

## PART I

### **ERIE COUNTY AREA AGENCY ON AGING NUTRITION SERVICES** **BIDDER'S QUESTIONNAIRE 2025**

All Bidders must complete the following questionnaire. All questions must be answered and the data given must be clear and comprehensive. If necessary, additional sheets may be used to complete the answer. The Bidder may submit any additional information he/she desires.

1. Name and address of Bidder: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Location (address) of all offices or facilities where work under this contract would be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Form of Business (Check each one that applies): \_\_\_\_\_ Public Non-Profit \_\_\_\_\_ Public for Profit  
\_\_\_\_\_ Private Non-Profit \_\_\_\_\_ Private for Profit \_\_\_\_\_ Corporation Individual Proprietor Partnership

4. Number of years conducting NUTRITION SERVICE business of the type for which this bid is being submitted:

5. Has Bidder ever been awarded similar contracts for any governmental body or entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

Number of such contracts within past 3 years: \_\_\_\_\_

6. Are you serving or have you served customers of comparable size to the operation described in this bid?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Has Bidder ever defaulted on a contract or failed to complete any work awarded to Bidder?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Has Bidder ever been declared ineligible or barred from submitting bids for any governmental contracts?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has the Bidder or any of its Principals, Officers, or present or former employees ever been found by any court or administrative agency to have discriminated against any person because of race, color, national origin, religious creed, age, sex, or handicap:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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10. Does the Bidder have any outstanding unsatisfied judgments or tax liens filed against the Bidder, or any lawsuits pending against the Bidder? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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11. Please list any background and experience of the Bidder's Principals and Officers that you feel demonstrate the Bidder's ability to perform this contract:

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12. Please list at least three (3) recent references for contracts involving similar services of comparable size and operation to those for which this bid is being submitted, giving:

- A. Name and address of business for whom work was performed.
- B. Dates work was performed.
- C. Name, address, and telephone number of supervisor or contact person.
- D. Description of the nature of work performed.

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13. List Bidder's IRS EIN Identification Number: \_\_\_\_\_

The undersigned hereby certifies that the above information is true and correct, and authorizes and requests any person, firm or corporation to furnish any information requested by the Erie County Area Agency on Aging for verification of such information:

AUTHORIZED SIGNATURE:

DATE:

PRINTED NAME AND TITLE: