## APPLICATION FORM



## **RESTAURANT MEAL PROGRAM APPLICATION PROJECT PERIOD: MARCH 1, 2022 - JUNE 30, 2022** (MAY BE RENEWABLE FOR FY 2022-23 AND 2023-2024)

Applications submitted in response to this IFB for VCAAA's new Restaurant Meal Program services must be submitted to the following address no later than 4:00 p.m., Monday, February 22, 2022.

	Ventura County Area Agency on Aging Attn: Fiscal Department 646 County Square Drive, Suite 100			
This applies	Ventura, CA 93003			
	tion is submitted for the following nutrition service(s):			
	livered Meal Service			
	Checklist: Each application must include the items listed below. Please check the box at your completed application packet contains all items.			
One (1) origi	nal set of the following are required to be submitted:			
<ul> <li>□ Completed Application with Original Signatures &amp; Full Description of Proposed Program</li> <li>□ 7-Day Dinner Entrée Menu – (suitable for older adult diets)</li> <li>□ Current Business License(s)</li> </ul>				
☐ Currer☐ Currer	nt Certificate of Insurance (listing Ventura County as a Certificate Holder – with required VC limits and any) nt County of Ventura Environmental Health Permit d W-9 (applicable for all new vendors)			
	ants are urged to be as detailed and specific as possible about how they will operate staurant Meal Program. The following questions should each be answered as a			
1. RELEVANT EXPERIENCE				
	Describe your organization's experience in providing meals for older adults with dietary restrictions.			
Answer:				
	Describe your organization's experience in meal delivery service to a client's residence.			
Answer:				

	Describe your existing or previous County of Ventura restaurant meal program participation.			
Ansv	wer:			
2.	PROGRAM ADMINISTRATION  Who will be responsible for the administration of the grant?			
Ansv	wer:			
	Who will be responsible for the submission of the weekly invoices?			
Answer:				
3.	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			
	<ul><li>☐ Ojai Valley</li><li>☐ All (includes the entire county)</li></ul>			
4.	SERVICE PROPOSAL			
	Projected Meal Costs – Provide your cost per meal bid for the contract period:			
Ansv	wer:			

## 5. REQUIRED INFORMATION:

Applicant:				
Address:				
	Title:			
Telephone:		ax:		
E-Mail Address:				
Agency Type:	Public Agency   Private Nonprof	fit □ Private For-Profit		
Date of Incorporation	Corporation Number:	Taxpayer ID Number:		
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			