CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South

2. Preparer's Name, Telephone #, and E-Mail Address:
Kathy Williams, 515-2095, kwilliams@agingcommission.org

3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Older Americans Act(OAA III-B) - Transportation

4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

VENDOR NO./FED. ID NO. Vendor No. 47625

5. COST OF ITEM OR SERVICE REQUESTED: $225,000.00

6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009

7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
410-481737-6601 = $225,000.00

8. COMMODITY CODE: _____

9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS

a. X Bid/RFP Process - # & Date February 2008
b. ____ Emergency/Sole Source

10. LOSB/MBE INFORMATION: Please check the appropriate description

____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
____ MALE ____ FEMALE
____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
____ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED $3 MILLION
X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE 8/22/08

DIVISION DIRECTOR DATE 08/25/08

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South

2. Preparer's Name, Telephone #, and E-Mail Address:
Kathy Williams, 515-2095, kwilliams@agingcommission.org

3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Older Americans Act(OAA III-B) - Home Modifications

4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

VENDOR NO./FED. ID NO. Vendor No. 47625

5. COST OF ITEM OR SERVICE REQUESTED: $2,500.00

6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009

7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
410-481737-6601 = $2,500.00

8. COMMODITY CODE: _____

9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS

a. X Bid/RFP Process - # & Date February 2008
b. ____ Emergency/Sole Source

10. LOSB/MBE INFORMATION: Please check the appropriate description

____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
____ MALE ____ FEMALE
____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
____ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED $3 MILLION
X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)
CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE 8/22/08

DIVISION DIRECTOR DATE 08/25/08

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
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THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South

2. Preparer's Name, Telephone #, and E-Mail Address:
Kathy Williams, 515-2095, kwilliams@agingcommission.org

3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Family Caregiver(FCG III-E) - Home Delivered Meals

4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

VENDOR NO./FED. ID NO. Vendor No. 47625

5. COST OF ITEM OR SERVICE REQUESTED: $25,000.00

6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009

7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
410-481741-6601 = $25,000.00

8. COMMODITY CODE: _____

9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS

a. X Bid/RFP Process - # & Date February 2008
b. ____ Emergency/Sole Source

10. LOSB/MBE INFORMATION: Please check the appropriate description

____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
____ MALE ____ FEMALE
____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
____ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED $3 MILLION
X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD 8/22/08 DATE

DIVISION DIRECTOR 08/25/08 DATE

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
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THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South

2. Preparer's Name, Telephone #, and E-Mail Address:
Kathy Williams, 515-2095, kwilliams@agingcommission.org

3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Family Caregiver(FCG III-E) - Home Modifications

4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

VENDOR NO./FED. ID NO. Vendor No. 47625

5. COST OF ITEM OR SERVICE REQUESTED: **$2,500.**

6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009

7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
410-481741-6601 = $2,500.

8. COMMODITY CODE: _____

9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS

a. X Bid/RFP Process - # & Date February 2008
b. ____ Emergency/Sole Source

10. LOSB/MBE INFORMATION: Please check the appropriate description

____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
____ MALE ____ FEMALE
____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
____ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED $3 MILLION
X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE 8/22/08

DIVISION DIRECTOR DATE 8/25/08

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:
   Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
   (Title III C1-Congregate) - Congregate Meals
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
   Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

   VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: $681,690.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
   410-481716-6601 = $681,690.00
8. COMMODITY CODE: _____
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
   PLEASE ATTACH APPROVAL DOCUMENTS

   a. X Bid/RFP Process - # & Date February 2008
   b. ____ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description

   ____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
   ____ MALE ____ FEMALE
   ____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
   ____ LOSB (LOCALLY OWNED SMALL BUSINESS)
   ANNUAL SALES DOES NOT EXCEED $3 MILLION
   X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

   CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE 8/22/08

DIVISION DIRECTOR DATE 08/25/08

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
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THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:
   Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
   (Title III C1-Congregate) - Nutritional Outreach and Screening
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
   Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

   VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: $2,310
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
   410-481716-6601 = $2,310.
8. COMMODITY CODE: _____
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
   PLEASE ATTACH APPROVAL DOCUMENTS

   a. X Bid/RFP Process - # & Date February 2008
   b. ____ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description

   ____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
   ____ MALE ____ FEMALE
   ____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
   ____ LOSB (LOCALLY OWNED SMALL BUSINESS)
   ANNUAL SALES DOES NOT EXCEED $3 MILLION
   X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

   CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE 8/22/08

DIVISION DIRECTOR DATE 08/28/08

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:
   Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
   (Title III C2) - Home Delivered Meals
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
   Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

   VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: **$609,800.00**
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
   410-481717-6601 = $609,800.00
8. COMMODITY CODE: _____
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
   PLEASE ATTACH APPROVAL DOCUMENTS

   a. X Bid/RFP Process - # & Date February 2008
   b. ____ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description

    ____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
    ____ MALE ____ FEMALE
    ____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
    ____ LOSB (LOCALLY OWNED SMALL BUSINESS)
    ANNUAL SALES DOES NOT EXCEED $3 MILLION
    X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

    CA018250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE 8/22/08

DIVISION DIRECTOR DATE 08/25/08

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South

2. Preparer's Name, Telephone #, and E-Mail Address:
Kathy Williams, 515-2095, kwilliams@agingcommission.org

3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
NSIP / USDA - Meals Program

4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

VENDOR NO./FED. ID NO. Vendor No. 47625

5. COST OF ITEM OR SERVICE REQUESTED: **$328,000.**

6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009

7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
410-481711-6601 = $328,000.00

8. COMMODITY CODE: _____

9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS

a. X Bid/RFP Process - # & Date February 2008
b. ____ Emergency/Sole Source

10. LOSB/MBE INFORMATION: Please check the appropriate description

____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
____ MALE ____ FEMALE
____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
____ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED $3 MILLION
X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE 8/22/08

DIVISION DIRECTOR DATE 08/25/08

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:
   Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
   (Title III-D) - Nutritional Counseling
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
   Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

   VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: **$2,970**
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
   410-481731-6601 = $2,970.
8. COMMODITY CODE: _____
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
   PLEASE ATTACH APPROVAL DOCUMENTS

   a. X Bid/RFP Process - # & Date February 2008
   b. ____ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description

    ____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
    ____ MALE ____ FEMALE
    ____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
    ____ LOSB (LOCALLY OWNED SMALL BUSINESS)
    ANNUAL SALES DOES NOT EXCEED $3 MILLION
    X N/A

11. **SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)**

    CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE 8/22/08

DIVISION DIRECTOR DATE 08/25/08

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
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THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South

2. Preparer's Name, Telephone #, and E-Mail Address:
Kathy Williams, 515-2095, kwilliams@agingcommission.org

3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
(Options) - Home Delivered Meals

4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

VENDOR NO./FED. ID NO. Vendor No. 47625

5. COST OF ITEM OR SERVICE REQUESTED: $50,000.00

6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009

7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
585-481763-6601 = $50,000.00

8. COMMODITY CODE: _____

9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS

a. X Bid/RFP Process - # & Date February 2008
b. ____ Emergency/Sole Source

10. LOSB/MBE INFORMATION: Please check the appropriate description

____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
____ MALE ____ FEMALE
____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
____ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED $3 MILLION
X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD 8/22/08 DATE

DIVISION DIRECTOR 08/25/08 DATE

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:
   Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
   State - Nutrition Meals Program
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
   Metropolitan Inter-Faith Association, P.O. Box 3130, Memphis, TN 38173

   VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: **$92,100.**
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
   585-481767-6601 = $92,100.
8. COMMODITY CODE: _____
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
   PLEASE ATTACH APPROVAL DOCUMENTS

   a. X Bid/RFP Process - # & Date February 2008
   b. ____ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description

   ____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
   ____ MALE ____ FEMALE
   ____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
   ____ LOSB (LOCALLY OWNED SMALL BUSINESS)
   ANNUAL SALES DOES NOT EXCEED $3 MILLION
   X N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

   CA081250

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE 8/22/08

DIVISION DIRECTOR DATE 08/25/08