

III-C2 Home Delivered Meal Program Request for Proposal Questions

For Reference Only. All applications MUST be completed on the SmartSimple Grants System to be considered for funding.

Program Planning

1. Describe how your organization assessed the service area and the target population to be served. Describe how your organization utilizes current demographic information, data and relevant research in order to maximize the number of persons your services will reach and to ensure your services are provided to older adults in greatest economic and social need as outlined in the Statement on Serving Populations in Greatest Economic and Social Need.
2. Describe how your organization will reach and provide services to those in greatest economic and social need as outlined in the above Statement on Serving Populations in Greatest Economic and Social Need.
3. Describe the HDM distribution sites and how they relate to providing comprehensive coverage of the service area and target population. Note if your organization or another organization is currently operating the site. For sites your organization is planning to operate, please state when operation is expected to start and describe the current status of your organizations work to open the site. Include information on the number of days a week the sites will serve meals and if any sites will also be a C1 congregate meal site or provide other community dining.

Program Design and Delivery

1. Describe the meal choices that will be offered and state how meals will be prepared and/or identify the source of meals (i.e. caterer). Each project is to provide special menus, where feasible and appropriate, to meet the particular dietary needs that arise from health requirements, religious requirements, or ethnic backgrounds of eligible individuals. Please indicate if your organization offers, or plans to offer, special menus and how the special menus will meet the needs of clients in the service area. If menus have been developed, attach a copy of the most recent menu and signed approval sheet from a Registered Dietitian. If menus have not yet been developed, describe your organization's proposed process for developing approved menus including approval by a Registered Dietitian.
2. Full cost per unit must be reasonable and justifiable based on the report "Older Americans Act Nutrition Program Evaluation: Meal Cost Analysis" Mathematica Policy Research, September 25, 2015. A reasonable cost increase may be used to extrapolate cost from the date of the study forward. Provide a written explanation of how projected cost per unit agrees with this information. See Appendix A.
3. Describe the frequency of meal delivery including any provisions for two daily meals, weekend and holiday meals. If second and weekend meals are going to be provided, state the source of funds for these meals.
4. Describe the process for obtaining feedback on meal quality from participants and incorporating feedback into future menu planning.
5. Describe the planned nutrition education program, frequency of delivery, and how outcomes will be measured.
6. Describe how your organization would adjust program design and delivery in the event of a natural disaster and/or pandemic. Home delivered meal clients should be provided with emergency shelf stable meals at least two times per year.

Program Operations

1. Describe your plan for screening, training, supervision and retention of staff and volunteers providing home delivered meal services. Specifically describe how staff and volunteers receive food sanitation training, either food handler training or Certified Food Protection Manager Certification, and how background checks will be conducted.
2. Describe how your organization provides services that are culturally competent and responsive to diverse populations, including your plan to provide barrier-free access to inquirers who speak languages other than English; inquirers with hearing or speech impairments.
3. Describe the current, or planned flow, of data collection from client intake through Area Agency on Aging report submission. Include a discussion of procedures for ensuring timely and accurate input into AgingIS.
4. Describe the relationship and communication procedures between your organization and the care coordination units (CCUs) and the Managed Care Organizations (MCOs) that conduct the nutritional assessment for the HDM Program.
5. Describe how your organization conducts well-being checks?

Performance Experience and Capacity

1. **Program Performance:** Current grantees of the proposed service: AgeGuide will review internal data to evaluate current and past performance in meeting standards over time as defined by AgeGuide: timeliness and accuracy of their current service demographic data; program reports; past productivity (clients and units) for the proposed service in the proposed service area; and performance findings AgeGuide monitoring reviews. New Applicants: Letters of reference showing that applicant has met grant or contract requirements including timeliness and accuracy of program reports, program performance deliverables, whether the applicant has history of providing the proposed service in the proposed service area, overall program performance; history providing any other Title III services.



2. **Grant Performance:** Current grantees of the proposed service: AgeGuide will review internal data to evaluate current and past performance in meeting standards over time as defined by AgeGuide: timeliness and accuracy of their, fiscal reports and performance findings related to financial audits and AgeGuide monitoring reviews. New Applicants: Letters of reference showing that applicant has met grant or contract requirements including timeliness of fiscal reporting, overall fiscal performance in financial audits and other grant standards.

Outreach and Coordination within the Community

1. Describe the public awareness efforts your organization will undertake to assure that the maximum number of eligible older persons know about services and will have an opportunity to participate.
2. Describe the process for collecting input on the overall congregate meal program from congregate meal participants and from other individuals/organizations in the community with expertise in the needs of older adults in the service area.
3. Describe how your organization will coordinate with other organizations in the community and provide relevant letters of support from community organizations.