

PLEASE COMPLETE THE ATTACHED MENU AND QUESTIONNAIRE. ALSO PROVIDE THE FOLLOWING INFORMATION

PROVIDE INFORMATION IF ALL ITEMS LISTED ABOVE CAN BE ORDERED AT ANY TIME DURING THE DAY.

INDICATE IF ITEM(S) ARE NOT OFFERED.

INDICATE IF THERE IS MINIMUM DOLLAR AMOUNT AND A MINIMUM # OF PERSONS THAT MUST ORDER FOR SERVICE TO BE PROVIDED.

PROVIDE A LIST OR MENU OF THE HOT & COLD SANDWICHES THAT CAN BE ORDERED UNDER THE LUNCH SECTION OF THE MENU.

FILL OUT COMPANY NAME, CONTACT INFORMATION ON MENU

**RETURN ALL REQUESTED INFORMATION BY TUESDAY, AUGUST 15, 2017
TO MY ATTENTION**

(FAX – 914-995-9093)

MAIL:

**Attn: John Estrow
Westchester County Department of Planning
148 Martine Avenue, Rm 414
White Plains, NY 10601**

Menu

Breakfast

Price Per Person

Choice of:

Coffee or Tea(variety), with milk and sugar

With Bagels

With Muffins (Regular/Low-Fat)

With Danish (Regular/Low-Fat)

With Low- Fat Granola Bar

Coffee or Tea, with milk and sugar

Combo of Bagel, Muffin(Regular/Low-Fat), Danish(Regular/Low-Fat),

Low- Fat Granola Bar

Above Items Include Butter/Cream Cheese/Assorted Jams & Paper/Plastic Goods

Lunch

Choice of:

Hot Sandwiches with Beverage (listed below)

Cold Sandwiches with Beverage (listed below)

Wraps with Beverage (listed below)

Bag/Box Lunch

Includes Cold Sandwich/Wrap, Bag of Potato Chips/Pretzels/Corn Chips and choice of beverage (listed below)

Above Items Include Paper/plastic goods and sandwich condiments (ketchup, mustard, pickle, mayo, etc)

Beverage

Choice of:

Coffee or Tea with Milk and Sugar

Soda

Water

Iced Tea

Juice Drink

MISC.

Humus and Pita Bread (Vegetarian)

Vegetable Tray with Low-Fat Dip

Fruit Salad

Garden Salad with Dressing

Chef Salad with Dressing

Macaroni Salad

Potato Salad

Cole Slaw

Cookies/Brownies

Bag of Potato Chips/Pretzels/Corn Chips

Pickles

Assorted Fresh Fruit

Yogurt

Sheet Cakes

Above Items Include Paper/Plastic Goods

Company Name:

(Please Print) _____

Contact Person & Phone Number:

(Please Print) _____

For Informational Purposes Only

**QUESTIONNAIRE REGARDING BUSINESS ENTERPRISES
OWNED AND CONTROLLED BY PERSONS OF COLOR OR WOMEN**

As part of the County's program to encourage the meaningful and significant participation of business enterprises owned and controlled by persons of color or women in County contracts, and in furtherance of Section 308.01 of the Laws of Westchester County, we request that you answer the questions listed below.

The term persons of color means a United States citizen or permanent resident alien who is and can demonstrate membership in one of the following groups: (a) Black persons having origins in any of the Black African racial groups; (b) Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race; (c) Native American or Alaskan native persons having origins in any of the original peoples of North American; or (d) Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian sub-continent or the Pacific Islands.

An enterprise owned and controlled by persons of color or women means a business enterprise, including a sole proprietorship, limited liability partnership, partnership, limited liability corporation or corporation that is (a.) at least 51% owned by one or more persons of color or women; (b.) an enterprise in which such ownership by persons of color or women is real, substantial and continuing; (c.) an enterprise in which such ownership interest by persons of color or women has and exercises the authority to control and operate, independently, the day-to-day business decisions of the enterprise; and (d.) an enterprise authorized to do business in this state which is independently owned and operated.

In addition, a business enterprise owned and controlled by persons of color or women shall be deemed to include any business enterprise certified as an MBE or WBE pursuant to Article 15-a of the New York State Executive Law and implementing regulations, 9 NYCRR subtitle N Part 540 et seq., or as a small disadvantaged business concern pursuant to the Small Business Act, 15 U.S.C. 631 et seq., and the relevant provisions of the Code of Federal Regulations as amended.

1. Are you a business enterprise that is owned and controlled by persons of color or women in accordance with the standards listed above?

- No
- Yes (as a business owned and controlled by persons of color)
- Yes (as a business owned and controlled by women)

2. If you are a business owned and controlled by persons of color, please specify, the minority classifications that apply: _____

3. Are you certified with the State of New York as a minority business enterprise ("MBE") or a women business enterprise ("WBE")?

- No
- Yes (as a MBE)
- Yes (as a WBE)

4. If you are certified with the State of New York as an MBE, please specify the minority classifications that apply: _____

5. Are you certified with the Federal Government as a small disadvantaged business concern?

- No
- Yes

Name of Firm/Business Enterprise: _____

Address: _____

Name/Title of Person completing MBE/WBE Questionnaire: _____

Signature: _____