Quote Request

Hot Lunches for RAB Meetings January - December 2019

Quotes due January 11, 2019 @ 1 P.M.



Fax to Travis Albright at (412) 456-5007 or email to Travis.Albright@HACP.org

Scope of Work

The Housing Authority of the City of Pittsburgh is in search of an individual or business that can provide catered meals for Resident Advisory Board Meetings from January — December 2019 (no meeting in August or November). Our meetings will be held at our main office at 200 Ross Street, 9th Floor, Pittsburgh, Pa 15219.

Meals are to be delivered and set up at least one (1) hour before meetings start.

- Example of a meal include: 2 meat or main entrée, 2 sides, salad, dessert, regular and diet beverages, water, rolls/bread and butter, condiments, paper products to include table cloths for food table, plastic utensils, serving utensils and ice.
- Provider will be given the date and location of meetings two (2) weeks prior to event.
- There will be ten (10) Resident Advisory Board Meetings during January December 2019, which will be held around the third or fourth Tuesday of each month. (Plan for 40 meals per meeting/month total 400 meals).
- Provider will coordinate services with assigned HACP staff members and must communicate with staff each month to coordinate the menu for each meeting.
- Vendor to submit original invoice immediately after each meeting with delivery acceptance signature.

Quote should include per meal cost and delivery/ set-up fee.

For more information or questions, please contact Travis Albright @ 412-456-5000 x8505 or Travis.Albright@HACP.org

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Type of Meeting	No. of people	No of Meetings	Price Per Person	(Price Per Person X No. of People X No. of Meetings)
Resident	40	10		
Advisory Board				
Set-Up/Delivery	N/A	10	N/A	
Charge				
			GRAND TOTAL	
Grand Total:				
Grand Total:	(total fro	om above total of RA	B with delivery charge)	
Grand Total:				
		(in	words)	
Contract award will be based on lowest responsive and responsible bid amount (Please print clearly)				
Company Name:				
Address:				
		(of co	mpany)	
Signature:				
Print Name:				
		(of perso	on signing)	_
Phone Number:_			Fax:	