

Attachment B

Application To Provide Catering Services

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

<u>1. Company Information</u>		<u>2. Primary Food Preparation Site (If Different)</u>	
Organization Legal Name	Sakari & Sai Krupa Inc. DBA : Jigar's Kitchen	Organization Legal Name:	
Address:	281 Commonwealth Drive, Carol Stream, IL 60188	Address:	
Main phone number:	630-362-0685	Main phone number:	
County:	Dupage	County:	
Primary Contact:	Jigar parikh	Primary Contact:	
Title:	Owner/manager	Title:	
E-mail:	Info@jigarskitchen.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.

<u>Days of the week you are able to deliver meals to sites</u>	<u>Types of meals (check all that apply)</u>	<u>Delivery Options</u>
<input type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Delivery Hours Between: _____ A.M. & _____ P.M.	<input 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 _____	Congregate Meals delivered to sites: <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Pre-Portioned "Deli-Bar" Items Individually packaged HDMs delivered to sites: <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Frozen

<p>Are you willing to provide equipment to meal sites?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Ethnic _____</p> <p><input type="checkbox"/> Kosher</p> <p><input type="checkbox"/> xDeli or Salad Bar</p> <p><input type="checkbox"/> Fresh Grocery Box</p> <p><input type="checkbox"/> Shelf stable meals</p> <p><input type="checkbox"/> xxHoliday or special event meals</p> <p><input type="checkbox"/> Other _____</p> <p>Special Therapeutic Diets (check all that apply)</p> <p><input type="checkbox"/> xDiabetic Friendly</p> <p><input type="checkbox"/> Renal Friendly for those receiving dialysis</p> <p><input type="checkbox"/> Heart Healthy</p> <p><input type="checkbox"/> xVegetarian</p> <p><input type="checkbox"/> xGluten Free</p> <p><input type="checkbox"/> x Pureed</p>	<p>Individually packaged HDMs delivered to homes:</p> <p>xx<input type="checkbox"/> Hot <input type="checkbox"/> xCold x<input 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.

Typed Name:	Jigar Parikh	Signature:	
Title:	Owner/Manasger	Date:	12/05/24

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.
- Questions should be e-mailed to 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?

Ans: in 2018 november, Jigar Parikh & Ajit shah

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.**

Ans : 1. Onsite pickup (Drive through): 40,000

3. **Melas on Wheels : 30,000 for meals on wheel**

4. 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).

Ans. : We can Produce : 700-800 meals a day

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

Ans : No besides Dupage & Kane county for Dupage senion citizen council

C. Quality

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

Ans : 3-4 hours

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

Ans : We will be having the temperature log at the Kitchen when its loaded and the driver will carry the Thermometer and will check the food temperature at the time of the 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?)

Ans : as Jigar's Kitchen is the leading Indian Caterer in the Chicago land , and having a fully equipped 7000 Sq.ft kitchen with full staff can get the Special Holiday food ready wiuth 24 hrs notice

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.

Ans : Currently Jigar's Ktichen delivers the frozen melas which can get ready 5 days before and can delivered at any day

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

- 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?

Ans : as we have the 7000 sq.ft kitchen we can delivered the portion DeliFresh seved and it won't effect the price

- b. Are you able to provide the salad bar equipment? If yes, what is the effect on the per meal price? : No

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?: Can deliver to the sites

5. What packaging system do you use for individually packing home delivered meals? (List brand.) : Gas Flush Oxygen reduced Packaging

E. Pricing

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

F. Attachments

If your organization is invited by AgeGuide to provide a taste test, you will be asked to submit one set of the attachments listed below. Please label any attachments with your company name.

1. Current health department inspection(s) : FDA
2. Current fire department inspection(s) : yes
3. Current sanitation certificate (CFPM) for the supervisor of meal preparation: yes
4. Three client references, including client's name, primary contact's phone number and e-mail address: yes

5. Current caterers must submit a sample menu for any home delivered meals, congregate dining meals, shelf-stable meals and/or fresh grocery boxes that will be approved by a licensed Registered dietitian for AgeGuide's review. : Already have a Approved menu

NEW CATERERS must submit a cycle menu for any home-delivered meals, congregate dining meals, shelf-stable meals and or fresh grocery boxes that will be approved by a licensed Registered dietitian indicating the menus meet 1/3 of the daily nutritional requirements for older adults.

- A one-month sample menu and nutritional analysis or meal pattern using the IDOA approval sheet. AgeGuide will provide approval sheets.

6. Written confirmation that the caterer has read the menu standards and can provide menus that meet these standards (**Attachment D.**)