weight excluding breading and fat with an additional ounce in complementary protein served.
- Ground turkey is to be incorporated into ground beef casserole items at a ratio of 40% ground turkey to 60% ground beef (examples of such casseroles: spaghetti or lasagna).
Caterer must provide “recipes” for all casserole meat entrees’ that include combination foods to facilitate nutrient values. These recipes must be included with bid.

- Fish: packed under continuous, USDA inspection, Grade A Turbot is not acceptable.

- Breaded fish portions or sticks: yields are based on raw fish portions or sticks and the amount of fish in the product. Portions must be consistent for 2 ounces edible meat without skin or bones and a complementary protein served, or the fish must yield 3 ounces edible meat.

- Chicken: leg and thigh or chicken breast USDA Grade A. Portions must be consistent for 2 ounces edible meat without skin or bones plus one complementary protein. Or the chicken leg and thigh or chicken breast must yield 3 ounces edible meat.

- Pork chop: center or rib cut, ¼” fat trim.

- Liver: must be calves liver, proportioned, skinned, 4-ounce raw weight.

**VEGETABLE/FRUIT CATEGORY -** Each meal shall contain 2 servings of different fruit and/or vegetables. A serving consists of 1/2 cup canned fruit (drained) or 1/2 cup cooked vegetable (drained), 1 piece of fresh fruit or 6 oz. 100% fruit juice (orange, grapefruit or orange-grapefruit or other 100% fruit juice fortified with vitamin C to meet one-third recommended dietary allowances for vitamin C or vitamin C fortified cranberry juice cocktail), 1/2 cup coleslaw or 1 cup tossed mixed fresh vegetable salad. When salad is served it must be placed in a separate compartment of a compartmental tray to avoid mixing with other foods or served in a separate bowl.

Fruit or vegetable used in gelatin or soups or main entrees may be counted as one serving if 1/2 cup of fruit or vegetable is used per serving.

Vegetables, canned, USDA, Grade A Fancy as follows: peas, green, early June, 3 sieve beans, green, cut or cuts, Blue Lake, North West, 4 sieve.

Frozen pack greens, USDA, Grade A such as turnip greens, spinach chopped, kale chopped, and mixed greens, mixed vegetables, carrots, and sweet potato patties.

Fruit and vegetable juices, 100% pure juice or full strength vegetable or fruit juice.

All fresh fruit such as apples, peaches, grapes, pears, nectarines, and plums must be washed before delivery to LunchPlus Club locations.

Fresh fruit must meet the following requirements:
- Grapefruit: white, U.S., #1, 36 or 32 count, ½ of a grapefruit
- Oranges: fresh, (Florida) U.S. #1, 100, 1 each
- Oranges: fresh (California) U.S. #1, 113 count, 1 each
- Apple: 1 medium -1 each
- Banana: 1 petite or 1 large, 1 each
- Cantaloupe, U.S. #1, ½ carton count 18, 1/6 melon
- Nectarines 4/pound, 1 each
- Watermelon, 4 X 8” wedge
Broccoli, frozen spears, 4 ½” to 5 ½”, USDA Grade A.

Broccoli, frozen, cuts, 1 ½” 25% head, 15% leaf, USDA Grade A.

Broccoli, frozen, chopped, ½” X ¼”, USDA Grade A.

**COMPLEX CARBOHYDRATE CATEGORY** - Each meal must contain 2 servings of a whole grain or enriched grain product such as one-half cup rice, grits or pasta, 6 saltine crackers, cornbread, 1 roll, biscuit, muffin, or 1 slice of bread. Breads, rolls or muffins must weigh at least 1 ounce. These may be served as separate items or incorporated into the main entree as a mixed dish in the amount specified above.

Alternate: 1 serving of bread product listed above and ½ cup serving of starchy vegetable may be provided in place of 2 servings of grain or bread product. Examples of starchy vegetables are: one-half cup sweet or white mashed potato (or 1 medium potato), lima beans, green peas, or one-third cup corn. (Starchy vegetables may not be used to satisfy both complex carbohydrate requirements and vegetable requirement listed below).

**Cornbread** - must be 2 ½” square and 3” high.

**CALCIUM-RICH FOOD CATEGORY** - Each meal shall contain a total of no less than 270 mg. calcium. This may be obtained by one serving of 8 ounces of whole, low fat, skim, buttermilk, chocolate (not chocolate drink), sweet acidophilus or ultra high temperature (UHT) milk, fortified with vitamin A & D in an individually sealed carton, or other foods high in calcium.

Milk, fluid, 2% low fat, fortified with vitamins A & D in a ½ pint individually sealed carton.

Milk, low fat buttermilk: Size ½ pint, Grade A, pasteurized cultured, milk solids not less than 8%.

Cheese, no imitation.

If any calcium-rich foods are used as dessert, they may be counted as part of the total calcium content of the meal. Example: pudding.

**FAT CATEGORY** (optional) - One teaspoon of butter or fortified margarine in an individually covered package chip or container may be used if it adds palatability to the menu (i.e., on roll, bread, baked potato or other vegetable). The menu must identify whether margarine or butter is used when served. Salad dressings, mayonnaise, gravies, white sauces may be used to enhance menu palatability but care should be taken not to exceed the 30% fat level of total calories per meal.

One teaspoon of butter or fortified margarine must be in an individually covered packaged chip which is delivered to the LunchPlus Club location on the day it is used on the menu. Butter or fortified margarine chips are not to be sent to the nutrition location in bulk for storage.

Low Fat salad dressings, ketchup, mustard, and mayonnaise are to be in individual packets to be sent to the LunchPlus Club location on the day they are to be used. Salad dressings, ketchup, mustard, and mayonnaise are not to be sent to the nutrition location in bulk for storage.

Vinegar may be used in bulk if bottles are provided by the provider's caterer or the central kitchen. Otherwise, vinegar is to be provided in individual packages.
**DESSERT CATEGORY** - Dessert may be provided as an option. This may include: fruit, puddings, fruited or plain gelatin, ice cream or ice milk, frozen yogurt, sherbet, cake (frosted or with fruit sauce), cobblers, cookies, or pies (or pie squares) etc. Care should be taken not to exceed the 30% fat level of total calories for the meal.

If fruit is used as a dessert, it can be counted as one serving of fruit/vegetable category. If any calcium-rich foods are used as dessert, they may be counted as part of the total calcium content of the meal.

**BEVERAGE CATEGORY** - Coffee and tea will be served, but shall not be counted as fulfilling any part of the one-third daily recommended dietary allowances requirement.

Coffee and tea is to be provided to all LunchPlus Club locations. Appropriate condiments for coffee or tea are to be provided. Sugar, non-dairy (dry) creamer and artificial sweeteners are to be provided in individual packets.

The Caterer will supply to each location a "Serving Guide" for each 6-week cycle menus before each set of menus will begin. These instructions will specify which utensils to be used and/or amounts of each food item on each day's menu to be served for each participant to insure proper portions are provided and utensils supplied by the Caterer.

Fruit and vegetable juice, 100% pure juice or full strength vegetable or fruit juice. Juice must be packaged in single serving containers.

Each Caterer desiring to be listed among those eligible to submit a bid shall submit his food preparation facilities for inspection by the local Health Department Inspector on behalf of the Program. The Caterer must maintain a Grade “A” sanitation rating from the Health Department of the county in which the food is prepared and provide a copy of Health Sanitation Grade quarterly to guarantee compliance of this requirement following inspections. If the ranking drops below Grade A, the Purchaser must be notified by the Caterer of the rating change on the same day it occurs. The Caterer must make corrections within twenty (20) days and provide proof of the Grade A inspection to the Program. Failure to meet this requirement will automatically terminate the contract.

The Caterer must abide by food safety practices required in the NCAC Section .0400 (Rules Governing the Sanitation of Restaurants and Other Food Handling Establishments).

All staff working in the preparation of food shall be under the supervision of a person who will insure the application of hygienic techniques and practices in food handling, preparation and service.

Meals shall be prepared under proper controlled temperatures and be assembled just prior to departure to the LunchPlus Club location. The Caterer will take and record temperatures of food before it is placed in the holding equipment. Recorded temperatures will be kept on file until the end of the contract period and made available to the Purchaser for review if requested. Assembled meals shall be held in properly refrigerated and/or heated areas that meet sanitation standards. The Caterer will be responsible for maintaining hot foods at 140 degrees or above and cold foods at 40 degrees or below during delivery.

The loading and unloading of the containers from the vehicle into and out of the location shall be the responsibility of the Caterer.
The Caterer must have back-up vehicles available to insure the delivery of meals in the event of a breakdown as well as trained back-up staff.

The Caterer will have responsibility for sanitizing food carriers, equipment, and serving utensils. The Program staff will be responsible for taking normal safeguarding measures regarding the Caterer's property but will not be liable for loss of or damage to food serving equipment, utensils, or transportation containers left at serving locations.

The Caterer will provide the following equipment at each location:

1) Food carriers, both hot and cold (NSF Approved)
2) Serving pans with lids
3) Coffee maker
4) Ice chest
5) Serving utensils: 2 spatulas, 3 slotted spoons, 3 solid spoons, 3 tongs, 3 #8 scoops, 2 ladles (6 oz.), 1 two-way can opener, 1 pitcher (1/2 gallon), 1 paring knife, 1 medium knife, 2 solid spoodles (4oz)

The Caterer must provide sanitized serving utensils to the Program daily, or provide sanitizing tablet or solution and test kit for LunchPlus Club locations to sanitize serving utensils.

**Equipment**

All disposables must be approved by the Program. Disposables for each LunchPlus Club location include:

1) 9" X 12" 6-compartment styrofoam trays
2) 8 oz. styrofoam cups with lids for coffee and 12 oz. styrofoam cups with lids for tea
3) Plastic-ware kits (sealed): medium weight plastic knives, spoons, forks with napkin, salt and pepper packets included.
4) Trash can liners: Trash Bags 40-45 gallon heavy weight
5) Disposable plastic gloves/Powderless Gloves
6) 12 oz. styrofoam bowls for soups, beans, or stews
7) Straws
8) Coffee Stirrers

**Condiments to be supplied by Caterer:** Appropriate for each meal - ice for beverages, pepper, salt, etc. The following condiments must be individually packaged - mustard, ketchup, vinegar, salad oil or dressing, sugar, artificial sweetener, non-dairy creamer, tartar sauce, lemon juice. Caterer will supply decaffeinated coffee and tea to all locations which will be served daily at all locations.

**Standard for disposable dinnerware:** Eating utensils must be prepackaged and individually wrapped. This package is to include a napkin, salt/pepper packages. Knives should cut without bending; spoons should not bend, melt or break; fork tines should not break off when used for eating; trays should have non-absorbing quality so that gravy will not soak into plates; trays should have strength to support the weight of food; trays should be deep enough to hold the serving without spillage; cups should be easy to hold, should retain temperatures, and have flat bottoms.
The use of Nutrition Services Incentive Program (NSIP) cash resources determined by the NC Division of Aging and Adult Services (currently at $.75 per meal) must be assured by Caterer. Detailed records must be maintained on NSIP cash resources by the Caterer. These records must also provide documentation to the Program that the cost per meal includes raw food purchases of U.S. grown or produced food equivalent to the current NSIP rate. Should USDA commodity/bonus foods become available; the Purchaser will negotiate with the Caterer in using foods according to state regulations. This agreement will be made a part of the food contract by an attached contract amendment.

The Caterer shall keep full and accurate sales records of purchases and billings made in connection with this program. The Caterer will prepare and furnish any and all reports or other documentation requested by the Purchaser. All such records, reports and documentation shall be kept on file for seven (7) years after the last date covered by the contract. Authorized representatives of the Purchaser, NC Division of Aging and Adult Services, and United States Department of Health and Human Services shall have access to all Caterer’s records for audit and review at a reasonable time and place with advance notice to the Caterer.

The Caterer will be assessed quarterly (or more frequently, if needed) to evaluate food service, program operation, and food quality. The Purchaser reserves the right to meet with the Caterer as needed upon request.

The Caterer will furnish needed food service training in sanitation, portion control, etc., to the program staff, location supervisors and volunteers once during the contract period if requested by Purchaser. The Caterer will provide services of a registered dietitian for any menu changes or food substitutions either made by Caterer or Program.

The Caterer shall furnish the Program with documentation in a form acceptable to the Program certifying that the Caterer carries workmen's compensation, comprehensive insurance, bodily injury and property damage and liability insurance in such amounts as are acceptable to the Purchaser. This documentation must be included in your bid packet. The Caterer shall be responsible for all fees, taxes, and licenses required to operate under this contract.

The Caterer shall indemnify the Program against loss or damage, including any cost of litigation.

The Caterer shall comply with Title IV and Title VI of the Civil Rights Act of 1964, in regard to employment practices and persons served.

The Caterer shall not subcontract any portions of the contract to another food service company.

The contract may be terminated by the Caterer giving the Program not less than one hundred twenty (120) days prior written notice of intention to terminate as of the date specified; or, by the Program giving the Caterer thirty (30) days prior written notice of intention to terminate. This condition shall in no way conflict with the cancellation provision stated earlier regarding non-delivery or delivery of non-wholesome meals or food borne illness of Program participants.

The Caterer shall further have the capability, demonstrated through past experience, to implement the nutritional and logistical aspects necessary for the proper performance of the Program in accordance with the provisions of Title III of the Older Americans Act of 1965, as amended.
SCHEDULE B

CABARRUS COUNTY
DEPARTMENT OF HUMAN SERVICES

LUNCHPLUS CLUB PROGRAM

Nutrition Standards

From the
NC Division of Aging and Adult Services

available at:

## Cabarrus County Department of Human Services
### LunchPlus Club Program

### The LunchPlus Club Locations

<table>
<thead>
<tr>
<th>Club Name</th>
<th>Estimated Number of Meals Per Day</th>
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<tbody>
<tr>
<td>1. Concord LunchPlus Club</td>
<td>30 - 50</td>
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<tr>
<td>Logan Multi-Purpose Center</td>
<td></td>
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<tr>
<td>184 Booker Drive, SW</td>
<td></td>
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<tr>
<td>Concord, North Carolina 28025</td>
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<td>2. Harrisburg LunchPlus Club</td>
<td>20 - 40</td>
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<tr>
<td>Harrisburg United Methodist Church</td>
<td></td>
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<tr>
<td>4560 Highway 49 South</td>
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<td>Harrisburg, North Carolina 28075</td>
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<td></td>
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<tr>
<td>3. Kannapolis LunchPlus Club</td>
<td>40 - 60</td>
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<tr>
<td>Living Water Church of God</td>
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</tr>
<tr>
<td>162 North Little Texas Road</td>
<td></td>
</tr>
<tr>
<td>Kannapolis, North Carolina 28083</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4. Midland LunchPlus Club</td>
<td>10 - 25</td>
</tr>
<tr>
<td>United Love Baptist Church</td>
<td></td>
</tr>
<tr>
<td>11487 Flowes Store Road</td>
<td></td>
</tr>
<tr>
<td>Midland, NC 28107</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cabarrus County Senior Center – Mt.</td>
<td></td>
</tr>
<tr>
<td>Mount Pleasant, North Carolina 28124</td>
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<td></td>
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</tbody>
</table>

**Estimated Total Per Day:** 120 – 215

**Estimated Annual Total:** 29,760 – 53,320
SCHEDULE D

CABARRUS COUNTY
DEPARTMENT OF HUMAN SERVICES

LUNCHPLUS CLUB PROGRAM

MENU PLAN

July 1, 2018 through June 30, 2019

KEY:
(H) = Holiday menu
(C) = LunchPlus Club closed for holiday
<table>
<thead>
<tr>
<th>MONTH, DATE, DAY</th>
<th>MONDAY 8-6-18, 9-17-18 4-29-19, 6-10-19</th>
<th>TUESDAY 8-7-18, 9-18-18 4-30-19, 6-11-19</th>
<th>WEDNESDAY 8-8-18, 9-19-18 5-1-19, 6-12-19</th>
<th>THURSDAY 8-9-18, 9-20-18 5-2-19, 6-13-19</th>
<th>FRIDAY 8-10-18, 9-21-18 5-3-19, 6-14-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTEIN SOURCE</td>
<td>2 OZ.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEGETABLES AND</td>
<td>¾ c Turnip Greens @* (Vinegar)</td>
<td>Green Peas with pearl onions</td>
<td>Tossed Salad with Cucumbers and Tomatoes @ (1 c. Salad)</td>
<td>Sliced Tomatoes (3)@ On Lettuce</td>
<td>Broccoli Casserole @ Citrus Salad</td>
</tr>
<tr>
<td>FRUITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2, ½ CUP</td>
<td>6 oz Orange Juice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVINGS</td>
<td>2 SERVINGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREAD &amp; COMPLEX</td>
<td>½ c Rice</td>
<td>Whipped Potatoes</td>
<td></td>
<td>Baked Beans</td>
<td>Whipped Potatoes</td>
</tr>
<tr>
<td>CARBOHYDRATES</td>
<td></td>
<td>Roll</td>
<td>Garlic Bread</td>
<td>Bun</td>
<td>Roll</td>
</tr>
<tr>
<td>2 SERVINGS</td>
<td>Whole Wheat Roll</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESSERT</td>
<td>2 choc chip cookies</td>
<td>Pineapple Chunks</td>
<td>Apple Cobbler</td>
<td>2 Graham Cookies</td>
<td>Fruit Nutri-grain bar (1.3 oz)</td>
</tr>
<tr>
<td>1/2 CUP SERVING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 % MILK OR</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
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<tr>
<td>CALCIUM 1/2 PINT</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BEVERAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>Parmesan Cheese (1 T.)</td>
<td></td>
<td></td>
<td>Mustard, Ketchup &amp; Lite Mayo</td>
<td></td>
</tr>
</tbody>
</table>

KEY: Calcium +  Cold Vitamin C ___ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County_________________________ Dates To Be Used _____________ April-June, 2019 Program Director Signature______________________________

Certified By ________________________________ RD#_________________________ Must be approved at least two weeks prior to implementation.

Approved by: ________________________________ Date Approved: ________________

AAA Administrator

ORIGINALS WITH SIGNATURES KEPT ON FILE AT AAA
<table>
<thead>
<tr>
<th>MONTH, DATE, DAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-3-18(H), 8-14-18, 9-25-18, 5-7-19, 6-18-19</td>
<td>Sliced Tomatoes (3) @ On Lettuce</td>
<td>Squash Casserole @ 6 oz. Orange Juice</td>
<td>Green Beans</td>
<td>Creamy Coleslaw with Shredded Carrots @ 6 oz Apple Juice (100% Vit. C)</td>
<td>BBQ Slaw (1/2 cup) Harvard Beets</td>
</tr>
<tr>
<td>7-4-18(C), 8-15-18, 9-26-18, 5-8-19, 6-19-19</td>
<td>Baked Beans Bun</td>
<td>Lima Beans Roll</td>
<td>Rice 1 biscuit</td>
<td>Baked Beans Bun</td>
<td>Baked Lays Potato Chips (Individual Packages) Bun</td>
</tr>
<tr>
<td>7-5-18, 8-16-18, 9-27-18 5-9-19, 6-20-19</td>
<td>2 Sugar Cookies Melon Cubes ½ c Peaches</td>
<td>Sugar Cookies (2)</td>
<td>Blueberry Cobbler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-6-18, 8-17-18, 9-28-18 5-10-19, 6-21-19</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td></td>
</tr>
</tbody>
</table>

KEY: Calcium + Cold Vitamin C __ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County________________________ Dates To Be Used July-Sept., 2018
April-June, 2019 Program Director Signature ________________________________

Certified By ________________________________ RD#________________________ Must be approved at least two weeks prior to implementation.

Dietitian/Nutritionist

Approved by: ________________________________ Date Approved: ________________

AAA Administrator
| MONTH, DATE, DAY | MONDAY  
7-9-18, 8-20-18, 4-1-19, 5-13-19, 6-24-19 | TUESDAY  
7-10-18, 8-21-18  
4-2-19, 5-14-19, 6-25-19 | WEDNESDAY  
7-11-18, 8-22-18  
4-3-19, 5-15-19, 6-26-19 | THURSDAY  
7-12-18, 8-23-18  
4-4-19, 5-16-19, 6-27-19 | FRIDAY  
7-13-18, 8-24-18  
4-5-19, 5-17-19, 6-28-19 |
|-------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| **MAIN ENTRÉE**  
PROTEIN SOURCE  
2 OZ. | Chicken Salad  
on lettuce leaf & tomato  
(3 oz. Serving)  
(2 oz. meat) | Hot Sliced Ham in Pineapple Juice  
(3 oz. Meat) | Beef-A-Roni  
(2 oz. Meat)  
(1/2 c. Macaroni)  
(8 oz serving) | Large salad with 2 oz turkey and 1 oz shredded cheese, tomatoes, carrot, chopped green peppers, cucumbers | Chicken Parmesan  
(roasted chicken breast cooked marina sauce) |
| VEGETABLES AND FRUITS  
2, 1/2 CUP SERVINGS | 1 c Veggie pasta salad  
(1/2 c veggies, fat free Italian dressing) | Tossed Salad with Tomatoes @ and Cucumbers (1 c. Salad) | Green beans | 6 oz. Pineapple Juice  
Baked Apples | Tossed salad with Tomato, Onion, Celery and Green Pepper |
| BREAD & COMPLEX CARBOHYDRATES  
2 SERVINGS | Whole Wheat Bread (2 Slices) | Hashed Brown Potato Casserole  
Roll | Croutons package | 6 wheat saltine crackers low sodium (wrapped) | Garlic bread  
½ c spaghetti noodles |
| FAT | Thousand Island Dressing (Reduced Fat) | | Lowfat Ranch Dressing | Fat free Italian or Ranch Dressing | |
| DESSERT  
1/2 CUP SERVING | Banana pudding w/bananas and wafers | Chocolate Cake with Chocolate Icing | Peanut Butter Cookies  
(2) | Brownie w/nuts (No Icing) | Melon Cubes |
| 2 % MILK OR CALCIUM  
1/2 PINT | 2 % Milk | 2 % Milk | 2 % Milk | 2 % Milk | 2 % Milk |
| BEVERAGE | | | | | |
| MISCELLANOUS | | | 1 T. Parmesan Cheese | 1 T. Parmesan Cheese | |

**KEY:** Calcium +  
Cold Vitamin C ___  
Vitamin A @  
Frozen *  
Dried #  
Appears in another category ***  
Change ^  
Holiday Meal H

**County: **July-Sept., 2018  
**Certified By:**  
Dietitian/Nutritionist  
**RD#:**  
Must be approved at least two weeks prior to implementation.

**Dates To Be Used:**  
April-June, 2019  
**Program Director Signature:**  

**Approved by:**  
AAA Administrator  
**Date Approved:**  

**ORIGIONALS WITH SIGNATURES KEPT ON FILE AT AAA**
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<th>MONDAY</th>
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<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-16-18, 8-27-18</td>
<td>4-8-19, 5-20-19</td>
<td>7-17-18, 8-28-18</td>
<td>4-9-19, 5-21-19</td>
<td>7-19-18, 8-30-18</td>
<td>7-20-18, 8-31-18</td>
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<td>4-8-19, 5-20-19</td>
<td>4-9-19, 5-21-19</td>
<td>4-10-19, 5-22-19</td>
<td>4-11-19, 5-23-19</td>
<td>4-12-19, 5-24-19</td>
<td></td>
</tr>
</tbody>
</table>

**MAIN ENTREE PROTEIN SOURCE 2 OZ.**
- **MONDAY**: Chicken Pot Pie (at least 2 oz chicken, ¼ c veggies) (6oz)
- **TUESDAY**: Lasagna (8 oz. Serving of 2 oz. Meat and 1 oz. Cheese) +
- **WEDNESDAY**: Baked Chicken with Gravy (Leg & Thigh) (3 oz. Meat)
- **THURSDAY**: Sloppy Joe (3 oz. Meat) (4 oz serving)
- **FRIDAY**: Ham and Cheese on Bun (2 oz. Ham) (1 oz. Cheese) +

**VEGETABLES AND FRUITS 2, 1/2 CUP SERVINGS**
- **MONDAY**: Broccoli and Cauliflower @ (1c)
- **TUESDAY**: Tossed Salad with Green Pepper @, Carrot and Tomatoes @ (1 c. Salad)
- **WEDNESDAY**: Mixed Greens @
- **THURSDAY**: Coleslaw with Carrots @ (light on Mayo) ***
- **FRIDAY**: Sliced Tomatoes (3) @ on Lettuce

**BREAD & COMPLEX CARBOHYDRATES 2 SERVINGS**
- **MONDAY**: Whole Wheat Roll
- **TUESDAY**: Parmesan Cheese/ Garlic breadstick
- **WEDNESDAY**: Whipped Potatoes Roll
- **THURSDAY**: Baked Lays Potato Chips (Individual bags) Bun
- **FRIDAY**: Potato Salad with Green Pepper @ Whole Wheat Bun

**FAT**
- **MONDAY**: Ranch/Thousand Island (Reduced Fat)
- **TUESDAY**: Mayonnaise (Reduced Fat)
- **WEDNESDAY**:
- **THURSDAY**:
- **FRIDAY**:

**DESSERT 1/2 CUP SERVING**
- **MONDAY**: Strawberries * (1/2 c.) on Shortcake w/ 1 T. Low Fat Whipped Topping ^
- **TUESDAY**: ½ c Fruited Gelatin
- **WEDNESDAY**: Chocolate Chip Cookies (2)
- **THURSDAY**: Applesauce
- **FRIDAY**: Nutri-grain Fruit Bar

**2 % MILK OR CALCULUS 1/2 PINT**
- **MONDAY**: 2 % Milk
- **TUESDAY**: 2 % Milk
- **WEDNESDAY**: 2 % Milk
- **THURSDAY**: 2 % Milk
- **FRIDAY**: 2 % Milk

**BEVERAGE**
- **MONDAY**: Vinegar
- **TUESDAY**:
- **WEDNESDAY**:
- **THURSDAY**:
- **FRIDAY**:

**MISCELLANEOUS**
- **MONDAY**:
- **TUESDAY**:
- **WEDNESDAY**:
- **THURSDAY**:
- **FRIDAY**:

**KEY:** Calcium + Cold Vitamin C ___ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County Dates To Be Used Program Director Signature
July-Sept., 2018 April-June, 2019

Certified By Dietitian/Nutritionist RD# ____________________________ Must be approved at least two weeks prior to implementation.

Approved by: AAA Administrator Date Approved: ____________________________

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<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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</thead>
<tbody>
<tr>
<td>4-15-19, 5-27-19(C)</td>
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<tr>
<td>MAIN ENTRÉE PROTEIN SOURCE 2 OZ.</td>
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</tr>
<tr>
<td>VEGETABLES AND FRUITS 2, 1/2 CUP SERVINGS</td>
<td>Creamy Cole slaw Carrots @</td>
<td>Sliced Tomatoes on lettuce @ Melon Cubes</td>
<td>French Style Green Beans</td>
<td>1 C Broccoli, Cauliflower and Carrots @ Steamed Cabbage @</td>
<td>6 oz Pineapple Juice 6 oz Cranberry-Grape Juice</td>
</tr>
<tr>
<td>BREAD &amp; COMPLEX CARBOHYDRATES 2 SERVINGS</td>
<td>Corn (Mixture of 1/2 Whole Kernel and 1/2 Creamed) Biscuit</td>
<td>Macaroni Salad 2 slices whole wheat bread</td>
<td>Whipped Potatoes Whole Wheat Roll</td>
<td>1 c Bowtie Noodles Dinner Roll Hashed Brown Potato Casserole Cornbread</td>
<td></td>
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<tr>
<td>FAT</td>
<td>Margarine</td>
<td>Margarine</td>
<td></td>
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<tr>
<td>DESSERT 1/2 CUP SERVING</td>
<td>Fruit Cocktail</td>
<td>Vanilla Pudding</td>
<td>Pears (2 Halves) Fruited Jello with Mandarin Oranges</td>
<td>½ C Mandarin Oranges</td>
<td></td>
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<tr>
<td>2 % MILK OR CALCIUM 1/2 PINT</td>
<td>2 % Milk 2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk 2 % Milk</td>
<td>2 % Milk</td>
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<tr>
<td>BEVERAGE</td>
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<tr>
<td>MISCELLANEOUS</td>
<td></td>
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</tbody>
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KEY: Calcium + Cold Vitamin C @ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

Certified By: _____________________________ RD# _____________________________ Must be approved at least two weeks prior to implementation.

Approved by: _____________________________ Date Approved: _________________

AAA Administrator

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<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>4-22-19, 6-3-19</td>
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<tr>
<td>TUESDAY</td>
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<tr>
<td>7-31-18, 9-11-18</td>
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<td>4-23-19, 6-4-19</td>
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<td>WEDNESDAY</td>
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<td>8-1-18, 9-12-18</td>
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<td>4-24-19, 6-5-19</td>
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<td>THURSDAY</td>
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<td>4-25-19, 6-6-19</td>
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<td>FRIDAY</td>
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<td>8-3-18, 9-14-18</td>
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<td>4-26-19, 6-7-19</td>
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</table>

**MAIN ENTREE**

**PROTEIN SOURCE 2 OZ.**

- **MONDAY**
  - Turkey and Cheese Sandwich (3 oz. Turkey) + (1 oz. Cheese)

- **TUESDAY**
  - Baked Chicken Breast w/Gravy (2.5 oz. Meat)

- **WEDNESDAY**
  - Salisbury Steak in Gravy (3 oz Meat)

- **THURSDAY**
  - Pork Roast with Gravy (3 oz. Meat)

- **FRIDAY**
  - Chicken Salad (2 oz. Chicken in 3 oz. Serving)

**VEGETABLES AND FRUITS 2, 1/2 CUP SERVINGS**

- **MONDAY**
  - Sliced Tomatoes (3) @ on Lettuce
  - Melon Cubes

- **TUESDAY**
  - Turnip Greens @
  - 6 oz. Pineapple Juice

- **WEDNESDAY**
  - 1/2 c Peas

- **THURSDAY**
  - 1/2c Carrots @

- **FRIDAY**
  - Sliced Tomatoes (3) @ on Lettuce

**BREAD & COMPLEX CARBOHYDRATES 2 SERVINGS**

- **MONDAY**
  - Potato Salad With Green Pepper @
  - Whole Wheat Bread 2 slices

- **TUESDAY**
  - Potatoes Au Gratin
  - Whole Wheat Roll

- **WEDNESDAY**
  - Bowtie Noodles (1/2 cup)

- **THURSDAY**
  - ½ c. Rice

- **FRIDAY**
  - Whole Wheat Bread (2 Slices)

**FAT**

- **MONDAY**
  - Mayonnaise (Reduced Fat)

- **TUESDAY**
  - Margarine

**DESSERT 1/2 CUP SERVING**

- **MONDAY**
  - One Large Fig Bar^

- **TUESDAY**
  - Oatmeal Cookies (2)

- **WEDNESDAY**
  - Cherry Cobbler

- **THURSDAY**
  - Pineapple Upside Down Cake (1 slice)

- **FRIDAY**
  - Carrot Cake w/ Low Fat Cream Cheese Icing

**2 % MILK OR CALCIUM 1/2 PINT**

- **MONDAY**
  - 2 % Milk

- **TUESDAY**
  - 2 % Milk

- **WEDNESDAY**
  - 2 % Milk

- **THURSDAY**
  - 2 % Milk

- **FRIDAY**
  - 2 % Milk

**BEVERAGE**

- **MONDAY**
  - Mustard

- **TUESDAY**
  - Vinegar

**MISCELLANEOUS**

- **MONDAY**
  - Mustard

- **TUESDAY**
  - Vinegar

**KEY:** Calcium +   Cold Vitamin C ___   Vitamin A @   Frozen *   Dried #   Appears in another category ***   Change ^   Holiday Meal H

**County____________________ Dates To Be Used ____________ April-June, 2019 Program Director Signature ____________________________

Certified By ___________________________ RD# ________________ Must be approved at least two weeks prior to implementation.

Dietitian/Nutritionist

Approved by: ___________________________ Date Approved: ________________

AAA Administrator

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<thead>
<tr>
<th>MONTH, DATE, DAY</th>
<th>MAIN ENTREE</th>
<th>VEGETABLES AND FRUITS</th>
<th>BREAD &amp; COMPLEX CARBOHYDRATES</th>
<th>FAT</th>
<th>DESSERT</th>
<th>2 % MILK OR CALCULUM</th>
<th>BEVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY 10-1-18, 11-12-18(C) 12-24-18(C) 2-4-19, 3-18-19</td>
<td>Cheeseburger (2 oz. Meat) (1 oz. Cheese) (Thursday's meal)</td>
<td>Sliced Tomatoes (3) @ On Lettuce Hot Spiced or cold Peach Halves @ ^</td>
<td>Baked Beans with Green Pepper @ Bun</td>
<td>Mayonnaise (Reduced Fat)</td>
<td>2 Sugar Cookies</td>
<td>2 % Milk</td>
<td></td>
</tr>
<tr>
<td>TUESDAY 10-2-18, 11-13-18 12-25-18(C) 2-5-19, 3-19-19</td>
<td>Ham and Cheese on Bun (2 oz. Ham) (1 oz. Cheese)</td>
<td>Sliced Tomatoes (3) @ on Lettuce</td>
<td>Potato Salad with Green Pepper @ Whole Wheat Bun</td>
<td>Ranch/Thousand Island (Reduced Fat)</td>
<td>Nutri-grain Fruit Bar</td>
<td>2 % Milk</td>
<td></td>
</tr>
<tr>
<td>WEDNESDAY 10-3-18, 11-14-18 12-26-18(C) 2-6-19, 3-20-19</td>
<td>Pinto Beans # (1 c.)</td>
<td>Okra &amp; Tomatoes</td>
<td>Macaroni &amp; Cheese</td>
<td>Margarine</td>
<td>Fruited Jello w/Mandarin Oranges</td>
<td>2 % Milk</td>
<td></td>
</tr>
<tr>
<td>THURSDAY 10-4-18, 11-15-18 12-27-18 2-7-19, 3-21-19</td>
<td>Lasagna (8 oz. Serving of 2 oz. Meat and 1 oz. Cheese) +</td>
<td>Tossed Salad with Green Pepper @ Cucumber, Carrot, and Tomato @ (1 c. Salad)</td>
<td>***</td>
<td>Chocolate Pudding</td>
<td>2 % Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRIDAY 10-5-18, 11-16-18 12-28-18 2-8-19, 3-22-19</td>
<td>Oven Fried Chicken Breast (3 oz. Meat)</td>
<td>Mixed Squash @ 6 oz. Apple Juice (100% Vit. C Added)</td>
<td>Crowder Peas</td>
<td>***</td>
<td>Chocolate Pudding</td>
<td>2 % Milk</td>
<td></td>
</tr>
</tbody>
</table>

**KEY:** Calcium + Cold Vitamin C Dried # Frozen * Vitamin A @ Appears in another category *** Change ^ Holiday Meal H

**County:** Dates To Be Used Oct-Dec., 2018 Jan-March, 2019

**Program Director Signature:**

**Certified By:** Dietitian/Nutritionist

**RD#:**

**Must be approved at least two weeks prior to implementation.**

**Originals with signatures kept on file at AAA**
<table>
<thead>
<tr>
<th>MONTH, DATE, DAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>12-31-18(H)</td>
<td>1-1-19(C)</td>
<td>1-2-19, 2-13-19, 3-27-19</td>
<td>1-3-19, 2-14-19(H), 3-28-19</td>
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<td>2-11-19, 3-25-19</td>
<td>2-12-19, 3-26-19</td>
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<table>
<thead>
<tr>
<th>MAIN ENTREE</th>
<th>VEGETABLES AND FRUITS 2, 1/2 CUP SERVINGS</th>
<th>BREAD &amp; COMPLEX CARBOHYDRATES 2 SERVINGS</th>
<th>FAT</th>
<th>DESSERT 1/2 CUP SERVING</th>
<th>2 % MILK OR CALCIUM 1/2 PINT</th>
<th>BEVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTEIN SOURCE 2 OZ.</td>
<td>Collard Greens @ Pineapple Juice</td>
<td>Whipped Potatoes ^ Cornbread</td>
<td>Margarine</td>
<td>Whipped Potatoes ^ Cornbread</td>
<td>Margarine</td>
<td>Sliced Peaches @</td>
</tr>
<tr>
<td></td>
<td>Coleslaw (light on mayo.) @</td>
<td></td>
<td>Margarine</td>
<td></td>
<td></td>
<td>Baked Apples</td>
</tr>
<tr>
<td></td>
<td>6 oz. Orange Juice</td>
<td>Rice</td>
<td>Mayonnaise (Reduced Fat)</td>
<td>Orange Cake with icing</td>
<td>Pears</td>
<td>Blueberry Cobbler</td>
</tr>
<tr>
<td></td>
<td>Honey Glazed Carrots@ 4 oz Cranberry Juice</td>
<td>Baked Beans (1/2 cup) Bun</td>
<td></td>
<td>Pears</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lettuce and Tomato Slices (3)</td>
<td>Baked Beans (1/2 cup) Bun</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BBQ Slaw (1/2 cup) Harvard Beets</td>
<td>Baked Lays Potato Chips (Individual Packages) Bun</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MISCELLANEOUS</th>
<th>Chopped Raw Onions (1 Tablespoon) Vinegar</th>
<th>Chopped Raw Onions (1 Tablespoon) Vinegar</th>
<th>Chopped Raw Onions (1 Tablespoon) Vinegar</th>
<th>Chopped Raw Onions (1 Tablespoon) Vinegar</th>
<th>Chopped Raw Onions (1 Tablespoon) Vinegar</th>
<th>Chopped Raw Onions (1 Tablespoon) Vinegar</th>
</tr>
</thead>
</table>

KEY: Calcium + Cold Vitamin C ___ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County __________________________ Dates To Be Used ________________ Jan-March, 2019 Program Director Signature __________________________

Certified By __________________________ RD# __________________________ Must be approved at least two weeks prior to implementation.

Approved by: __________________________ Date Approved: ________________ AAA Administrator
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<th>MONTH, DATE, DAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>1-7-19, 2-18-19</td>
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</tr>
<tr>
<td>10-16-18, 11-27-18</td>
<td>Spaghetti (8 oz. Serving of 2 oz. Meat (gr. Turkey))</td>
<td>1 C Broccoli, Cauliflower and Carrots @ (1 c. Salad)</td>
<td>Turnip Greens @ (1 c shredded lettuce, 2 T diced tomatoes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-8-19, 2-19-19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-17-18, 11-28-18</td>
<td>Tossed Salad with Green Peppers, Tomato &amp; carrots @ (1 c. Salad)</td>
<td>1 c Bowtie Noodles</td>
<td>Pineapple Juice</td>
<td>Pineapple Juice</td>
<td>Orange Juice</td>
</tr>
<tr>
<td>1-9-19, 2-20-19</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10-18-18, 11-29-18</td>
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<td>1-10-19, 2-21-19</td>
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<tr>
<td>1-11-19, 2-22-19</td>
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<table>
<thead>
<tr>
<th>MAIN ENTREE PROTEIN SOURCE 2 OZ.</th>
<th>VEGETABLES AND FRUITS 2, 1/2 CUP SERVINGS</th>
<th>BREAD &amp; COMPLEX CARBOHYDRATES 2 SERVINGS</th>
<th>FAT</th>
<th>DESSERT 1/2 CUP SERVING</th>
<th>2 % MILK OR CALCIUM 1/2 PINT</th>
<th>BEVERAGE</th>
<th>MISCELLANEOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 OZ.</td>
<td>Creamy Coleslaw with Shredded Carrots @ 6 oz Apple Juice (100% Vit. C)</td>
<td>Baked Beans</td>
<td>Ranch/Thousand Island (Reduced Fat)</td>
<td>Sugar Cookies (2)</td>
<td>2 % Milk</td>
<td>Mustard, Ketchup</td>
<td>Mustard, Ketchup</td>
</tr>
<tr>
<td></td>
<td>Tossed Salad with Green Peppers, Tomato &amp; carrots @ (1 c. Salad)</td>
<td>Bun</td>
<td></td>
<td>Cherry Cobbler</td>
<td>2 % Milk</td>
<td>1 T Parmesan Cheese</td>
<td>2 oz mild salsa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Garlic Bread</td>
<td></td>
<td>Fruited Jello with Mandarin Oranges</td>
<td>2 % Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dinner Roll</td>
<td></td>
<td>Fruited Gelatin</td>
<td>2 % Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Macaroni and Cheese</td>
<td></td>
<td>Banana</td>
<td>2 % Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/2 c Spanish Rice</td>
<td></td>
<td></td>
<td>2 % Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/2 c Tortilla Chips</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**KEY:** Calcium + Cold Vitamin C ___ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County Oct-Dec., 2018 Dates To Be Used Jan-March, 2019 Program Director Signature
Certified By Dietitian/Nutritionist RD# Must be approved at least two weeks prior to implementation.
Approved by: AAA Administrator Date Approved: ___________________

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<th>MONTH, DATE, DAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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</thead>
<tbody>
<tr>
<td>10-22-18, 12-3-18</td>
<td>10-23-18, 12-4-18</td>
<td>10-24-18, 12-5-18</td>
<td>10-25-18, 12-6-18</td>
<td>10-26-18, 12-7-18</td>
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<tr>
<td><strong>MAIN ENTRÉE</strong></td>
<td><strong>PROTEIN SOURCE</strong></td>
<td><strong>VEGETABLES AND FRUITS</strong></td>
<td><strong>BREAD &amp; COMPLEX CARBOHYDRATES</strong></td>
<td><strong>FAT</strong></td>
<td><strong>DESSERT</strong></td>
</tr>
<tr>
<td>2 OZ.</td>
<td>2, 1/2 CUP SERVINGS</td>
<td>2 SERVINGS</td>
<td></td>
<td></td>
<td>1/2 CUP SERVING</td>
</tr>
<tr>
<td>Chicken Pot Pie (6oz) (2 oz chicken)</td>
<td>Stewed Squash @ Brussels Sprouts</td>
<td>Whole Wheat Roll</td>
<td>Whole Wheat Roll</td>
<td>Whole Wheat Roll</td>
<td>Strawberries * (1/2 c.) on Shortcake w/1 T. Low Fat Whipped Topping</td>
</tr>
<tr>
<td>Meatloaf with Tomato Sauce (2oz. Meat) (3 oz serving)</td>
<td>Chopped Broccoli @ 6 oz Orange Juice</td>
<td>Corn (Mixture of ½ Whole Kernel and ½ Creamed)</td>
<td>Whole Wheat Roll</td>
<td></td>
<td>Carrot Cake</td>
</tr>
<tr>
<td>Beef Stroganoff (2 oz. Meat in 3 oz. Serving with Low Fat Sour Cream)</td>
<td>Peas and Carrots (1 c) Green Beans (1 c) 6 oz V-8 Juice @ (low sodium)</td>
<td>Egg Noodles</td>
<td>Whipped Potatoes</td>
<td>Steamed Cabbage@ Fruit Cocktail</td>
<td>Peach Yogurt Parfait with Granola Topping</td>
</tr>
<tr>
<td>Grilled Chicken Breast with Gravy (3 oz. Meat)</td>
<td></td>
<td>Whipped Potatoes</td>
<td></td>
<td></td>
<td>Pound Cake</td>
</tr>
<tr>
<td>Baked Pork Chop (2 oz. Meat)</td>
<td></td>
<td>Crowder Peas Roll</td>
<td></td>
<td></td>
<td>Oatmeal Raisin Cookies (2)</td>
</tr>
<tr>
<td><strong>2 % MILK OR CALCIUM 1/2 PINT</strong></td>
<td><strong>BEVERAGE</strong></td>
<td><strong>MISCELLANEOUS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
</tr>
<tr>
<td><strong>KEY:</strong> Calcium +</td>
<td>Cold Vitamin C</td>
<td>Vitamin A @</td>
<td>Frozen *</td>
<td>Dried #</td>
<td>Appears in another category ***</td>
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<td>County Oct-Dec., 2018 Dates To Be Used Jan-March, 2019 Program Director Signature _________________________________</td>
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<td>Certified By Dietitian/Nutritionist RD# __________________________________________________________________ Must be approved at least two weeks prior to implementation.</td>
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**ORIGINALS WITH SIGNATURES KEPT ON FILE AT AAA**
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<tr>
<th>MAIN ENTREE PROTEIN SOURCE 2 OZ.</th>
<th>MONDAY 10-29-18, 12-10-18 1-21-19(C), 3-4-19</th>
<th>TUESDAY 10-30-18, 12-11-18 1-22-19, 3-5-19</th>
<th>WEDNESDAY 10-31-18, 12-12-18 1-23-19, 3-6-19</th>
<th>THURSDAY 11-1-18, 12-13-18 1-24-19, 3-7-19</th>
<th>FRIDAY 11-2-18, 12-14-18 1-25-19, 3-8-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEGETABLES AND FRUITS 2, ½ CUP SERVINGS</td>
<td>***</td>
<td>Coleslaw ^ (Light on Mayo)</td>
<td>Turnip Greens @*</td>
<td>Green Beans</td>
<td>Broccoli @ Cauliflower Medley (Hot)</td>
</tr>
<tr>
<td></td>
<td>Harvard Beets</td>
<td>***</td>
<td>6 oz. Orange Juice</td>
<td>6 oz. Pineapple Juice</td>
<td>6 oz Apple Juice (Fortified)</td>
</tr>
<tr>
<td>BREAD &amp; COMPLEX CARBOHYDRATES 2 SERVINGS</td>
<td>Rice</td>
<td>Sweet Potato Soufflé @^ Roll</td>
<td>Macaroni and Cheese (1/2 c.)</td>
<td>Whipped Potatoes Biscuit</td>
<td>Black-eyed Peas Whole Wheat Roll</td>
</tr>
<tr>
<td></td>
<td>Roll</td>
<td></td>
<td>Cornbread</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAT</td>
<td>Margarine</td>
<td>Maragarine</td>
<td>Maragarine</td>
<td>Margarine</td>
<td>Margarine</td>
</tr>
<tr>
<td>DESSERT 1/2 CUP SERVING</td>
<td>Brownie (no icing)</td>
<td>Baked Apple</td>
<td>Fruit Cocktail</td>
<td>Sugar Cookies (2)</td>
<td></td>
</tr>
<tr>
<td>2 % MILK OR CALCIUM 1/2 PINT</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
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<tr>
<td>BEVERAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>Cranberry Sauce (1/4 c.)</td>
<td>Chopped Raw Onions (1 T.) / Vinegar</td>
<td></td>
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</tr>
</tbody>
</table>

KEY: Calcium + Cold Vitamin C ___ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County Dates To Be Used Oct-Dec., 2018 Oct-Dec., 2018 Jan-March, 2019 Program Director Signature ________________________________
Certified By ___________________________ RD# ___________________________ Must be approved at least two weeks prior to implementation.
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</thead>
<tbody>
<tr>
<td>VEGETABLES AND FRUITS 2, ½ CUP SERVINGS</td>
<td>Collard Greens @ Apple Juice (100% Vit. C Added)</td>
<td>Mixed Greens (1c) Stewed Apples</td>
<td>Cabbage @ (1 c) Applesauce</td>
<td>Squash Casserole Apple Juice (Fortified)</td>
<td>Green Beans 6 oz Orange Juice</td>
</tr>
<tr>
<td>BREAD &amp; COMPLEX CARBOHYDRATES 2 SERVINGS</td>
<td>Great Northern Beans (1/2 c.) Whole Wheat Roll</td>
<td>Rice Roll</td>
<td>Rice Roll</td>
<td>3/4 c Noodles</td>
<td>Cornbread Dressing Sweet Potato Soufflé @^</td>
</tr>
<tr>
<td>FAT</td>
<td>Margarine</td>
<td>Margarine</td>
<td>Margarine</td>
<td>Margarine</td>
<td>Margarine</td>
</tr>
<tr>
<td>DESSERT 1/2 CUP SERVING</td>
<td>Banana Pudding w/ Bananas and Wafers</td>
<td>Fig Bar</td>
<td>Chocolate Chip Cookies (2)</td>
<td>Pineapple Upside-Down Cake</td>
<td></td>
</tr>
<tr>
<td>2 % MILK OR CALCIUM 1/2 PINT</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
</tr>
<tr>
<td>BEVERAGE</td>
<td>Chopped Raw Onions (1 Tablespoon) Vinegar</td>
<td></td>
<td></td>
<td></td>
<td>Cranberry Sauce (1/4 c.)</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
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KEY: Calcium + Cold Vitamin C ___ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County Oct-Dec., 2018 Dates To Be Used Jan-March, 2019 Program Director Signature _________________________________

Certified By: ___________________________ RD# ___________________________ Must be approved at least two weeks prior to implementation.

Approved by: ___________________________ Date Approved: ___________________________

AAA Administrator

ORIGIONALS WITH SIGNATURES KEPT ON FILE AT AAA
| MONTH, DATE, DAY | July 4th  
| 7-3-2018 | Grandparents Day  
| 9-7-2018 | Thanksgiving  
| 11-21-2018 | Christmas  
| 12-21-2018 | New Year's Day  
| 12-31-2018 |

| VEGETABLES AND FRUITS 2, 1/2 CUP SERVINGS | Coleslaw with Green Peppers and Carrots @*** | Broccoli Casserole @* | Green Beans Almandine | Green Peas with Pearl Onions | Collard Greens @* |
| BREAD & COMPLEX CARBOHYDRATES 2 SERVINGS | Baked Beans Bun | Rice Roll | Cornbread Dressing Cloverleaf Roll | Sweet Potato Soufflé @ Dinner Roll | Black-eyed Peas Cornbread |
| FAT | | | | | Margarine Margarine |
| DESSERT 1/2 CUP SERVING | Watermelon @ 2 sugar cookies | Strawberry Shortcake | Sweet Potato Pie @ (1/6 of 8") (1/8 of 10") | Red Velvet Cake | Escallopded Apples (1/2 c. Apples) |
| 2 % MILK OR CALCIUM 1/2 PINT | 2 % Milk | 2 % Milk | 2 % Milk | 2 % Milk | 2 % Milk |
| BEVERAGE | Iced Tea | Coffee | Coffee | | |
| MISCELLANEOUS | Mustard, Ketchup | Cranberry Sauce (1/4 c.) | | | Vinegar |

KEY: Calcium + Cold Vitamin C ☐ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County ___________________________________ Dates To Be Used ____________ FY 2019 _______ Program Director Signature _____________________________________________

Certified By ____________________________________________________________________ RDC# ____________ Must be approved at least two weeks prior to implementation.

Approved by: __________________________________________________________________ Date Approved: ___________________

AAA Administrator

ORIGINALS WITH SIGNATURES KEPT ON FILE AT AAA
<table>
<thead>
<tr>
<th>MONTH, DATE, DAY</th>
<th>Valentine's Day 2-14-2019</th>
<th>Easter 4-18-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAIN ENTREE</td>
<td>Oven Fried Chicken Breast (3 oz. Meat)</td>
<td>Honey Baked Ham with Pineapple juice (2 oz. Meat)</td>
</tr>
<tr>
<td>PROTEIN SOURCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 OZ.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEGETABLES AND</td>
<td>Broccoli Spears with Cheese Sauce @ *</td>
<td>Green Beans Almandine</td>
</tr>
<tr>
<td>FRUITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2, 1/2 CUP SERVINGS</td>
<td>Cranberry Juice</td>
<td>6 oz. Orange Juice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREAD &amp; COMPLEX</td>
<td>New Sliced Potatoes</td>
<td>Scalloped Sweet Potatoes @ with Apples</td>
</tr>
<tr>
<td>CARBOHYDRATES</td>
<td>Whole Wheat Roll</td>
<td>Yeast Roll</td>
</tr>
<tr>
<td>2 SERVINGS</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAT</td>
<td>Margarine</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESSERT</td>
<td>Sponge Cake with Whipped Topping and Strawberries * (1/4 c.)</td>
<td>Decorated Cupcakes</td>
</tr>
<tr>
<td>1/2 CUP SERVING</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>2 % MILK OR CALCIUM</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
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<tr>
<td>1/2 PINT</td>
<td></td>
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</tr>
<tr>
<td>BEVERAGE</td>
<td>Iced Tea</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>MISCELLANEOUS</td>
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</tbody>
</table>

KEY: Calcium +  Cold Vitamin C  ___  Vitamin A @  Frozen *  Dried #  Appears in another category ***  Change ^  Holiday Meal H

County____________________ Dates To Be Used ___________ FY 2019 ___________ Program Director Signature __________________________

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AAA Administrator

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<thead>
<tr>
<th>MONTH, DATE, DAY</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROTEIN SOURCE</strong></td>
<td>2 OZ.</td>
<td>2 OZ.</td>
<td>3 OZ.</td>
<td>2 OZ.</td>
<td>2 OZ.</td>
</tr>
<tr>
<td><strong>VEGETABLES AND FRUITS</strong></td>
<td>Sliced Tomatoes (3) @ on Lettuce</td>
<td>Creamy Coleslaw with Carrots @</td>
<td>Green Beans</td>
<td>Sliced Tomatoes (3) @ on Lettuce</td>
<td>Sliced Tomatoes (3) @ on Lettuce</td>
</tr>
<tr>
<td>2, 1/2 CUP SERVINGS</td>
<td>Melon Cubes @</td>
<td>Orange Juice</td>
<td>Whole Peach @</td>
<td>Potato Salad with Green Pepper @</td>
<td>Coleslaw with Carrots @</td>
</tr>
<tr>
<td><strong>BREAD &amp; COMPLEX CARBOHYDRATES</strong></td>
<td>Potato Salad with Green Pepper @ Bun</td>
<td>Baked Beans</td>
<td>Potato Salad</td>
<td>Whole Wheat Bread</td>
<td>Baked Beans</td>
</tr>
<tr>
<td>2 SERVINGS</td>
<td>Hot Dog Bun</td>
<td>Whole Wheat Bread (2 Slices)</td>
<td></td>
<td>Bun</td>
<td></td>
</tr>
<tr>
<td><strong>FAT</strong></td>
<td>Mayonnaise (Reduced Fat)</td>
<td>Mayonnaise (Reduced Fat)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DESSERT</strong></td>
<td>Wrapped Cookies</td>
<td>Melon Cubes @ 1 sugar cookie</td>
<td>2 Wrapped Cookies</td>
<td>2 chocolate chip cookies</td>
<td>Melon Cubes @ 1 brownie</td>
</tr>
<tr>
<td>1/2 CUP SERVING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2 % MILK OR CALCIUM</strong></td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
<td>2 % Milk</td>
</tr>
<tr>
<td>1/2 PINT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BEVERAGE</strong></td>
<td></td>
<td>Apple juice</td>
<td></td>
<td>Pineapple juice</td>
<td></td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td>Mustard</td>
<td>Mustard, Ketchup</td>
<td>Mustard</td>
<td>Mustard</td>
<td>Mustard, Ketchup</td>
</tr>
</tbody>
</table>

**KEY:** Calcium + Cold Vitamin C ___ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County Dates To Be Used FY 2019 Program Director Signature

Certified By Dietitian/Nutritionist RD# _________________ Must be approved at least two weeks prior to implementation.

Approved by: AAA Administrator Date Approved: ______________________

**ORIGINALS WITH SIGNATURES KEPT ON FILE AT AAA**
<table>
<thead>
<tr>
<th>MONTH, DATE, DAY</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTEIN SOURCE</td>
<td>2 OZ.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEGETABLES AND</td>
<td>Carrots @</td>
<td>Green Peas</td>
<td>Peaches @</td>
<td>Mixed Vegetables</td>
<td>Peas and Carrots @ or Green Beans</td>
</tr>
<tr>
<td>FRUITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2, 1/2 CUP</td>
<td>Orange Juice</td>
<td>Tomato Juice @</td>
<td>Orange Juice</td>
<td>Tomato Juice @</td>
<td>Grapefruit Juice</td>
</tr>
<tr>
<td>SERVINGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREAD &amp; COMPLEX</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td>CARBOHYDRATES</td>
<td>Crackers (6)</td>
<td>Crackers (12)</td>
<td>Crackers (12)</td>
<td>Crackers (6)</td>
<td>Crackers (6)</td>
</tr>
<tr>
<td>2 SERVINGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESSERT</td>
<td>Pudding Cup +</td>
<td>Banana Pudding Cup + 1 Fig Bar cookie</td>
<td>Wrapped Oatmeal Cookies (2)</td>
<td>Canned Fruit 1 sugar cookie</td>
<td>Peaches @ 2 shortbread cookies</td>
</tr>
<tr>
<td>1/2 CUP SERVING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 % MILK OR CALC</td>
<td>Non-Fat Dry 2 % Milk Packet (8 oz.)</td>
<td>Non-Fat Dry 2 % Milk Packet (8 oz.)</td>
<td>Non-Fat Dry 2 % Milk Packet (8 oz.)</td>
<td>Non-Fat Dry 2 % Milk Packet (8 oz.)</td>
<td>Non-Fat Dry 2 % Milk Packet (8 oz.)</td>
</tr>
<tr>
<td>1/2 PINT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEVERAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

KEY: Calcium + Cold Vitamin C ___ Vitamin A @ Frozen * Dried # Appears in another category *** Change ^ Holiday Meal H

County Dates To Be Used FY 2019 Program Director Signature

Certified By Dietitian/Nutritionist RD#

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ORIGINALS WITH SIGNATURES KEPT ON FILE AT AAA
<table>
<thead>
<tr>
<th>MONTH, DATE, DAY</th>
<th>VI</th>
<th>VII</th>
<th>VIII</th>
<th>IX</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAIN ENTREE</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PROTEIN SOURCE</td>
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<tr>
<td>2 OZ.</td>
<td></td>
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</tr>
<tr>
<td>Spaghetti with Meat Sauce</td>
<td>Vegetable Beef Soup</td>
<td>Chicken Stew</td>
<td>Chicken with Noodles</td>
<td>Corned Beef Hash</td>
<td></td>
</tr>
<tr>
<td>(1/2 c. Spaghetti)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

| VEGETABLES AND FRUITS 2, ½ CUP SERVINGS |    |     |      |    |    |
| Green Beans | Applesauce | Peach Fruit Cup | Fruit Cup | Pineapple/Orange Juice |
| Tomato Juice | Orange Juice | Tomato Juice | Mixed Vegetables | Raisins |

| BREAD & COMPLEX CARBOHYDRATES 2 SERVINGS |    |     |      |    |    |
| *** | Breadsticks | *** | *** | Total Cereal |
| Crackers (6) | | Wheat Crackers (12) | Breadsticks | Crackers (6) |

| FAT |    |     |      |    |    |
| DESSERT 1/2 CUP SERVING |    |     |      |    |    |
| Box of Raisins | Oatmeal Cookies (2) | Vanilla Pudding | Chocolate Pudding | |
| (2 oz.) | | | | |

| 2 % MILK OR CALCIUM 1/2 PINT |    |     |      |    |    |
| Non-Fat Dry 2 % Milk Packet (8 oz.) | Non-Fat Dry 2 % Milk Packet (8 oz.) | Non-Fat Dry 2 % Milk Packet (8 oz.) | Non-Fat Dry 2 % Milk Packet (8 oz.) | Non-Fat Dry 2 % Milk Packet (8 oz.) |

| BEVERAGE |    |     |      |    |    |
| MISCELLANEOUS |    |     |      |    |    |
| 1 packet parmesan cheese | | | | | |
MANAGEMENT INFORMATION
Questionnaire

Name of Bidder: ________________________________________________________________

Contact Name: ________________________________________________________________

Address: _____________________________________________________________________

Telephone: _______________________________ Fax: _________________________________

Email address: __________________________________________________________________

1) Please identify all personnel that will be responsible for the daily management of the contract with
the Program: list names, titles, email addresses, and telephone numbers of all individuals, available
during normal business hours. (Attach additional sheets as necessary.)

Name: ______________________________  Name: ______________________________
Title: _______________________________  Title: _______________________________
Telephone: __________________________  Telephone: __________________________
Email: ______________________________  Email: ______________________________

2) List your firm’s qualifications to perform the catering services requested. Please indicate any
references we might contact. Please give detailed information. (Attach additional sheets as
necessary.)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

3) Location of Food Preparation Site:

Name of facility: ________________________________________________________________

Address: _____________________________________________________________________

City: _______________________________ State: ___________ Zip: ___________________

Telephone: __________________________ Fax: __________________________

Email address: __________________________________________________________________
4) Does this facility have a Grade A rating? ______________ Yes ______________ No
Date of most recent inspection: ________________________ Score __________________

*Please attach a copy of last inspection results to this questionnaire.

5) Do you agree to keep detailed records on USDA cash resources? _______ Yes _______ No

6) Please describe your food storage facilities. This description must include both refrigeration
and dry areas.
__________________________________________________________________________________
__________________________________________________________________________________
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7a) Describe the food carrier equipment and delivery vehicle (s) to be utilized in delivering meals to
each location. (Include a description of bulk container capacity to maintain food under sanitary
conditions and at proper temperatures.)
Attach information on food carrier equipment:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

b) Describe type of disposable trays for congregate meals which caterer will use for the duration of the
contract period. Give brand name, identifying model numbers, size, etc.
__________________________________________________________________________________
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__________________________________________________________________________________
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contract period. Give brand name, identifying model numbers, size, etc.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
8) Describe the route to be utilized in making the food delivery. In addition, trace the delivery route or the county maps provided; give an approximate delivery time for each LunchPlus Club location and attach to this questionnaire. Specify the number of vehicles to be used for delivery of food when mapping the routes. (Attachment)

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

9) Describe any other catering services that you would wish to provide to the Program. Would there be any additional cost involved?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

For each bid submitted, please itemize the bid price per meal in the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>Standard Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Food Price</td>
<td>$</td>
</tr>
<tr>
<td>Tea/Coffee</td>
<td>$</td>
</tr>
<tr>
<td>Labor</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Disposable Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL COST PER MEAL</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

10) Provide any other information that you feel is pertinent to this bid proposal.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

11) This information is accurate and complete to the best of my knowledge.

Signature ________________________________   Date __________________________

IMPORTANT: Remember to provide attachments requested in these specifications. These items are required as part of the bid.

- Copy of most recent Health Inspection of Facility where food will be prepared
- Copy of form to be used for billing
- Copy of a daily meal delivery receipt
- Copies of Meat Casserole Recipes
- Delivery Route Map
In compliance with the invitation to bid, dated _________________ and subject to all of the specifications, conditions and attachments thereto, the undersigned offers and agrees, if this bid is accepted prior to forty-five (45) days from the date of opening, to furnish the items quoted herein below at the unit price set forth and to make delivery as specified during the contract period, July 1, 2018 through June 30 2020.

<table>
<thead>
<tr>
<th>Net Bid per meal:</th>
<th>_______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax:</td>
<td>_______________</td>
</tr>
<tr>
<td>Total cost per meal:</td>
<td>_______________</td>
</tr>
</tbody>
</table>

NAME OF BIDDER: ____________________________________________________________
ADDRESS: ________________________________________________________________
EMAIL: _________________________________________________________________
TAX ID #: _________________________ COUNTY: _________________________
TELEPHONE #: _________________________ FAX #: _________________________

SIGNATURE: ______________________________________________________________
PRINTED NAME: __________________________________________________________
TITLE: _________________________________________________________________
DATE: ________________________________