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| Applicant Organization’s Name:Click or tap here to enter text.  |
| County(ies) to be served: | Total Funds Requested: |
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|       | $      |
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CONGREGATE meals (Non-TRADITIONAL)

February 6, 2025

**INTRODUCTION**

The positive role that nutrition plays in good health, self-sufficiency, and quality of life for older adults is widely recognized. While traditional congregate nutrition services have played a vital in providing nutritious meals to older adults for many years, there are circumstances where this approach is not possible.

An alternative to the traditional congregate meal service is a meal voucher model, also known as a restaurant voucher model. The meal voucher program model promotes expanded choice options (time of eating, meal alternatives, etc.) for participants.

Other innovative service program models may be proposed (e.g., food truck distribution, a meal subscription and delivery, a combination of traditional and non-traditional service models).

**RATIONALE**

Historically, the primary purpose of Congregate Meals has been social interaction. Today, an increasing number of regular congregate meal participants attend nutrition sites primarily for the food. As a group, they are younger and more impoverished than their predecessors. This shift presents new challenges and new opportunities for the Aging Services Network. Non-Traditional Nutrition services respond to this new challenge by providing nutritious food with a limited emphasis on socialization.

**PURPOSE**

Specific guidance for Title III-C1 Congregate Meals is outlined below. It is supplemental to Section 3: General Requirements and Expectations and to Section 4: Program Requirements and Expectations. In the event of a conflict, these program specifications shall take precedence over Sections 3 and 4. This document:

1. Identifies the requirements and expectations that AAA4 deems salient to the service category; and,
2. Serves as the Program Application for the service category;

NOTE: Please ensure that the application does not exceed a maximum of 40 pages, as submissions longer than this may not be reviewed in their entirety.

1. If funds are awarded, acts as a reference guide for those staff and/or volunteers who will be responsible for providing services in this category.

A proposal that fails to comply with applicable requirements may be deemed non-responsive and, therefore, ineligible for funding consideration.

**INCORPORATION OF AAA4 PRINCIPLES & PRIORITIES**

As stated in Section 3, AAA4 is seeking Applicants whose proposals incorporate the Agency’s own key principles and priorities, particularly with respect to: mission-based efforts, equity and inclusion, person-centered approaches, rapid adaptability, food security and housing security. Specific questions about those subjects are interwoven throughout this document.

 **1. LEADERSHIP AND ADMINISTRATION**

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| Mission & History | 101. What is your organization’s mission statement, when was it first established, and when was it last revised?Click or tap here to enter text.102. Historically, what major successes has the organization had in advancing its mission?Click or tap here to enter text.103. In what specific ways does this proposal advance the mission of your organization?  Click or tap here to enter text. |
| Direct Experience  | 104. Is your organization already providing the same type of service that is being requested in this proposal (with or without AAA4 funds)?[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org)   > If yes, how long has this service been provided? Click or tap here to enter text. |
| Organizational Readiness | *[Skip to the next question.]* |
| Administrative Readiness | 105. Does your organization already meet AAA4’s Fiscal Accountability and Compliance requirements for Funded Partners?[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org)106. Does your organization currently have staff with the necessary skills in data management and/or database entry?[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org)107. Does your organization currently meet AAA4’s Information Technology (IT) requirements for Funded Partners?[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Good Standing | *[Skip to the next question.]* |
| Past Performance | *[Skip to the next question.]* |

**2. PROGRAM PARAMETERS**

AAA4 has allocated Title III-C funds for Congregate Meals for two basic reasons:

1. To provide meals and limited socialization to older adults.

201. How many unduplicated individuals would be served in the first year of the contract cycle (state fiscal year 2025-26)?

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| **County** | **Total Number of Unduplicated Clients** |
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202. Assuming funding levels remain the same, how many unduplicated individuals would be served in the second year (state fiscal year 2026-27)?

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| **County** | **Total Number of Unduplicated Clients** |
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2. On behalf of all older adults, to reduce barriers that may exist, such as a lack of awareness of local needs/concerns, a lack of understanding of existing benefits, and/or a lack of knowledge of alternative resources.

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| 203. What specific steps would be taken to reduce these types of barriers?Click or tap here to enter text. |

A. REQUIRED ACTIVITIES

**Congregate Meals:** A meal provided to an eligible individual in a setting that: meets the requirements of the Older Americans Act and State/Local law; assures a minimum of one-third of the current Dietary Reference Intake; and complies with Dietary Guidelines for Americans.

**Unit: One meal served**

204. How many meals would be served in the first year of the contract cycle (state fiscal year 2025-26)?

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| **County** | **Total Number of Meals** |
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**Nutrition Education (C1):** A program to promote better health by providing participants with accurate and culturally sensitive information and/or instruction on physical fitness or nutrition (including nutrition-related health topics). Nutrition education information must be provided at least once a quarter for a minimum of four (4) times a year.

**Unit: Number of participants receiving information**

205. How many nutrition education units would be provided in the first year of the contract cycle (state fiscal year 2025-26)?

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| **County** | **Total Number of Nutrition Education** |
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B. ALLOWABLE ACTIVITIES

**Meal vouchers:** A voucher meal is a hot or other appropriate meal that is provided at an AAA4-approved, non-traditional venue (e.g., a restaurant) and which complies with all applicable guidelines and regulations for regular congregate meals. Meals can be eaten at the approved venue, or be delivered, picked up or distributed to be counted.

**Unit: One voucher redeemed**

**Meal subscription:** A meal subscription is a hot, cold frozen or other appropriate meal that is individually packaged and labeled and provided vis delivery and/or pick-up distribution. Meals must be provided at an AAA4-approved kitchen and comply with all applicable guidelines and regulations for regular congregate meals

**Unit: One delivered/distributed meal**

Meals may be served by paid staff; dedicated volunteers; authorized third parties who are paid; and, authorized third parties who are donating their labor.

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| 206. Whom does the Applicant intend to use to serve meals: paid staff, dedicated volunteers, paid third parties, unpaid third parties, or some combination of these?Click or tap here to enter text. |

C. PROHIBITED ACTIVITIES

Nutrition Counseling is **not** permitted under this service category because that is a separate service category with different requirements and expectations.

D. GEOGRAPHIC SERVICE AREA

Non-Traditional Congregate Nutrition venues must be located within the geographic service area for which funding has been designated.

E. SERVICE COORDINATION

**1)**  **Facilities Agreements:** Generally, Nutrition Providers do not own or operate the properties where nutrition sites have been established. In all such instances, the Funded Partner shall have a written agreement in place (or be able to negotiate an agreement within 15 days of the awarding of funds) with each organization where a non-traditional congregate venue will be located. Minimally, each agreement should address all the following:

1. Responsibilities and obligations of each party, including cleaning, storing of supplies, servicing of fire extinguishers, health permits, maintenance of refrigerator and stove, maintenance of restrooms, availability of locked storage cabinets and the hours the designated dining space(s) will be open;
2. Staffing inter-relationships;
3. Costs or payments (cash or in-kind) to be paid or incurred by either party;

d. Provision services in the agency or organization’s facility.

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| 207. Would agreements with facilities be in place prior to the beginning of the contract period? NOTE: Letters of Commitment are NOT needed from the owners/operators of existing nutrition sites that have been designated by AAA4.[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org) |

**2) Meal production:** Applicants are strongly encouraged to formally partner/subcontract with other organizations for the provision of OAA services (in whole or in part) if doing so would: be mutually beneficial; avoid unnecessary duplication of effort; and/or, enhance services. Any subcontract for the production or provision of meals must include procedures by which the Funded Partner shall regularly monitor compliance with all applicable terms and conditions. Quarterly safety and sanitation compliance monitoring of subcontractors by the Funded Partner’s Registered Dietitian (RD) must be documented, on file and submitted to AAA4. AAA4 staff shall also be permitted to make unannounced drop-in evaluations and visits to kitchens from which home-delivered meals are produced and provided.

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| 208. Does the Applicant propose to formally partner/subcontract with another organization?[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org)> If Yes, what is the name of the other organization(s) and what OAA services would they provide? NOTE: If yes, a Letter of Commitment from the Applicant’s partner/subcontractor must be submitted with the proposal.Click or tap here to enter text. |

 Funded Partners shall coordinate with other organizations as appropriate.

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| 209. Please list other organizations with whom you have coordinated.Click or tap here to enter text. |

F. CLIENT ELIGIBILITY

At the time services are provided, clients in this category must:

* 1. Be 60 years of age or older; **or**,
	2. Be of any age and the spouse of an eligible client; **or**,
	3. Be of any age and have a disability and live in the housing complex where a nutrition site is located; **or**,
	4. Be of any age and have a disability and live with an eligible client and attend the nutrition venue with that eligible client.

Participants shall complete a Congregate Meal Intake Form at the time they first begin receiving services and every six months thereafter.

G. CLIENT PRIOITIZATION

Funded Partners are required to have a written prioritization plan.

H. CLIENT WAIT LISTS & TIME LIMITS

Non-Traditional Congregate Meals is NOT deemed a critical service as defined in Section 3.

If a Funded Partner chooses to open a Wait List, then AAA4 approval of a written Wait List procedure is required.

Non-Traditional Congregate Meals is NOT classified as a time-limited service. Individual clients may continue receiving services from one state fiscal year to the next.

I. SERVICE REFERRALS

Clients shall be referred to services provided by other organizations as appropriate. Any client or prospective client who indicates they “do not always have enough money for food” on the Nutrition Risk Checklist shall be referred to emergency food resources in their local community.

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| 210. What method would be used to estimate what percentage of individuals successfully “connect” with the programs and services to which they are most frequently referred? Click or tap here to enter text. |

J. UNIQUE PROGRAM STANDARDS

For additional information on the subjects below, refer to the California Code of Regulations, Title 22, Division 1.8, Chapter 4, Article 5.

1) **Staff Qualifications:** Funded Partners must employ an adequate number of qualified personnel to assure satisfactory operation of the program, and the staffing pattern must include the positions below. The method used to provide Non-Traditional Congregate Meals will determine the number and type of employees, consultants, or volunteer personnel required to provide food service, fiscal, social service, administrative and clerical support.

a) Nutrition Program Director: A Nutrition Director shall be empowered by their governing body with the necessary authority to conduct day-to-day management and administrative functions of the program. A Nutrition Director may be hired less than full-time with approval of AAA4 and must have met the minimum qualifications which include experience with food production and service for the number of proposed meals to be served.

b) Registered Dietitian: The Registered Dietitian (RD) shall provide dietary or food service consultation to each Congregate Meals program. In this context, a Registered Dietitian is a person who shall be both:

1. Qualified as specified in Sections 2585 and 2586, Business and Professional Code; AND,
2. Registered by the Commission on Dietetic Registration.

If the Nutrition Director is not a Registered Dietitian, then an RD must be hired as either a consultant or an employee.

c) Volunteers: Programs using volunteers will ensure they work under mutually beneficial working conditions. They shall be screened and selected through a formal written and oral interview process, shall be provided with written job descriptions, shall receive the same orientation and training opportunities as paid personnel and shall be reimbursed for out-of-pocket expenses. Volunteers shall not replace paid personnel. It is highly recommended that volunteers be evaluated and recognized at least annually.

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| 211. If applicable, please describe how volunteers would be used for functions other than serving meals.Click or tap here to enter text. |

**2) Ongoing Training:** In-service staff/volunteer training must be provided at least once every quarter. The annual lesson plan must be submitted to the AAA4 Dietitian for approval at the beginning of the contract period. For more detailed information refer to Title 22, Section 7636.5 Training Requirements.

**3)** **Emergency Protocols:** Funded Partners shall develop specific written procedures to be followed in the event of an emergency that affects participants. Such circumstances include but are not limited to: client is seriously ill; client seems disoriented; and, client has fallen down. Funded Partners shall also develop an evacuation plan for each nutrition site.

**4) Nutrition Education Planning:** Funded Partners shall maintain a written nutrition education plan signed by their Registered Dietitian indicating scheduled dates and content for each presentation. Documentation of nutrition education should include dates, copies of materials, the number of participants and copies of the participants’ evaluations. The annual Nutrition Education plan is to be submitted to A4AA by the first week of each contract period.

If nutrition education is not provided by the Funded Partner’s RD, the lesson plan must be pre-approved by their RD in advance. All activities should be documented, maintained, dated and submitted to the AAA4 Dietitian.

Funded Partners are encouraged to provide nutrition education for dietary vitamins hard to include in menus such as vitamin D, E, and B12.

At least annually, participants should be surveyed to identify nutritional topics of special interest to them, and those topics should be incorporated into the quarterly presentations.

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| 212. Please briefly describe how nutrition education would be conducted. Click or tap here to enter text. |

**5) Menu Planning:** Menus must be approved by the Funded Partner’s RD and meet the nutritional requirements of Title 22, Section 7638.5 prior to submission to the AAA4 Dietitian. The AAA4 Dietitian must receive menus at least sixty (60) days prior to meal service so that there is sufficient time for final corrections.

Any food substitutions must be of similar nutritional value and may not reduce or significantly alter the nutritional content of the proposed meal. Substitutions must be infrequent, pre-approved by the Funded Partner’s RD, and submitted to the AAA4 Dietitian. Other requirements may apply.

All meals must include:

* At least 2oz of edible protein
* 1 serving of a whole grain product
* 1 serving of fruit
* 1 serving of vegetables
* 2 serving of a dairy product (low fat milk, yogurt or soy beverage)

NOTE: The proposal must include both a menu and a photo of a meal from the Applicant. For more details, refer to the General Application.

**6)**  **Non-Traditional Congregate Nutrition Venues:**

Non-Traditional congregate nutrition venues should be located in geographic areas that contain high proportions of target group older persons. It is preferred that venues be located within a reasonable distance of where most members of the target group reside. In communities where there are significant numbers of ethnic minorities, sites must make special efforts to serve these individuals.

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| 213. Which nutrition venues would have significant numbers of ethnic minorities, and what special efforts would be made to serve them?Click or tap here to enter text. |

Traditional Congregate Meals are to be served at lunchtime, five (5) days a week, Monday through Friday, 250 days per year. Non-Traditional congregate Nutrition services have the flexibility to offer services on a less restrictive schedule. The schedule must be approved by AAA4

214. Please list the name of each nutrition venue, then indicate how many days per week meals would be served at that site and estimate how many total meals would be served there each week.

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| Name of Nutrition Site(s) | Proposed Number of Service Days/Week | Estimated Number of Meals Served/Week |
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TheFunded Partner’s RD must inspect every nutrition venue and every kitchen from which a Congregate Meal is produced or provided at least once every quarter.

New Non-Traditional congregate venues must be approved by AAA4’s Regional Services Administrator and AAA4’s Dietitian in advance.

**7) Evaluation:** Funded Partners shall establish written procedures for participant input regarding meals, food preparation, and quality as well as written procedures for staff follow-up. Funded Partners shall also develop and distribute a semi-annual customer satisfaction survey.

K. SPECIAL RIGHTS & RESTRICTIONS

 *{Not Applicable}*

L. SPECIFIED LEGAL REFERENCES

California Code of Regulations (CCR), Title 22 Social Security, Division 1.8 California Department of Aging, Chapter 4.(1) Title III Programs, Article 5;

California Constitution, Business and Professions Code, Division 2 Healing Arts, Chapter 5.65 Dietitians;

California Retail Food Code, California Code: Health and Safety Code (HSC), Division 104 Environmental Health, Part 7;

Guidance for Area Agencies on Aging for Coronavirus Disease 2019 (COVID-19), Frequently Asked Questions Combined (#1 – #9), California Department of Aging, 3/10/20 – 6/15/20;

The Older Americans Act of 1965, Public Law 89 – 73, As Amended Through P.L. 116 – 131, Enacted March 25, 2020;

1. **THE SERVICE PLAN**

|  |  |
| --- | --- |
| Service Goals | 301. What overarching goals has the Applicant Organization set for the proposed program to achieve?Click or tap here to enter text.302. In what specific ways is the community expected to benefit from the proposed program, including the clients themselves, clients’ households, and clients’ Outreaching family/friends/neighbors?Click or tap here to enter text.303. How will the local Aging Services Network benefit from the proposed program?Click or tap here to enter text. |
| Outreach | 304. Whom is the proposed program’s primary audience? Summarize their unique set of characteristics or circumstances. Click or tap here to enter text.305. Within your primary audience, roughly what percentage (from 0% to 100%) would you expect to fall into each of these potentially underserved categories below. [If a category is not eligible or not appropriate based on the Program Parameters information above, then simply write Not Applicable (N/A).]. [Enter a number.]* Live at or below the Federal Poverty Level = %
* Self-identify as:
	+ Asian = %
	+ Black or African American = %
	+ Hispanic or Latino = %
	+ Native American = %
	+ Pacific Islander = %
	+ White/Caucasian = %
* Have language barriers communicating in English = %
* Self-identify as Lesbian, Gay, Bisexual, Transgender or Questioning/Queer (LGBTQ) = %
* Live in a remote rural area = %
* Have dementia = %
* Have a disability = %
* Are experiencing hunger = %
* Are experiencing homelessness = %
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| Outreach (cont.) | 306. What specific methods would be used to reach which underserved individuals (from the previous question)? Click or tap here to enter text.307. If applicable, briefly discuss categories of underserved individuals who seem unlikely to participate in the proposed program regardless of how much outreach is done (e.g., older Russian-speakers who have recently come to the United States generally do not like the type of “American” food that is served by Meals on Wheels programs). Click or tap here to enter text. |
| Resources | 308. What key resources are needed to provide the proposed service (e.g., equipment, tools, products, personnel, etc.).Click or tap here to enter text. |
| Delivery of Services | 309. Briefly describe the basic service plan, or service model, the proposed program will follow. Click or tap here to enter text.310. Why was this service plan/model originally chosen for your proposed program?Click or tap here to enter text.311. Can this service plan/model be scaled up and down easily to serve substantially more or less clients?Click or tap here to enter text.312. How is your service model adaptable to unforeseen events (i.e., sudden cost increases, staffing change, emergencies, etc.)?Click or tap here to enter text.313. Briefly explain how prospective clients will be screened, assessed, and prioritized?Click or tap here to enter text. |

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| Delivery of Services (cont.) | 314. How will individuals’ food security be evaluated?Click or tap here to enter text.315. How will individuals’ housing security be evaluated? Click or tap here to enter text.316. What specific personal choices will each prospective client be allowed to make about how services are provided to them?Click or tap here to enter text. |
| Data | 317. How will the proposed program collect and track the number of service units that are provided on any given day, month, quarter and fiscal year?Click or tap here to enter text.318. How will the proposed program collect and track the number of unduplicated clients who are served on any given day, month, quarter and fiscal year?Click or tap here to enter text. |
| Service Outcomes | 319. What specific tangible and/or intangible outcomes will be measured with respect to: 1. serving individual clients, clients’ households, and clients’ outreaching family/friends/neighbors;

 Click or tap here to enter text.ii) benefiting the local Aging Services Network; and,  Click or tap here to enter text. iii) connecting clients with other appropriate resources? Click or tap here to enter text. |

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| Service Outcomes (continued) | 320. How will each of these outcomes be collected? Click or tap here to enter text.321. How has the proposed program defined varying levels of “success” for each of these outcomes? Click or tap here to enter text. |
| Evaluation |  322. During the fiscal year, what specific methods will be used to evaluate the effectiveness of the proposed program based on input from clients, staff, volunteers and any pertinent third parties? Click or tap here to enter text.1. At the end of each fiscal year, what additional methods will be used to evaluate the effectiveness of the proposed program based on final figures, results or impacts?

 Click or tap here to enter text.1. What processes are in place to directly link evaluation findings to improvements in the proposed program?

Click or tap here to enter text. |

1. **MANAGEMENT & STAFFING**

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| --- | --- |
| Human Resources | 1. Would your organization need to acquire new or additional staff and/or volunteers to be able to begin fully providing the proposed service during state fiscal year 2024-25?

[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org)* + If yes, what positions would need to be filled and, for each, at how many FTEs (full-time equivalents based on a 40-hour work week)?

Click or tap here to enter text.1. During state fiscal year 2024-25, what major variations, if any, do you predict will happen in the demand for the proposed services? In the supply of resources for the proposed services?

 Click or tap here to enter text. |
| Volunteers | 1. Would the proposed program use volunteers?

[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org)If so, how many and in what roles? Click or tap here to enter text. |
| Hiring and Retention | 1. What minimum qualifications (education and work experience) are required of the person who will have the most direct, day-to-day oversight of the proposed program, and what is their job title?

Click or tap here to enter text.1. What minimum qualifications (education and work experience) are required of the person(s) who will have direct contact with clients?

 Click or tap here to enter text.406. How long do staff and volunteers typically stay with the Applicant Organization, and what are the most common reasons they leave?Click or tap here to enter text.407. Are wages and benefits comparable to those of similar organizations in the service area, and how have you made that determination?Click or tap here to enter text. |

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| Review and Recognition | 408. When was the last time a staff member or volunteer was openly recognized by your organization’s leadership for outstanding work performance, and for what accomplishment(s) were they recognized?Click or tap here to enter text. |
| Training and Outreach | 409. What specific training, if any, do staff and volunteers receive about other local programs that serve the same target population?Click or tap here to enter text.410. What specific training, if any, do staff and volunteers receive about encouraging each individual client to make personal choices that direct how services are provided to them?Click or tap here to enter text.411. What specific training, if any, do staff and volunteers receive about food security? Click or tap here to enter text. 412. What specific training, if any, do staff and volunteers receive about housing security? Click or tap here to enter text.  |
| Data Security | 413. Does your organization already meet AAA4’s Data Security requirements for Funded Partners?[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Mandated Reporters | 414. What source(s) does the organization currently use for conducting Mandated Reporter training for staff and volunteers? Click or tap here to enter text. |
| Disaster Preparedness | 415. What source(s) does the organization currently use for conducting workplace safety training for staff and volunteers, including disaster response? Click or tap here to enter text. |

**5. ASSETS, REVENUE & EXPENDITURES**

1. **PROPOSED PROGRAM RESOURCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **AAA4 Funds Requested (A)** | **Program Match\*** | **Program Non-Match\*\*** | **Total Program Resources (D)** |
| **Cash (B)** | **In-Kind (C)** | **Cash** | **In-Kind** |
| $       | $       | $       | $       | $       | $  |

\*Federal regulations require that OAA funds be matched at the local level. Match may be in the form of either cash or in-kind. Third Party In-Kind services must be accounted for equally as both resources and costs. The fair market value of Third-Party In-Kind services and supplies must be used. The value of donated goods and services is not reimbursable either as a direct or an indirect cost.

Title III-C: Required Match = (A + B + C) multiplied by 10%

Title III-C: Minimum Required Match = The federal portion of (A) + (B) + (C) multiplied by 10%. In the interest of simplicity, please assume that half (50%) of the AAA4 Award Amount would be federal funds (hence subject to Match) and the other half (50% would be State funds (NOT subject to Match).To calculate the Minimum Required Match, simply multiply (A) by 0.111111

For Example: An AAA4 Award of $90,000 would have a Minimum Required Match of 45,000 times 0.111111 = 4,999.99 which, roundest to the nearest dollar, is $5,000 even.

\*\*Non-match (also be known as over-match) is additional resources an Applicant intends to voluntarily contribute to the program.

1. **PROPOSED PROGRAM COSTS AND EXPLANATIONS**

|  |  |  |
| --- | --- | --- |
| **Cost Categories 1** | **Amount** | **Explanation of how funds will be used** |
| Personnel – Paid & In-Kind | $       | Click or tap here to enter text.  |
| Travel & Training | $       | Click or tap here to enter text.  |
| Non-Expendable Equipment 2 | $       | Click or tap here to enter text.  |
| Consultants | $       | Click or tap here to enter text.  |
| Audit 3 | $       | Click or tap here to enter text.  |
| Insurance 4 | $       | Click or tap here to enter text. |
| Other Costs 5 | $       | Click or tap here to enter text. |
| Nutrition/Food6 | $       | Click or tap here to enter text. |
| Indirect Costs 7 | $       | Click or tap here to enter text. |
| **Total Program Costs (E)** | $  | **Total Program Costs (E) must = Total Program Resources (D).** |

Footnotes

1 These Cost Categories will be further broken down on the Program Budget Form that will be completed by the Contracted Funded Partner. Additional documentation may be required at that time.

2 Prior to a Contracted Funded Partner’s purchase of any Non-Expendable Equipment with a per unit cost of $5,000 or more, AAA4 must obtain approval from CDA.

3 Indicate the cost of auditing services performed by an outside contractor. Note: Only those Funded Partners required to submit a Single Audit in accordance with 45 CFR 75.514 (with total Federal Funding expended of $750,000 or more) can include a portion of their audit cost.

4 Contracted Funded Partners of AAA4 must carry insurance policies for General Commercial Liability, Automobile Liability, Professional Liability/Errors and Omissions, Fidelity Bond/Crime Coverage, Business Personal Property/Business Contents/All Risk Property, and Workers Compensation. The cost for Workers Compensation is not included under Insurance since it is included under Paid Personnel.

5 Other Costs may include the following: Building Rent, Utilities, Office Expense, Vehicle Operations & Maintenance, Outside Services, Accounting, Volunteer Expense, Subcontracted Direct Service Costs, and Miscellaneous Costs.

6 For Title III-C Nutrition Providers only.

7 Contracted Funded partners requesting reimbursement for Indirect Costs must submit a copy of an approved indirect cost rate or allocation plan. The maximum reimbursement for Indirect Costs shall not exceed 10% of Contracted Funded Partner's direct costs. Costs listed as indirect cannot also be listed as direct charges.

1. **TERMS AND CONDITIONS**

It is understood and agreed by the applicant organization that funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of AAA4, the California Department of Aging, and/or the Office of the State Long- Term Care Ombudsman, and the Administration on Aging: U.S. Department of Health and Human Services.

The applicant organization further understands that upon the final resolution of this RFP, the entire contents of this proposal are subject to the Public Records Act and shall be furnished to third parties upon formal request unless the applicant organization notifies AAA4 in advance and in writing to request that specified proprietary elements be redacted.

See General Application for Signature

|  |  |
| --- | --- |
| Fiscal Sustainability | 501. Is your organization fiscally sound, and how did you make that determination?Click or tap here to enter text. |
| Assets |  502. Does your organization need to acquire any major assets (valued at $5,000 or more) to be able to fully provide the proposed service?[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Revenue | 503. What percentage of the Total Program Resources (above) is comprised of the requested AAA4 Award?  Click or tap here to enter text.* If not awarded any funds under this RFP, would some form of the proposed service be provided anyway?

Click or tap here to enter text.504. What measures would be taken to assure client contributions are voluntary and anonymous? What measures would be taken to assure client contributions are being collected and accounted for properly?Click or tap here to enter text. 505. Is this proposal contingent upon receipt of a grant from another source?[ ]  **YES** [ ]  **NO** [ ]  **UNSURE** (Send questions to rfp@agencyonaging4.org)* If yes, when will your receipt of said grant be determined?

Click or tap here to enter text.* If said grant is not awarded, how would this proposal need to be altered to remain viable?

 Click or tap here to enter text. |
| Expenditures | *[Skip to the next question.]* |

**6. OVERALL SERVICE COST & VALUE**

1. ANNUAL SERVICES COSTS

**Total Cost/Unit of Service**

The cost per unit represents an estimation, on average, of how much money the Applicant proposes to commit to the program to be able to provide one unit of service to a typical client. It will be a dollar figure, and it shall be calculated by dividing the Total Program Resources by the Estimated Total Service Units.

601. Show the Total Cost/Unit of Service

*Example: $150,000 Total Program Resources ÷ 20,000 congregate meals = $7.50/meal*

|  |  |  |
| --- | --- | --- |
|  $      Total Program Resources ÷ |        congregate meals = |  $      /meal |

**AAA4 Cost/Unit of Service**

The cost per unit to AAA4 represents an estimation, on average, of what the hypothetical “price” of one unit of service for a typical client would be if AAA4 were to “buy” all of the Estimated Total Service Units in advance (please note AAA4 does NOT pay Funded Partners for services rendered in advance and does NOT make payment based on set rates for units). It will be a dollar figure, and it shall be calculated by dividing AAA4 Funds Requested by the Estimated Total Service Units.

602. Show the AAA4 Cost/Unit of Service

*Example: $100,000 AAA4 Funds ÷ 20,000 meals = $5/meal*

|  |  |  |
| --- | --- | --- |
|  $      AAA4 Funds Requested ÷  |        meals = | $      /meal |

1. ANNUAL ESTIMATED SERVICE VALUE

**Direct Savings/Client/Year**

The direct savings per client represents an estimation, on average, of how much money a typical client saves over the course of a fiscal year because they received the proposed service. It will be a dollar figure, and it shall be calculated by multiplying the average number of units each client receives by the market value of the same unit (or a similar unit) had they been purchased out-of-pocket by the client.

603. Calculate the Direct Savings/Client/Year

*Example:*

*20,000 congregate meals ÷ 80 unduplicated clients/year = 250 meals/client/year*

*250 congregate meals/client/year x $20/meal delivered by private sources = $5,000/client/year*

|  |  |  |
| --- | --- | --- |
|       congregate meals ÷ |      unduplicated clients/year = |       meals/client/year  |

|  |  |  |
| --- | --- | --- |
|       congregate meals/client/year  | $      /meal delivered by private sources | $      /client/year |

**Indirect Savings/Client to the Long-Term Care System**

The indirect savings to the local LTC system represents an estimation, on average, of the costs of any alternative public LTC resources that most likely would have been expended on behalf of a typical client but were avoided because the individual received the proposed service. It will be a dollar figure, and it shall be calculated by first multiplying the average number of units each client receives by the Total Cost/Unit of Service, then subtracting that figure from the total value of the alternative costs that were avoided.

604. Calculate the Indirect Savings/Client to the Long-Term Care System

*Example:*

*250 congregate meals/client/year x $7.50/meal via Applicant = $1,875/client/year*

*250 congregate meals/client/year x $20/meal via private sources = $5,000/client/year*

*$5,000/client via private sources - $1,875/client via Applicant = $3,125/client to the LTC system*

|  |  |  |
| --- | --- | --- |
|       congregate meals /client/year x | $     /meal via Applicant =  | $      /client/year  |

|  |  |  |
| --- | --- | --- |
|       congregate meals /client/year x |  $     /meal via private sources = | $      /client/year |

|  |  |  |
| --- | --- | --- |
| $      /Client via private sources - | $     /client via Applicant = | $      /client to the LTC system |

1. RETURN ON INVESTMENT (ROI)

The ROI is a percentage that is calculated by subtracting the AAA4 Funds Requested from the Total Program Resources, then dividing that figure by the Total Program Resources.  If an Applicant were proposing to contribute (or “match”) one dollar for every one AAA4 dollar requested, then the ROI would equal 100%.  If the AAA4 Funds Requested made up more than half of the Total Program Resources, then the ROI would be below 100%. Conversely, if the AAA4 Funds Requested were less than half of the Total Program Resources, then the ROI would be above 100%.

605. Show the Return on Investment

 *Example:*

 *$150,000 Total Program Resources - $100,000 AAA4 Funds = $50,000 difference*

 *$50,000 difference ÷ $150,000 Total Funds = 0.333 or 33.3% ROI*

 IF

|  |  |  |
| --- | --- | --- |
|  $      Total Program Resources - | $      AAA4 Funds = | $      difference, |

 THEN

|  |  |  |
| --- | --- | --- |
| $      difference ÷ | $      Total Funds = | ROI       ROI (decimal or percent) |

**SAMPLE NUTRITION MENU**

