**Community Schools of Frankfort**

**Food Service Department**

**One South Maish Road**

**Frankfort, IN 46041-2825**

**765-654-8545 FAX: 765-659-6230**

**Diane Stiening, Food Service Director -** [**stiening@frankfort.k12.in.us**](mailto:stiening@frankfort.k12.in.us)

**RESPONSE FORM**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBMITTED BY/VENDOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPRESENTATIVE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company**

* **Number of Staff: \_\_\_\_\_\_\_\_\_\_**
* **Does Your Company Perform Background Checks? \_\_\_\_\_\_\_\_\_\_**
* **How many years has the company been in service? \_\_\_\_\_\_\_\_\_\_**

**Deliveries**

* **How quickly can you respond in an emergency? \_\_\_\_\_\_\_\_\_\_**
* **Do you carry Parts in your delivery vehicle? \_\_\_\_\_\_\_\_\_\_**

**Charges/Fees/Payment/Pricing**

* **What is your hourly rate? \_\_\_\_\_\_\_\_\_\_**
* **Do you charge a trip fee? \_\_\_\_\_\_\_\_\_\_**
* **Amount of trip fee? \_\_\_\_\_\_\_\_\_\_**
* **Do you provide a warranty of your work? Parts? (explain) \_\_\_\_\_\_\_\_\_\_**
* **What are your payment terms? \_\_\_\_\_\_\_\_\_\_**
* **Other Fees (Fuel Surcharge)? \_\_\_\_\_\_\_\_\_\_**