**Submittal Form A: Vendor Responses to Questions**: (due by end of business on      )

***Must be answered for quote to be accepted:***

1. Can you provide a weekly fresh sheet to Kent School District Nutrition Services? (by phone or email is acceptable) Yes [ ]  No [ ]

2. Can you deliver orders to the Kent School District Central Kitchen once per week ? Yes [ ]  No [ ] Please list day(s) and approximate time frame deliveries could be made in the chart below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days of Week | Mon | Tue | Wed | Thu | Fri |
| Time frame |       |       |       |       |       |

3. Do you have a minimum delivery $, case count or total weight that must be met? Yes [ ]  No [ ] Please list any delivery parameters in the chart below.

|  |  |
| --- | --- |
| Min. delivery $, if any |       |
| Min. case count, if any |       |
| Min. total weight, if any |       |
| Other |       |

4. Would you be able to provide a minimum of one educational visit by a representative of vendor (owner, grower or another on-farm staff)? Yes [ ]  No [ ]

5. I have read, completed, and submitted a copy of Submittal Form B: Product Pricing for the products I am able to provide if awarded the quote. Yes [ ]  No [ ]

6. I have read, completed, signed and submitted a copy of Submittal Form C: Checklist for Retail Purchase of Local Produce (Iowa State University Form) regarding on-farm food safety practices to Nutrition Services (KSD NS)? Yes [ ]  No [ ]  Date submitted:

 (Please note: Completed questionnaire will remain on file for one year from the date of submission at which a new questionnaire must be updated and submitted. If any significant changes take place during the year covered by questionnaire submitted, vendor is required to complete and submit an updated questionnaire outlining the changes affecting food safety practices. KSD NS reserves the right to audit questionnaires submitted through a personal visit to vendor's site(s) by KSD NS staff).

Vendor Name:

Vendor Representative:

Contact Information: Phone:

 Email:

Date Submitted: