

FOOD SERVICE REQUIREMENTS

IN-HOUSE MEALS:

Authorized personnel shall order in-house meals. The person placing the order will provide the Vendor with the number of meals required and the maximum price per meal. The names of everyone ordering meals shall also be provided. Any gratuity shall be itemized separately and vendor should realize that a gratuity is not guaranteed. The gratuity shall not exceed 15%. Meals charged shall be in per diem amounts.

UNDER NO CIRCUMSTANCES SHALL ALCOHOLIC BEVERAGES BE CHARGED TO THE GOVERNMENT

M&IE Total	\$39	\$59
Breakfast	7	11
Lunch	11	16
Dinner	18	29

South Central Idaho Interagency Dispatch Center Local Areas:

Primary Destination (1)	County (2, 3)	M&IE Rate
Sun Valley / Ketchum	Blaine	59
Twin Falls	Twin Falls	39

NOTE: If neither the city nor the county is listed, the location is a standard CONUS destination with a rate of \$70.00 for lodging and \$39.00 for meals and incidental expenses (M&IE).

TAKE-OUT MEALS:

Authorized personnel shall order take-out meals. Depending upon the location of the work site and its proximity to available food service establishments, we may choose to provide five gallon hot food containers to be filled by the Vendor. A sample menu is provided in quantities. Types of meals and quantities will be negotiated at the time of order.

On other occasions, we may request individual containers to be provided by the vendor. This is covered on the back side of the Vendor Information Form.

SACK LUNCHES:

Sack lunches shall be bagged in ventilated plastic or paper sacks to protect the contents. Each sack lunch shall be dated and marked to indicate vegetarian or regular sack lunch.

DEVIATIONS FROM REQUIREMENTS:

Changes from the attached requirements shall be negotiated and agreed upon by both parties before meals are prepared and sent to the site.

QUANTITIES:

Vendors shall provide a variety of meats and juices, when requested. **FIREFIGHTERS PERFORMING ARDUOUS TASKS WILL BE PRIMARY CONSUMERS**, so it is important that the food be of high caloric and protein content. Minimum quantities to be served per meal shall be as specified and consist of the following portions per person. (All portions shall be net weight.)

BULK TAKE-OUT MEAL REQUIREMENTS:

Breakfast, Option 1

- Eggs: Three (3) scrambled grade “A” large
- Meat: ¼ lb. bacon, ham, or sausage
- Hash Browns: 6 to 8 oz. per serving
- Bread: 2 pc. White or wholegrain wheat or 2 large biscuits w/butter and either honey, jelly or jam.
- Drinks: To be specified at time order is placed, but will be coffee, tea and instant chocolate milk, etc.

Breakfast, Option 2

- Cereal: 6 oz. individual packet, whole grain
- Milk: 2 pints
- Fruit: 1 large grapefruit
- Bread: 2 pc. White or wholegrain wheat or 2 large biscuits w/butter and either honey, jelly or jam.
- Drinks: To be specified at time order is placed, but will be coffee, tea and instant chocolate milk, etc.

ABOVE QUANTITIES SHALL BE FOR EACH SERVING

In addition, coffee will be ordered and put in Bulk Containers provided by the Government. Coffee will be itemized separately on invoices.

Dinner:

Meat or Poultry:	beef, ham, pork (boneless), 8-10 oz per serving; or beef, ham, pork (bone in), 14-16 oz per serving; or chicken, turkey (boneless), 9 oz preserving or chicken, turkey (bone in) 16 oz per serving
Vegetable:	4 oz per serving
Potato:	6 oz per serving with individual pkts of butter & sour cream
Salad:	4 oz per serving
Roll:	2 ea with individual pkts butter, honey, and jam
Drinks:	To be specified at time order is placed (see breakfast requirements above)

NOTE: Individual packets of salad dressing shall be provided.

Sack Lunches shall include:

One Meat Sandwich: (or Sandwich with Non-meat Substitute for Vegetarian)

Two slices whole wheat, whole grain or white bread, sliced meat, 2- ½ oz less than 10 % pump no chopped or pressed meat.

- a. Roast beef, well done, no pink
- b. Pork, well done
- c. Ham (no ham & water product as labeled by USDA)
- d. Corned beef brisket, top round or flat rounds
- e. Turkey breast (full muscle turkey breast meat only)
- f. Combination of 100% cheese with any of the above.

Plus one of the following:

- a. 7 –grain bread and raisins and peanut butter
- b. Bagel w/cream cheese and banana chips
- c. Specialty bread and raisins, grated carrots and walnut spread
- d. Burritos and chimichongas (4 oz or more) (wrapped)
- e. Pita with Tuna & Pimentos, celery, carrots, dill pickles
- f. Peanut butter and jelly
- g. Stew/chili can/beanie weenie (7 oz or more)

Also to include:

- a. A large piece of Fruit; Apple, Orange, etc.
- b. Prewrapped cookies or granola bars (i.e. Grandma's or 6 pack Oreo's)
- c. Fruit juice, 11-12 oz pop-top cans or sun-glo type
- d. Large candy bar, (no chocolate), or bag of peanuts/trail mix.
- e. Paper napkin

- INDIVIDUAL PACKETS OF CONDIMENTS ARE PREFERRED AND SHOULD COMPLEMENT THE CHOICES FOOD BEING PROVIDED.

NO MAYONNAISE OR BUTTER SHALL BE PUT ON INDIVIDUAL SANDWICHES

Note: The government may approve the following: for variety on an occasional basis, one super-sized hoagie or submarine (salami or bologna may be used) having a minimum combination of meat and/or cheese weighing 7 ozs, or two (2) sandwiches as defined above may be used. (Non-meat substitutes shall replace the meat in a vegetarian hoagie or submarine.)

SUGGESTIONS FOR VEGETARIAN SACK LUNCHES:

- a. Falafel – a patty of mashed potatoes and garbanzo beans
- b. Canned fish – water packed is preferred
- c. Tabouli – a spread made of bulgur wheat and chopped vegetable
- d. Bean Burrito
- e. Pita bread with beans, tofu spread
- f. Spreads made of fruit and nuts, vegetables and cottage cheese, nut butters

Note: The above are suggestions only. Other options are acceptable if they meet the requirements of vegetarian meats.

Southern Idaho Interagency Dispatch Center

Blanket Purchase Agreement Vendor Information

1. VENDOR NAME:					
2. DUNS NUMBER:			3. TAX ID NUMBER:		
4. DBA (Doing Business As) :					
5. VENDOR TYPE					
<i>Check Applicable Boxes</i>					
<input type="checkbox"/>	Veteran Owned Small Business				
<input type="checkbox"/>	Service Disabled Veteran Owned Small Business				
<input type="checkbox"/>	Small Business				
6. VENDOR ADDRESS					
Street Address					
Mailing Address					
City			State		Zip Code
Contact Name					
Title					
Day Phone #		Night Phone #		Fax #	
7. PREFERRED PAYMENT METHOD – <i>Check appropriate boxes and/or boxes</i>					
<input type="checkbox"/>	Credit Card Payment -Authorized after proper receipt received				
<input type="checkbox"/>	Treasury Department Electronic Payment (ACH) Automated Clearing House			<input type="checkbox"/> CCR Required/ Completed	

Please check the box that best describes your business:

<input type="checkbox"/>	441320	Tire Repair / Service	<input type="checkbox"/>	493120	Refrigerated Storage
<input type="checkbox"/>	444130	Hardware Stores	<input type="checkbox"/>	532420	Office Equipment Rental
<input type="checkbox"/>	444190	Lumber retail stores	<input type="checkbox"/>	541380	Water Testing Laboratory
<input type="checkbox"/>	444210	Outdoor power equipment repair service and supply store	<input type="checkbox"/>	562111	Solid Waste Collection
<input type="checkbox"/>	445110	Supermarkets / Grocery Stores	<input type="checkbox"/>	562998	Waste Management Services
<input type="checkbox"/>	422480	Fresh Fruit/Vegetables (wholesale)	<input type="checkbox"/>	621498	Medical Center/Clinic
<input type="checkbox"/>	445299	Bottled water, sports drinks, supplemental snacks (retail)	<input type="checkbox"/>	721110	Lodging – Hotels/Motels
<input type="checkbox"/>	422450	Bottled water, sports drinks, supplemental snacks (wholesale)	<input type="checkbox"/>	721211	RV Parks and Campgrounds
<input type="checkbox"/>	446110	Pharmacy, first aid supplies	<input type="checkbox"/>	722110	Full Service Restaurants
<input type="checkbox"/>	447110	Fuel Stations w/ C stores	<input type="checkbox"/>	722211	Limited-Service Restaurants
<input type="checkbox"/>	447190	Fuel Stations w/o C stores	<input type="checkbox"/>	722320	Caterers
<input type="checkbox"/>	422720	Fuel Bulk Station	<input type="checkbox"/>	811111	General Automotive Repair
<input type="checkbox"/>	448110	Clothing/boot stores	<input type="checkbox"/>	812320	Laundry Services
<input type="checkbox"/>	452910	Warehouse Clubs and Superstores	<input type="checkbox"/>	221310	Water Supply
<input type="checkbox"/>	453210	Office Supplies/Equipment	<input type="checkbox"/>	441310	Automotive Parts Stores
<input type="checkbox"/>	485510	Charter Bus Transportation	<input type="checkbox"/>		



U.S. Department of the Interior
Bureau of Land Management

MEALS AUTHORIZATION

Signatures of **ALL** Individuals who received services:
(Note: A manifest of all those receiving services is acceptable in lieu of signatures.)

Authorization #:

Date:

Incident #:

Resource Order #:

Authorized by:

Restaurant:

Type of Meal:

Breakfast Lunch Dinner Take Out _____ Dine In _____

Sack Lunch: single double

Max. Allocated (per meal) \$ _____

_____ is authorized to sign for _____ meal(s) for fire personnel. Meal(s) **cannot** include alcoholic beverages. Any costs exceeding the maximum allocated amount must be paid to the vendor directly by the individual. Gratuity for meals served on the premises, not to exceed 15%, may be added to the ticket but may not exceed the maximum allocated. All individuals authorized meals must sign this form.

Cashier's Initials

Ticket #

Total Meal Cost \$

Crew Name

Crew Number

CREW BOSS OR INDIVIDUAL EMPLOYEE INSTRUCTIONS:

1. Present the authorization form to vendor before ordering meals.
2. Ensure that cashier completes the blocks for initials, ticket #, and cost.
3. Ensure that every individual receiving services signs the side of this form.
4. Give pink copy of this form to vendor.
5. Return white copy to authorizing official who issued this form, or follow instructions given by the authorizing official.

AUTHORIZING OFFICIAL INSTRUCTIONS:

1. Complete and approve this form in accordance with the BPA terms and conditions.
2. Give the white and pink copies to the crew boss or employee.
3. Keep yellow copy for your records.
4. After receiving white copy of this form back, submit it, with a resource order, to procurement.

VENDOR INSTRUCTIONS:

1. Complete cashier's initials, ticket #, and cost.
2. Submit summary invoice, pink copies of this form and delivery tickets to BLM in accordance with your BPA.

U.S. GOVERNMENT IS TAX EXEMPT

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