

Quote Request

2025 Hot Meals for Choice Grant Partners Meetings
April - December 2025

Quotes due April 8, 2025 at 9:00 a.m.

Fax to Robert Rounsley at (412) 456-5007 or email
to [Robert Rounsley@HACP.org](mailto:Robert.Rounsley@HACP.org)

Scope of Work -Choice Grant Partners Meetings

The Housing Authority of the City of Pittsburgh is in search of an individual or business that can provide catered meals for meetings, which will be held monthly from April - December 2025. Our meetings will be held at Bedford Envision Center, 2305 Bedford Avenue, Pittsburgh PA 15219 or HACP Headquarters (7th Floor), 412 Blvd of the Allies, Pittsburgh PA 15219, location will be provided in advance of the meetings.

Caterer Obligations:

- The caterer must present a clean and professional appearance, especially when working directly with HACP staff and residents.
- The caterer must present and confirm the menu items before delivery of meals.

Meals are to be delivered and set up at least one (1) hour before the meeting starts:

- Example of a meal include: 2 meats or main entree, 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.
- The provider will be given the date and location of meetings at least two (2) weeks prior to the event.
- There will be nine (9) Meetings during 2025 the caterer should (Plan for 40 meals per meeting/month = total 360 meals).
- The 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.

(9 meetings total)

For more information or questions, please contact Robert Rounsley at
412-456-5000 x 2762 or Robert.Rounsley@HACP.org

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Choice Neighborhood Initiative 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	40	9	\$	\$
Set-up/ Delivery Charge	N/A	9	N/A	\$
GRAND TOTAL				\$

Total Cost: \$ _____

Total Cost: \$ _____
(in words)

The contract award will be based on the lowest responsive and responsible bid amount

(Please print clearly)

Company Name: _____

Address: _____
(of company)

Signature: _____

Print Name: _____
(of person signing)

Phone Number: _____ Fax _____

Email: _____