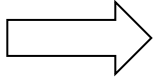


Quote Request

Hot Lunches for Bedford Choice Resident Leadership, May – December 2023

Quotes due March 27, 2023 @ 10:00AM



**Fax to Samantha Tirk at (412) 456-5007 or
email to Samantha.Tirk@HACP.org**

Scope of Work – Bedford Choice Resident Leadership Meetings

The Housing Authority of the City of Pittsburgh is in search of an individual or business that can provide catered meals for Bedford Resident Leadership Meetings, which will be held monthly from May – December 2023. Our meetings will be held at Bedford Envision Center, 2305 Bedford Avenue, Pittsburgh, PA, 15219.

Meals are to be delivered and set up at least one (1) hour before meeting start, approximately 10 a.m.

- Example of a meal include: 2 meats or main entrée, 2 sides, salad, dessert, regular and diet beverages, water, rolls/bread and butter, condiments, paper products to include tablecloths 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 six (6) Bedford Choice Resident Leadership Meetings during 2023, which will be held the third Thursday of each month. (Plan for 20 meals per meeting/month – total 120 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.

(Six meetings total)

For more information or questions, please contact Samantha Tirk @
412-456-5000x2900 or Samantha.Tirk@HACP.org

Quote Request

Hot Lunches for Bedford Choice Resident Leadership, May – December 2023

Quotes due 3/27/2023 @ 10:00 a.m.

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

Type of Meeting	No. of People	No. of Meetings	Price Per Person	Total (Price Per Person X No. of People X No. of Meetings)
Bedford Choice Resident Leadership	20	6	\$	\$
Set-up/ Delivery Charge	N/A	6	N/A	\$
GRAND TOTAL				\$

Total Cost: \$ _____

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: _____