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**YOUR GUIDE TO AGING SERVICES**

**5/5/2022**

**TECHNICAL ASSISTANCE SESSION  
FY2023 REQUEST FOR PROPOSALS:  
FEDERAL OLDER AMERICANS ACT TITLE III-C1 CONGREGATE DINING  
KANKAKEE COUNTY**

[WWW.AGEGUIDE.ORG](http://WWW.AGEGUIDE.ORG)

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# TA Session Agenda

1. Request for Proposals Overview
2. Eligibility & Grant Requirements
3. Completing the Application: Narrative and Program Guidance
4. Completing the Application: Budget Instructions
5. Questions

# Request for Proposals Overview

BRIANNE MOSER, MANAGER OF GRANTS ADMINISTRATION

# Request for Proposals Overview

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- Title IIIC1 Congregate Dining
- Kankakee County Only
- Funding Period is 10/1/2022-9/30/2023
- Eligible for Continuation
  - Agencies selected for funding may be invited to renew their grant award for FY2024

- Competitive Request for Proposals
  - All agencies who meet the eligibility requirements may apply
- Proposed projects must align with the C1 service description
- Agencies are responsible to review all material on our RFP website:  
[www.ageguide.org/RFP](http://www.ageguide.org/RFP)
- All questions about this RFP must be directed to: [rfps@ageguide.org](mailto:rfps@ageguide.org)

# Request for Proposals Timeline

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RFP Application Released	4/19
Technical Assistance Sessions	5/5
RFP Applications Due	6/15
AgeGuide Board Approvals	8/12
Notice of Grant Award Released	September
New Grant Year Begins	10/1

## Fundable Services Under this RFP

Title	CFDA	Service	County	Funding Amount
III-C1	93.045	Congregate Meals	Kankakee	\$106,489
NSIP		Congregate Meals	Kankakee	\$7,982
			<b>TOTAL</b>	<b>\$114,471</b>

Award Period: 10/1/2022-9/30/2023

1. Allocation is *initial, estimated* allocation
2. Approved applicants should expect the allocation to be adjusted prior to the start of the grant year. **A budget revision will be required**
3. Ideal applicants will submit a budget that uses the full amount of allocated funding for that service/county

# Application Basics: SmartSimple

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1. All applications must be submitted in our online portal: Smart Simple
2. Agencies are responsible to review the documents that were emailed to you:
  - SmartSimple Instructions
  - SmartSimple Video Tutorials
3. Applications will not be accepted past the deadline  
Plan to submit your applications in advance of the 6/15 deadline. AgeGuide staff may not be available to help with your technical difficulties should you experience them on the due date.

# Application Basics: Components

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1. Narrative Questions (5 tabs)
2. Letters of Recommendation
3. Budget
4. Certification
5. Organizational Profile

\*All components submitted in SmartSimple



# Award Notification

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## **Estimated Notification Date:**

Mid-August

## **Declined Applications:**

- Will receive communication directly from AgeGuide

## **Approved Applications:**

- Will first receive email notice directly from SmartSimple
- An official Notification of Grant Award requiring signature will be sent via AdobeSign

# Eligibility & Grant Requirements

# Basic Eligibility

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1. Must be a registered nonprofit or local government in order to apply
2. Proposed program **must serve the entire county**
  - Applicants may **not** propose to serve only a subset of the county, such as a township
  - ONE award will be made for this RFP
3. Must serve underserved populations (including racial and cultural minorities, and low-income, limited-English-speaking, and LGBTQ older adults) at least in proportion to their representation in the county.
4. Must be able to meet the required matching commitment of 15%
5. Must offer participants the opportunity to contribute to the cost of service and must be able to track this program income adequately.
6. Must be able to adhere to reporting requirements

# Matching Requirement

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Older Americans Act nutrition programs require a **MATCH of 15%**

Submitted budgets that do not meet this matching requirement will not be considered for funding

Match may consist of:

- Local Cash
- In-Kind
  - Donated goods or services, such as volunteer time

\*It is possible to meet match for this program entirely from in-kind

# Requirements of Grantees Selected for An Award

\*partial list

## General Requirements

- Must adhere to the 2CFR Uniform Administrative Requirements
- **Must submit fiscal and program reports on requested dates**

## Fiscal Requirements

- Must be able to continue operating for 120 days without payment from AgeGuide
- Ability to track expenses monthly
- Ability to track in-kind, cash match, and program income monthly
- Must submit monthly financial reports

## Program Requirements

- Grantee is responsible to be familiar with the Service Standards and program descriptions
- Must meet units and persons requirements
- Must submit program reports as requested
- Must meet regularly with AgeGuide Program staff

## Reporting Requirements of Grantees: \*partial list

- 1. Monthly Grantee Expense Report:**
  - Report actual expenses from prior month
  - Track in-kind expenses
  - Track non-federal cash
- 2. Quarterly Program Report**
  - Track the number of people served quarterly
  - Track units of service quarterly
- 3. Annual Demographic Report**
  - Track clients served and their age, gender identity, race/ethnicity, living alone status
- 4. Annual Closeout report**
  - Final report of program expenditures and grantee contributions
- 5. Enter information in a database if required for your program**
  - Technical knowledge to work in a cloud-based system
- 6. Any other reports as requested.**
  - Grantee must grant access to any fiscal and program records related to the grant award

# Completing the Application: Narrative and Program Guidance

KARA CORSIGLIA, NUTRITION INNOVATION SPECIALIST

# Program Considerations

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RFP Website  
[www.ageaguide.org/rfp](http://www.ageaguide.org/rfp)

General Service  
Standards

Program Specific Service  
Standards

Service Descriptions

- Minimum Performance Requirements

Target Population

- Census data
- Census data by township

Cost Per Unit

RFP Questions



# Program Narratives

Narrative consists of questions in 5 focus areas:

- Program planning
- Program design & delivery
- Program operations
- Performance experience and capacity
- Outreach/coordination within the community

Rubrics used for scoring

Program Experience

- AgeGuide will review an agencies prior experience in providing the service in the application
- New applicants will need to complete letters and provide background in service delivery



# Current Program Design

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## **Senior Dine Restaurant Program- Lori's Restaurant**

- Open 6 days/week, closed on Sunday's.
  - Hours: Monday-Friday: 6:00AM-2:30PM; Saturday: 6:30AM-2:30PM
- Special Senior Dine Menu in addition to monthly special menus
  - Approved by licensed registered dietitian
  - \$7.50 per meal
- Participating Clients: 15 meals/month
- Since November 2021 AgeGuide has:
  - Registered 200 participants
  - Served 2,480 meals
  - Provided 115 shelf-stable meals to 23 participants (5 meals per participant)

# Senior Dine Restaurant Program Statistics: Lori's Restaurant

Senior Dine Statistics				
Month	# Of Meals Served per Month	# of Days Open	Average # of Meals Served per Day	Number of Unduplicated Individuals served per month
Nov.	407	26	15.7	92
Dec.	490	27	18	98
Jan.	393	25	15.7	72
Feb.	363	24	15	68
Mar.	411	27	15	73
Apr.	416	26	16	75
AVERAGE	413	26	16	80 over 6 months time 72 over past 4 months
Average Cost over 6 month period				
Cost @ \$6.50 per meal	\$2,684.50		15.38% increase in price	
Cost @ \$7.50 per meal	\$3,097.50			



# Current Program Design

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## **Pembroke Township Senior Center**

- Meets 3 days/week: M-W-F
- \$7.00 per meal
- Average approximately 15 participants per day
- Contract with the Township to be the caterer-they hire a cook who does the cooking on site
- Since November 2021 AgeGuide has:
  - Registered approximately 80 participants
  - Served approximately 917 meals
  - Provided 150 shelf stable meals to 30 participants (5 meals per participant)
  - Received over 204 in Kind hours from a volunteer

# Pembroke Township Senior Center Statistics

Pembroke Township Senior Center Statistics				
Month	# Of Meals Served per Month	# of Days Open	Average # of Meals Served per Day	Number of Unduplicated Individuals served per Month
Nov.	139	9	15	40
Dec.	147	10	15	39
Jan.	86	8	11	27
Feb.	158	10	16	37
Mar.	153	10	15	35
Apr.	234	12	20	39
AVERAGE	153	10	15	36
AVERAGE OVER 6 MONTHS TIME:				
Cost @ \$6.00 per meal	\$918.00		15.38% increase in price	
Cost @ \$7.00 per meal	\$1,071.00			





# Current Program Design

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## Ralph J Bailey Community Center

- Meets 1 day/week: Wednesday's
- \$7.50 per meal
- Average 25 participants per week
- Lori's Restaurant caters the meals
- Since November 1<sup>st</sup>, AgeGuide has:
  - Registered 32 participants
  - Served approximately 368 meals
  - Provided 110 shelf stable meals to 22 participants (5 meals per participant)
  - Received over 86 in kind hours from volunteers

# Ralph J Bailey Statistics

Ralph J. Bailey - Sun River Terrace Statistics				
Month	# Of Meals Served per Month	# of Days Open	Average # of Meals Served per Day	Number of Unduplicated Individuals served per Month
Nov.	63	3	21	27
Dec.	77	5	15	25
Jan.	<i>Closed the entire month due to COVID</i>			
Feb.	36	2	18	24
Mar.	112	5	22	29
Apr.	80	4	20	26
AVERAG	74	4	19	26
AVERAGE OVER 6 MONTHS TIME:				
Cost @ \$6.50 per meal	\$481.00		15.38% increase in price	
Cost @ \$7.50 per meal	\$555.00			

# Program Design

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Applicants may submit an application for a new program design



AgeGuide prefers to award the grant to an agency who will continue, and expand upon, the existing service design



# Completing the Application: Budget Guidance

JODY STOOPS, GRANTS SPECIALIST

# Budgets

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1. Budget must be downloaded from SmartSimple, completed, and re-uploaded
2. Budget contains 5 tabs
  1. Budget Pages
  2. Staff Time Allocation FTE
  3. Budget Justification
  4. In Kind Allocation
  5. Funder List
3. All components must be completed for the application to be considered complete

# Budget Tips

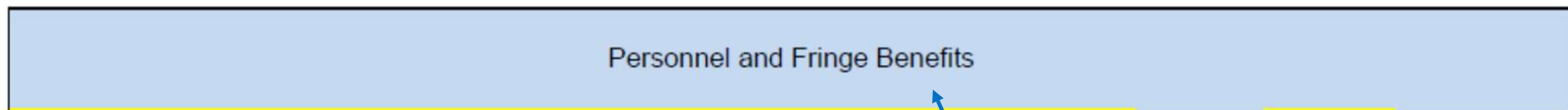
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1. Include UNITS and PERSONS projections in your budget. This is required
2. Include the full match of 15%
3. **DO NOT** change tab names, formulas, or any other elements of the budget template
4. Enter your budget in the corresponding column for the service
5. Complete all tabs include the Budget Justification and Funder List

# Budget Pages Tutorial

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**Grantee Budget Page Content Header Information at the top of all seven (7) pages.**



***Each Grantee Budget Page Content Header is on overview of what information must be entered on each page.***

# Budget Pages Tutorial

Grantee Budget Pages Header Information is manually entered by Grantee Header Information will populate on remaining pages

<b>BUDGET PREPARED BY:</b>	<b>AGENCY NAME:</b>	<b>COUNTY:</b>
NORTHEASTERN ILLINOIS AREA AGENCY ON AGING	Type name here	Type county here
TITLE III GRANT BUDGET		

Name of pass-through agency for funding

Who at the grantee's agency is responsible for budget data?

Enter name of agency that will appear on the NGA (Notification of Grant Award)

Enter name of county where services will be provided.

# Budget Pages Tutorial

Grantee Budget Pages Title III Information has been prepopulated

**Do Not Change These Headers**

CATEGORY AND LINE ITEM	III **	III **	III **	III **	III **	III **	III **	TOTAL
A.1 PERSONNEL/FRINGE	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE	

This section has been prepopulated with funding stream titles.

Examples: IIIB, IIIC, IIID, IIIE, and VII

**Do Not Change These Headers**

*Each Funding Stream requires a different budget*

This section has been prepopulated with Service Titles.

Examples: Outreach, Assistance, Health Promotions, Ombudsman, M-Team

**Do Not Change These Headers**

# Budget Pages Tutorial

## Grantee Budget Page One Details

	CATEGORY AND LINE ITEM	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE
A01	A.1 PERSONNEL AND FRINGE				
A02	SUM OF PERSONNEL (formula)	\$0	\$0	\$0	\$0
A03	FRINGE BENEFITS				
A04	IN KIND (BY POSITION,				
A05	CASH TOTAL (Personnel + Fringe Benefits)	0	0	0	0
A06	INKIND TOTAL	0	0	0	0
A07	PERSONNEL TOTAL (Cash Total + InKind Total)	\$0	\$0	\$0	\$0

List program staff by title here...

List cost assigned to grant with each amount of staff salary broken out by title. Amounts must appear as whole dollars ... no cents.

Ex: 100 NOT 99.95

List fringe benefits charged to each service title (group all personnel together)

Defined by 2 CRF 200.306: (e) Volunteer services furnished by third-party professional and technical personnel, consultants, and other skilled and unskilled labor maybe counted as cost-sharing or matching if the services is an integral and necessary part of an approved project or program. Rates for third-party volunteer services must be consistent with those paid for similar work by the non-Federal entity. Rates must be consistent with those paid for similar work in the labor market.

# Budget Pages Tutorial

## Grantee Budget Page Two Details

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	CATEGORY AND LINE ITEM	SERVICE	SERVICE	SERVICE	SERVICE
	B. OCCUPANCY - RENT & UTILITIES	TITLE	TITLE	TITLE	TITLE
B01	RENT TOTAL:				
B02	UTILITIES TOTAL:				

Grantee should be prepared to provide documentation to justify amounts charged to each services. Ex: If Title III Services uses 25% of available space, then only 25% of utilities should be charged to a particular service.



# Budget Pages Tutorial

## Grantee Budget Page Two In-Kind Details

		III **	III **	III **	III **	III **	III **	III **	
		SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	
		TITLE	TITLE	TITLE	TITLE	TITLE	TITLE	TITLE	TOTAL
B02	IN KIND TOTAL (SPECIFY TOTAL								0
	SQ FOOTAGE AND COST PER								0
	SQUARE FOOT, BELOW:)								0
									0
									0
									0

Grantee should be prepared to provide documentation to justify square footage costs. Only square footage used by Title III services can be claimed as In-Kind. Do not just put a total cost. Use the lines under the Title on the left circled in green to show the number of square footage and cost per foot. Ex: 250 square feet @ \$8/foot = \$2,000

# Budget Pages Tutorial

## Grantee Budget Page Two Formulas Located at the Bottom

B01	CASH TOTAL :		
	RENT TOTAL:		
	UTILITIES TOTAL:		
B02	IN KIND TOTAL (SPECIFY TOTAL SQ FOOTAGE AND COST PER SQUARE FOOT, BELOW:)		
B03	CASH TOTAL (SUM B01)	0	0
B04	IN KIND TOTAL (SUM B02)	0	0
B05	RENT & RELATED TOTAL (B03+B04)	0	0

Line B03 Cash total is the Sum of amounts entered for Cash Total + Rent Total + Utilities Total. (Red square)

Line B04 In-kind Total is the sum of the amount entered for space by square foot that qualifies as in-kind. (Green circle)

Line B03 Cash Total + Line B04 In-kind Total = Rent and Related Total (Blue square)

## Grantee Budget Page Three is for Nutrition Providers ONLY

Service Titles for Nutrition Providers will be Congregate Meals and/or HDM Meals

List each vendor separately. Do not just enter a total for food costs. Ex: Vender A \$250; Vender B \$500, etc. Grantee should be prepared to verify food cost throughout the fiscal year. Comparisons will be made between Vendor invoices and food cost expenses charged to Title IIIC grants.

**Grantee Budget Page Three is for Nutrition Providers ONLY**

In-Kind for the Nutrition Food Program is a rare occurrence. Before entering in-kind in this section, verify source is allowable through Nutrition Specialist Lourdes Chew.

Line C03 Cash Total + Line C04 In-kind Total = Food T (Red square)

# Budget Pages Tutorial

## Grantee Budget Page Four Details of Supplies and Equipment

FY20		III **	III **	III **	III **	III **	III **
	CATEGORY AND LINE ITEM	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE
	D. SUPPLIES AND EQUIPMENT	TITLE	TITLE	TITLE	TITLE	TITLE	TITLE
D01	CASH TOTAL:						
	SUPPLIES						
	EQUIPMENT (ITEMIZE)						
	<i>Defination of Equipment from 2 CFR: 200.33 Equipment. Equipment means tangible personal property (including inforamtion technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the the non-Federal entity for financial statement purposes or \$5,000.</i>						

Value =  
to \$1 to  
\$4,999

Value =  
\$5,000  
and  
Greater

It is important to note that the difference between an item qualifying as supplies or equipment is found in the 2CFR 200.33 definition of equipment.

***All equipment purchased in part or entirely with AoA funds must appear on an equipment inventory.***

## Grantee Budget Page Four Details of InKind Supplies and Equipment

In-Kind must include documentation as to source of donated supplies and/or equipment as well as method used to assign dollar value.

Line C03 Cash Total + Line C04 In-kind Total =  
Equipment and Supplies Total (Red square)

# Budget Pages Tutorial

## Grantee Budget Page Five Details of List of Items Found Under Category Other

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	CATEGORY AND LINE ITEM	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE
E01	TRAVEL			
E02	CONSULTANT			
E03	TRAINING/EDUCATION			
E04	TELECOMMUNICATIONS			
E05	INDIRECT COST			
E06	DIRECT ADMINISTRATIVE COSTS			

The Category Other contains. . .

- ✓ Line item Consultant
- ✓ Line item Training/Education
- ✓ Line Item Indirect Cost
- ✓ Line Item Direct Administrative Costs

# Budget Pages Tutorial

## Grantee Budget Page Six Detail of Program Income and Grantee Match

	RESOURCE DESCRIPTION	III **	III **
		SERVICE	SERVICE
		TITLE	TITLE
F01	PROGRAM INCOME		
F02			
F03			
F04			
F05	PROGRAM INCOME TOTAL	0	0
G01	NSIP REIMBURSEMENT		

NSIP applies to Nutrition Providers ONLY.  
*NSIP is an allocated amount.*

Program Income is the **VOLUNTARY** contributions from people who have received services under a specific title.

Grantee can share what the services cost and **ASK** for a donation.

**Services under the Older Americans Act cannot be withheld due to a persons inability or unwillingness to contribute to the service.**

Grantees should be prepared to provide documentation of Program Received.



# Budget Pages Tutorial

## Grantee Budget Page Six Detail of Grantee Match

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H01	CASH MATCH (SPECIFY SOURCE & PH #)		
H02			
H03			
H04			
H05			
H06			
H07	CASH MATCH TOTAL(SUM G01-G06)	0	0

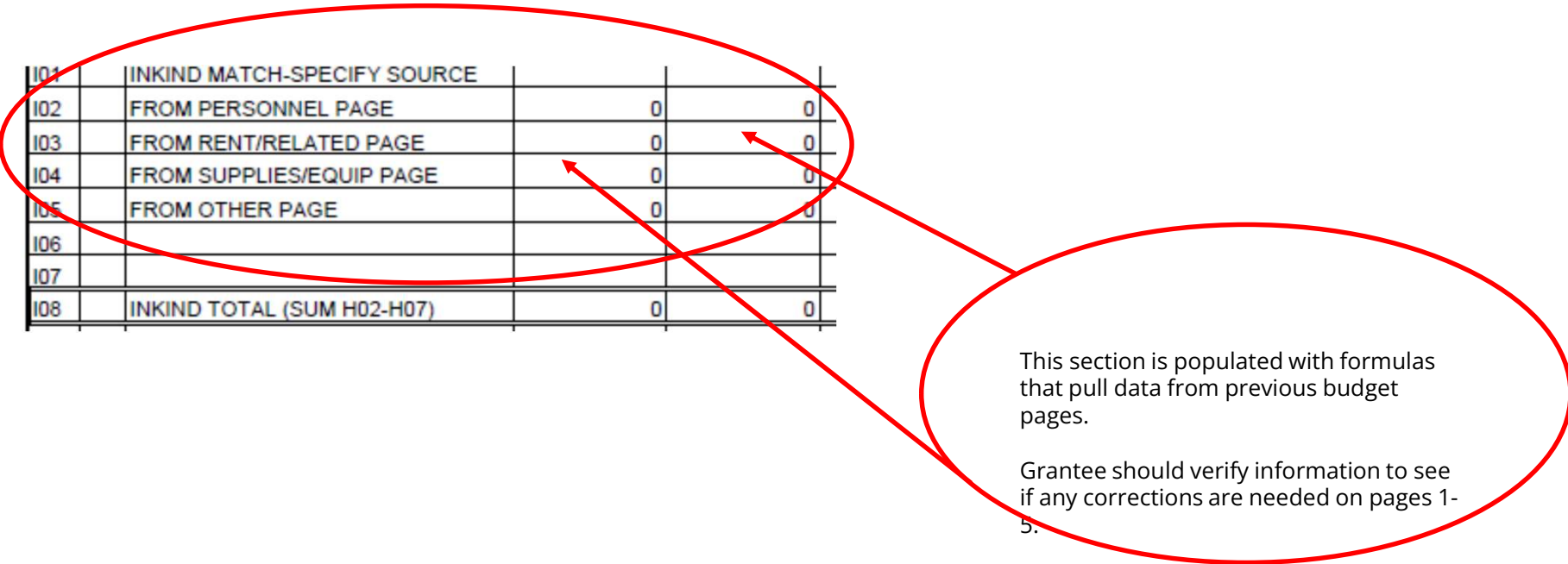
This section is designed for grantees to list non-federal cash sources.

Grantee should be prepared to answer questions as to when non-federal cash source distributes funds to the grantee. Ex: Monthly, Quarterly, Semi-Annually, Annually

# Budget Pages Tutorial

## Grantee Budget Page Six Detail of InKind Match

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I01	INKIND MATCH-SPECIFY SOURCE		
I02	FROM PERSONNEL PAGE	0	0
I03	FROM RENT/RELATED PAGE	0	0
I04	FROM SUPPLIES/EQUIP PAGE	0	0
I05	FROM OTHER PAGE	0	0
I06			
I07			
I08	INKIND TOTAL (SUM H02-H07)	0	0

This section is populated with formulas that pull data from previous budget pages.

Grantee should verify information to see if any corrections are needed on pages 1-5.

# Budget Pages Tutorial

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## Grantee Budget Page Seven – Budget Summary Details

- ❖ The final page is a summary of the previous six pages
  - ❖ Each category has a separate line item to view and double check totals
- ❖ Match requirement
  - ❖ Minimum of a 15% non-federal match for IIC Services (non-federal cash + allowable inkind)
- ❖ Budgets that do not contain projects Units of Service and Persons to be Served will not be accepted as complete and available for staff review.
- ❖ DO NOT MAKE ANY CHANGE TO THE BUDGET TEMPLATE OR FORMULAS
- ❖ We cannot emphasize enough how important it is to enter budget data in the correct column. Service Titles have been prepopulated to prevent any confusion. Budget data not entered in the correct column will cause SmartSimple to report inaccurate data.

# FTE Worksheet - REQUIRED

	<i>Total Hours Worked Per Week</i>	IIIE Assistance	IIIE GAP	IIIE Respite	IIIE Individual Counseling	IIIE Support Groups	IIIE Training & Education	IIIE <i>Write in</i>	IIIE <i>Write in</i>	Non AgeGuide  TOTAL	Total AgeGuide  Hours	AgeGuide FTE
<b>PAID POSITIONS</b>												
<b>Counselor</b>	40	0.00	0.00	0.00	20.00	10.00	0.00			10.00	30.00	0.75
<b>Supervisor</b>	40	3.00	3.00	3.00	3.00	3.00	3.00			22.00	18.00	0.45
											0.00	0
											0.00	0
											0.00	0
<b>IN-KIND POSITIONS</b>											0.00	0
<b>Volunteer Assistant</b>	6	1.00	1.00	1.00	1.00	1.00	1.00			0.00	6.00	0.15
											0.00	0
											0.00	0
											0.00	0
<b>COLUMN TOTALS</b>		4.00	4.00	4.00	24.00	14.00	4.00	0.00	0.00	32.00	54.00	1.35

- All positions – paid or unpaid – that appear in the budget must appear in the FTE worksheet
  - Enter the number of hours each staff spend per week in each AgeGuide program.
  - Enter non-AgeGuide hours
- In-kind hours should tie out to your budget justification and in-kind explanation
- FTE worksheet must be completed or budget will be considered incomplete


# Budget Justification- REQUIRED

<b>Personnel</b>	Include name of personnel, position, and show the basis for calculations of personnel cost for each person
<b>Fringe Benefits</b>	Include name of personnel, position, and the fringe benefit cost for each personnel proposed in Personnel. Show the basis of calculations for the fringe benefit cost. Describe the fringe component(s) such as FICA, workers compensation, unemployment compensation etc. comprising your fringe benefit rate.
<b>Travel</b>	Include purpose of the travel, the number of trips planned, staff personnel who will be travelling, point of origin and destination, and approximate dates. Show the basis of calculations for travel costs.
<b>Equipment</b>	Describe the equipment requested. Show the basis of calculations for equipment costs and the percentage charged to the project
<b>Supplies</b>	Describe the supplies requested. Show the basis of calculations for supply costs.
<b>Consultant</b>	Include the name of the consultant/contractor and a description of the contractual services to be provided. Show the basis of calculations for contractual costs.
<b>Occupancy</b>	Include the square footage and show the basis of calculations for rent and utilities costs.
<b>Other (Technology Systems, Training/Education, Food, Direct Administrative Costs, Vehicle Maintenance/Gas)</b>	Describe each item requested or the purpose for each expense requested. Show the basis of calculations for other costs.
<b>Indirect Cost</b>	Explain the rate used for indirect cost and the method of allocation

# Question & Answer Session

Additional Questions? Email:  
[rfps@ageguide.org](mailto:rfps@ageguide.org)

Remember to check our website for updates  
and FAQs:  
[www.ageguide.org/rfp](http://www.ageguide.org/rfp)

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