

Krishna House North America Response

Pricing unsealed at Aug 14, 2024 2:01 PM

CONTACT INFORMATION

Company

Krishna House North America

Email

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Contact

Sagar Kumar

Address

1417 NW 3rd ave
gainesville, FL 32603

Phone

(801) 615-1621

Website

krishnalunch.com/cares

Submission Date

Jul 31, 2024 1:28 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Jul 31, 2024 1:26 PM by Sagar Kumar

QUESTIONNAIRE

1. Corporate Resolution Granting Signature*

Pass Fail

The response must be submitted by an officer of the business who is legally authorized to enter into a contractual relationship in the name of the bidder. An authorized representative who is not an officer may sign the proposal, but must attach or upon request provide a corporate resolution granting authorization to the representative to execute on behalf of the business. Are you authorized to submit this RFA?

Confirmed

Please Note: Responses to this question may be publicly displayed after the due date has passed.

2. Drug Free Workplace*

Pass Fail

In accordance with §287.087, Florida Statute

Do you certify that you meet the following:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

3. Conflict of Interest*

Pass Fail

The bidder certifies that to the best of his knowledge or belief, no elected/appointed official or employee of the County is financially interested, directly or indirectly, in the purchase of the goods or services specified on this order. (Select yes, if there is no conflict of interest)

Confirmed

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4. Responsible Agent Designation*

Pass Fail

The Consultant shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the County and the Consultant by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the Consultant.

RESPONSIBLE AGENT:

ADDRESS:

PHONE NO.:

EMAIL ADDRESS:

ALTERNATE RESPONSIBLE AGENT:

ADDRESS:

PHONE NO:

EMAIL ADDRESS:

RESPONSIBLE AGENT: Sagar Kumar

ADDRESS: 214 NW 14th St

Gainesville FL 32603

PHONE NO: 801-615-1621

EMAIL: krishnahouseoffice@gmail.com

ALTERNATE RESPONSIBLE AGENT: Adi Syama

ADDRESS: 214 NW 14th St

Gainesville FL 32603

PHONE NO: (917) 216-4593

EMAIL ADDRESS: abi108108@gmail.com

Please Note: Responses to this question may be publicly displayed after the due date has passed.

5. Has your agency received funding in the Special Projects and Community Enhancements (SPACE) 24-416 RFA, CAPP or CHOICES?*

No Pass Fail

Please Note: Responses to this question may be publicly displayed after the due date has passed.

6. How many permanent, full-time employees are employed with your agency?* Pass Fail

1

Please Note: Responses to this question may be publicly displayed after the due date has passed.

7. What is your agency's net worth?* Pass Fail

5000

Please Note: Responses to this question may be publicly displayed after the due date has passed.

8. Provide your Employer Identification Number (EIN)* Pass Fail

Do not include dashes.

Maximum response length: 9 characters

992337188

Please Note: Responses to this question may be publicly displayed after the due date has passed.

9. Provide physical address in Alachua County.* Pass Fail

Maximum response length: 200 characters

1417 NW 3rd ave Gainesville FL 32603

Please Note: Responses to this question may be publicly displayed after the due date has passed.

10. Provide a mailing address.*

Pass Fail

Maximum response length: 200 characters

1417 NW 3rd ave Gainesville FL 32603

Please Note: Responses to this question may be publicly displayed after the due date has passed.

11. Project Name*

Pass Fail

Krishna Cares Meals on Wheels Kitchen expansion

Please Note: Responses to this question may be publicly displayed after the due date has passed.

12. Amount of funds being requested*

Pass Fail

Maximum of \$15,000

Maximum response length: 7 characters

15,000

Please Note: Responses to this question may be publicly displayed after the due date has passed.

13. Does your proposed project benefit residents of Alachua County living at or below 150% Federal Poverty Level?*

Yes

Pass Fail

Please Note: Responses to this question may be publicly displayed after the due date has passed.

14. Does your proposed project fit into one of the BoCC's approved funding category?*

Pass Fail

Adequate Food

Please Note: Responses to this question may be publicly displayed after the due date has passed.

15. Please describe the proposed project, and quantify the anticipated benefits to residents of Alachua County living at or below 150% Federal Poverty Level*

Maximum response length: 2500 characters

Pass Fail

For the past several years we have been an informal way been feeding several people in need in the Alachua area. Recently we founded Krishna House North America to expand not only our food distribution to those in need but all over the US and Canada where we have several connected soup kitchens. The project aims to feed the homeless, homebound, elderly, disabled and whoever is in need. We are currently doing about 50 meals daily and hope to increase that number. To that extent we are planning to help expand the current kitchen we use at Krishna House in Gainesville. Installing a commercial hood will mean being able to cook more and serve more people for years to come. We had fundraised about \$50,000 and a good chunk of it has been used to do repairs, we now need to raise more to put the final piece of the kitchen expansion: commercial hood and fire suppression system. We have pledges from donors and donations left to complete this estimated \$60,000 to \$70,000 project esp with the help of the SGI grant.

With the increased cooking capacity we hope to be able to feed even more people who are below poverty level.

16. Please describe how your project will build capacity, enhance effectiveness and/or efficiency of your agency's service delivery*

Maximum response length: 2500 characters

Pass Fail

Our project is crucial to increase productivity and morale of the team that cooks. More cooking capacity means it takes less time to cook for more and will make the program lot more sustainable. The kitchen is the heart of our operations and with added cooking capacity we will be able to serve thousands of meals for decades to come. The long term impact of this project is exponential.

Please Note: Responses to this question may be publicly displayed after the due date has passed.

17. Describe measurable outcomes for the project.*

Pass Fail

Maximum response length: 2500 characters

1. Increased cooking capacity
2. Increased output from the cooking team
3. Will be able to serve 75 to 100 meals regularly to the homeless, homebound, elderly and whoever is in need of a meal
4. Have a commercial hood with equipment that will be able to serve for decades to come.

Please Note: Responses to this question may be publicly displayed after the due date has passed.

18. Describe the timeline and anticipated milestone dates for the project.*

Pass Fail

Maximum response length: 2500 characters

Oct to December: Get quotes from contractors to install commercial hood and fire suppression system

Jan to March: Start the process of hood design work and hire appropriate contractors

March to June: Get permits and do all the other necessary kitchen remodeling for the hood and shaft going up to the roof etc

July to September: Complete installing hood and fire suppression system

Please Note: Responses to this question may be publicly displayed after the due date has passed.

19. SGI Budget Template for which grant funds will be used and the dollar amount anticipated for each.*

Download and fill out the SGI Budget Template provided in the attachments, and upload it here.

Pass Fail

 [KHNA_SGI_Budget_Template.xlsx - Project_Budget_Template_A.pdf](#)

Please Note: Responses to this question may be publicly displayed after the due date has passed.

20. Acknowledgement of Requirements*

Pass Fail

Did you review and complete all the required documents, attachments, addenda and questions and answers?

Confirmed

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