



# Request for Qualification/Quotation-Grocery and Delivery Questionnaire

We are committed to providing our older adults with a variety of services to better meet their needs, so we are conducting an RFQ to evaluate your ability and cost for this service. Please fill out this questionnaire and return it electronically to [provider\\_services@help4seniors.org](mailto:provider_services@help4seniors.org) no later than **Noon on September 14, 2022.**

Agency Name & Contact Person

Street Address

City, State, Zip Code

Phone number

Email

Do you have the ability/staff to:

Assist in grocery ordering?  Yes |  No

Pick up and safely deliver groceries?  Yes |  No

Assist in putting away groceries?  Yes |  No

Provide this service at start of contract?  Yes |  No

Please share details on how you will assist the client in ordering groceries. (attach additional page if needed)

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Please share details on how you will assist the client with pickup, safe delivery and bringing groceries into the residence, and putting them away If needed. (attach additional page if needed)

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Agency Name:

Please provide a price for one (1) unit of this service. One (1) unit of grocery ordering, and delivery equals one (1) episode of grocery ordering and delivery. Delivery may require assistance with putting groceries away in the consumer's home. Remember to consider your labor costs, transportation/fuel costs, and administration costs.

Please complete separate lines for each county you propose to serve:

Quantity	Unit price for ordering, and/or delivery	Unit price for ordering, delivery and/or putting groceries away	County
1 unit			
1 unit			
1 unit			
1 unit			
1 unit			

Additional comments/information:

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**Submission Instructions:**

Questionnaire must be submitted electronically to [provider\\_services@help4seniors.org](mailto:provider_services@help4seniors.org), and be received by **12:00 PM EST, Wednesday September 14, 2022**. If you do not receive an email confirmation of receipt on or before Thursday September 15, 2022, at 5:00 pm, you must contact Provider Services at [provider\\_services@help4seniors.org](mailto:provider_services@help4seniors.org).

**Council on Aging**

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Main: (513) 721-1025  
Provider Services: (513) 653-7992  
[www.help4seniors.org](http://www.help4seniors.org)

**Preserving Independence, Enhancing Quality of Life**

Council on Aging is designated by the state of Ohio to serve older adults and people with disabilities within a multi-county region. We are experts at helping people with complex medical and long-term care needs, offering a variety of services via publicly-funded programs. Our mission: Enhance lives by assisting people to remain independent through a range of quality services