

PROPOSAL TO PROVIDE

TITLE III C-1 CONGREGATE, and TITLE III C-2 HOME-DELIVERED MEALS
For
Fiscal Years 2011, 2012, and 2013

Proposing Agency: _____

Mailing Address: _____

Contact: _____

Telephone Number: _____

E-Mail Address: _____

Counties Included in the Proposal: _____

FOR ETCOG USE ONLY:

Date Received: _____ Time Received: _____

BOARD RESOLUTION FOR CONTRACT APPROVAL

State of _____

County of _____

On the . day of _____, 20____, at a meeting of the Board of Directors of _____

_____, a corporation, held

in the city of _____, State of _____, with a

quorum of the directors present, the following business was conducted:

It was duly moved and seconded that the following resolution be adopted:

BE IT RESOLVED that the Board of Directors of the above corporation does hereby authorize (name and title) _____ and his/her successors in office to negotiate, on terms and conditions that he/she may deem advisable, a contract or contracts with the effective date of _____, and to execute said documents on behalf of the corporation, and further do we hereby give him/her the power and authority to do all things necessary to implement, maintain, amend, or renew said document.

The above resolution was passed by a majority of those present and voting in accordance with the by-laws and articles of the corporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors.

HELD ON THE ____ DAY OF _____, 20____.

Secretary

A. Introductory Narrative: Describe the type of organization submitting the proposal (governmental organization, not-for-profit corporation, for-profit corporation, etc.), its governing body, and its history. Does the organization currently operate either congregate or home-delivered meal services? Has the organization operated such services in the past? Does the proposing organization have experience providing other types of service to elder populations? If so, describe those services.

B. Service Plan: Complete items B.1, B.2, B.3, B.4, and B.5, below. Additionally, if a central kitchen is used to prepare meals which are then delivered to remote meal sites for either congregate meals or subsequent home delivery, complete the “Central Kitchen Schedule” form on page 18. Additional pages may be inserted as needed.

B.1. Congregate Meals: Describe planning, preparation, and delivery of meals. Identify how food temperature is maintained on site. Complete a “Meals by County and Site” form, pages 19 through 21, for each county included in the proposal.

B.2. Home-Delivered Meals: Describe planning, preparation, and delivery of meals. Describe how proper temperatures will be maintained. Complete the “Meals by County and Site” information on page 21.

B.2.a Describe the participant assessment process for C-2 home-delivered meals.

B.3. Meal Planning: Provide the name and ADA registration number of the Registered Dietician who prepares the menus and meal plans.

B.4. Serving Target Populations: Describe how the proposing organization will assure accessibility of services to target senior populations including: racial/ethnic minorities, individuals living in rural areas, individuals with limited English language proficiency, severely disabled individuals, those with the greatest economic need, and persons with Alzheimer’s disease or related disorders. Will congregate eating sites be located in or near neighborhoods with high percentages of target populations? Will congregate eating sites be served by public transportation? Will sites be fully compliant with ADA accessibility requirements? How will management expand services to the target populations?

B.5. Emergency Service Plan: Describe the proposing organization's plan to assure continuity of both congregate and home-delivered meals in an emergency. How will it deal with weather emergencies such as snow and ice, natural disasters in the service area such as tornadoes, damage to facilities and equipment, and unexpected supplier delays? How will it deal with acts of terror and other similar events?

C. Financial Plan: For each of the following provide the requested information and, describe the applicable fiscal and business management policies and procedures.

C.1. Operating Budget: Describe the organization's budget planning, preparation, and process. Complete the Summary Budget form on page 22. Include all sources of revenue and all project expenses.

C.1.a. Provide the name and title of the individual who prepares the budget.

C.1.b. Provide the name and title of the organization's Chief Fiscal Officer.

C.2. Calculation of Unit Rate and Funding Request: The unit rate is derived by dividing total expenses for each type of service by total number of units for that service. The funding requested for each type of service is derived by multiplying the federal and state funded units by the unit rate for that service. Participant assessment may be calculated separately or incorporated into the home-delivered meal calculation. If participant assessment is included in the home-delivered meal calculations, leave the participant assessment sections blank. Complete the following table for each type of service for fiscal year 2011. Provide a projection for fiscal years 2012 and 2013 based upon the projected service units for those years. Refer to Appendix A of instructions for suggested units for each county. Semi-annual home-delivered meal participant assessments are reimbursable. (NOTE: Home-delivered meal rates are currently capped at \$4.95/meal.)

FISCAL YEAR 2011

TYPE OF SERVICE	Locally Funded Units	Fed. & State Funded Units	Unit Rate	Funds Requested
C-1, Congregate Meals				
C-2, Home-Delivered Meals				
C-2, Participant Assessment				
TOTALS				

FISCAL YEAR 2012

TYPE OF SERVICE	Locally Funded Units	Fed. & State Funded Units	Unit Rate	Funds Requested
C-1, Congregate Meals				
C-2, Home-Delivered Meals				
C-2, Participant Assessment				
TOTALS				

FISCAL YEAR 2013

TYPE OF SERVICE	Locally Funded Units	Fed. & State Funded Units	Unit Rate	Funds Requested
C-1, Congregate Meals				
C-2, Home-Delivered Meals				
C-2, Participant Assessment				
TOTALS				

C.3. Fiscal Operations: Describe the organization’s policies and procedures relating to contracting, purchasing, billing, payment, and record keeping.

C.3. Fiscal Operations, continued,

C.3.a. Describe how the proposing organization will assure and maintain a cash reserve sufficient to cover operating expenses for up to 90 days. Include such information as current fund balances or lines of credit.

C.3.b. Provide the name and title of the individual who is authorized to negotiate and sign contracts.

C.3.c. Provide the name and title of the individual who is responsible for purchasing.

C.3.d. Provide the name and title for the individual who is responsible for all accounting records.

C.4. Program Integrity: If the proposing organization operates other programs, or is involved in other business enterprises, how will it assure proper and accurate allocation of funds?

C.4.a. Who conducts independent financial audits of the proposing organization, and how often are those audits conducted? Include the date and type of the last audit.

D. Executive Management: Provide the name and title of the Chief Executive Office of the proposing organization. List the names and addresses of the officers and members of the Board of Directors, if the organization is an incorporated entity. (An extra page may be inserted following this page if additional space is required.) Attach an organizational chart as the last page of this packet.

D.1. Criminal History: Has the Chief Executive Officer, Chief Financial Officer, or any member of the governing body of the proposing organization been convicted of a felony offense? If yes, please provide details.

D.2. Litigation: Is the proposing organization a party to any current or pending litigation? If yes, please provide details.

E. Quality Assurance: Describe how the proposing organization's management will address each of the following.

E.1. Sanitation and Food Safety: Describe the procedures that personnel will use to insure that all food products and meals are stored, prepared, delivered and served according to established food safety standards. Address supervision and monitoring of personnel engaged in preparation, delivery, and serving of meals.

E.2. Orientation and Training: Briefly describe the proposing organizations plan for orienting new employees and providing periodic job-related training for all employees. Include frequency and proposed training topics.

E.3. Employee Performance Appraisal: Describe the employee performance appraisal process. How is it done, who does it, and how often is it done?

E.4. Complaint Resolution: Describe the proposing organization's procedures for receiving, addressing, and resolving client complaints relating to quality of service or meals.

E.5. Process Improvement: How will management identify opportunities to improve services, and how will management develop strategies to implement those improvements?

CONGREGATE MEALS BY COUNTY AND SITE

COUNTY: ANDERSON

Location	C-1 Meals
Frankston Senior Center	
Palestine Senior Center	

COUNTY: CAMP

Location	C-1 Meals
Newsome Nutrition Site	
Pittsburg Nutrition Center	

COUNTY: CHEROKEE

Location	C-1 Meals
Jacksonville Nutrition Center	

COUNTY: GREGG

Location	C-1 Meals
Gladewater Senior Citizens Center	
Longview Nutrition Center	

COUNTY: HARRISON

Location	C-1 Meals
Gold Hall Nutrition Center	
Marshall Senior Nutrition Center	
Waskom Senior Nutrition Center	

COUNTY: HENDERSON

Location	C-1 Meals
Cedar Creek Lake Nutrition Site	
Chandler Senior Citizens Center	
Athens Senior Citizens Center	
Malakoff Senior Citizens Center	

COUNTY: MARION

Location	C-1 Meals
Jefferson Senior Center	

COUNTY: PANOLA

Location	C-1 Meals
Carthage Nutrition Site	

COUNTY: RAINS

Location	C-1 Meals
Emory Nutrition Center	

COUNTY: RUSK

Location	C-1 Meals
Henderson Senior Center	

COUNTY: SMITH

Location	C-1 Meals
Lindale Nutrition Center	
Troup/Arp Nutrition Center	
Tyler Senior Center	
Tyler University Christian Church	
Whitehouse Nutrition Center	
Winona Nutrition Center	

COUNTY: UPSHUR

Location	C-1 Meals
Big Sandy Nutrition Center	
Gilmer Senior Nutrition Center	

COUNTY: VAN ZANDT

Location	C-1 Meals
Canton Senior Citizens Center	
Edgewood Senior Citizens Center	
Van Nutrition Site	
Wills Point Senior Citizens Center	

COUNTY: WOOD

Location	C-1 Meals
Alba-Golden Nutrition Center	
Hainesville Nutritional Center	
Hawkins Senior Nutrition Center	
Mineola Nutrition Center	
Yantis Congregate Meal Site	

HOME DELIVERED MEALS BY COUNTY

Location	C-2 Meals
Anderson	
Camp	
Cherokee	
Gregg	
Harrison	
Henderson	
Marion	
Panola	
Rains	
Rusk	
Smith	
Upshur	
Van Zandt	

Wood	
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PROJECTED SUMMARY BUDGET: FISCAL YEAR 2011

Project Revenue

Source	Amount
Title III, Federal and State	
NSIP	
Program Income, Third Party Contributions	
Program Income, Participant Contributions	
Other Income (specify)	
Total Revenue	

Project Expenses

Category	Amount	Sub-Total
Director's Salary		
Other Administrative Salaries		
Food Preparation Salaries		
Other Salaries		
Fringe Benefits		
Sub-Total: Personnel		
Raw Food and Consumables		
Preparation and Service Equipment and Utensils		
Sub-Total: Food Preparation and Service		
Vehicles		
Fuel		
Routine Maintenance		
Insurance		
Sub-Total: Meal delivery		
Rent		
Utilities		
Janitorial Services		
Routine Maintenance		
Sub-Total: Facilities		
Furniture and Office Equipment (other than food service equipment)		
Consumable Supplies (other than food service supplies)		
Contracts and Service Agreements		
Sub-Total: Administrative		
Other Operating Expenses (specify)		
Total Expenses		