**Organization Name:**

***Instructions for completing Appendix 3a:***

1. *Please enter Organization Name above.*
2. *Please use the tables below to specify how Proposer meets the Minimum Qualifications listed below. Please add tables as needed.*
3. *Please include any attachments to demonstrate that Proposer meets the Minimum Qualifications as Attachment 6a: Minimum Qualifications Supporting Documents.*

**Minimum Qualifications**

Applicant(s) must demonstrate that they meet all of the Minimum Qualifications (MQs):

* 1. Proposers must have a commercial kitchen operation and delivery system at the time of submitting their application;

|  |  |
| --- | --- |
| Prior or Current Program Name |  |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Briefly describe how Applicant meets this Minimum Qualification: |  |

* 1. Proposers must demonstrate compliance with California Retail Food Code (CRFC)[[1]](#footnote-2), a uniform statewide health and sanitation standard for food facilities, found in Section 11370 et seq., California Health and Safety Code;

|  |  |
| --- | --- |
| Applicant Instruction | Please provide a copy of an annual DPH Environmental Health Inspection Report which shows compliance with CRFC with Attachment 6a: Minimum Qualifications Supporting Documentation |
| Briefly describe how Applicant meets this Minimum Qualification |  |

* 1. Proposer must demonstrate a Health Permit to Operate from DPH or other County Department of Health/ Public Health;

|  |  |
| --- | --- |
| Applicant Instruction | Please provide a copy of an approved health permit from DPH or other County Health/ Public Health Department with Attachment 6a: Minimum Qualifications Supporting Documentation. |
| Briefly describe how Applicant meets this Minimum Qualification |  |

* 1. Proposer must demonstrate compliance with San Francisco Food Safety Training requirements by demonstrating that at least one employee be a Certified Food Safety Manager and all employees involved in the preparation, storage, or service of food in a food facility must obtain a Food Handler card;

|  |  |
| --- | --- |
| Applicant Instruction | Please provide proof of Food Safety Manager’s Food Safety Training Certificate and that all employees involved in the preparation, storage, or service of food in a facility have a Food Handler card with Attachment 6a: Minimum Qualifications Supporting Documentation. |
| Briefly describe how Applicant meets this Minimum Qualification |  |

* 1. Proposers must demonstrate at least one year of experience preparing and delivering at least 1,000 meals daily.

|  |  |
| --- | --- |
| Prior or Current Program Name |  |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Briefly describe how Applicant meets this Minimum Qualification: |  |

1. [https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#](https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx) [↑](#footnote-ref-2)