

ELDERLY NUTRITION PROGRAM APPLICATION TABLE OF CONTENTS

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APPLICATION FACE SHEET
TITLE III C OF THE OLDER AMERICANS ACT

Program Period: March 1, 2025 – September 30, 2026

Agency Name: _____

Agency Address: _____

Telephone: _____ Fax: _____

Executive Director: _____ Email: _____

Program Director: _____ Email: _____

Finance Contact: _____ Email: _____

Meal Type(s): Congregate Home Delivered

Region/Town(s) to be served: _____

Type of Agency (*check one*): Public Private Non-Profit Private For Profit

Minority Operated: Yes No

EIN: _____ UEI Number (SAM.gov): _____

It is understood and agreed by the undersigned that:

- A. Funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of the Agency on Aging, CT Department of Aging & Disability Services, the Administration for Community Living, U.S. Department of Health and Human Services and the State and local Departments of Public Health;
- B. Any changes in the terms of the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the Agency on Aging shall be incorporated into and become a part of this agreement;
- C. Funds awarded by the Agency on Aging may be terminated at any time for cause;
- D. The Elderly Nutrition Provider must provide a minimum ninety (90) days' notice to terminate the contract; and
- E. This Agreement is subject to the availability of state and federal funds.

If funds are awarded, I am authorized to accept the award and proceed with full implementation within thirty days.

Signature of Authorized Official: _____

Name, Title: _____ Date: _____

All responses may not exceed 2500 characters.

Management

Applicant Agency Background

(This section is used to describe the Applicant Agency, not the specific program)

A. Agency mission.

B. The total agency budget for this fiscal year & the percentage of the total budget represented by the elderly nutrition project.

C. Describe the Agency Management Structure for this project.

A large, empty rectangular box with a thin black border, intended for the user to describe the Agency Management Structure for the project.

D. Describe the role your Board plays in governance.

Agency Qualifications

Describe in detail the agency's experience in:

A. Operation of meal programs on behalf of older adults and/or other vulnerable populations.

[Empty text box for response to A]

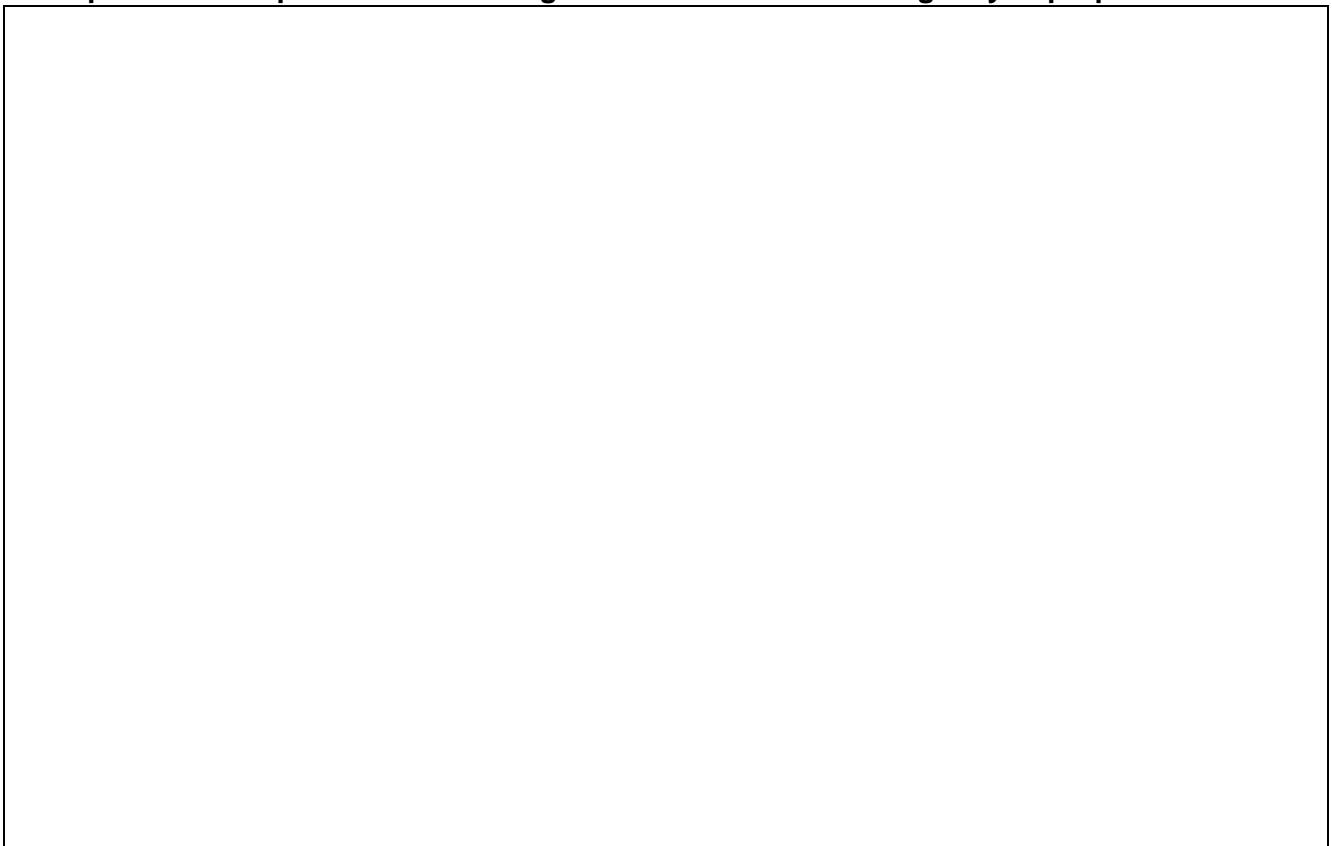
B. Experience working with caterers and/or operating a commercial kitchen.

[Empty text box for response to B]

C. Experience and process for developing menu plans to meet required dietary guidelines.

A large, empty rectangular box with a thin black border, intended for the applicant to provide their experience and process for developing menu plans to meet required dietary guidelines.

D. Experience and process for working with senior sites in the region you propose to serve.

A large, empty rectangular box with a thin black border, intended for the applicant to provide their experience and process for working with senior sites in the region they propose to serve.

E. Please specify how you will target and reach the Older Americans Act (OAA), targeted groups within the senior population. EACH population must be addressed. <https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>

- (1) Low income
- (2) Minority
- (3) Limited English proficiency
- (4) At-risk of institutionalization
- (5) Alzheimer's and related disorders
- (6) Severe disabilities
- (7) Rural residents

Data Collection

A. Who will be responsible and how will Consumer Registration Form 5 data be collected?

[Empty response box for question A]

B. Who will be responsible for verifying the data?

[Empty response box for question B]

C. How will data be secured and sent to the AAA? Please see the addendum for region-specific instructions.

[Empty response box for question C]

D. How will data be updated in the annual reassessment?

[Empty response box for question D]

Service Targets

A. Please complete the following chart using census figures AND the actual clients and units served in the previous FY2024 (see the addendum) to set targets. The total estimated units MUST be equal to the proposed units in the proposal budget.

Community Cafe Meals	Proposed Targets March 1, 25 –September 30, 25
Units	
Unduplicated clients	
Clients at or below 100% of poverty level	
Minority clients	
Minority clients at or below 100% of poverty level	
Participants at or below 150% of Poverty	
Rural Participants (please confirm at https://www.ruralhealthct.org/towns.htm)	
Participants w/limited English Proficiency	
Participants w/Severe Disabilities	
Participants at risk of Institutionalization	
Participants w/Alzheimer’s & Related Disorders	

Home-Delivered Meals	Proposed Targets March 1, 25 –September 30, 25
Units	
Unduplicated clients	
Clients at or below 100% of poverty level	
Minority clients	
Minority clients at or below 100% of poverty level	
Participants at or below 150% of Poverty	
Rural Participants (please confirm at https://www.ruralhealthct.org/towns.htm)	
Participants w/limited English Proficiency	
Participants w/Severe Disabilities	
Participants at risk of Institutionalization	
Participants w/Alzheimer’s & Related Disorders	

Identification and Qualifications of Staff

- A. List the key Program, Supervisory, RD and Contract Management Staff. Describe their role and experience including license and Serve Safe certification. Indicate the primary contact and back-up for each nutrition program? Be sure the staff align with the Personnel Tabs of the Budget. Attach key staff resumes to the application.**

C. Describe the number and role of volunteers in this program. Who recruits, supports & supervises the volunteers' work? What happens if the volunteer is not available?

D. Please describe the Organization's hiring process. Are background checks completed on all or designated personnel? Describe the Organization's process of supervision and oversight? How does your organization initiate corrective action?

Staff and Volunteer Development/Training Plan

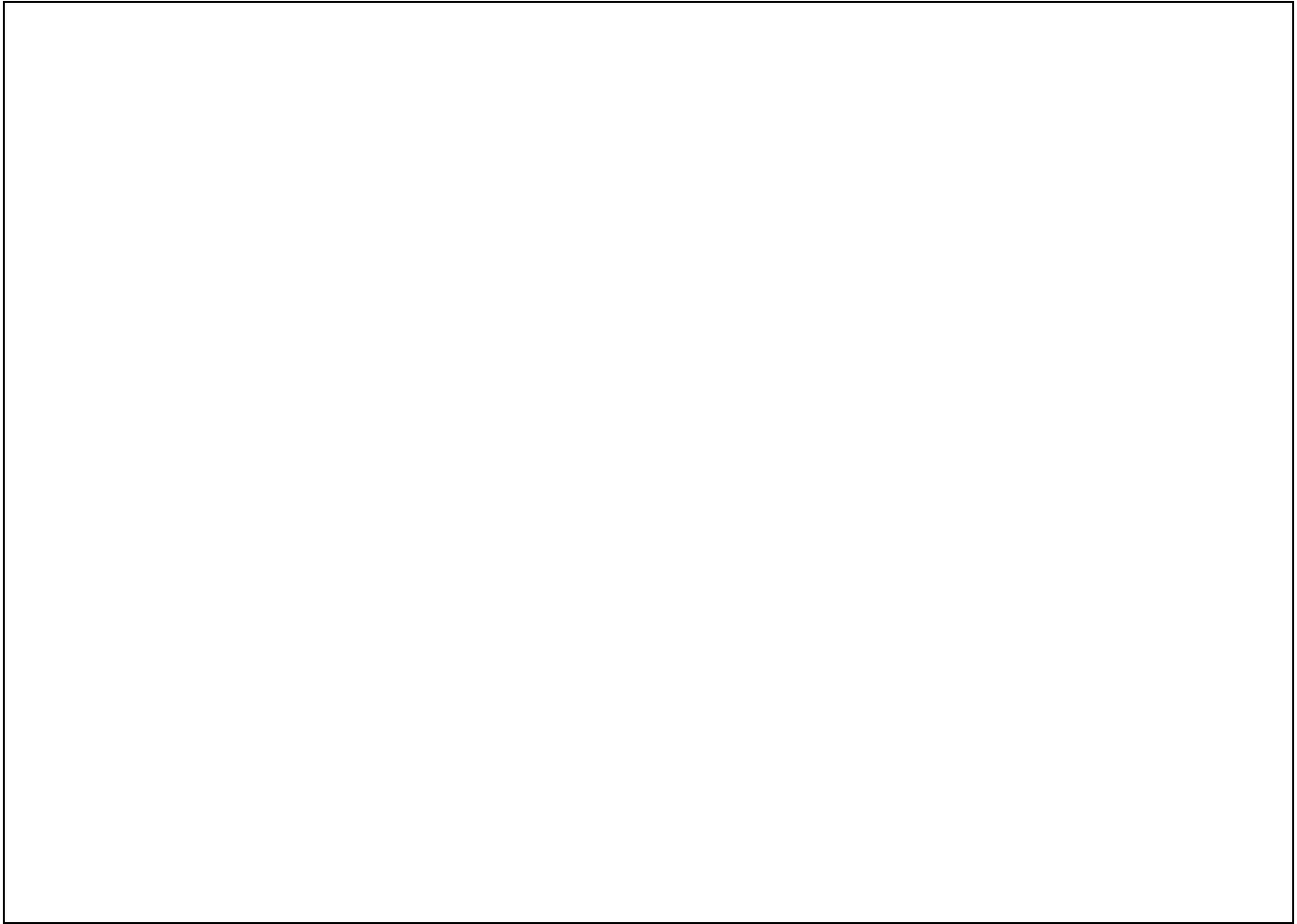
A. Describe the staff and volunteer training program. Indicate training topic, how the training will be deployed, who will participate, and how the training's objectives will be confirmed.

Nutrition Education, Assessment and Counseling

***Please check your regional addendum for each AAA's requirements related to nutrition education, assessment and counseling.**

- A. Describe the process for providing Congregate nutrition education to the clients. Include the format and medium (i.e. face-to-face, virtual or telephonic) used to provide each type.**

B. Describe the process for providing home delivered nutrition assessment and counseling to the clients. Include the format and medium (i.e. face-to-face, virtual or telephonic) used to provide each type.



Site Management/Partnerships

PARTNERSHIPS (Community Cafes)

A. Meal projects must coordinate with other entities for appropriate referral sources, volunteer support, and other community partners. Partnerships could involve joint planning or resource sharing. Describe current, planned or future partnerships with other community agencies.

B. The success of Café (congregate) sites is dependent on the relationship with and cooperation of the host site, additional on-site services available to meal site participants, and available transportation to the site. Partnerships could also involve joint planning with the host site or resource sharing. In the Table below describe, 1) who is responsible for each activity; & 2) how the activity will be completed & monitored. Please indicate if a Memorandum of Understanding will be used to document responsibilities. If the responsible party or activities vary for different sites, indicate the sites in your response. You may replicate the Table if you have multiple models/work plans in your region.

Activity	Who is responsible	How the activity is completed/achieved
Outreach to clients including OAA target groups		
Promoting menus, participation, and Café guidelines		

Reservations - communication equipment and person responsible for notifying caterer or food prep		
Daily meal unit counts		
Collecting & depositing donations		
Maintenance/cleaning kitchen		
Maintenance/cleaning dining area		
Maintenance of the kitchen equipment		
Health Inspection reports		
Recruiting volunteers (if applicable)		
Training volunteers (if applicable)		

Recognizing volunteers (if applicable)		
Food delivery and monitoring temperature		
Food preparation – re-heat or cook		
Serving food		
Transporting clients to the site (if applicable)		
Developing Menus & State approval		
Attending State mandatory trainings		
Payment for meals above Title III reimbursement and client donations		
Bi-annual meeting to review progress/satisfaction		

Service Interruptions/Emergency Closures

A. Describe how meals will be served or delivered during service interruptions due to weather, equipment failures and other emergencies in the kitchen or cooking facilities.

A large, empty rectangular box with a thin black border, intended for the applicant to describe how meals will be served or delivered during service interruptions due to weather, equipment failures, and other emergencies in the kitchen or cooking facilities.

B. Describe how the ENP will handle potential emergent events such as, food contamination or delivery of contaminated or compromised meals.

[Empty response box for item B]

C. Describe how clients will be notified of service interruptions or food quality/contamination issues.

[Empty response box for item C]

D. Describe how Agency on Aging staff and clients will be informed of schedule changes and/or reductions in service delivery due to funding changes or other issues.



Disaster/Emergency Plan

Describe your disaster/emergency plan. Include:

A. Describe provisions for an alternate site for meal preparation in the case of an emergency

[Empty response box for item A]

B. An alternate office site.

[Empty response box for item B]

C. The designation of a Disaster Coordinator and Alternate Disaster Coordinator. How will AAA staff be notified?

[Empty response box for question C]

D. Indicate if designated as an emergency services provider in the local Emergency Plan.

[Empty response box for question D]

Financial Management

- A. Describe the proposed plan for the management and control of the financial resources of the provider. Include the timeline for the submission of MIS.**

- B. Where subcontracts are proposed, describe the method and timing by which the Elderly Nutrition Provider will disburse funds to the subcontractor(s).**

C. Identify, describe the name of any meal sub-contractors/caterers and the actual unit cost. Please note, actual subcontract caterer (from the caterer entity) estimates must be included as an attachment.

QUALITY

Meal Quality

Food preparation methods should demonstrate the ability to prepare and present a high-quality meal. Testing for quality should occur with improvements made as necessary.

A. Product testing.



B. Any methods used by management to maintain quality such as monitoring, evaluation and corrective actions.



Replacement of Unacceptable Food

A. Describe how missing congregate and home delivered meals, meal components or unacceptable items will be replaced with items of acceptable quality in time for normal meal service. Include a description of how this information will be communicated to the Agency on Aging staff and host sites.

Menu Development

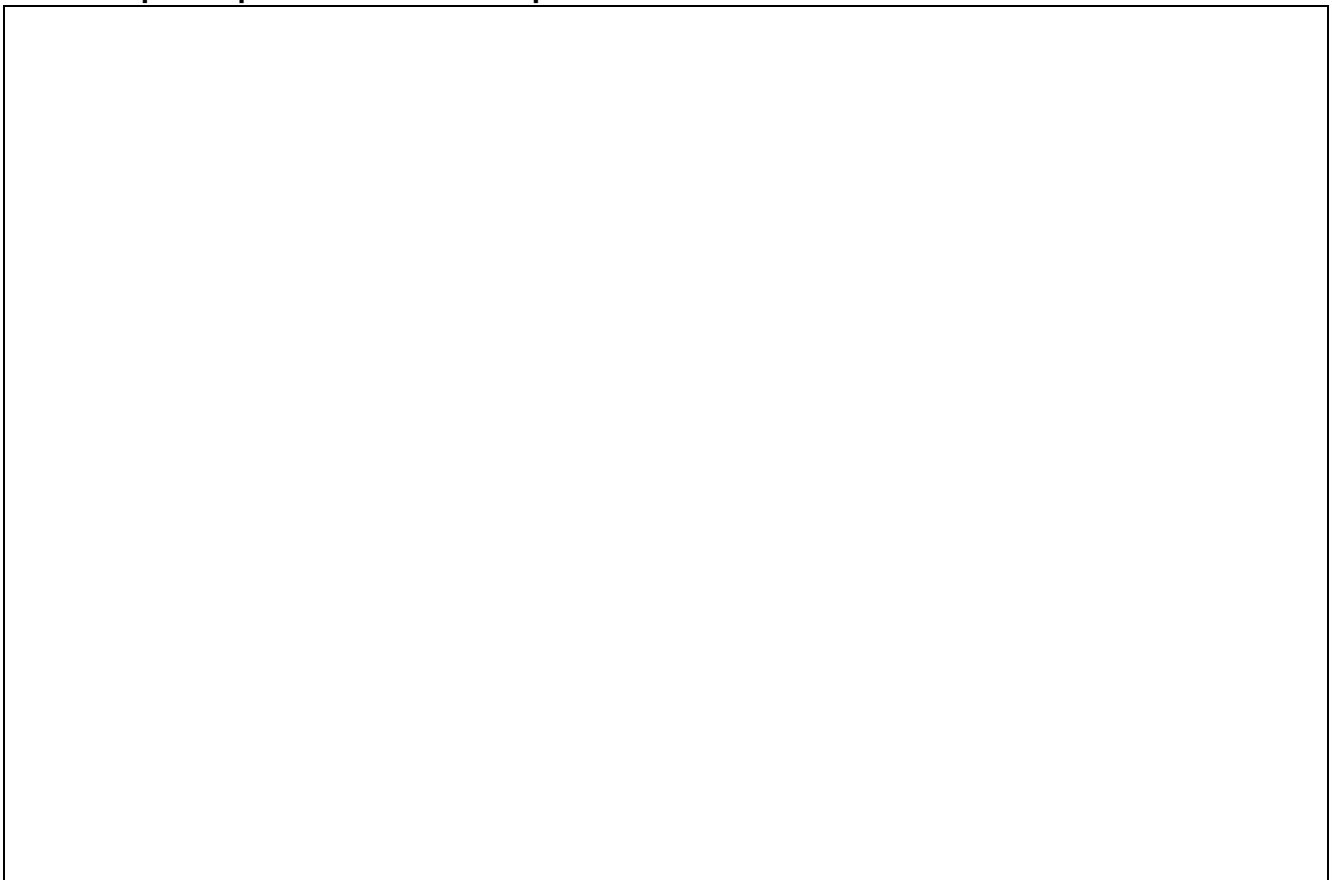
The process for developing/selecting menus should be clearly described; including:

A. The length of each menu cycle and how often does it repeat?

B. The process used to assure that menus and recipes are followed.



C. Participant input into menu development.



D. If costs are based on menus exceeding the minimum standards, describe the meal enhancements.

E. Process for requesting menu changes.

Special Meals

Health and religious requirements as well as ethnic, cultural or regional preferences should be taken into consideration during menu planning.

A. Describe special factors taken into consideration in the planning of menus, such as health or religious requirements, ethnic, cultural, and regional preferences.

B. What types of therapeutic meals can the applicant provide?

C. Describe the process used to plan, certify, and prepare therapeutic meals.

D. Who is responsible for the quality assurance of the therapeutic meals?

E. Describe labeling to ensure delivery of therapeutic meals to the appropriate qualified participants.

Shelf Stable Meals

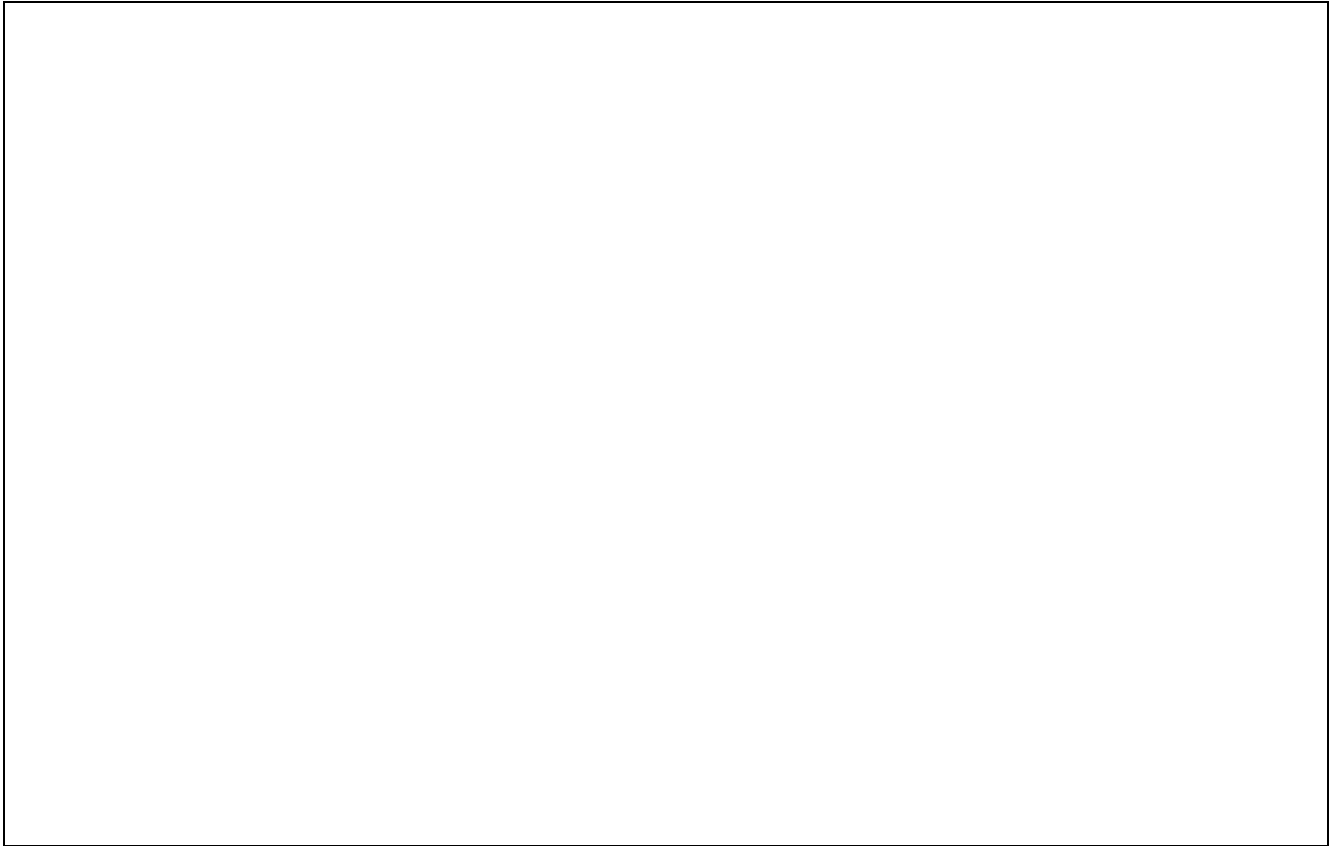
A. Describe the overall plan for providing shelf-stable meals to home delivered participants.

B. Describe any meal preparation instructions that will be given to participants. Include the type of containers used and the required re-heating element, i.e. microwave, stove.

Innovative Measures

A. Describe the process for evaluating a new site.

B. Describe creative approaches for responding to participants' needs and concerns about food variety.



C. How are participant surveys used to improve the participants' experiences?



D. Describe efforts to increase participation at any/all sites averaging fewer than 25 participants.

E. Describe any restaurant projects or unique catering situations designed to enhance participation and participant satisfaction

Client Impact

A system must be in place to assure that clients are satisfied with the service and that their suggestions for improvement are considered. The system can include interviews, surveys, questionnaires and/or advisory councils.

A. Describe the formal system for surveying client satisfaction.

[Empty response box for section A]

B. Describe how recommendations will be implemented.

[Empty response box for section B]

C. Describe who will be responsible for implementing recommendations.

Empty response box for item C.

D. Describe the process for soliciting host site satisfaction.

Empty response box for item D.

E. Discuss the impact on client health and functional status as a result of receiving meals.

[Empty response box for item E]

Client Referrals and Follow-Up

A. Describe the system for assisting clients in need of other services.

[Empty response box for item A]

B. Explain the Agency's response when a client is found to be at-risk or in danger. What happens when a client does not respond to the Home Delivered Meal driver?

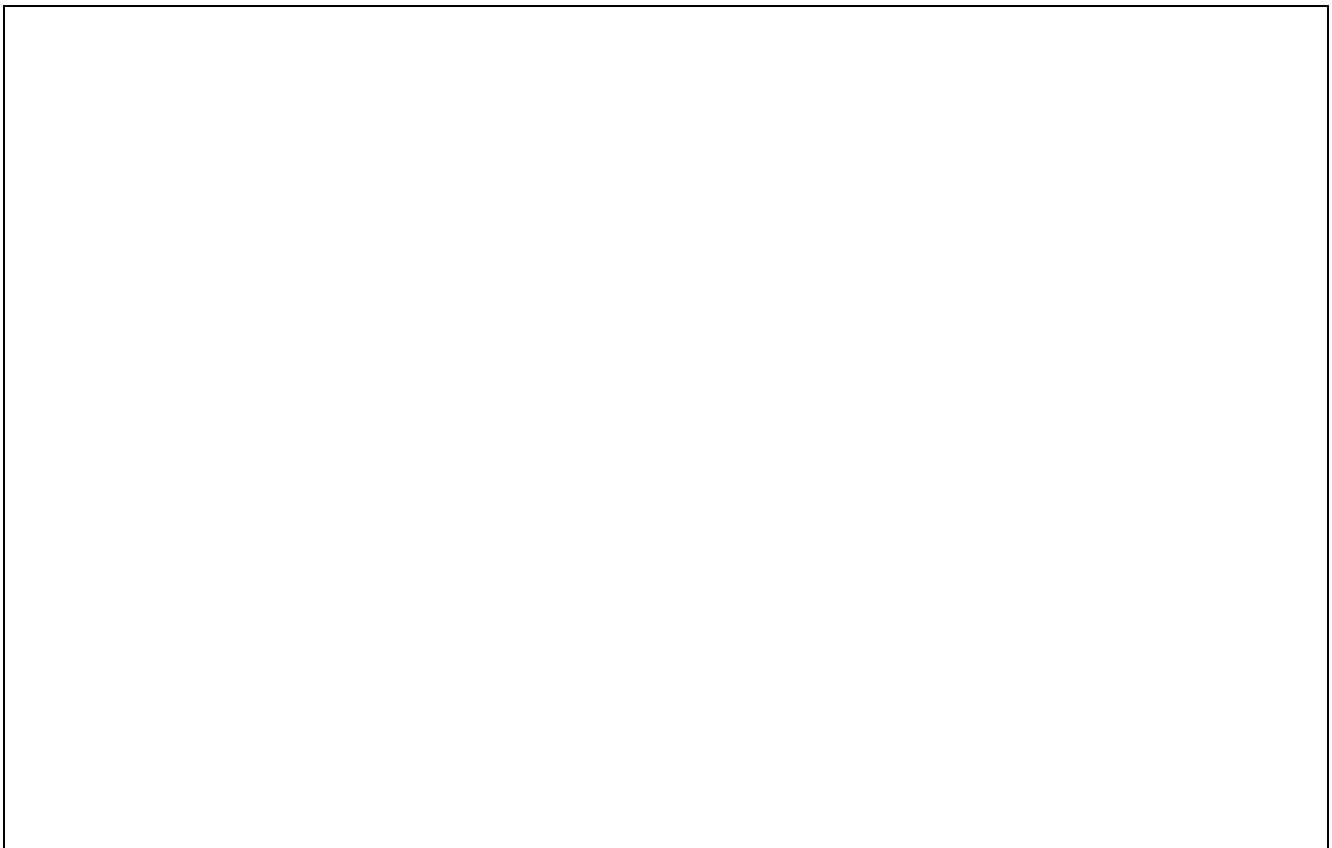
Monitoring

A. Describe the system established for formal monitoring of each community café.

B. Describe the system established for formal monitoring of each home delivered meal route.



C. Describe how corrective action and follow-up will occur should delivery problems occur.



Optional Request from Agency on Aging

During the evaluation process, respondents may be required to furnish additional information which could include but is not limited to an interview, a site visit, meal for taste testing, or references. A request for such information is not a proposal acceptance guarantee.

COST

Cash Resources

The Elderly Nutrition Projects are responsible for a 7.5% match for all Federal dollars provided through the award.

- A. Describe steps to be taken to obtain cash resources for the nutrition program from non-federal, non-state sources. Include third party sources, fundraising, grants, foundation funds, municipal funds, other sources, etc. Be sure this information matches the REVENUE section of the Budget.**

Client Donations

VOLUNTARY DONATION PLAN

Grantees may not charge fees for services provided with Title III funding. However, grantees are required to offer clients an opportunity to donate to the program. Donations must be confidential, and no person may be denied involvement if s/he chooses not to donate. All donations received are to be used to expand the services of the program being funded under the grant.

A. Describe HOW you will meet these requirements.

B. Provide a sample of the information that will be posted and/or presented to participants informing them of the donation policy.

Approximate Number of Meals

Indicate the annual number of meals being proposed for each category, as appropriate. Be sure these targets match “Service Targets” from page 9.

Type of Meal	Meals for which Caterer Quotations are Requested		Meals to be prepared by ENP Without a Subcontractor	
	Congregate	Home Delivered	Congregate	Home Delivered
Congregate regular hot				
Congregate frozen pick up (ready to eat)				
Congregate frozen delivered				
Home Delivered, double pack				
Home Delivered, hot only				
Home Delivered, cold only				
Home Delivered, frozen				
Breakfast meals				
Dinner meals				
Special event meals				
Restaurant meals				
Quick chilled meals				
Emergency meals, shelf stable				
Emergency meals, frozen				
Kosher Meals				
Spanish meals				
Russian meals				
Other ethnic meals (specify)				
Diabetic meals				
Chopped/pureed meals				
Other therapeutic meals				
Other (specify)				
TOTALS (Unduplicated)				

Note: Totals must equal estimated units described on the Service Targets page in the budget package.

Outline of Meal Handling Process & Responsibilities 1

Complete one outline for each type of meal (i.e. congregate, home delivered, catered, cook-on site) process to be used: listing the steps, locations, and staff responsible for ensuring safe food handling. You may indicate N/A for items that are not applicable.

Outline for _____ meals.

	WHO IS RESPONSIBLE	WHERE	Additional Information, Notes, Type of Equipment, etc.
Food Preparation			
Holding between completion of preparation and loading for delivery			
Reheating (if necessary)			
Loading of delivery vehicles			
Monitoring of temperatures (meals and/or vehicles)			
Delivery of food to site/client			
Reheating (if necessary)			
Holding/maintaining until serving			
Monitoring of temperatures			
Distribution to participants			

Outline of Meal Handling Process & Responsibilities 2

Complete one outline for each type of meal (i.e. congregate, home delivered, catered, cook-on site) process to be used: listing the steps, locations, and staff responsible for ensuring safe food handling. You may indicate N/A for items that are not applicable.

Outline for _____ meals.

	WHO IS RESPONSIBLE	WHERE	Additional Information, Notes, Type of Equipment, etc.
Food Preparation			
Holding between completion of preparation and loading for delivery			
Reheating (if necessary)			
Loading of delivery vehicles			
Monitoring of temperatures (meals and/or vehicles)			
Delivery of food to site/client			
Reheating (if necessary)			
Holding/maintaining until serving			
Monitoring of temperatures			
Distribution to participants			

Outline of Meal Handling Process & Responsibilities 3

Complete one outline for each type of meal (i.e. congregate, home delivered, catered, cook-on site) process to be used: listing the steps, locations, and staff responsible for ensuring safe food handling. You may indicate N/A for items that are not applicable.

Outline for _____ meals.

	WHO IS RESPONSIBLE	WHERE	Additional Information, Notes, Type of Equipment, etc.
Food Preparation			
Holding between completion of preparation and loading for delivery			
Reheating (if necessary)			
Loading of delivery vehicles			
Monitoring of temperatures (meals and/or vehicles)			
Delivery of food to site/client			
Reheating (if necessary)			
Holding/maintaining until serving			
Monitoring of temperatures			
Distribution to participants			

REQUIRED ATTACHMENTS:

1. Copies of Caterers' Bids
2. Key staff resumes (project managers)
3. Current financial Audit
4. Proof of nonprofit status

Additional information may be required of applicants during the negotiation of a contract.

Waiver Requests – Community Café Program

Complete this page if the program is requesting a waiver of any standard program requirements.

A. Describe the efforts to be taken to meet the standard in subsequent years.

B. Describe why the requirements aren't being met.

Approved By: _____ Date: _____

Waiver Requests – Home Delivered Program

Complete this page if the program is requesting a waiver of any standard program requirements

A. Describe the efforts to be taken to meet the standard in subsequent years.

B. Describe why requirements aren't being met.

Approved By: _____ Date: _____