

ATTACHMENT A – APPLICATION FORM



**VENTURA COUNTY AREA AGENCY ON AGING
OLDER AMERICANS ACT GRANT APPLICATION
SENIOR NUTRITION PROGRAM - HOME
DELIVERED MEAL (NEW SUB-GRANTEE)
PROJECT PERIOD: MARCH 1, 2023 - JUNE 30, 2023
(RENEWABLE FOR FY 2023-2024)**

Applications submitted in response to this RFP for Senior Nutrition Program services must be submitted to the following address no later than **4:00 p.m., Monday, February 20, 2023.**

Ventura County Area Agency on Aging
Attn: Alyssa Corse, Grants Administrator
646 County Square Drive, Suite 100
Ventura, CA 93003

Note: Applicants may apply for the following Senior Nutrition Program Services on the same application as well as new and innovative ways to provide nutrition services to older individuals. This application is submitted for the following nutrition service(s):

- Home-Delivered Meal Services (C-2)

Application Checklist: Each application must include the items listed below. Please check the box to confirm that your completed application packet contains all items.

Two (2) original sets of the following are required to be submitted:

- Completed Application with Original Signatures Full Description of Proposed Program
- Audited Financial Statements or Single Audit (past three years for new applicants; past year for existing contractor)
- Completed Proposal Budget with Original Signatures (Attachment B)

One (1) original set of the following:

- Three Letters of Support for the Proposed Project
- Legal Governing Body Resolution authorizing the submittal of this application
- List of Board of Directors/Legal Governing Body
- Current Organizational Chart
- Articles of Incorporation
- Current Proof of Ownership/Lease Agreements for all Project Sites
- Current Business License(s)
- All Pertinent MOUs and Sub-Contracts (Application will be accepted without these documents and may be requested as a contract contingency if awarded the contract)
- Current Certificate of Insurance
- Current Fire, Health and Building Certificates

Note: Applicants are urged to be as detailed and specific as possible about how they will operate the Senior Nutrition Program. Information should be presented as a narrative with headings taken directly from the RFP. Sections that do not apply to your specific project should be indicated with “*Not Applicable.*” Applicants must clearly mark any portion(s) of a proposal that contains proprietary information but may not mark the entire proposal as proprietary. If a proposal is successful and the VCAAA receives a request to view or copy a proposal, the VCAAA shall respond in accordance with public disclosure procedures. However, if any information is marked as proprietary in the proposal, VCAAA shall not make that portion available without giving the applicant an opportunity to seek a court order preventing disclosure. Applications submitted for nutrition service (b) and (c) must be accompanied by a proposed project budget that describes project costs and funding sources including Older American Act (OAA) grant funds, match requirements, and estimated program income (fundraisers and donations).

1. REQUIRED INFORMATION:

Applicant: _____
 Address: _____
 Project Address: _____
 Contact Person: _____ Title: _____
 Telephone: _____ Fax: _____
 E-Mail Address: _____

Agency Type: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Private For-Profit		
Date of Incorporation: MM/DD/YYYY	Corporation Number: Example: X00000XX0000XXX-000000	Taxpayer ID Number: Example: 00-0000000

Authorization to Submit Proposal

This proposal is authorized for submission by the governing body of the applicant agency(s). The undersigned is aware of all pertinent conditions and specifications affecting the provision of meals and services and all relevant terms and conditions stated in the request for proposal.

 Print or Type Name and Title

 Authorized Signature and Date

2. SERVICE REGIONS

Which service region(s) does your project propose to serve?

- Thousand Oaks, Newbury Park, Agoura Hills, Oak Park, Westlake Village - (County of Ventura only)

3. **SERVICE COMPONENTS**

(3.1) **Home-Delivered (C-2) Nutrition Services –**

(A) Home-Delivered Meal Services:

- a. Describe your project including meal types (hot daily, frozen weekly, pick-up, etc.).

Answer:

- b. How will the meals be transported?

Answer:

- c. Who will do the required assessments?

Answer:

- d. How will you ensure that only eligible participants receive home-delivered meals?

Answer:

- e. Describe how you will refer clients to other services?

Answer:

4. **SERVICE PROPOSAL**

(4.1) Projected Meals – Please complete the following table.

A		B
#	Service Region	Proposed # of Home-Delivered Meals (C-2)
9	Thousand Oaks, Newbury Park, Agoura Hills, Oak Park, Westlake Village - County of Ventura only	15,353

FY2022-23 Projected Funding for Meal Service	
Meal Service Funding Available:	\$152,000

Funded SNP Meal Sites/Communities – The funds will be distributed for Meal Service, based on the number of home-delivered meals (C-2) served at \$9.90 per meal – which includes \$6.60 for the meal and \$3.30 administrative functions including delivery of the meals.

- (4.2) A limited funding amount is available for Older Americans Act programs.
- a. Describe how your agency will deal with demands for service that exceed proposed and restricted service levels.

Answer:

- b. How will you determine who is wait listed for meals and who receives priority?

Answer:

5. MEAL SITE PROJECT PERSONNEL CAPACITY

- (5.1) Briefly summarize your agency's history and experience in operating large, publicly funded food service programs for each service component you are applying.

Answer:

- (5.2) Program Staff and Volunteers – Describe how the project favors employing the elderly. Provide a list of project staff positions and volunteers that includes position title, area of responsibility and estimated number of hours dedicated to the project. Please identify bilingual positions/persons.

Answer:

- (5.3) Staff and Volunteer Training: Describe how your agency will ensure that staff and volunteers are oriented and trained to have the appropriate skills to carry out the requirements of their positions.

Answer:

- (5.4) Project Sites/Buildings – List the addresses for all physical locations to be used by your project. Describe the signage that you propose? What are your hours of operation?

Answer:

- (5.5) Project Vehicles – Describe all of the vehicles to be used by your project.

Answer:

- (5.6) Emergency Contact Person – Please provide the name and contact information of the person responsible in the event of an emergency.

Answer:

6. FUNDING

(6.1) Fiscal Management – Briefly describe the fiscal management procedures employed by your organization (payroll, in-kind calculations, mileage reimbursement, accounts payable, etc.)

Answer:

(6.2) Indicate Yes or No for each of the following:

		YES	NO*
1.	A detailed budget of revenue and expenses is adopted officially each year by the agency's governing body.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has your agency had a recent audit?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does your agency use accounting software?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Agency practice allows the financial participation of persons served through confidential donations.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Agency has a written plan for the confidential collection of participant donations and the secure handling thereof.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Agency actively seeks alternative funding.	<input type="checkbox"/>	<input type="checkbox"/>

*Explain any items marked “No”:

(6.1) Fiscal Management – Please provide the name, phone number and e-mail address of the person responsible for fiscal reporting for the project:

Name:	
Title:	
Phone Number:	
Email Address:	

(6.2) Match Requirement – Please describe the source(s) of funds for the required 10% match. (Applies only to nutrition services (b) and (c).)

Answer:

7. PROCUREMENT

(7.1) a. Describe your project policies for procurement of food, supplies and equipment.

Answer:

b. Does your project have procurement policy in place that favors products with recycled content and renewable materials?

Answer:

8. GRANT ADMINISTRATION

(8.1) Who is responsible for the administration of the grant?

Answer:

(8.2) Who is responsible for monthly reporting requirements, eligibility assessments, staff and volunteer supervision and training, and program purchases?

Answer:

9. NUTRITION-RELATED SUPPORTIVE SERVICES

(9.1) Will your project employ any subcontractors? If yes, please list the organization name and contract information. If not, answer N/A.

Answer:

(9.2) Describe how you intend to refer Senior Nutrition clients for other services?

Answer:

(9.3) Describe your process for providing second, weekend, and emergency meals.

Answer:

10. OUTREACH AND MARKETING TO TARGET POPULATIONS

(10.1) Please describe how your program will serve those with the greatest social and economic need.

Answer: