

Subcontractor Caterer Bid Application Checklist

SUBCONTRACTOR IDENTIFICATION	
Legal business name:	
Doing business as (if applicable):	
Contact person:	Email:
SUBCONTRACTOR TYPE (License & Services)	
<input type="checkbox"/> Caterer <input type="checkbox"/> Other: _____	
Services provided:	
<input type="checkbox"/> Home Delivered Meals (Frozen) <input type="checkbox"/> Home Delivered Meals (Hot) <input type="checkbox"/> Other: _____	

APPLICATION CHECKLIST (If No, provide comments as to what is missing/incomplete below)	
Application Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Attestation & Information Release Authorization Signature	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Application Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No*
All Enclosures Received	<input type="checkbox"/> Yes <input type="checkbox"/> No*

*If No to any of the above, please provide comments on what is missing/incomplete, etc.:

ENCLOSURE CHECKLIST (If No, provide comments as to what is missing or incomplete below)	
Copy of your state license for each location and/or specialty	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of your Certificate of Liability Insurance Policy face sheet with United HomeCare listed as a certificate holder	<input type="checkbox"/> Yes <input type="checkbox"/> No*
If Provider independently contracts workers and does not have a workers' compensation liability policy, did Provider submit clarification?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
A copy of the most recent (preferably 2021) tax document: Form 1120 for Corporations, Form 1065 for Partnerships/LLCs, or Form 1040 for Individuals	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of your W-9	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of the Registered Dietitian (RD) license and registration	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of Occupational License / Local Business Tax Receipt (LBT) (County and City, if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of the Emergency Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of the Annual Fire Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of the observed holiday schedule (non-delivery days)	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Certification and Assurances Form	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Provider rates form with proposed rates and services provided (including the number of meals that can be produced and the unit price for each meal type):	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Serv Safe Certificate and/or Professional Food Manager Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No*
List of the workers who will be viewing and handling United HomeCare clients' information (office staff)	<input type="checkbox"/> Yes <input type="checkbox"/> No*
List of the workers who will be delivering meals to United HomeCare clients	<input type="checkbox"/> Yes <input type="checkbox"/> No*

Subcontractor Caterer Bid Application Checklist

State Health Inspections (three most recent, including Corrective Action Plans for any High Priority Violations, if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The breakdown of bid price for the raw food cost, labor, transportation, equipment, paper and plastic supplies, profit, and other costs	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The list of food provided, including Entrées, Grains, Vegetables, Fruit, Milk, Juices, Salads, and Soups	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The statement that United HomeCare is not required to pay for food not meeting the proper specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The statement that United HomeCare will procure food from other sources at the vendor's additional expense, if the vendor: A.) fails to deliver a meal or any portion of a meal to the correct address or B.) delivers food that was spoiled, out-of-date, or otherwise inedible	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The statement that your agency is addressing supply of substitution food items to be kept in case a substitution is necessary and submit a description of how substitution items kept onsite will be monitored to ensure all food items are used prior to the products' expiration dates, use-by dates, sell-by dates, or best-by dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The description on the agency's meal containers (each vendor shall be requested to provide samples of proposed packaging with the Caterer Bid).	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The facility's food safety management program/procedures, which meet or exceed the minimum requirements of federal, state, municipal, or other agencies authorized to inspect or accredit the food service operation	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The schedule and method of payment to food vendors	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The copy of sales tax exemption certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The written statement agreeing that bond coverage will be obtained for individuals who handle cash, or cash equivalent, in the performance of their assigned tasks.	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Proof of bond coverage, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A

*If No to any above, please provide comments on what is missing/incomplete, etc.:

- Was Provider a previous Subcontractor with United HomeCare during the previous fiscal year? Yes No
- If Yes:
- Did Provider submit overall information timely? Yes No
 - Did the Provider have concerns with Background screening? Yes No

Were all of the following policies and procedures requested submitted where the Provider reflected the title of the corresponding policy, highlighting the information pertaining to the description:

Policy and Procedure Requested	Policy and Procedure submitted where Provider specified title of policy and highlighted the description?	Provider's Policy Title
Service Authorizations (SPO)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notification to UHC of client changes/problems/situations/increase or decrease in service	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Conflict of Interest Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subcontractor Caterer Bid Application Checklist

HIPAA including safeguarding of client data <i>(cabinets/IT process/devices/emails)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confidentiality Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fraud, Waste, and Abuse Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personnel <i>(Including signed applications, job description, evaluations, I-9 forms, background screenings, attestation of compliance-candidate forms, e-verify result, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-Service & Annual In-service Training, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Field Staff Restrictions <i>(including gifts, lending/borrowing money, duties outside scope of service, handling money, giving out staff personal information)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unusual Occurrences / Incidents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reporting Abuse/Neglect/Exploitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency procedure if crisis occurs when providing services	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subcontractor Caterer Bid Application Checklist

<p>Quality Assurance & Performance Improvement (QAPI) Plan <i>(including monitoring deliveries, auditing internal files, monitoring client satisfaction & logging complaints as well as following up on complaint resolution)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>FISCAL: Reconciling Process (meals authorized/provided vs. billed/reported)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Menus: Development of Menus</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Delivered Meals Substitution Process:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Procedure regarding packing, transporting, delivery schedule (including days and hours), and temperature testing.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Completion of meal delivery route sheet/log <i>(e.g., client name, address, contact number, service name, delivery date, time, number of meals provided, signature, comments).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Sanitation Inspections (Local, State, DBPR, etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Supervision for staff, including kitchen and food delivery personnel.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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ONLY for Providers selected after review of the application, the following was submitted:

<p>Completed <u>DOEA</u> Background Screening Attestation of Compliance-Employer</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Submit the Owner(s), Administrator(s), and Fiscal Personnel’s DOEA Level II Background Screening Result Letter <i>(Must be the actual result letter confirming eligibility in the DOEA Aging Network. Please note that this DOEA screening result is different from the AHCA screening result and is completed in the same AHCA portal)</i></p> <p><i>If you are a new provider and do not have access to the DOEA Aging Network, refer to https://elderaffairs.org/wp-content/uploads/2023-Appendix-E-Background-Screening-Clearinghouse-Instructions.pdf which reflects how to obtain access (Page 4, Section II: Clearinghouse Procedures).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Submit the Owner(s), Administrator(s), and Fiscal Personnel’s DOEA Attestation of Compliance – Candidate form <i>[Please be advised that when the DOEA screening result is first printed (upon hire or re-screen) and confirmed as “eligible,” then the Attestation of Compliance – Candidate form is completed.]</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Submit the DOEA Level II Screening Result Letter <u>with</u> the corresponding Attestation of Compliance – Candidate form for all workers who will be viewing or handling client information and for all workers who will be rendering services to United HomeCare clients <i>(Please be advised that prior to a worker rendering services to a DOEA-funded client, the worker must be Level II Screened. Once the screening result is printed confirming the worker as “eligible” in the DOEA Aging Network, the worker then completes the Attestation of Compliance – Candidate form).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

