



May 2, 2025

Dear Restaurant Owner:

Access Care Partners, Inc. ("ACP") invites your proposal for the preparation and service of meals to restaurant patrons age 60 and older, in a Latino Restaurant Community Table Service funded by Title IIIC of the Older Americans Act. The restaurant can be located in Holyoke, Chicopee, Ludlow, Ware, Granby, South Hadley, and/or Belchertown. The purpose of this program is to provide older persons, particularly those with low incomes and of minority status in the Access Care Partners service area, with nutritious, authentic Latino meals served in local restaurant settings. In addition to promoting better health and nutrition, this program is meant to reduce isolation and provide a means for older adults to gain access to other services available to them to help them maintain their independence.

Latino Restaurant Community Table participants who have pre-registered with the Access Care Partners Nutrition Program will receive an electronic meal card with a QR code to be used at the restaurant, in order to obtain the meal without charge. The restaurant will be provided with a portable digital scanning device that scans the participants' meal cards and keeps count of meals served. The restaurant will provide a secure internet connection and will bill Access Care Partners monthly in order to be reimbursed for the number of meals served in that month. Per the requirements of the Older Americans Act, all participants in the program will be given an opportunity to make a voluntary, confidential donation towards the cost of the meals on a monthly basis. Access Care Partners will promote the Latino Restaurant Community Table Service through the Access Care Partners Nutrition staff and by newspaper, website, social media and print materials.

Access Care Partners is the recipient of local, state and federal Older Americans Act funds for the Nutrition Program and bears the responsibility for awarding funds to restaurants which, in the opinion of the staff and Board of Directors of Access Care Partners, demonstrates the ability to produce and serve nutritional meals for older adults. The Restaurant must meet all specifications and criteria as set forth all sections of this document, and be in compliance with the Nutrition Standards of the Mass. Executive Office of Aging and Independence (formerly Mass. Executive Office of Elder Affairs).

Please contact Lisa Lovell, Nutrition Program Director at 413-538-9020 for assistance, or email questions to rfpnutrition@accesscarepartners.org.

Sincerely,

Roseann Martoccia, MPA
Executive Director
Encl.



**Latino Restaurant Community Table Service
Request For Proposals
May 2, 2025**

Instructions for Bid Preparation:

1. Review all sections of this Request for Proposals document carefully.
 - Section One: Latino Restaurant Community Table Service Specifications
 - Section Two: Latino Restaurant Community Table Service Application
 - Section Three: Required Attachments
 - Section Four: Bid Specifications for the Massachusetts Elderly Nutrition Program
 - Section Five: Standards and Policies for the Massachusetts Elderly Nutrition Program
2. Bidders are required to address and complete **all** items included in these specifications. If the bidder is unable to meet certain specifications, they must indicate so in writing within the submitted bid.
3. A **Bidders Conference** will be held on **Tuesday, May 13, 2025** at 2:00 p.m. at the offices of Access Care Partners, Inc. ("ACP") located at 4 Valley Mill Road, Holyoke. The purpose of this conference is to give equal opportunity for clarification of specifications and guidance in the application process to all potential bidders. At the Bidder's Conference, ACP staff will provide training and technical assistance on the proposal requirements and demonstrate use of the program equipment. Spanish language assistance will be available at the Bidder's Conference. All questions regarding the application process should be sent to rfpnutrition@accesscarepartners.org in advance of the Bidders Conference.
4. Proposals must be submitted in triplicate and enclosed in a sealed envelope marked "sealed bid" and addressed to:

Nutrition Program
Access Care Partners, Inc.
4 Valley Mill Road
Holyoke, MA 01040

Deadline for the receipt all bids is Friday, May 30, 2025 at 1:00 p.m. Faxes and emails will not be accepted. Any bids received by Access Care Partners, Inc. after this date and time shall be rejected.

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5. All Bidders will be notified about the results of their application by August 1, 2025. The contract will be awarded for a period of 3 (three) years, with service effective starting October 1, 2025 through September 30, 2028.
6. Factors considered in determining award of contract include:
 - a) Meal Cost Analysis
 - b) Type of service offered
 - c) Experience and reputation of bidder
 - d) Financial stability of bidder
 - e) Degree of staff supervision
 - f) Location and accessibility of Restaurant
 - g) Ability to perform according to the requirements set forth
 - h) Food Safety and Sanitation Practices

Please note: This Request for Proposals does not commit Access Care Partners to award a contract. Any and all grant awards or provider agreements are subject to available funds, compliance with applicable federal and state directives, and review and approval by the Board of Directors at Access Care Partners, Inc. Access Care Partners, Inc. reserves the right to reject any or all proposals, request more information or call for new proposals at any time during the process, and waive any formality in the bidding in the best interest of Access Care Partners, Inc. Bids from Minority Business Enterprises (MBEs), Women Business Enterprises (WBEs), Minority and Women Nonprofit Organizations (M/WNPOs), Veteran Business Enterprises (VBEs), Service-Disabled Veteran-Owned Business Enterprises (SDVOBEs), Disability-Owned Business Enterprises (DOBEs), and Lesbian, Gay, Bisexual and Transgender Business Enterprises (LGBTBEs) are encouraged. Information on diversity certification with the Massachusetts Supplier Diversity Office (formerly SOMWBA) is available through Access Care Partners. (AA/EOE).



Section One:

Latino Restaurant Community Table Service Specifications

Menu Requirements

1. Each meal must contain at least one-third of the current daily Recommended Dietary Allowance as established by the Food and Nutrition Board, Commission on Life Sciences, National Research Council, and must meet the Nutrition Standards and Menu Policies (Section Five) as detailed by the Mass. Executive Office of Aging and Independence.
2. Restaurant will offer a selective menu with a minimum of 3 entrée menu items which feature authentic Latino ingredients and seasoning. All menus and food substitutions must be approved by ACP's Registered Dietitian. Recipes will be provided by the Provider to the ACP Registered Dietitian for nutritional analysis at least two weeks prior to start of the contract. Modifications to recipes must be communicated to, and approved by, the ACP registered dietitian within 2 weeks of recipe change.

Provider (Restaurant) Requirements

1. Restaurant must be open on the agreed-upon day(s) of service from 11:00 a.m. to 3:00 p.m.
2. Restaurant must be handicapped-accessible, with a minimum of 30 seats.
3. Provider will supply all of their own equipment and supplies, including disposables, used to prepare, cook and serve the meals.
4. The Provider must forward to ACP current health inspection reports within two weeks of completion by the local Board of Health Department.
5. Provider will assure per the Bid Specifications that all food will be consumed by Latino Restaurant Community Table Service participants in the restaurant. Take home meals will not be permitted.
6. Provider is encouraged to distribute to interested older adults written information provided by ACP about the Latino Restaurant Community Table Service.
7. Electronic Meal Card System:
 - a. Provider will provide a secure internet connection while, using the ACP portable digital scanning device.
 - b. Provider will assure the security of the portable digital scanning device to protect from theft and damage.
 - c. The Provider will be responsible for scanning the participant's meal card, for the choice of one complete approved meal and returning the card to the participant. The scan will transmit the participant's name and a meal charge to the meal tracking system.
8. The Provider is responsible for reminding participants of the rules of the Latino Restaurant Community Table Service if there are any questions at the time the meal is ordered, and refer participants to ACP for clarification/resolution.
9. Billing to ACP: Provider will submit monthly bills to ACP by the 12th of the month following the month of service, based upon the number of meals served. Payment will not be made for any meals served to unauthorized persons.

10. Provider agrees to permit Access Care Partners to use Provider's name in promotional materials about the Latino Restaurant Community Table Service.
11. Provider cannot accept meal donations from program participants.

Access Care Partners Responsibilities

1. ACP will supply and install a portable digital scanning device at the restaurant for use exclusively with the Latino Restaurant Community Table Service.
2. ACP will promote and facilitate this Service, and a bilingual ACP staff person will be onsite at the restaurant each week to register participants and answer questions.
3. ACP will provide training and technical assistance for the Provider staff in the program requirements and use of the portable digital scanning device.
4. ACP is responsible for registering participants into the program and for providing information to meal participants regarding the requirements of the program. This includes issuing Meal Cards to participants and training them on its use
5. ACP's Registered Dietitian will provide consultation to the program, approve menus, review recipes, and inspect the kitchen facilities at minimum two times per year.
6. ACP is responsible for printing the Latino Restaurant Community Table Service menus (in English and Spanish) for distribution to potential and current program participants at the restaurant and other locations.
7. ACP will conduct Meals Satisfaction Surveys of the participants once a year and report results to Provider.
8. ACP will inform participants of their opportunity to make confidential and voluntary donations for their meals, and accept donations from participants.



Section Two:
Latino Restaurant Community Table Service Application

Name of Provider _____ Date _____

Name of Contact Person/s: _____

Restaurant (location) Address: _____

Mailing Address: _____

Phone: *Primary:* _____ *Alternate:* _____

Email Address: _____

Please answer the following questions in the space provided (use additional paper as necessary):

1. Why are you interested in participating in the Latino Restaurant Community Table Service?

2. Please describe your experience in the food service industry?

3. How many years has your restaurant been open for business at this location? How many meals per day does your restaurant serve?

4. How many meals per day does your kitchen have the ability to prepare between the hours of 11 a.m. and 3 p.m.?
5. What is the seating capacity of your restaurant?
6. Is your restaurant handicapped-accessible? Yes_____ No_____
7. What are the hours of operation of your restaurant?
8. Do you have any prior or existing contracts with any other organization? Yes_____ No_____
- If yes, please describe.
9. Are there any requirements in these Bid Specifications and/or the Nutrition Standards of the Executive Office of Aging and Independence that you would not be able to meet?
- Yes_____ No_____
- If yes, please describe.
10. Is there any other information that you would like ACP to consider when evaluating your application? (optional)

Application Completed By:

Printed Name & Title: _____

Signature: _____ Date: _____



Section Two (continued):
Meal Cost Form

Name of Provider: _____ Date: _____

Calculate a Meal Cost Rate (Total Cost per Meal) by completing the table below:

Raw Food Cost	
Labor Cost	
Administration	
Profit	
Disposables (if used)	
TOTAL COST PER MEAL	

Determination of Per Meal Costs:

The following factors must be taken into account in determining the Meal Cost:

1. Raw Food Cost - all menu specifications for one Latino meal produced in accordance with the Bid Specifications and Nutrition Standards, including condiments.
2. Labor Cost - production, preparation, service, packaging, food service management.
3. Administration - administrative salaries, travel, fees, insurance, office supplies, postage, printing, miscellaneous, rent, utilities, telephone, maintenance, equipment repairs, small equipment, garbage collection, extermination, trainings.
4. Profit - amount of profit per meal

5. Disposables - any disposables used such as napkins, plastic ware, paper plates
6. Total Cost Per Meal - Total of raw food cost, labor cost, administration and profit. This will be the meal rate that you will be reimbursed for each meal consumed by a participant registered in the program.



Section Two (continued):
Sample Menus

The sample menus below meet the requirements of the Latino Restaurant Community Table Service, and are provided as an illustration to assist Applicant in completing the Proposed Menu form (see next page).

REQUIRED MEAL COMPONENTS	SAMPLE MENU 1	SAMPLE MENU 2	SAMPLE MENU 3
3 oz. meat	Pulled Roast Pork	Chicken with Garlic	Spanish Meatloaf
½ c. starch	Yellow Rice with Pigeon Peas	Sweet Plantains	Green Bananas
½ c. vegetable	Spinach	Mixed vegetables	Malanga
1 slice bread	Whole wheat bread	Dinner roll	Oatmeal Bread
Margarine	Margarine	Margarine	Margarine
8oz. 1% Milk	8oz. 1% Milk	8oz. 1% Milk	8oz. 1% Milk
Dessert	Coconut pudding	Pineapple	Flan



Section Two, continued:
Proposed Menus

Name of Provider _____ Date _____

*Please provide samples of four menus your restaurant would be able to serve.
Please fill in the blank spaces with examples of the required meal components.*

REQUIRED MEAL COMPONENTS	MENU 1	MENU 2	MENU 3	MENU 4
3 oz. meat				
½ c. starch				
½ c. vegetable				
1 slice bread				
Margarine	Margarine	Margarine	Margarine	Margarine
8oz. 1% Milk	8oz. 1% Milk	8oz. 1% Milk	8oz. 1% Milk	8oz. 1% Milk
Dessert				



Section Three: **Required Attachments**

The following documents **must** be submitted with your application. If any of the following are not available, please indicate as N/A.

- a. Most recent financial statement that reflects the capability of maintaining satisfactory operations for the contract period
- b. Most recent annual report, if available
- c. Affirmative Action policy, if applicable
- d. Certificates of Insurance for public and property liability
- e. Board of Health Food Permit
- f. Current ServSafe Sanitation Certificate and Allergen Awareness Training Certificate
- g. Documentation of safety and sanitation procedures including refrigeration charts, food temp charts, cleaning checklists, etc.
- h. Board of Health most recent inspection
- i. Organizational Chart; if not available, please list names of owner(s) and management staff (names and positions)
- j. Documentation of Secure Internet Service