

**TASK ORDER #\_\_\_**

## **SUPPLEMENTAL FOOD SERVICES**

### **OVERVIEW**

Effective <DATE OF AWARD OF MASTER AGREEMENT>, <NAME OF CONTRACTOR> ("Contractor") and the County of Sonoma ("Owner") entered into an Agreement for <TITLE OF MASTER AGREEMENT SERVICES> (the "Master Agreement"). Pursuant to Section 1.1 of the Master Agreement, Contractor and County may execute task orders by which County requests and Contractor agrees to perform certain professional services. This "Task Order #\_\_\_" is entered into between County and Contractor pursuant to the Master Agreement for Contractor to provide <DESCRIPTION OF SERVICES> Services for the County of Sonoma Department of Health Services. The terms of the Master Agreement shall control all work performed hereunder.

### **SCOPE OF SERVICES**

At the direction of the County, Contractor shall provide <DESCRIPTION OF THIS PARTICULAR TASK ORDER SERVICES>. Task Order shall include, but is not limited to:

- • <BULLETED SOW LIST OF SERVICES PROVIDED>

Contractor shall perform work only upon the express direction of the County.

### **COMPENSATION FOR SERVICES**

The County of Sonoma shall compensate <NAME OF CONTRACTOR> for services and associated expenses, provided under this Task Order #\_\_\_, on a time-and-materials/expense basis in an amount not-to-exceed <DOLLAR AMOUNT WRITTEN OUT> (\$<DOLLARS>) in accordance with the Contractor's Billing Rate Schedule included as Exhibit B (Fee Schedule). The fees as stated shall not be exceeded without the prior written authorization from the County.

<ADD ALL FEDERAL, STATE, FEMA OR OTHER GRANT REQUIRED PROVISIONS TO THIS SECTION WHICH PERTAIN TO THIS PARTICULAR TASK ORDER>

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#### **Task Order Term:**

- **Start Date:** \_\_\_\_\_

- **End Date:** \_\_\_\_\_

*(Note: Must fall within the term of the Master Agreement.)*

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**Event/Service Description:**

(Brief description of the event, shelter, or service need – e.g., “Emergency Response Meals for XYZ Shelter”)

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**Service Location(s):**

(List all sites requiring meal delivery and/or service)

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**Service Dates and Schedule:**

- Days of Service: \_\_\_\_\_
- Times of Service: \_\_\_\_\_
- Number of Deliveries per Day: \_\_\_\_\_

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**Tier Level of Service:**

(Check one)

- ☐ Tier 1 – Basic Meal Service (e.g., daily shelter meals)
- ☐ Tier 2 – Mid-Level Event Catering (e.g., small conferences)
- ☐ Tier 3 – Full-Service Event Catering (e.g., large gatherings)

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**Estimated Number of Meals:**

- Total Estimated Meals: \_\_\_\_\_
  - Number of People Served per Day: \_\_\_\_\_
  - Special Dietary Meals: \_\_\_\_\_ (describe types and quantity)
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**Special Instructions:**

(e.g., vegetarian/gluten-free requirements, culturally specific foods, access instructions, delivery logistics)

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**Budget and Cost Breakdown:**

- Tier Pricing Aligns with Contractor's Master Agreement Rate Sheet: ☐ Yes ☐ No
- Meal Rate per Person: \$\_\_\_\_\_
- Delivery Fee (if applicable): \$\_\_\_\_\_
- Staffing Charges (if applicable): \$\_\_\_\_\_
- Other Charges: \$\_\_\_\_\_
- **Maximum Not-to-Exceed Amount for this Task Order:** \$\_\_\_\_\_

*(Note: This amount must be within the Master Agreement's available balance.)*

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**Funding Source (if applicable):**

(e.g., General Fund, State/Federal Grant, COVID-19 Emergency Funds, etc.)

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**Point of Contact (County):**

- Name: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Email: \_\_\_\_\_
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**Point of Contact (Contractor):**

- Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Phone: \_\_\_\_\_

- Email: \_\_\_\_\_

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#### **14. Approvals and Signatures:**

##### **County of Sonoma – Department of Health Services**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

##### **Contractor**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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#### **End of Task Order Template (Exhibit A)**

**This exhibit should be placed after the Master Agreement's Exhibit B (exact Fee Schedule submitted by vendor in RFP) and before the invoice template exhibit.**

## Exhibit D: Task Order Instructions

### SECTION 1 – County Staff Instructions

County staff complete the **Department of Health Services Section** and email the form to the Contractor.

#### 1. Task Order Request Checklist

- **Date** – Enter the date the form is prepared.
- **Prepared by** – Enter the name of the County staff preparing the request.
- **Contractor** – Enter the name of the intended Contractor.
- **Task Order Number** – Leave blank until DHS determines the Task Order will move forward (fill in later).

#### 2. General Information

- **Contractor Name** – Enter the Contractor's business name.
- **County Contact Person** – Enter the main point of contact for the County.
- **Contact Phone & Email** – Enter complete, accurate contact details.

#### 3. Event/Service Details

- Provide a clear description for:
  - **Event/Service Name** – Short, descriptive title.
  - **Date(s)** – Specify all event or service dates.
  - **Location(s)** – Include all service or delivery sites.
  - **Estimated Number of Meals** – Include an accurate estimate.
  - **Special Dietary Needs** – List any known requirements (e.g., vegetarian, gluten-free).

#### 4. Service Tier

- Select **only one** tier that matches the request:
  - **Tier 1** – One main course, one side, one drink, utensils.
  - **Tier 2** – Two+ courses, drink(s), utensils.
  - **Tier 3** – Customized meals for large groups, drink(s), utensils.
- **Delete unused tiers** from the form.

## 5. Delivery Details

- Include **specific days, times, and locations** for delivery.
- Provide **any special delivery instructions** (e.g., access codes, loading dock directions).

## 6. Menu and Cost (Request Notes)

- Provide menu preferences or other relevant notes for the request.

## 7. Additional Requirements

- Include instructions for event location setup.
- Indicate if kitchen facilities are available.
- Add any other special requirements.

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## SECTION 2 – Contractor Instructions

Contractors complete the **Contractor Section** and return the form via email to the County contact listed in Section 1.

### 1. Date & Prepared By

- Enter the date the quote is prepared and the name of the preparer.

### 2. Capacity and Acceptance

- Mark “Yes” or “No” for:
  - Capacity to fulfill the request as described.
  - Agreement to accept the Task Order if selected.

### 3. Service Tier

- If requesting a different tier than the County specified, select the applicable tier.

### 4. Delivery Details

- Provide any **special delivery requests or needs** (e.g., refrigeration, unloading help).

### 5. Menu and Cost

- **Estimated Cost per Meal** – Provide the per-meal rate.
- **Additional Costs** – List any extra charges with descriptions.
- **Total Cost for Full Term** – Provide the total amount for the entire Task Order.

## 6. Additional Requirements

- List any Contractor-specific needs or conditions.

## 7. Contractor Approval

- The Contractor's authorized representative must sign and date the form in this section.

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## Important Notes

- Submission of a completed Task Order Quote Form **does not guarantee award**.
- Quotes will be reviewed for best fit, cost efficiency, and service quality.
- Keep all instructions, descriptions, and numbers **clear, accurate, and complete** to avoid delays.

# Task Order Quote Form

## Department of Health Services Section:

*Instructions: Program staff complete the following fields and send by email to appropriate contractor.*

**Date:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

**Task Order Number:** \_\_\_\_\_ *(should be filled out **after** DHS determines this TO is moving forward)*

### 1. General Information

- County Contact Person: \_\_\_\_\_
- Contact Person's Phone Number: \_\_\_\_\_
- Contact Person's Email: \_\_\_\_\_

### 2. Event/Service Details

- Event/Service Name: \_\_\_\_\_
- Event/Service Date(s): \_\_\_\_\_
- Event/Service Location(s): \_\_\_\_\_
- Estimated Number of Meals: \_\_\_\_\_
- Special Dietary Needs (if any): \_\_\_\_\_

### 3. Service Tier

- Select Service Tier: (choose one and delete unused tiers from form)
  - Tier 1: One main course, one side, one drink, and necessary utensils (either hot or cold meals)
  - Tier 2: Two or more courses, applicable drink(s), and utensils (either hot or cold meals)



- Tier 3: Customized meals for large groups, applicable drink(s), and utensils (either hot or cold meals)

#### **4. Delivery Details**

- Delivery Day(s): \_\_\_\_\_
- Delivery Time(s): \_\_\_\_\_
- Delivery Location(s): \_\_\_\_\_
- Special Instructions for Delivery: \_\_\_\_\_

#### **5. Menu and Cost**

- Menu selection or other notes for request: \_\_\_\_\_

#### **6. Additional Requirements**

- Availability of Kitchen Facilities: \_\_\_\_\_
- Any Other Specific Requirements: \_\_\_\_\_

## Contractor Section:

*Instructions: On receipt of this Task Order request please respond back by filling in the quote details below and emailing the completed form back to the County contact listed above:*

\*Please note this is only a quote and does not guarantee that the contractor will be chosen for this Task Order request. The County of Sonoma will review all quotes and make a selection based on the best interest of the County. Thank you for your understanding and cooperation.

**Date Task Order Quote Prepared:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

### 1. General Information

#### Capacity and Acceptance

- Does the contractor have the capacity to complete the Task Order as requested?
  - ☐ Yes
  - ☐ No
- Does the contractor agree to accept the Task Order as requested?
  - ☐ Yes
  - ☐ No

**Service Tier: if Contractor's quote requests an upgrade in Tier level, differing from original Task Order request above.**

- Select Service Tier:
  - ☐ Tier 1: One main course, one side, one drink, and necessary utensils (either hot or cold meals)
  - ☐ Tier 2: Two or more courses, applicable drink(s), and utensils (either hot or cold meals)
  - ☐ Tier 3: Customized meals for large groups, applicable drink(s), and utensils (either hot or cold meals)

#### Delivery Details

- Special Contractor Request for Delivery:

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## 5. Menu and Cost

- Estimated Cost per Meal: \$\_\_\_\_\_
- Additional costs with description of costs:

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- **Total Cost for Full Term of Task Order: \$\_\_\_\_\_**

## 7. Additional Requirements

- Contractor special requests:

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## 8. Contractor Approval

- Approved by: \_\_\_\_\_
- Approval Date: \_\_\_\_\_

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## DHS Fiscal Section:

Fiscal Instructions: *This section should be completed by DHS Fiscal staff after Contract Manager determines Task Order is proceeding and has come to agreement with Contractor.*

Total Amount of Task Order: \$\_\_\_\_\_

Budget and Coding Breakdown:

Fiscal Year	Amount \$	Fiscal Coding

**Budget Adjustment Determination:** After completing above table. Will a budget adjustment item need to go to Board of Supervisors?

\_\_\_\_ YES

\_\_\_\_ NO

Prepared by Fiscal Staff Initials: \_\_\_\_\_

Date Table Prepared: \_\_\_\_\_