**Ventura County Area Agency on Aging**


## OLDER AMERICANS ACT GRANT APPLICATION

**SENIOR NUTRITION PROGRAM**

**Project Year: JULY 1, 2012 - June 30, 2013**

**(Renewable for fY 2013-14, 2014-15 and fy 2015-2016)**

**INSTRUCTIONS FOR COMPLETING THE APPLICATION – Two (2) originals of the grant application with original signatures are required to be submitted.**

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. All applications 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:  | Corporation Number: | Tax Payer I.D. : |

|  |
| --- |
| 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 Name and Title |
| Authorized Signature and Date |

1. **SERVICE REGIONS** (RFP Pages 6 & 7) - Which service region(s) does your project propose to serve? Check all that apply

[ ]  Camarillo, Somis, Santa Rosa Valley

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

[ ]  Port Hueneme

[ ]  Ventura, Saticoy, Montalvo

[ ]  Ojai Valley

[ ]  Piru, Rancho Sespe

[ ]  Fillmore

[ ]  Santa Paula

[ ]  Simi Valley

[ ]  Moorpark

[ ] Thousand Oaks, Newbury Park

[ ]  All (includes the entire county)

1. **SERVICE COMPONENTS** (RFP Pages 6 – 10)
	1. Food Preparation, Packaging and Delivery - Are you applying to prepare and package some or all meals in your own kitchen?

[ ]  Some - [please answer question below](#describeyourproject)

[ ]  All – [please answer question below](#describeyourproject)

[ ]  None

 IF SO, Describe your project; including how the meals will be transported to meal site(s), a local, temperature controlled warehouse and/or home-delivered meal participants. Please provide sample menus and the nutritionalinformation of the meals, including specialty meals that are low sodium and or diabetic friendly.

* 1. Local Storage and Delivery - Are you applying to provide local storage and delivery of prepared meals?

[ ]  Some – [please answer question below](#localstorageanddelivery)

[ ]  All – [please answer question below](#localstorageanddelivery)

[ ]  None

IF SO, Please describe your organization’s capacity to receive, store and distribute meals. What are your hours of operation? How quickly can your organization deliver food once an order for food is placed? Describe how you would remedy an order for food that was not delivered at the pre-arranged day and time?

* 1. **Congregate and Home Delivered Meal Operation** - Are you applying to provide congregate and/or home delivered meal operation(s)?

[ ]  Congregate Meal Operation – [answer congregate question](#congregatemealoperation)

[ ]  Home Delivered Meal Operation – [answer home delivered question](#homedeliveredmealoperations)

[ ]  Both - [both questions must be answered](#congregatemealoperation)

IF SO, Congregate Meal Operations **-** Describe your project, including the type of meal service and setting. Do you utilize a reservation system? How many meal sites do you propose to operate? How will you track and report eligible and ineligible meals?

IF SO, Home-Delivered Meals Operations - Describe your project including meal types (hot daily, frozen weekly, pick-up. etc…). How are the meals transported? Who will do the required assessments? How you will ensure that only eligible participants receive home-delivered meals? Describe how you will refer clients to other services?

1. **AGENCY CAPACITY AND PROJECT PERSONNEL** (RFP Page 10)
	1. Briefly summarize your agency's history and experience in operating large, publicly funded food service programs for each service component that you are applying for.
	2. Please attach a list of your Board of Directors/Legal Governing Body and a copy of the most current organizational chart.
	3. Program Staff and Volunteers (RFP Page 10) - 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.
	4. **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.
	5. **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?
	6. **Project Vehicles -** Describe all of the vehicles to be used by your project.
	7. **Emergency Contact Person** - Please provide the name and contact information of the person responsible in the event of an emergency.
2. **FUNDING** (RFP Page 11 & 12)
	1. Fiscal Management - Briefly describe the fiscal management procedures employed by your organization (payroll, in-kind calculations, mileage reimbursement, accounts payable, etc.)
	2. Please provide copies of all pertinent MOUs, sub-contracts and your most recent independent or single audit.
	3. Indicate yes or no (X) 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 confidentially collection of participant donations and the sound 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 of funds for the required 10% match.
1. PROJECT DESCRIPTION
	1. Projected Meals (RFP Page 11 & 12) - Please complete the following table – required for all components of the program. For entities that are applying for only the Food Preparation, Packaging and Delivery Option and/or for the Local Storage and Delivery Option please complete column (D) only. Applicants for Congregate and/or Home Delivered Meal Operations 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Region** | **Annual VCAAA Funded Meals** | **(B)****Proposed Annual Contractor****Congregate Meals** | **(C)****Proposed Annual Contractor****Home Delivered Meals** | **(D)****Proposal Total Annual Contractor Meals** |
| Camarillo, Somis & Santa Rosa Valley | 20,075 |  |  |  |
| Fillmore | 10,887 |  |  |  |
| Greater Ojai Valley | 16,701 |  |  |  |
| Moorpark\* | 7,250 |  |  |  |
| Oxnard, El Rio, Nyeland Acres, Del Norte, Hollywood Beach & Silverstrand | 30,848 |  |  |  |
| Port Hueneme\* | 6,373 |  |  |  |
| Unincorporated Piru\* | 4,936 |  |  |  |
| Santa Paula\* | 3,956 |  |  |  |
| Simi Valley | 39,638 |  |  |  |
| Thousand Oaks & Newbury Park | 10,511 |  |  |  |
| Ventura, Saticoy & Montalvo | 19,426 |  |  |  |
| **Totals** | **170,601** |  |  |  |
| \*Minimally funded communities |

* 1. Since there is limited funding available for Older Americans Act programs, describe how your agency will deal with demands for service that exceed proposed and restricted service levels. How will you determine who is wait listed for meals and who received priority?
1. **PROCUREMENT** (RFP Page 13) –
	1. Describe your project policies for procurement of food, supplies and equipment. Does your project have procurement policy in place that favors products with recycled content and renewable materials?
2. **GRANT ADMINISTRATION** (RFP Page 13) –
	1. Who is responsible for the administration of the grant?
	2. Who is responsible for monthly reporting requirements, eligibility assessments, staff and volunteer supervision and training, and program purchases?
3. **NUTRITION RELATED SUPPORTIVE SERVICES** (RFP Page 13)
	1. Will your project employ any subcontractors? If yes, please list the organization name and contract information.
	2. Describe how you intend to refer Senior Nutrition clients for other services?
	3. Describe your process for providing second, weekend and emergency meals.
4. **OUTREACH AND MARKETING TO TARGET POPULATIONS** (RFP Page 14)
	1. Please describe how your program will serve those with the greatest social and economic need.
5. **MISCELLANEOUS REQUIRED DOCUMENTS**
	1. Letters of Support for the Proposed Project (must include a least three (3) letters of support)
	2. Applicant Organizational Chart
	3. Completed Proposal Budget
	4. Legal Governing Body Resolution authorizing the submittal of this application
	5. Any Relevant MOUs or Sub-Contract(s)
	6. Articles of Incorporation (if not already on file with the VCAAA)
	7. Current Proof of Ownership/Lease Agreements for all Project Sites (if not already on file with the VCAAA and current)
	8. Current Business License(s)
	9. Current Certificate of Insurance
	10. Current Fire, Health and Building Certificates