

**Attachment B**

**Application To Provide Catering Services**

Title III-C1 Congregate Meals and Title III-C2 Home Delivered Meals

<b>1. Company Information</b>		<b>2. Primary Food Preparation Site (If Different)</b>	
Organization Legal Name	Homestyle Direct, LLC	Organization Legal Name:	
Address:	2032 Highland Ave E, Twin Falls Idaho 83301	Address:	
Main phone number:	866 735 0921	Main phone number:	
County:	Twin Falls	County:	
Primary Contact:	Bradd Williams	Primary Contact:	
Title:	Chief Development Officer	Title:	
E-mail:	bradd@homestyledirect.com	E-mail:	

**3. Days/Hours/Type of Service**

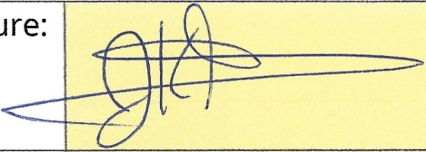
Please indicate your capabilities in each of these categories. See application instructions- **Attachment A** for more details about meal types and delivery options.

<b><u>Days of the week you are able to deliver meals to sites</u></b>	<b><u>Types of meals (check all that apply)</u></b>	<b><u>Delivery Options</u></b>
<input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday  <b>Delivery Hours Between:</b> _____	<input checked="" type="checkbox"/> Regular/General <input type="checkbox"/> Hispanic cuisine <input type="checkbox"/> Chinese cuisine <input type="checkbox"/> Southeast Asian/Indian <input type="checkbox"/> Korean cuisine <input type="checkbox"/> Ethnic	<b>Congregate Meals delivered to sites:</b> <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Pre-Portioned "Deli-Bar" Items  <b>Individually packaged HDMs delivered to sites:</b>

<p><u>8</u> A.M. &amp; <u>5</u> P.M.</p> <p><b>Are you willing to provide equipment to meal sites?</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Ethnic <u>No</u></p> <p><input type="checkbox"/> Kosher</p> <p><input type="checkbox"/> Deli or Salad Bar</p> <p><input type="checkbox"/> Fresh Grocery Box</p> <p><input type="checkbox"/> Shelf stable meals</p> <p><input type="checkbox"/> Holiday or special event meals</p> <p><input type="checkbox"/> Other _____</p> <p><b>Special Therapeutic Diets (check all that apply)</b></p> <p><input checked="" type="checkbox"/> Diabetic Friendly</p> <p><input checked="" type="checkbox"/> Renal Friendly for those receiving dialysis</p> <p><input checked="" type="checkbox"/> Heart Healthy</p> <p><input checked="" type="checkbox"/> Vegetarian</p> <p><input checked="" type="checkbox"/> Gluten Free - <u>restricted</u></p> <p><input type="checkbox"/> Pureed</p>	<p><input type="checkbox"/> Hot <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Frozen</p> <p><b>Individually packaged HDMs delivered to homes:</b></p> <p><input type="checkbox"/> Hot <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Frozen</p>
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#### 4. Application Agreement

By signing this application, I certify that I am an authorized representative to sign for this Agency. I certify that I will adhere to all AgeGuide requirements and policies for provision of services, including Definitions and Standards and Request for Application. I certify that the specifications outlined in this application represent the Applicant Agency's commitments from **October 1, 2025 – September 30, 2028**. All costs for the preparation of this application shall be the responsibility of the Applicant Agency and not the responsibility of AgeGuide. I hereby certify that all the information and answers provided in this application are true and accurate to the best of my knowledge.

<p>Typed Name:</p>	<p>Jim Griffith</p>	<p>Signature:</p>	
<p>Title:</p>	<p>Contract Manager</p>	<p>Date:</p>	<p>12/10/2024</p>

## 5. Application Instructions

- Please answer all questions as thoroughly as possible.
- Submit both the narrative and pricing matrix.
- AgeGuide accepts applications to provide catering services throughout the year.
- Submit the application to [Lchew@AgeGuide.org](mailto:Lchew@AgeGuide.org).
- Questions should be e-mailed to [Lchew@AgeGuide.org](mailto:Lchew@AgeGuide.org).

Notes:

- (1) This application does not request financial information about your organization, however, AgeGuide does reserve the right to request financial data as necessary to assess the financial viability of the organization.
- (2) This application is not a contract. If a contract is offered by a Nutrition Provider, this application becomes part of the contract.
- (3) Contracts will not vary from the information included in the Caterer Request for Application unless specifically approved by the Nutrition Provider.
- (4) See **Attachment D** for FY24 Estimated Meal Volumes by Delivery Location (reference only).

## 6. Application

### A. General

**Are you applying for**

- Caterer**
- On-Site Caterer**
- Shelf-stable meal vendor**
- Fresh grocery box provider**

### B. Performance History

1. When was your company established? Who are the owners of the company?

**Homestyle Direct, LLC was established in June of 1997. Homestyle Direct, LLC is owned by Harkness Rocket Holdings, Inc.**

2. How many meals did your company prepare and deliver for service in 2024? Please report which category of meals: **home delivered meals, Congregate meals, shelf-stable meals and or fresh grocery boxes.**

**Homestyle Direct, LLC will deliver approximately 7,000,000 Frozen meals in 2024.**

3. What volume of daily meals can your operation produce on the **first day of contract service on October 1, 2025?** Please explain (e.g., expansion plans or other changes to production).

**Homestyle Direct, LLC, produces and maintains an inventory rotation level of ready-to-shipped meals in anticipation of expansion and/or emergencies; and is equipped to add a second shift within 24-hour notice allowing for an expanded capacity up to 600,000 at the two facilities.**

4. Have you done work similar in scope and size to the Senior Nutrition program? Give examples of the number of meals served.

**Yes, we increased our volume by 40,000 meals during the first month of the COVID pandemic.**

### C. Quality

1. What is the maximum number of hours between preparation of the entrées, and arrival at the designated nutrition site?

**From preparation of the Hard frozen entrée to arrival at the designated nutrition site, the maximum number of hours could be 120, but the typical number of hours is 72.**

2. How will you document food temperatures at the time of leaving your facility and the time of delivery?

**Homestyle Direct, LLC meals are made fresh in our commercial kitchen. We take all meals and immediately fast and hard freeze them in our commercial freezer kept at 40 degrees below zero. We keep inventory on hanHometd for two weeks and use a first in first out inventory management system. This system ensures we only send meals that are frozen. Included in our system is a visual check by our packing team to ensure meals are in excellent condition for delivery.**

D. Capacity

1. Please describe how you will respond to special meal requests (holiday-related meals, occasional themed meals, etc.) and accommodate menu changes (e.g. when meals do not meet client satisfaction?)

**Homestyle Direct, LLC provides an extensive menu offering the member a selection the best fits their nutritional needs and preferences; however, we do not offer holiday-related meals. The menu is updated 3-times a year**

2. Please describe how you will provide meals on days that service is required but your kitchen is closed due to your organization's or the Nutrition providers' holiday policy.

**Organizational holidays do not affect Homestyle Direct, LLC's production or deliveries as our meals are shipped in packages of 14-31 meals directly to the member's home.**

3. Please describe your company's ability to provide a Fresh-served deli or salad bars at a congregate site.

**Homestyle Direct, LLC does not provide Fresh-served deli or salad bars at congregate sites.**

- a. Do you have the additional capacity to do the Fresh-served deli portioning work? If yes, what is the effect on the per meal price? **N/A**
  
- b. Are you able to provide the salad bar equipment? If yes, what is the effect on the per meal price? **N/A**

4. Do you have the capacity to pack Home Delivered Meals in delivery carriers according to the routes set by the Nutrition providers? If yes, what is the effect on the per meal price?

**Homestyle Direct, LLC uses FedEx to ship the meals enabling deliveries to all zip codes. This does not influence the price per meal.**

5. What packaging system do you use for individually packing home delivered meals? (List brand.)

**Homestyle Direct, LLC uses Amcor products. They provide our film and trays. They are safe to microwave and/or put in the oven**

#### E. Pricing

1. **Please complete Attachment C - "Caterer Pricing Matrix" Remember to enter information for each County you are able to cater.**

#### F. Attachments