

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	LAZIZ AFFAIR Inc	Organization Legal Name:	UPPER CRUST
Address:	3602 GRANDVIEW CT SAINT CHARLES, IL-64785	Address:	109 E HYDRAULIC ST. YORKVILLE, IL-60560
Main phone number:	630-401-5980	Main phone number:	630-401-5980
County:	Kane	County:	Kendall
Primary Contact:	INDERPAL SINGH	Primary Contact:	INDERPAL SINGH
Title:	OWNER	Title:	OWNER
E-mail:	LAZIZAFFAIR.order@gmail	E-mail:	OWNER@UPPERCRUST-CATERING.NET

3.

Days/Hours/Type of Service ^{today}

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 checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday Delivery Hours Between: <u>10</u> A.M. & <u>5</u> P.M. Are you willing to	<input checked="" type="checkbox"/> Regular/General <input checked="" type="checkbox"/> Hispanic cuisine <input type="checkbox"/> Chinese cuisine <input checked="" type="checkbox"/> Southeast Asian/Indian <input type="checkbox"/> Korean cuisine <input type="checkbox"/> Ethnic <hr/> <input type="checkbox"/> Ethnic <hr/> <input type="checkbox"/> Kosher	Congregate Meals delivered to sites: <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Pre-Portioned "Deli-Bar" Items Individually packaged HDMs delivered to sites: <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Frozen

<p>provide equipment to meal sites?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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>Special Therapeutic Diets (check all that apply)</p> <p><input type="checkbox"/> Diabetic Friendly</p> <p><input type="checkbox"/> Renal Friendly for those receiving dialysis</p> <p><input type="checkbox"/> Heart Healthy</p> <p><input type="checkbox"/> Vegetarian</p> <p><input type="checkbox"/> Gluten Free</p> <p><input type="checkbox"/> Pureed</p>	<p>Individually packaged HDMs delivered to homes:</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 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:	ASEET KAUR	Signature:	
Title:	OWNER	Date:	12-7-24

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?

2018 ASEET KAUR

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.**

Approx 11000 MEALS (CMM)

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).

AROUND → 300 MEALS

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

WE DID 130 MEALS a day at Channahon, IL

C. Quality

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

4 HRS.

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

WE Check TEMPERATURE at Kitchen & Temp. on
SITE
By Volunteers

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?)

ONE WEEK IN ADVANCE

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.

Depending ON REASONS. LIKE we NEVER MISSED a delivery SINCE we Started.

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?

~~YES, 2 PACE WITH BE CHANGE~~
N/A ~~according to~~

- b. Are you able to provide the salad bar equipment? If yes, what is the effect on the per meal price?

~~NO~~ 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?

~~NO~~ N/A

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

N/A

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.)**