

Attachment B

Application To Provide Catering Services

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

1. Company Information		2. Primary Food Preparation Site (If Different)	
Organization Legal Name	Top Box Foods	Organization Legal Name:	Top Box Foods
Legal Name		Legal Name.	7070 0 1 1 1 1 1
Address:	222 W Merchandise Mart Plz, Ste 11-131, Chicago IL 60654	Address:	5959 S Lowe Ave, Chicago IL 60621
Main phone number:	(312) 527-7890	Main phone number:	(312) 527-7890
County:	Cook	County:	Cook
Primary	Connor DeLoach	Primary	Taylor Keila
Contact:		Contact:	
Title:	Executive Director	Title:	Director of Operations
E-mail:	Connor.deloach@topbo xfoods.com	E-mail:	Taylor.keila@topboxfoods.com

3. <u>Days/Hours/Type of Service</u>

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

Days of the week you are	Types of meals (check	<u>Delivery Options</u>
able to deliver meals to	all that apply)	
<u>sites</u>	X Regular/General	Congregate Meals
X Monday	X Hispanic cuisine	delivered to sites:
X Tuesday	☐ Chinese cuisine	□Hot X Cold
X Wednesday	X Southeast	X Pre-Portioned "Deli-Bar"
X Thursday	Asian/Indian	Items
X Friday	X Korean cuisine	
	X Ethnic	Individually packaged
Delivery Hours Between:	- 	HDMs delivered to sites:
A.M. &P.M.		☐ Hot X Cold X Frozen



	☐ Ethnic	
Are you willing to		
provide equipment to	X Kosher	Individually packaged
meal sites?	□ Deli or Salad Bar	HDMs delivered to
X Yes □ No	X Fresh Grocery Box	homes:
	X Shelf stable meals	☐ Hot X Cold X Frozen
	X Holiday or special	
	event meals	
	□ Other	
	Special Therapeutic	
	Diets (check all that	
	apply)	
	X Diabetic Friendly	
	X Renal Friendly for	
	those receiving dialysis	
	X Heart Healthy	
	X Vegetarian	
	X Gluten Free	
	□ Pureed	

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:	Connor DeLoach	Signature:	COM
Title:	Executive Director	Date:	December 12, 2024



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. <u>Application</u>

A. General

Are you applying for □ Caterer

☐ On-Site Caterer☐ Shelf-stable meal vendor

X Fresh grocery box provider

- B. Performance History
 - 1. When was your company established? Who are the owners of the company? Founded in 2012. Organization has no owners Non Profit 501c3



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**.

Top Box Foods delivered the equivalent of over 1,600,000 home delivered meals to 77,000 households in 2024.

- 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).
 - Top Box Foods can currently support up to 1,000 home deliveries on a daily basis and has capacity to expand to support an additional 500 within a very short time frame (1-2 weeks), through additional leasing of vehicles and/ or volunteer support.
- 4. Have you done work similar in scope and size to the Senior Nutrition program? Give examples of the number of meals served.

Top Box Foods has multiple similar contracts and is currently contracted to preform similar, if not, identical nutrition services for Age Options and the City of Chicago Dept. of Family Support Services. These programs accommodate 600 weekly participants and 1,000 monthly clients, respectively. In total, Top Box Foods has facilitated 65,000 deliveries in 2024, totaling roughly 788,000 meals.

C. Quality

- 1. What is the maximum number of hours between preparation of the entrées, and arrival at the designated nutrition site?
 - Top Box Foods only delivers fresh/ frozen grocery boxes. Fresh inventory is received and delivered within 24 hours. Frozen and dry inventory is typically received and then packaged and delivered to clients within 7 to 10 days, though it could be safely held in inventory for much longer if necessary.
- 2. How will you document food temperatures at the time of leaving your facility and the time of delivery?
 - Top Box Foods only conducts deliveries using insulated, refrigerated sprinter vans. The temperature of the cargo area is displayed on the drivers dash and monitored at all times.



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?)
 - Top Box Foods offers a wide range of meal kit options to meet a diverse set of needs and cultural preferences. In collaboration with dieticians and experienced nutritionists, meal kits are designed to provide clients the ability to produce various recipes using the contents of every box.
- 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.
 - Top Box Foods does not operate a kitchen. To navigate holiday schedules and other potential periods of non-operation, Top Box coordinates deliveries in advance and ensure clients receive sufficient food to provide enough meals throughout potential gaps in service.
- 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?

Top Box Foods does not currently process or prepare any raw foods. Any/ all types of produce, meats, seafood, dairy, and pantry products can be provided in bulk in helpful to any congregate dining sites or other partners that may be conducting meal preparation.

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?

Top Box Foods operates using a highly efficient routing software that provide live, real time delivery tracking and text messaging updates to clients. Specified routes can be accommodated, if necessary.

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

Top Box Foods using corrugated boxes and may use refrigerated totes, when necessary, to deliver groceries to clients. All packaging is sourced from Greenbay Packaging and Uline.

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)
- 2. Current fire department inspection(s)
- 3. Current sanitation certificate (CFPM) for the supervisor of meal preparation
- 4. Three client references, including client's 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, shelf-stable meals and/or fresh grocery boxes 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, 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.**)