



Use this template to determine restaurant meal or catering capability.
 This job tool should be used in conjunction with the *Feeding Standards and Procedures*.

Entity Name: **Campbell Union School District**

Address: 155 North Third Street, Campbell, CA 95008

Telephone Number/Email: (408) 364-4200 x 6214, nyang@campbellusd.org

Name and Title of Contact: Nelly Yang, Assistant Superintendent of Admin Services

1. Number of Each Type of Meal You Can Provide Per Day:

Meal	Yes or No?	# of Hot Meals	# of Cold Meals (aka Box Lunches)	Describe typical contents and portion sizes of meal
Breakfast	yes	2	5000	see attached
Lunch	yes	3000	3000	see attached
Dinner	yes	3000	3000	see attached

2. How much prior notice is required for a meal request?

Two days

3. Rates per meal (indicate if price varies between meals):

Breakfast rate is \$2.75 per meal.
Please see attachment for additional pricing.

4. Can your business accommodate special diets (vegetarian, kosher, halal, gluten-free, etc.)? If so, what meals can you provide?

We can accommodate vegetarian and gluten-free meals

5. Preferred meal delivery method: Pick up Drop Off Both

Other (if so, indicate your preferred method): _____

6. Will your company accept Red Cross purchase orders and credit cards as a method of payment?

Yes No If No, please explain: We can accept purchase orders, we can not accept credit card payments.

Billing: Invoices will be submitted to the Red Cross. A direct point of contact name and number will be supplied to you at time of order.

The above information and pricing will be valid through

Date: 6/28/2019

Ben Cohen
 Signature and Title of Management Completing This Form

Date: 1/9/2019