

Quote Request

Catering Services

Quotes due June 12, 2020 @ 10:30 AM

Email to Brandon.Havranek@HACP.org

SCOPE OF WORK

The selected firm will be responsible for providing the Allies & Ross Management and Development Corporation (ARMDC), an instrumentality of the Housing Authority of the City of Pittsburgh (HACP), catering services for resident meetings at the Manchester Citizens Corporation Center (1319 Allegheny Avenue, Pittsburgh, PA 15233).

- **Thirteen (13) Afternoon/Lunch Meetings (20 people):** The meetings are expected to be held at 1:00pm.
 - Lunch box: 1 sandwich, 1 side or salad, and 1 dessert per serving.
 - All Paper Products. Serving Utensils, Plates, Cups, Forks, Knives and Napkins.
 - Combination of regular and diet soda beverages (70%) and water bottles (30%). Provide extra 10% of water/beverage bottles.
 - Includes 10% of the meals for vegan diet.
- **Seven (7) Evening/Dinner Meetings (20 people):** The meetings are expected to be held at 6:00pm. The food should be ready to be served by 5:30 PM.
 - Dinner Buffet or Dinner Box (at ARMDC's discretion): 1 meat/or Main entrée, 1 starch, 1 vegetable, and 1 dessert per serving.
 - Combination of regular and diet soda beverages (70%) and water bottles (30%)
 - All Paper Products. Serving Utensils, Plates, Cups, Forks, Knives and Napkins. Provide extra 10% of water/beverage bottles.
 - Includes 10% of the meals for vegan diet.

The quote should include all expenses including, but not limited to, transportation and to-go boxes. The number of servings per meeting is not fixed; ARMDC will determine the number of servings for each meeting within the given range. The catering services shall be provided within 2-3 weeks from the issuance of a Notice to Proceed.

The estimated period of catering services is approximately 10-15 months; therefore, the contract shall have a one (1) year term, with a one (1) year extension option.

Please contact Brandon Havranek at 412.643.2869 or Brandon.Havranek@HACP.org with any questions about the scope.

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Quotes due 06/12/2020 @ 10:00 a.m.

Meeting Type	Cost per Meeting	# of Meetings	Total
Afternoon/Lunch	\$	13	\$
Evening/Dinner	\$	7	\$

Total Cost: \$ _____
(in words)

**Contract award will be based on lowest responsive and
responsible bid amount**

(Please print clearly)

Company Name: _____

Address: _____
(of company)

Signature: _____

Print Name: _____
(of person signing)

Phone Number: _____ Fax: _____

Email: _____