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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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home-delivered meals (HDM)

February 6, 2025

**INTRODUCTION**

Home-Delivered Meals (HDM), more commonly referred to as “Meals on Wheels,” is the flagship program of the Older Americans Act. It exemplifies a service designed to help Older Adults age in place by targeting people who are home alone during the day and who have difficulty preparing simple meals. For clients who need the service temporarily, HDM can ease transitions from hospital to home; for those who need the service long-term, HDM facilitates improved nutrition and increased socialization.

**RATIONALE**

Each home-delivered meal is healthy; it contains the daily recommended nutritional components for older adults in addition to being low in sodium. Yet the HDM service has always been much more than a meal. Meals on Wheels are ideal for folks who would not cook for themselves because they are physically unable to and for those who should not cook for themselves because the risk of injuries or accidents is too high. Meals on Wheels are also ideal for people who otherwise would not eat during the day due to depression or memory loss; the arrival of a prepared meal is both a prompt and a reminder. Meal recipients are often isolated and lonely; knowing they will have to answer the door gives them a reason to get up and dressed that day. Finally, the HDM service embraces its critical gatekeeper function. Delivery drivers and office staff are trained to watch (and listen) for signs of worsening health problems as well as abuse and neglect.

**PURPOSE**

Specific guidance for Title III-C2 Home-Delivered Meals is outlined below. It is supplemental to Section III: General Requirements and Expectations and to Section IV: Program Requirements and Expectations. In the event of a conflict, these program specifications shall take precedence over Sections III and IV. 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, it 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 III, 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**

|  |  |
| --- | --- |
| 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 Home-Delivered Meals for two basic reasons:

1. To provide meals and socialization to older adults with the greatest unmet needs.

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

|  |  |
| --- | --- |
| **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)?

|  |  |
| --- | --- |
| **County** | **Total Number of Unduplicated Clients** |
|  |       |
|  |       |
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2. 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

**Home-Delivered Meals:** A meal provided to an eligible individual in their place of residence that: meets all of 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 delivered**

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

|  |  |
| --- | --- |
|  **County**  | **Total Number of Meals** |
|  |       |
|  |       |
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|  |       |
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**Nutrition Education (C2):** A program to promote better health by providing participants with accurate and culturally sensitive information and instruction on physical fitness or nutrition (including nutrition-related health topics). Methods of education may include demonstrations or audio-visual demonstrations. Handout materials may also be used so long as they are not the sole education component. Such materials must conform to the requirements of CDA and be planned, approved and coordinated by a registered dietitian. Handout materials may include flyers and brochures. Nutrition education materials must be provided to each Home Delivered Meal recipient at least once a quarter for a minimum of four (4) times a year.

**Unit: One session per participant**

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

|  |  |
| --- | --- |
| **County** | **Total Number of Meals** |
|  |       |
|  |       |
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B. ALLOWABLE ACTIVITIES

Meals may be delivered 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 make HDM deliveries: paid staff, dedicated volunteers, paid third parties, unpaid third parties, or some combination of these?Click or tap here to enter text. |

Typically, each HDM participant is provided with five (5) meals per week which are intended to be consumed at lunchtime, Monday through Friday (standard meals). Funded Partners may elect to provide some or all of their program participants with additional meals on a weekly basis. Common variations include: two (2) additional meals per week which are intended to be consumed at lunchtime on Saturday and Sunday (weekend meals); and five (5) additional meals per week which are intended to be consumed in the morning (breakfast meals). NOTE: This part is only about the number of meals to be provided; it is NOT about how frequently those meals would be delivered; it is NOT about what type of meal would be provided (e.g., hot, cold, frozen, shelf-stable); and it is NOT about meals that participants are expected to keep on hand in the event of an emergency. Those subjects will be addressed in separate questions.

207. During a “normal” week of operations, approximately what percentage of participants would be provided with what number of meals?

|  |  |
| --- | --- |
| Number of Meals to be Provided to Participants | Estimated Percentage of All Participants |
| Standard Meals Only (5 meals/week) |       |
| Standard Meals plus Weekend Meals (7 meals/week) |       |
| Standard Meals plus Breakfast Meals (10 meals/week) |       |
| *Other (please explain):*Click or tap here to enter text. | *{if applicable}* |
| *Other (please explain):*Click or tap here to enter text. | *{if applicable}* |
| **TOTAL** | **%** |

NOTE: Prior approval from AAA4 is needed if a Funded Partner wishes to explore To-Go meals in the future.

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

Applicants may propose providing services to all eligible residents of a county or to residents of a designated portion of a county.

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| --- |
| 208. Describe the geographic area that clients must reside within to receive services (e.g., Western Placer County), and list the major cities, towns and places that fall within that area (e.g., Auburn, Roseville, Rocklin).Click or tap here to enter text. |

E. SERVICE COORDINATION

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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| 209. 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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| 210. 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 and homebound and unable to prepare simple meals and lack adequate social support; **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 with an eligible client.

**Pre-Authorization:** On a space-available basis, people may begin receiving Home-Delivered Meals (HDM) if they meet the basic eligibility requirements above.

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| 211. How will the proposed program determine if the pre-authorization criteria have been met?Click or tap here to enter text. |

**Initial Assessment:** Within two weeks of an individual beginning meal service, the Funded Partner shall conduct an in-home assessment to confirm their basic eligibility status, especially with regard to the individual being:

1. Unable to leave their own home (i.e., homebound) because of a physical or mental impairment; AND,
2. Unable to prepare simple meals in their own home because of limited physical mobility, inability to safely prepare meals, or psychological or mental impairment; AND,
3. Lacking adequate support from family, friends, or other community-based services for nutritional assistance.

The in-home assessment provides an opportunity to address home safety and fall prevention. Clients should be encouraged to implement basic safety measures such as installing smoke detectors and removing or securing throw rugs.

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| 212. Please briefly describe how in-home assessments will be conducted.Click or tap here to enter text. |

**Reassessment:** Clients shall be reassessed every ninety (90) consecutive days from the date that service was initiated or from the date of the last reassessment, whichever occurred most recently. Reassessments may alternate between in-home and telephone, so long as two (2) in-home assessments are conducted every twelve (12) consecutive months.

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| 213. Please briefly describe how in-home assessments will be conducted.Click or tap here to enter text. |

G. CLIENT PRIOITIZATION

In addition to the priorities described in Section III, Funded Partners shall consider individuals’ food insecurity as a significant factor.

Funded Partners are required to have a written prioritization plan.

H. CLIENT WAIT LISTS & TIME LIMITS

Home-Delivered Meals have been deemed a **critical** service as defined in Section 3, meaning AAA4 may work with the Funded Partner to ensure some minimal degree of capacity is maintained at all times to be able to respond to the highest priority cases.

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

Home-Delivered Meals are 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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| 214. 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 HDM services 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 HDM 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) Home-Delivered Meals Coordinator: A designated person shall be responsible for conducting and/or overseeing and coordinating meal deliveries.

d) 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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| 215. If applicable, please describe how volunteers would be used for functions other than delivering 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: there is no answer at the door; client is seriously ill; client seems disoriented; and, client has fallen down. Procedures shall also include steps to follow in case a vehicle breaks down or there is a car accident involving meal delivery staff. Funded Partners shall also provide surplus meals (shelf-stable or frozen) to be kept on hand in the event of an emergency which interrupts regular meal delivery services, such as road closures due to heavy snowfall.

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| 216. Please briefly describe how emergency meals would be managed.Click or tap here to enter text. |

**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 and the number of recipients. The annual Nutrition Education plan is to be submitted to AAA4 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.

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| 217. 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 substitution 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.

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) Meal Delivery:** Regardless of where and when the primary contents of a meal are prepared and packaged, the meal shall be delivered to participants in one of four states: hot, room temperature (shelf-stable), cold or frozen.

218. How many meals of each type would be delivered in the first year of the contract cycle (state fiscal year 2025-26)?

|  |  |
| --- | --- |
| **Type of Meals to be Provided to Participants** | **Estimated Number** |
| Hot |       |
| Room Temperature (Shelf-Stable) |       |
| Cold |       |
| Frozen |       |
| *Other (please explain):*Click or tap here to enter text. | *{if applicable}* |
| **TOTAL** |  |

The Funded Partner’s RD must evaluate each HDM route at least once during the contract year. Hot, cold and frozen food must be delivered at safe temperatures by using an active temperature support system (i.e., a stationary or mobile refrigerator, freezer or oven/warmer). No delivery route shall be more than two (2) hours in length unless advance permission is obtained from AAA4.

219. Please complete the table below.

|  |  |  |
| --- | --- | --- |
| Name of Delivery Route | Maximum Number of Participants | Route Frequency (Daily, Weekly, etc.) |
|       |       |       |
|       |       |       |
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|       |       |       |
| TOTAL |       |  |

**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;

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 = %
 |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

**4. MANAGEMENT & STAFFING**

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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 meals = $7.50/meal*

|  |  |  |
| --- | --- | --- |
|  $       Total Program Resources ÷ |        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 home delivered meals ÷ 80 unduplicated clients/year = 250 meals/client/year*

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

|  |  |  |
| --- | --- | --- |
|      home delivered meals ÷ |      unduplicated clients/year = |       meals/client/year  |

|  |  |  |
| --- | --- | --- |
|       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 home delivered meals/client/year x $7.50/meal via Applicant = $1,875/client/year*

*250 home delivered 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*

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

|  |  |  |
| --- | --- | --- |
|       home delivered 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:*

 *$15,0000 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**

