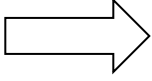


# Quote Request

Hot Lunches for RAB Meetings May - February 2024

**Quotes due March 27, 2023 @ 10:00AM**



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

## **Scope of Work –RAB Meetings**

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, which will be held monthly from May – December 2023. Our meetings will be held at our main office at 412 Blvd. of the Allies Pittsburgh, PA, 15219.

**Meals are to be delivered and set up at least one (1) hour before meetings start, approximately 11 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 ten (10) Resident Advisory Board Meetings during 2020, which will be held around the third or fourth Tuesday of each month. (Plan for 40 meals per meeting/month – total 320 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.

(Eight meetings total, no meetings in August or November)

For more information or questions, please contact Samantha Tirk @  
412-456-5000x2900 or [Samantha.Tirk@HACP.org](mailto:Samantha.Tirk@HACP.org)

# Quote Request

Hot Lunches for RAB Meetings May - February 2024

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

**RAB 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)
Resident Advisory Board	40	8	\$	\$
Set-up/ Delivery Charge	N/A	8	N/A	\$
<b>GRAND TOTAL</b>				\$

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: \_\_\_\_\_