#### ATTACHMENT A – APPLICATION FORM

**OLDER AMERICANS ACT GRANT APPLICATION**

**SENIOR NUTRITION PROGRAM**

**Project Year: JULY 1, 2020 - June 30, 2021**

**(Renewable for fY 2021-22, 2022-23 and 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, April 13, 2020.**

Ventura County Area Agency on Aging

Attn: Joaquin Serrato, 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):**

(a) Food & Non-Food Procurement and Local Food Storage and Delivery\*

(b) Congregate Meal Services (C-1)

(c) Home-Delivered Meal Services (C-2)

***\*Currently provided by Jordano’s Foodservice, a Division of Jordano's Inc.***

**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) (Applies only to nutrition services (b) and (c).)

Sample Menus (if applicable)

Pricelist [only if applying for (a)]

**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:  Public Agency  Private Nonprofit  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 |

1. **SERVICE REGIONS**

Which service region(s) does your project propose to serve? Check all that apply.

Camarillo, Somis, Santa Rosa Valley

Fillmore

Moorpark

Oxnard, El Rio, Nyeland Acres, Del Norte, Hollywood Beach

Port Hueneme

Santa Paula

Simi Valley

Ventura, Saticoy, Montalvo

Thousand Oaks, Newbury Park

Ojai Valley

Piru, Rancho Sespe

All (includes the entire county)

1. **SERVICE COMPONENTS**
   1. **Food & Non-Food Procurement and Local Food Storage & Delivery** – Are you applying to procure and furnish all food and safely and efficiently package all food and non-food supplies for Ventura County’s Senior Nutrition Programs and to provide local storage and delivery of prepared meals?

Yes – [answer 3.1 (a-g)]

No – [skip to 3.2]

IF SO:

1. Describe your project, including how the meals will be transported to meal site(s), to a local, temperature controlled warehouse, and/or to home-delivered meal participants.

Answer:

1. Describe your organization’s capacity to receive, store, and distribute meals.

Answer:

1. What are your hours of operation?

Answer:

1. How quickly can your organization deliver food once an order for food is placed?

Answer:

1. Describe how you would remedy an order for food that was not delivered at the pre-arranged day and time.

Answer:

1. Please provide sample menus and the nutritionalinformation of the meals, including specialty meals that are low-sodium and or diabetic-friendly.
2. Please provide pricelist for items to be supplied.

* 1. **Congregate (C-1) and Home-Delivered (C-2) Nutrition Services** – Are you applying to provide Congregate and/or Home-Delivered Meal Services?

Congregate Meal Services – [answer 3.2A (a-d) below]

Home-Delivered Meal Operation – [answer 3.2B (a-e) below]

Both – [answer 3.2A (a-d) and 3.2B (a-e) below]

(A) IF SO – Congregate Meal Services:

1. Describe your project, including the type of meal service and setting.

Answer:

1. Do you utilize a reservation system?

Answer:

1. How many meal sites do you propose to operate?

Answer:

1. How will you track and report eligible and ineligible meals?

Answer:

(B) IF SO – Home-Delivered Meal Services:

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

Answer:

1. How will the meals be transported?

Answer:

1. Who will do the required assessments?

Answer:

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

Answer:

1. Describe how you will refer clients to other services?

Answer:

1. **SERVICE PROPOSAL**
   1. Projected Meals – Please complete the following table (required for all components of the program).

* Applicants for Congregate and/or Home-Delivered Nutrition Services are required to complete columns (**B**), (**C**), and (**D**).

(*The service regions filled in by applicants on this chart must agree with the* [*Service Regions*](#Serviceregions) *checked on Question #2 of this application.*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | | **B** | **C** | **D** | **E** |
| # | Service Region | Proposed # of Congregate Meals (C-1) | Proposed # of Home-Delivered Meals (C-2) | Proposed # of Total Annual Contractor Meals | Total Annual Contractor Meals Available |
| 1 | Camarillo, Somis, Santa Rosa Valley |  |  |  | **30,250** |
| 2 | Fillmore |  |  |  | **12,540** |
| 3\* | Moorpark |  |  |  | **11,550** |
| 4 | Oxnard, El Rio, Nyeland Acres, Del Norte, Hollywood Beach & Silverstrand |  |  |  | **53,300** |
| 5\* | Port Hueneme |  |  |  | **7,700** |
| 6\* | Santa Paula |  |  |  | **18,480** |
| 7 | Simi Valley |  |  |  | **53,900** |
| 8 | Ventura, Saticoy, Montalvo |  |  |  | **34,600** |
| 9 | Thousand Oaks, Newbury Park |  |  |  | **14,300** |
| 10 | Ojai |  |  |  | **20,900** |
| 11\* | Piru & Rancho Sespe |  |  |  | **9,020** |
| 12 | All |  |  |  |  |
| **Totals:** | |  |  |  | **266,540** |

|  |  |
| --- | --- |
| **FY2020-21 Projected Funding for Meal Service** | |
| **Total Meal Service Funding Available:** | **$764,590** |

|  |  |
| --- | --- |
| **FY2020-21** **Projected Funding for Food & Non-Food Procurement** | |
| Food & Non-Food Procurement and Local Food Storage and Delivery | **$1,124,799** |

***Proposed Meals*** – Please complete the following table to indicate the number of Non-Scratch and Scratch meals you are applying to provide in FY 2020-21.

|  |  |
| --- | --- |
| **Total Proposed # of Non-Scratch  Congregate Meals (C-1)** | **Total Proposed # of Non-Scratch Home-Delivered Meals (C-2)** |
|  |  |

|  |  |
| --- | --- |
| **Total Proposed # of Scratch Congregate Meals (C-1)** | **Total Proposed # of Scratch Home-Delivered Meals (C-2)** |
|  |  |

*Funded SNP Meal Sites/Communities* – The funds will be distributed for Meal Service, based on the number of meals awarded in those communities that applicants propose to serve, funding congregate (C-1) at $2.85 per meal and home-delivered meals (C-2) at $3.11 per meal, with an additional $4.22 per meal for food costs for made-from-scratch meals. This standardized funding per meal weights home-delivered meals more than congregate, without concern between frozen and hot meals, but rather due to the extra cost for each site in delivery and burden to perform the home-delivered meals service. *The cost of food per meal is variable; thus, the estimated total cost of meals may be higher or lower.*

(4.2) A limited funding amount is available for Older Americans Act programs (as projected in the chart above, titled FY2020-21 Projected Funding for Meal Service).

1. 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:

1. **MEAL SITE PROJECT PERSONNEL CAPACITY**
   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:

* 1. 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:

* 1. 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:

* 1. 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:

* 1. Project Vehicles – Describe all of the vehicles to be used by your project.

Answer:

* 1. Emergency Contact Person – Please provide the name and contact information of the person responsible in the event of an emergency.

Answer:

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

Answer:

* 1. 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. |  |  |
| 2. | Has your agency had a recent audit? |  |  |
| 3. | Does your agency use accounting software? |  |  |
| 4. | Agency practice allows the financial participation of persons served through confidential donations. |  |  |
| 5. | Agency has a written plan for the confidential collection of participant donations and the secure handling thereof. |  |  |
| 6. | Agency actively seeks alternative funding. |  |  |

\*Explain any items marked “No”:

* 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: |  |

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

Answer:

1. **PROCUREMENT**
   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:

1. **GRANT ADMINISTRATION**
   1. Who is responsible for the administration of the grant?

Answer:

* 1. Who is responsible for monthly reporting requirements, eligibility assessments, staff and volunteer supervision and training, and program purchases?

Answer:

1. **NUTRITION-RELATED SUPPORTIVE SERVICES**
   1. Will your project employ any subcontractors? If yes, please list the organization name and contract information. If not, answer N/A.

Answer:

* 1. Describe how you intend to refer Senior Nutrition clients for other services?

Answer:

* 1. Describe your process for providing second, weekend, and emergency meals.

Answer:

1. **OUTREACH AND MARKETING TO TARGET POPULATIONS**
   1. Please describe how your program will serve those with the greatest social and economic need.

Answer:

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