

## 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>	
Company:	Maravela's Banquets & Catering	Name:	
Street Address:	4 S. Washington Ave	Street Address:	
City, State, Zip	Fox Lake, Illinois 60020	City, State, Zip	
Phone:	847-587-6100	Phone:	
Primary Contact:	Lorenzo Martinez	FAX:	
Title:	Owner/President	E-mail:	
E-Mail:	marcater@maravelas.com	Primary Contact:	
FEIN:	81-1993514	Title:	

### 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.

<p><b><u>Days of the week you are able to deliver meals to sites</u></b></p> <p> <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  <input type="checkbox"/> Saturday  <input type="checkbox"/> Sunday         </p> <p><b>Delivery Hours Between:</b>  <u>8am</u> A.M. &amp; <u>11am</u> P.M.</p> <p><b>Are you willing to provide equipment to meal sites?</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>	<p><b><u>Types of meals (check all that apply)</u></b></p> <p> <input checked="" type="checkbox"/> Regular/General  <input checked="" type="checkbox"/> Hispanic cuisine  <input type="checkbox"/> Chinese cuisine  <input type="checkbox"/> Southeast Asian/Indian  <input type="checkbox"/> Korean cuisine  <input type="checkbox"/> Ethnic _____  <input type="checkbox"/> Ethnic _____  <input type="checkbox"/> Kosher  <input type="checkbox"/> Deli or Salad Bar  <input type="checkbox"/> Fresh Grocery Box  <input type="checkbox"/> Shelf stable meals  <input type="checkbox"/> Other _____         </p> <p><b>Special Therapeutic Diets (check all that apply)</b></p> <p> <input type="checkbox"/> Diabetic Friendly  <input type="checkbox"/> Renal Friendly  <input type="checkbox"/> Heart Healthy  <input type="checkbox"/> Vegetarian  <input type="checkbox"/> Gluten Free  <input type="checkbox"/> Pureed         </p>	<p><b><u>Delivery Options</u></b></p> <p><b>Congregate Meals delivered to sites:</b></p> <p> <input checked="" type="checkbox"/> Hot    <input checked="" type="checkbox"/> Cold    <input type="checkbox"/> Frozen  <input type="checkbox"/> Pre-Portioned "Deli-Bar" Items         </p> <p><b>Individually packaged HDMs delivered to sites:</b></p> <p> <input checked="" type="checkbox"/> Hot    <input checked="" type="checkbox"/> Cold    <input type="checkbox"/> Frozen         </p> <p><b>Individually packaged HDMs delivered to homes:</b></p> <p> <input type="checkbox"/> Hot    <input type="checkbox"/> Cold    <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 for Fiscal Year 2026 and any subsequent years of service. 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 of the information and answers provided in this application are true and accurate to the best of my knowledge.

Typed Name:	Lorenzo Martinez	Signature:	<i>Lorenzo Martinez</i>
Title:	Owner/President	Date:	12/10/2024

#### 5. Application Instructions

- Please answer all questions as thoroughly as possible.
- Submit both the narrative and pricing matrix.
- Submissions of Applications to Provide Catering Services may be made at any time. There is no deadline.
- Submit application to [RFPS@AgeGuide.org](mailto:RFPS@AgeGuide.org).
- Questions should be e-mailed to [RFPS@AgeGuide.org](mailto:RFPS@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 I for a map of currently funded meal sites by County
- (5) 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

B. Performance History

1. When was your company established? 1982
2. Who is the owner(s)? Lorenzo Martinez and Adolpho Martinez

3. How many meals did your company prepare and deliver for service in 2024? Please report which category of meals: home delivered meals, Congregate meals and or shelf-stable meals.  
SEE ATTACHED
4. At what percentage of current capacity are your production facilities now operating?  
SEE ATTACHED
5. What volume of daily meals can your operation produce on the first day of contract service (October 1, 2026)? Please explain (e.g., expansion plans or other changes to production).  
SEE ATTACHED
6. Have you done work similar in scope and size to the Senior Nutrition program? Give examples of the number of meals served. SEE ATTACHED

### C. Quality

1. What is the maximum number of hours between preparation of the entrées, and arrival at the designated nutrition site? 2 Hours
2. How will you document food temperatures at the time of leaving your facility and the time of delivery? We log all temperatures on an excel spreadsheet before delivery and when we arrive on site.
3. Why do you think our clients will like your meals?  
Our reputations still remains outstanding for the quality, quantity and variety of our offerings

### 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)? We continue to use our best practice to make menu options available to the customer and open for changes.
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. We accomodate our providers needs by providing them with double meals
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? Possible at a later date
  - b. Are you able to provide the salad bar equipment? If yes, what is the effect on the per meal price? Possible at a later date
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? Yes  
Current Catholic Charities Senior Nutrition Lake and Mchenry County
5. What packaging system do you use for individually packing home delivered meals? (List brand.)  
Oliver Packaging

### E. Pricing

1. Please complete Attachment C- "Caterer Pricing Matrix." Remember to enter information for each County you are willing to serve. [Note that Tab 1 is an example; Tab 2 is where you can enter information.]

## 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)
2. Current fire department inspection(s)
3. Current sanitation certificate (CFPM) for the supervisor of meal preparation
4. Three client references, including client name, primary contact's phone number and e-mail address
5. Current caterers must submit a sample menu for any home delivered meals, congregate dining meals, and/or shelf-stable meals that will be approved by a licensed Registered dietitian for AgeGuide's review.  
  
**New caterers** must submit a cycle menu for any home delivered meals, congregate dining meals, and/or shelf-stable meals 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 must include a nutritional analysis or meal pattern using the Illinois Department on Aging (IDOA) approval sheet. AgeGuide will provide the approval sheets. (Attachment J)
6. Written confirmation that the caterer has read the menu standards and can provide menus that meet these standards. ( Attachment G) Received, Lorenzo Martinez