

Nutrition Infrastructure Funds Application

Signed applications must be submitted to Alyssa Corse, VCAAA Grants Administrator, at <u>Alyssa.Corse@Ventura.org</u> by 5 pm on March 8, 2024, to be considered. Notification of successful applicants will be made before March 15, 2024, with purchase and installation of requested equipment by June 30, 2024.

1. Organization Contact Information:

Organization Name: Click or tap here to enter text. Name of Person Submitting the Application: Click or tap here to enter text. Title of Person Submitting the Application: Click or tap here to enter text. Email Address: Click or tap here to enter text.

2. Type of Entity (please select one):

- □ Government
- □ Non-profit
- □ For profit

3. Type of Provider – Check Only One

- □ Current VCAAA contracted home delivered and/or congregate meal provider
- □ Other non VCAAA funded home delivered meal or congregate meal provider
- □ Local non-profit and/or community based organization that provides nutrition programs to older adults and the capacity to provide expanded services

4. Equipment Request – Check as many needed:

Please let us know what item(s) you are requesting funds to purchase by marking an "x" in the box next to the item, list the brand/model, total cost to include tax, delivery and installation (if applicable) and if you are replacing equipment or using the new equipment to expand your capacity to serve more older adults. If you are requesting multiples of an item, please list that in the brand/model colum.

| Refrigerator and Freezer Replacement or Capacity Building Requests | | | | | |
|--|-------------|-------------------|---|--|--|
| Item | Brand/Model | Total Cost | Please select use of item: Improvement/Replacement Or Capacity Building | | |
| Blast Chiller | Enter Model | Enter Total Price | Please select one | | |
| Cam Chiller | Enter Model | Enter Total Price | Please select one | | |
| □ Side by Side | Enter Model | Enter Total Price | Please select one | | |
| □ Glass Door | Enter Model | Enter Total Price | Please select one | | |

| □ Ice Chest | Enter Model | Enter Total Price | Please select one | | |
|--|---|--|--|--|--|
| ☐ Milk Cooler | Enter Model | Enter Total Price | Please select one | | |
| | Enter Model | Enter Total Price | Please select one | | |
| □ Reach-In | Enter Model | Enter Total Price | Please select one | | |
| □ Roll-In | Enter Model | Enter Total Price | Please select one | | |
| | Enter Model | Enter Total Price | Please select one | | |
| U Work-top | Enter Model | Enter Total Price | Please select one | | |
| Oven/Range/Stove, Ste | amer. Gas or Ele | ctric Replacemen | t or Capacity Building | | |
| | Reque | | | | |
| 🗆 Combi | Enter Model | Enter Total Price | Please select one | | |
| Convection | Enter Model | Enter Total Price | Please select one | | |
| Conventional | Enter Model | Enter Total Price | Please select one | | |
| Conveyor | Enter Model | Enter Total Price | Please select one | | |
| Countertop | Enter Model | Enter Total Price | Please select one | | |
| Double Stack | Enter Model | Enter Total Price | Please select one | | |
| Griddle | Enter Model | Enter Total Price | Please select one | | |
| □ Heat-n-Hold | Enter Model | Enter Total Price | Please select one | | |
| Holding Unit | Enter Model | Enter Total Price | Please select one | | |
| Induction Cooktop | Enter Model | Enter Total Price | Please select one | | |
| Range Top | Enter Model | Enter Total Price | Please select one | | |
| □ Reel | Enter Model | Enter Total Price | Please select one | | |
| Rotating Rack | Enter Model | Enter Total Price | Please select one | | |
| Cart/Cabinet, Hot or Cold Replacement or Capacity Building Requests | | | | | |
| Beverage Service | Enter Model | Enter Total Price | Please select one | | |
| Buffet | Enter Model | Enter Total Price | Please select one | | |
| Holding | Enter Model | Enter Total Price | Please select one | | |
| Mobile | Enter Model | Enter Total Price | Please select one | | |
| Proofing | Enter Model | Enter Total Price | Please select one | | |
| Retherm | Enter Model | Enter Total Price | Please select one | | |
| Rolling | Enter Model | Enter Total Price | Please select one | | |
| □ Self-Serve | Enter Model | Enter Total Price | Please select one | | |
| | Enten Madal | | | | |
| □ Serving | Enter Model | Enter Total Price | Please select one | | |
| □ Warming | Enter Model | Enter Total Price | Please select one | | |
| □ Warming | | Enter Total Price | Please select one | | |
| □ Warming | Enter Model | Enter Total Price | Please select one | | |
| ☐ Warming Hood Re | Enter Model placement or Cap | Enter Total Price pacity Building Re | Please select one quests | | |
| □ Warming Hood Re □ Exhaust □ Condensate | Enter Model placement or Cap Enter Model Enter Model placement or Cap | Enter Total Price pacity Building Re Enter Total Price Enter Total Price pacity Building Re | Please select one equests Please select one Please select one equests | | |
| □ Warming Hood Re □ Exhaust □ Condensate | Enter Model placement or Cap Enter Model Enter Model placement or Cap Enter Model | Enter Total Price pacity Building Re Enter Total Price Enter Total Price pacity Building Re Enter Total Price | Please select one equests Please select one Please select one equests Please select one | | |
| □ Warming Hood Re □ Exhaust □ Condensate Mixer Re □ Countertop □ Floor | Enter Model placement or Cap Enter Model Enter Model placement or Cap Enter Model Enter Model | Enter Total Price pacity Building Re Enter Total Price Enter Total Price pacity Building Re Enter Total Price Enter Total Price | Please select one equests Please select one Please select one equests Please select one Please select one | | |
| □ Warming Hood Re □ Exhaust □ Condensate Mixer Re □ Countertop □ Floor | Enter Model placement or Cap Enter Model Enter Model placement or Cap Enter Model Enter Model Replacement or | Enter Total Price pacity Building Re Enter Total Price Enter Total Price pacity Building Re Enter Total Price Enter Total Price Capacity Building | Please select one equests Please select one Please select one equests Please select one Please select one Please select one Requests | | |
| □ Warming Hood Re □ Exhaust □ Condensate Mixer Re □ Countertop □ Floor | Enter Model placement or Cap Enter Model Enter Model placement or Cap Enter Model Enter Model | Enter Total Price pacity Building Re Enter Total Price Enter Total Price pacity Building Re Enter Total Price Enter Total Price | Please select one equests Please select one Please select one equests Please select one Please select one | | |

| □ Utility | Enter Model | Enter Total Price | Please select one | | |
|---|------------------|--------------------|-------------------|--|--|
| Individual Equipmer | t Items Replacem | nent or Capacity I | Building Requests | | |
| □ Barbecue (allowable when | Enter Model | Enter Total Price | Please select one | | |
| serving meals to older adults in OCNP) | | | | | |
| Bagging Machine | Enter Model | Enter Total Price | Please select one | | |
| Braising Pan | Enter Model | Enter Total Price | Please select one | | |
| Broiler | Enter Model | Enter Total Price | Please select one | | |
| Cold Pan Serving Counter | Enter Model | Enter Total Price | Please select one | | |
| Cook/Chill System | Enter Model | Enter Total Price | Please select one | | |
| Depositor and Filling Machine Dishwasher | Enter Model | Enter Total Price | Please select one | | |
| Dough Divider | Enter Model | Enter Total Price | Please select one | | |
| Drawer Warmer | Enter Model | Enter Total Price | Please select one | | |
| □ Food Display (Hot or Cold) | Enter Model | Enter Total Price | Please select one | | |
| Food Processor | Enter Model | Enter Total Price | Please select one | | |
| □ Food Slicer, Chopper, Dicer, etc. | Enter Model | Enter Total Price | Please select one | | |
| □ Fryer | Enter Model | Enter Total Price | Please select one | | |
| □ Griddle | Enter Model | Enter Total Price | Please select one | | |
| □ Menu Boards (Kitchen/Serving Area) | Enter Model | Enter Total Price | Please select one | | |
| Microwave | Enter Model | Enter Total Price | Please select one | | |
| Plate/Tray Dispenser | Enter Model | Enter Total Price | Please select one | | |
| Produce Washers | Enter Model | Enter Total Price | Please select one | | |
| □ Salad Bar | Enter Model | Enter Total Price | Please select one | | |
| Serving Equipment | Enter Model | Enter Total Price | Please select one | | |
| □ Serving Line System (Hot or Cold) | Enter Model | Enter Total Price | Please select one | | |
| □Shrink Wrapper Machine | Enter Model | Enter Total Price | Please select one | | |
| Tray Sealer Machine | Enter Model | Enter Total Price | Please select one | | |
| □ Speed Line (Hot or Cold) | Enter Model | Enter Total Price | Please select one | | |
| □ Stainless Steel Work tables | Enter Model | Enter Total Price | Please select one | | |
| Steam Table | Enter Model | Enter Total Price | Please select one | | |
| □ Styrofoam Recycling Machine | Enter Model | Enter Total Price | Please select one | | |
| □ Tilt Skillet | Enter Model | Enter Total Price | Please select one | | |
| Vehicle Replacement or Capacity Building Requests | | | | | |
| □ Food Delivery Vehicle(s) ¹ | Enter Model | Enter Total Price | Please select one | | |

¹ Successful applicant will be required to provide a list of existing fleet vehicles and the reason the existing fleet cannot meet ongoing program needs.

5. Are you requesting funds to repair or replace damaged and/or deteriorated flooring and/or repair damaged wall services in areas where food is prepared, stored, served, or areas where kitchenware is washed and stored? Check one: □ No □ Yes

If yes, is replacement/repair covered under the building lease? \Box Yes $\ \Box$ No^2

If the repair is not covered under the building lease, what are you replacing, the cost and how will it benefit older adults?

Click or tap here to enter text.

6. Are you requesting funds for energy efficient light fixtures in the kitchen or congregate meal service areas? □ No □ Yes

If yes, what are you replacing, the cost and how will it benefit older adults?

Click or tap here to enter text.

7. Are you requesting funds for technological or data system infrastructure for monitoring client health outcomes? Examples include computing devices, workstations, servers, laptops, personal digital assistants, notebook computers, tablets, and software programs for data entry and/or monitoring of client data and health outcomes. □ No □ Yes

If yes, what are you wanting to purchase, the cost and how will it benefit older adults?

Click or tap here to enter text.

8. What is the total amount of funds you are requesting?

Click or tap here to enter text.

By signing, I have the authority to submit the application and if successful, will provide detailed justification, quotes, etc. to VCAAA staff with the application by the due date **March 8, 2024**.

Click or tap here to enter text.

Date

Signature

² Verification will be required from landlord for successful applicants.