

## II - I. GENERAL NUTRITION PROGRAM QUESTIONS

To be completed by all proposers requesting either congregate or home delivered meal funding.

1. If not currently funded by AAAWM for nutrition services, does your agency/company currently provide congregate or home delivered meals for any Older Americans Act nutrition partner or Area Agency on Aging?  Yes  No or  Currently Funded by AAAWM

If yes, list the names of all agencies, their contact persons and phone numbers:

2. Name and location where meals will be prepared (if a new proposer, attach copy of food service license):

3. Are any staff members ServSafe Certified (or equivalent)?  Yes  No  
If yes, list names and date certification expires.

4. Nutrition partners must be able to produce a nutrient analysis for a meal when requested by AASA, AAAWM, a participant, a participant's family member, or a medical provider. The nutrition analysis does not have to be listed on the menu. All nutrition partners should purchase, or have access to, an electronic nutritional analysis program.

Are you able to meet this requirement?

Yes  No      If yes, name of software used:

If no, date this will be implemented:

5. If not a current partner: Attach a copy of the most recent menu of each type of meal served; include the nutrition analysis if available.

**END OF GENERAL NUTRITION PROGRAM QUESTIONS**

## II - D. SERVICE DESIGN AND DESCRIPTION

- Complete this section separately for **EACH** service proposed. (Duplicate this attachment II-D for each service.)

Proposed Service:		
Total Funding Requested: \$ (Service \$ + Start-up \$ = Total Funding)	Service Funding: \$	Start-up Funding: \$
Proposed # of Units:	Proposed # of Clients:	Unit Rate:
Estimated Program Income:	Estimated Cost Share (if applicable):	
<b><i>Cost Share is required for Adult Day Services &amp; All Respite Services.</i></b>		
Define Unit (See Service Standards). One unit =		
<p>Could this service be provided in a reduced capacity if not funded at the above request?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No      Explain.</p>		

1. Describe how this service is delivered, using a real **client example**:

**At a minimum**, incorporate the following in your response:

- How the client will find out about and access the service

- Intake process

- How the service will be delivered

- Frequency of the service

- Termination from the service, if applicable

- Other

2. Does your agency currently provide this service:  Yes  No  
If yes, provide the following information:

- List outcomes achieved for the most recent year data is available. Include the timeframe of the outcomes.

- Describe the tool or form that was used to measure the outcomes.

- How were/are the results used?

3. List the outcome measurements planned for FY 2023 for this service.

4. Describe any other quality measures your agency will use for this service.

5. Describe any changes in this service over the past three (3) years and any planned changes for this service that will affect its frequency, quality or delivery.

6. Will any part of the proposed service be sub-contracted?  Yes  No

If yes, please explain.

7. Start-up for a new service is expected to begin by October 1, 2022. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.

Will you need start-up funds?  Yes  No

If yes, provide the following information:

- Staffing needs (address hiring and training)



## II - E. SERVICE BUDGET

**Service:** \_\_\_\_\_

- We expect all services to request client donations and cost share when applicable.
- The Consumer Price Index and Inflation rates will be considered when looking at any increase in unit rates.

Unit Rate Service Budget for October 1, 2022 - September 30, 2023.

1. Service Funding Requested: (Do not include start-up funding.)		\$
2. Units To Be Provided:		
	Explain each Expense Line	
A. Administration & Fundraising Expenses		\$
B. Delivery & Direct Service Cost		\$
C. Raw Food		\$
D. Other (occupancy, communication, etc.)		\$
E. Total Cost Per Unit		\$
F. Less: NSIP		\$ 0.58
G. Less: Unit Match		\$
H. Less: Program Income		\$
<b>I. Proposed Unit Rate</b>		<b>\$</b>

Line 1 divided by Proposed Unit Rate = 2. (Proposed Units to be Provided)

A+B+C+D = E (Total Cost Per Unit)

E - F - G - H = I (Proposed Unit Rate)

Nutrition Services Incentive Program (NSIP) is a standardized amount based upon average earned per unit. We estimate this to be .58 per meal.

Unit Match: Calculate required Unit Match by dividing Proposed Unit Rate by nine (9) (roundup)

Program Income: Estimated amount of program income per unit

If you are a current nutrition service partner, explain any changes in this unit rate from the FY 2022 unit rate.

## UNIT RATE SERVICE BUDGET DETAIL

### **REVENUES:**

#### **Total Funds Requested:**

Funds listed here should equal the amount requested in Section II-A.

For Nutrition budget only:

**NSIP** is Nutrition Services Incentive Program reimbursement provided by the Federal government based on meals served in the previous fiscal year. The final award is based on a formula calculated by AAAWM.

#### **Match:**

All funds requested are required to have a 10% match. Match can either be in-kind or cash, however, cash cannot be other Federal funds.

#### **Program Income:**

Program income includes all contributions made toward the cost of service by or on behalf of a client for a service. See AAAWM Policies and Procedures Manual for a complete definition. \*

### **EXPENDITURES:**

#### **Administration & Fundraising Expenses:**

Expenses may include but are not limited to: wages of administrative staff such as supervision, financial, data entry and administrative support, which contribute to the delivery of a typical unit of service. Expenses for activities such as coordinating with the AAAWM, budgeting, scheduling staff, grant writing, collaboration with other agencies, legislative advocacy, staff recruitment, collection of cost sharing (if applicable) and client contributions, quality assurance and accountability are also allowable.

#### **Direct Service Cost:**

Expenses included in the cost of directly providing the service(s). This may include wages of direct service staff, direct staff training, direct service supplies, direct service mileage reimbursement, general intake, client assessment, re-assessment and service plan development. No program administration activities are allowable in this section.

#### **Equipment & Supplies:**

Equipment is defined as an item with an acquisition cost of \$1,000 or more. For nutrition services only, equipment is defined as an item with a usable life of one (1) year or more regardless of acquisition cost.

#### **Other:**

Program costs that cannot be attributed to any other line item.

#### **Proposed Unit Rate:**

The Unit Rate will be the funding amount at which the program will be reimbursed per unit of service provided. This unit rate may be negotiated prior to the finalization of the contract.

\*The AAAWM Policies and Procedures Manual can be found on our website: [www.aaawm.org](http://www.aaawm.org)

**END OF SERVICE BUDGET**

## II - J. CONGREGATE MEALS

- Answer the following questions if you are proposing for funding for congregate meals.
  1. Does the menu have choices/alternatives, such as salad bars, available to accommodate client preferences?  Yes  No  
If yes, explain how this is accomplished and to what extent?

2. Describe any efforts in the past year to increase participation at congregate meal sites:

3. Complete the following information on all sites where congregate meals will be served: (add additional rows if needed, please format table so that it falls on one page)

Location	Days Open	Hours	Current average of OAA eligible meals *
(Example)	M, W, F	10am-2pm	23

\* Found on Congregate Report. Please specify month used \_\_\_\_\_



4. Are there any changes planned to the number of congregate meal sites (openings or closings), days open or hours for FY 2023?  Yes  No  
If yes, please describe in detail:
5. Give 2-3 specific examples of activities and programs that are regularly conducted at congregate meal sites.
6. How are congregate meal sites promoted?
7. List the suggested meal donation. \$

**END OF CONGREGATE MEALS**

## II - D. SERVICE DESIGN AND DESCRIPTION

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Define Unit (See Service Standards). One unit =		
<p>Could this service be provided in a reduced capacity if not funded at the above request?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No      Explain.</p>		

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7. Start-up for a new service is expected to begin by October 1, 2022. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.

Will you need start-up funds?  Yes  No

If yes, provide the following information:

- Staffing needs (address hiring and training)

- Equipment needs (include cost of equipment to be purchased)
- Marketing
- Transition of current clients from another Older Americans Act partner (if applicable)
- Other (please describe)
- When will you serve the first client?

**END OF SERVICE DESIGN AND DESCRIPTION**

## II - E. SERVICE BUDGET

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**END OF SERVICE BUDGET**

## II - K. HOME DELIVERED MEALS PROGRAM

- Answer the following questions if you are proposing for funding for home delivered meals.
1. Does the menu have choices/alternatives available to accommodate client preferences, such as texture modifications and special diets?  Yes  No  
If yes, describe options available:
  2. How are your primary meals delivered?  
 Hot  Frozen
  3. Mark which days of the week the **typical** client will receive a delivery (contact with the driver).  
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Once a week (day may vary)  Other (describe) \_\_\_\_\_
  4. Do you provide the following additional meals for clients who qualify and as funding allows?  
Second meals  Yes  No  
Liquid meals  Yes  No  
Weekend meals  Yes  No  
Comments (if any):
  5. Do you connect with clients on non-delivery days if needed?
  6. List the suggested meal donation. \$

**END OF HOME DELIVERED MEALS PROGRAM**