

# “Our Town” Meal Distribution

To our Jackson Restaurant Community,

It’s no secret that 2020 has been an especially difficult year for many – from health scares to economic instability, and the loss of countless loved ones. But in the face of hardship one thing has stood true – this community cares for its neighbors and works hard to ensure mutual success.

As we look to the future and begin to see hope on the horizon for an end to this pandemic, it is critical that we continue to band together to care for those in need. Together, we will ensure 2021 is a brighter year for our hometown.

The Our Town Meal Distribution program – a partnership between the City of Jackson and Consumers Energy – was born out of that spirit of care. With funding from Consumers Energy and several other generous sponsors, we will distribute pre-prepared/pre-packaged meals to families in need across our hometown – all while financially supporting our locally-owned restaurants with a guaranteed stream of orders for several weeks.

We invite you to review the full details on the following pages and apply to participate in this important initiative.

Thank you,

Consumers Energy

City of Jackson

# “Our Town” Restaurant Application

Thanks for your interest in the “Our Town” meal distribution program, a partnership between the City of Jackson and Consumers Energy. The goal of this program is to distribute pre-prepared/pre-packaged meals to Jackson families, while supporting our restaurants with pre-determined sales. Based on current funding levels, the program will run for 10 weeks beginning February 1, and will be divided into two 5-week periods (6-10 restaurants will be selected to participate in each period). The program could be extended if additional funds are secured. Restaurants will be paid \$10 for each meal provided. All locally owned Jackson County restaurants and catering facilities are invited to apply online (<https://www.cityofjackson.org/1005/Our-Town-Meal-Distribution>) and all applications must be received by Friday, January 8 (5 pm). Participating restaurants will be announced on January 15.

## Restaurant Application Information

Legal Name:		
Mailing Address:		
Phone: (    )    -	Tax ID#:	Establishment Year:
County Business is Registered:		
Owner’s Name:		Phone: (    )    -
Primary Contact:		Phone: (    )    -
Email:		
Hours of Operation:		Average Number of Employees:
Is business currently closed: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, do you plan to reopen after COVID: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. How many meals can you provide each day (Monday, Wednesday, Friday)? \_\_\_\_\_
2. What other Covid-19 aid have you received to-date (please list specific programs and \$ amounts)?  
\_\_\_\_\_
3. How many full/part time staff (please specify) can you employ by participating in this program?  
\_\_\_\_\_
4. Can you guarantee local sourcing for this program (within the state of MI) at a minimum of 50 % ?  
 Yes       No      Percentage of local sourcing: \_\_\_\_\_
5. Are you willing to provide a list of vendors (with contact information) used for local sourcing?  
 Yes       No

# “Our Town” Restaurant Application

---

6. Can you guarantee all meals provided will contain a protein, starch, and vegetable?
- Yes       No
7. Can you provide **vegetarian** friendly meals containing a protein, starch, and vegetable?
- Yes       No
8. Can you provide hot and/or cold meals?
- Hot       Cold       Both
9. Can you guarantee delivery of all meals to the selected distribution site (s) between 1-3 pm on Monday, Wednesday, and Friday?
- Yes       No
10. Can you guarantee your participation for the entire 5-week period?
- Yes       No

## **Rules & Regulations:**

1. Meals must be healthy (protein, starch and vegetable). Please reference <https://www.dietaryguidelines.gov/current-dietary-guidelines/2015-2020-dietary-guidelines> for further information.
2. This program will run for 10 weeks (two 5-week periods), and restaurants must commit to participating for their entire 5-week period.
3. Restaurants will be paid \$10 for each meal provided. Please note that the number of meals needed each week may decrease depending on need.
4. No fast-food restaurants or syndicated franchises...locally-owned restaurants or catering companies only.
5. All necessary health department safety protocols must be followed, including the safe transportation of food from your facility to the distribution site(s). All applicants must possess a current Jackson County Health Department food license.
6. All necessary Covid-19 safety protocols must be followed, including but not limited to safe food handling and employee health standards.
7. All participating restaurants are responsible for transporting meals to the distribution site in the specified timeframe.
8. All meals must be delivered cold and pre-packaged, allowing for participants to reheat if needed. No heated storage will be provided at the distribution site.
9. If selected to participate in this program, you may be required to sign a document attesting to these rules and regulations and your commitment to the entire 4-week participation period.
10. All applications must be submitted via the online form no later than Friday, January 8 (5 pm).

“Our Town” Restaurant Application  
161 W. Michigan Ave. Jackson, MI 49201  
(517) 768 – 6410 [restaurantprogram@cityofjackson.org](mailto:restaurantprogram@cityofjackson.org)

# “Our Town” Restaurant Application

On behalf of the above-named restaurant, I agree that the restaurant will defend, indemnify, and hold harmless Consumers Energy, the City of Jackson, their officers, employees and agents from and against any claim, demand, suit, loss, cost or expense, or any damage, which may be asserted, claimed or recovered against or from Consumers Energy, the City of Jackson, their officers, employees, and agent, by reason of any damage to property, bodily injury, or death, sustained by any person whomsoever, and which damage, injury or death arises out of or is incident to or in any way connected with or related to this program.

Name of Restaurant: \_\_\_\_\_

By (signature): \_\_\_\_\_

Its (representative): \_\_\_\_\_ Date: \_\_\_\_\_

## A very special “Thank You” to our sponsors:



Dream Maker Fund of the Jackson Community Foundation  
Georgia & Travis Fojtasek  
Brad Flory's Lunch Bunch  
E. Marlin & Evelyn A. Jones & Extended Family Endowment Fund

“Our Town” Restaurant Application  
161 W. Michigan Ave. Jackson, MI 49201  
(517) 768 – 6410 [restaurantprogram@cityofjackson.org](mailto:restaurantprogram@cityofjackson.org)