



CITY OF RANCHO MIRAGE

CITY MANAGERS OFFICE

69-825 Highway 111, Rancho Mirage, CA 92270
General: 760.324.4511

(For City Use Only)

Date: _____

Approved

Denied

COVID-19 GREAT PLATES DELIVERED

IMPORTANT

Please complete the following sections to apply for the restaurant eligibility list for the 2020 Rancho Mirage Great Plates Delivered program. This program is designed to support adults 65 and older and adults 60–64 who are at high-risk from COVID-19, in staying home and staying healthy by delivering three (3) nutritious meals a day, and also provide essential economic stimulus to local businesses and workers struggling to stay afloat during the COVID crisis. This program is currently approved until June 10, 2020 but, may be extended based on funding.

Eligible restaurants will receive orders based on need and will provide a proposed meal plan at the request of the City for selection. Orders will be based on need, ability to meet demand and meeting the nutritional standards of: **Breakfast** low in sodium, no sugary drinks (<24 calories/8 oz. and of fruit juice, must be only 100 percent fruit juice allowed); and **lunch/dinner** a piece of fresh fruit or vegetable on each dish, and low in sodium, no sugary drinks (<24 calories/8 oz. and of fruit juice, must be only 100 percent fruit juice allowed).

The City may select for an eligible restaurant to provide one or more of the daily meal periods for a 1 to 4-day period. The City may be billed weekly for orders placed and delivered. Three meal period costs will not exceed \$66 per person delivered. To door deliverers must have a passed background check.

Applicants must provide weekly reports of the number of meals prepared, meal period, dates delivered, and hourly employees staffed during this period by email to: greatplates@ranchomirageca.gov.

BUSINESS INFORMATION

Business Name: _____ Telephone No.: _____

Street Address: _____ Current No. of Hourly Employees: _____

Daily Meal Capacity: _____ Meal Periods Available: ___ Breakfast ___ Lunch ___ Dinner

Able to Meet Nutritional Requirements: _____ Able to Deliver (must have background check): _____

OWNER INFORMATION

Name: _____ Telephone No.: _____

Email Address: _____

CERTIFICATION

I hereby acknowledge that the information presented in this application is a true and correct representation. I agree to meet all requirements and understand that lack of meeting obligations will result in full repayment of funding received.

Date: ___/___/___ Name: _____

(Signature)