

VENDOR CONTACT DOCUMENTATION FOR CACFP

CACFP SMALL PURCHASE VENDING CONTRACT

Instructions:

Complete this form regarding contact/response. Center/Sponsor must document that at least three qualified (able and willing to supply food/meals) potential bidders were sent invitations. Return completed form to State agency along with completed Contract Agreement for CACFP Vended Meal Service and other required documentation for approval. Copy if additional pages are needed

POTENTIAL BIDDER/VENDOR	Date of Contact (mo/day/yr)	Check all applicable	Indicate if Vendor is Qualified to Vend as defined in Contract Agreement						Vendor Price Quote Response (attach response letter/info)			Circle Response about contract award (lowest price and most responsive)
			Eligible		Able		Willing		Date Sent to Vendor	Date Received Back from Vendor	List Vendor Quote for Meals (from returned response)	
			Yes	No	Yes	No	Yes	No				
Name Phone No.		<input type="checkbox"/> (enclosed) are Detail Topics Discussed with Each Potential Vendor (each vendor must receive the same information) OR <input type="checkbox"/> Contract Agreement for CACFP Vended Meal was provided with all Terms									Unit Price Per Meal: \$ ____ . ____ ____ Estimated Total Annual Cost of Meals: \$ _____	Did vendor submit a bid? Yes No Was contract awarded to this vendor? Yes No
Name Phone No.		<input type="checkbox"/> (enclosed) are Detail Topics Discussed with Each Potential Vendor (each vendor must receive the same information) OR <input type="checkbox"/> Contract Agreement for CACFP Vended Meal was provided with all Terms									Unit Price Per Meal: \$ ____ . ____ ____ Estimated Total Annual Cost of Meals: \$ _____	Did vendor submit a bid? Yes No Was contract awarded to this vendor? Yes No
Name Phone No:		<input type="checkbox"/> (enclosed) are Detail Topics Discussed with Each Potential Vendor (each vendor must receive the same information) OR <input type="checkbox"/> Contract Agreement for CACFP Vended Meal was provided with all Terms									Unit Price Per Meal: \$ ____ . ____ ____ Estimated Total Annual Cost of Meals: \$ _____	Did vendor submit a bid? Yes No Was contract awarded to this vendor? Yes No