



The information provided in this document contains instructions from the Request For Proposals (RFP) manual and example forms of documents to be completed and submitted with the online application for the AAA 1-B RFP. Forms are samples only and should not be used or duplicated for the purposes of the application.

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PARTICIPANT AND CAREGIVER TARGETING PLANS

The purpose of the Participant Targeting Plan is to identify socially or economically disadvantaged persons in the service area and project the number of individuals in each category who will be served over the course of the fiscal year. AAA 1-B describes them as an “underserved or priority population group.” Targeting of economically and/or socially disadvantaged population groups is required under the Federal Older Americans Act (OAA) and by the Michigan Department of Health & Human Services (MDHHS)/The Bureau of Aging, Community Living, and Supports (ACLS Bureau).

Applicants submitting a proposal for any caregiver service(s), will complete the Caregiver Targeting Plan only (see below). All other applicants will enter county-specific demographic data onto the Participant Targeting Plan form based on U.S. Census and American Community Survey data provided on the AAA 1-B website at <https://aaa1b.org/partner-with-us/>. Applicants will also enter the number of participants from each demographic group they project to serve.

For FY 2023 – 2025, applicants are required to select one or more underserved/priority population groups (individuals living in poverty or belonging to a racial or ethnic minority group) at a rate of at least twice their proportion in the county. For example, if African American older adults represent 10% of a county’s older adult population, the applicant will project to serve 20% of the African American older adult population in that county.

Applicants who are proposing to serve individuals in more than one county must complete and submit a separate Participant Targeting Plan form for each county. Applicants proposing to provide services in more than one county can select a different underserved/priority population to target in each county.

Applicants may also target lesbian, gay, bisexual, transgender (LGBT) older adults or older adults with limited English proficiency. Census data for these groups is not available at this time, but there are resources and information on the AAA 1-B website at <https://aaa1b.org/partner-with-us/>.

The Caregiver Targeting Plan is only to be completed by applicants applying for any caregiver service(s). The purpose of the Caregiver Targeting Plan is to identify diverse caregivers that will be supported and provided respite services. Applicants who apply for Adult Day Services, Dementia Adult Day Care, Grandparents Raising Grandchildren and Volunteer Caregiver programs must complete and submit the Caregiver Targeting Plan for each county that they serve. The number of unduplicated caregivers must be included on the Caregiver Targeting Plan. The unduplicated count in each category is a projection of the number of caregivers the applicant plans to serve over the fiscal year. The applicant must select one underserved/priority caregiver population group. Applicants who apply for the same service in a different county may select a different underserved/priority caregiver population group.

The Participant and Caregiver Targeting Plans use the following definitions:

- “Poverty” is the need resulting from an income at or below the official poverty level as defined each year by the Federal Administration for Community Living/Department of Health and Human Services. For targeting purposes, factors indicating economic need are sources of income (Social Security Income (SSI), food stamps, Medicaid, etc.), or income at or below 100% of the federal poverty level that entitles older persons to other supportive programs. To determine the federal poverty levels, go to www.hhs.gov/poverty.
- “Race/ethnicity status” is confined to the following designations:
 - American Indian or Alaskan Native – a person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment
 - Asian, native Hawaiian, or Other Pacific Islander – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam. May also be a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
 - Black or African American – a person having origins in any of the black racial groups of Africa
 - Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race
 - White – a person having origins in any of the peoples of Europe, the Middle East, or North Africa
 - Multi-racial – a person whose response to the race item on the census could not be categorized in a specific group. The census data is based on an individual’s self-identification, that is, their perception of their own racial identity. For the Participant Targeting Plan, people who identify with two or more racial categories are multi-racial
 - “Non-minority” older adults are those who are not in a minority designation – i.e., white, non-Hispanic
- Lesbian, Gay, Bi-Sexual, Transgender (LGBT) – an individual who self-identifies as lesbian, gay, bi-sexual, and/or transgender.
- Limited English Proficiency (LEP) – a person who does not speak English as their primary language and have limited ability to read, speak, write, or understand English may be limited English proficient.



PARTICIPANT TARGETING PLAN

Organization Name: Area Agency on Aging 1-B

Date/Fiscal Year: 5/23/2022 - FY2023

Service: Chore

County To Be Served: Oakland

Target Population To Be Served: Black/African American

This worksheet will identify the population groups you propose to target with your program.

For each targeted population group, refer to 2019 data found at: www.aaa1b.org.

If you are serving more than one county a Targeting Plan must be completed for each county to be served.

2019 data is entered in each row of the "Number of Persons" column.

Enter the number of persons you propose to serve in each row of the "Projected Number of Participants for Entire FY" column.

The value in the first row (18) of this column (D) must equal the total number of participants you propose to serve under the contract.

You will see that both Percentage columns will auto calculate.

Confirm that the projected number in the targeted group you choose is at least double the percentage in the overall population.

Categories In Census	Number of Persons 60+ (from 2019 data)	Percentage of Population	Projected Number of Participants for Entire FY	Projected Percentage of Participants for Entire FY
Total 60+ Population:	290,274	100%	1,000	100%
Black or African American	37,155	12.80%	350	35.00%
American Indian/Alaskan Native	581	0.20%	3	0.30%
Asian/Native Hawaiian/Pacific Islander	11,941	4.10%	25	2.50%
Multi-racial (i.e. two or more races)	2,903	1.00%	5	0.50%
Total Minority:	52540	18.10%	383	38.30%
White/Non-Hispanic	236,864	81.60%	600	60.00%
Hispanic/Latino	4,354	1.50%	17	1.70%
Total Non-Minority:	241218	83.10%	617	61.70%
In Poverty (100% of Federal Level)	20,393	7.03%	300	30.00%
Poverty and Minority			50	5.00%
LGBT			4	0.40%
Limited English Proficiency	10,231	3.52%	0	0.00%



Contractor Caregiver Targeting Plan

To be completed by Adult Day Services, Dementia Adult Day Care, Grandparents Raising Grandchildren and Volunteer Caregiver Providers ONLY

Organization Name:	Example Organization
Service:	Adult Day Services
Target Population To Be Served:	African American
County To Be Served:	Oakland
Date/Fiscal Year:	May 15, 2022/FY 2023

This worksheet will identify the caregiver population groups you propose to target with your program.
Determine the county(ies) you propose to serve.

For each group, enter the number of persons (caregivers) you propose to serve in the "Projected Number of Participants for Entire FY" column.

The value in the first row of this column must equal the total number of participants you project to serve.

The Percentage column will auto-calculate.

Categories In Census	Projected Number of Participants for Entire FY	Projected Percentage of Participants for Entire FY
Total Population Under 60:	5	14%
Total 60+ Population:	30	86%
Total Population:	35	100%
Black or African American	10	28.57%
American Indian/Alaskan Native	0	0.00%
Asian/Native Hawaiian/Pacific Islander	1	2.86%
Multi-racial (i.e. two or more races)	0	0.00%
Total Minority:	11	31.43%
White/Non-Hispanic	24	68.57%
Hispanic/Latino	0	0.00%
Total Non-Minority:	24	68.57%
In Poverty (100% of Federal Level)	5	14.29%
Limited English Proficiency	0	0.00%
LGBTQ	1	0.028571429

SOCIAL SERVICES BUDGET INSTRUCTIONS

Applicants must use the budget schedules provided by AAA 1-B. The budget must be completed electronically since they are housed on a Microsoft Excel spreadsheet and some fields auto-populate.

Complete a full, detailed budget of the proposed program. Include the amount of funding being requested, additional resources that will be invested to operate the program, the number of participants applicant proposes to serve, and the number of units of service applicant proposes to serve. Definition of units of service is found with each service definition. The budget will cover only one fiscal year, despite the award being granted for a three-year term. A new budget will be submitted prior to the start of each fiscal year in the term.

Budget Schedules: Cost Detail and Summary

There are three schedules that form the budget, the Direct Budget Cost Detail Schedule, the Indirect Budget Cost Detail Schedule, and the Budget Summary. The two Detail Schedules are designed to show the costs of the proposed program by line item. Totals of the two Detail Schedules will be automatically carried forward to the Budget Summary.

Follow these instructions to complete the two Cost Detail Schedules. Remember to prepare these schedules first; the totals will automatically transfer to the corresponding lines on the Budget Summary. On the top line of both Cost Detail Schedules, record the full legal name of the organization and service proposed. Use the formal name of the service as found in the service definition.

Only whole numbers should be used when filling in entries. The only time decimal places are used is transportation/mileage, and/or facilities/rent or utility rates.

Direct Budget Cost Detail Schedule

This schedule includes all costs directly associated with the delivery of the service.

Salaries and Wages:

Line a) Record the number of hours in the organization's work week and number of hours the organization is open for business.

Line b) Record each position involved in the program. Include all full-time and part-time employees, but do not include professional fees, contractual services, or personnel hired on a personal contract basis.

Line c) The full time equivalent (FTE) is figured by dividing the number of budgeted work hours per week by the hours in the standard work week. Example: Employee A is budgeted for 12 hours per week and the standard work week is 40 hours. The full-time equivalent is $12/40 = 0.3$ FTE.

Line d) Record the total salary/wages amount assigned to each position. If an employee functions in more than one program, the FTE and salary/wage lines must reflect the percentage that applies to this program only.

Employees may be grouped on one line if their roles are the same and their pay rate and hours of work are the same. If an employee is to be involved less than 52 weeks of the year, note that. Total the values at the bottom of the table. This sum, on line 5 will be automatically transferred to the Budget Summary, line 5.

Fringe Benefits:

This section will include the employer's contributions for insurance, retirement, unemployment, worker's compensation, FICA, and other similar benefit expenses for all full time and part time employees who work on the program. Enter the total dollar amount representing benefits paid to all staff attributed to this budget. This value will be automatically transferred to the Budget Summary, line 6. Calculate the percent to total salaries by dividing the total amount of fringe benefits by the Salary and Wages total and multiply this figure by 100. Enter the value in the box in front of % sign.

Travel – Staff:

This item is for paid staff travel only. Any travel costs included in this item must be for conducting the program activities as described in the application. This includes cost for mileage, per diem, lodging, registration fees for approved conferences, and other approved travel costs incurred by employees. Travel of consultants is to be included under "Other." Record the total value on line 7. This value will be automatically transferred to the Budget Summary, line 7.

Supplies:

Supplies are items that are consumed or expended when used, or non-consumable items that cost less than \$5,000 per unit. This includes items such as office, janitorial, or educational supplies. Maintenance contracts for equipment should NOT be included in this section. They should be listed under "Service Contracts." Record the total value on line 8. This value will be automatically transferred to the Budget Summary, line 8.

Equipment:

Include all equipment purchased with AAA 1-B funding that has an acquisition cost of \$5,000 or greater. The cost of each unit or piece of equipment is to include the necessary accessories, installation costs, and taxes. Provide a detailed description of the item, the accessories, and installation requirements. Maintenance contracts for equipment should be listed under "Service Contracts." Lease and rental of equipment should be listed under "Other." Applicants must purchase equipment in the fiscal year that was budgeted. When federal/state funding is used to purchase equipment for a program, the applicant must maintain records that include the following information regarding the equipment:

- Equipment description
- Manufacturer's serial or model number
- Funding source of the equipment
- Unit acquisition cost and date of acquisition
- Disposal information

If the equipment is used for non-federal/state programs, the applicant will charge a user fee no less than a private company would charge for equivalent use. Such user charges must be treated as Program Income.

Record the total value of equipment on the line. This value will be automatically transferred to the Budget Summary, line 9.

Rent/Utilities:

Include the cost of rent and utilities used in the operation of the program. Facility renovations may be included upon AAA 1-B approval for Adult Day Service programs only. For rent, indicate the cost per square foot of space. For utilities, indicate the total cost per month for heat, electricity, and water. Convert these costs into annual figures and total the values on line 10. This value will be automatically transferred to the Budget Summary, line 10.

Communications:

Itemize telephone, postage, photocopying, and printing used in the operation of the program. Record the total value on line 11. This value will be automatically transferred to the Budget Summary, line 11.

Service Contracts:

Itemize all contracts for specific services such as equipment maintenance, janitorial services, etc., in which the applicant pays another organization for the provision of services. Record the total value on line 12. This value will be automatically transferred to the Budget Summary, on line 12.

Other:

Itemize costs not included in any of the previous categories. Examples include liability insurance, bonding, consulting fees, equipment rental/lease, volunteer travel, etc. Record the total value on line 13. This value will be automatically transferred to the Budget Summary, line 13.

Indirect Budget Cost Detail Schedule

The Indirect Budget Cost Detail Schedule shall include only costs indirectly associated with the operations of the program. Follow the instructions above for the following sections: Salaries and Wages, Fringe Benefits, Travel – Staff, Supplies, Equipment, Rent/Utilities, Communications, Service Contracts, and Other. The total values of each section will automatically transfer to the indirect Cost section (lines 14 – 22) of the Budget Summary.

Local Cash Match and Local In-Kind Match

There are two additional sections on the Indirect Budget Cost Detail Schedule. Applicants are required to provide matching funds to support the program. They are called Local Cash Match and Local In-Kind Match. Before completing these sections of the Indirect Budget Cost Detail Schedule, review the AAA Local Match Requirements Policy.

Cash or hard match includes money that has been designated for the support of the service funded through AAA 1-B. Such cash funds cannot be federal funds, except in cases where clearance is allowed, such as General Revenue Sharing Funds.

In-Kind or Soft Match includes resources other than cash, which are used in providing the service. These may include but are not limited to donated rent and/or utilities; recorded hours of volunteers working on the equipment or supplies; and/or donated secretarial time. The value of in-kind donations should relate to actual costs, for example the per-hour value of the work done by a volunteer or the fair market value of donated office space.

Applicant must obtain an original letter from the source(s) of the Local Match contributions and attach the letter(s) to the application.

Tally the sum of both the Cash Match and In-Kind Match sections and report on lines 26b and 26c. These values will be automatically transferred to lines 26b and 26c of the Budget Summary.

Budget Summary

Follow these instructions to complete the Budget Summary. Much of the information will have been auto populated from the two Cost Detail Schedules, but there are a few lines that require information to be entered.

Line 1) Enter the Organization Name

Line 2) Enter the Service for which applicant is applying. Use the formal name of the service as found on the Service Definition.

Line 3) Enter the Budget Period. This period is typically from October 1, the start of the AAA 1-B fiscal year, through September 30. The budget may be revised during the year, but each time it is revised, continue to use the original period on this line.

Line 4) Enter the date the budget is prepared. Each time the budget is revised within the period, record the revised preparation date.

Line 23) Tally all the figures from lines 5 through line 22 and enter the sum on line 23.

Line 24) Enter Program Income/Voluntary Contribution.

Program Income/Voluntary Contribution

Program Income/Voluntary Contribution is the projected gross income received by the program that is directly generated by a supported activity or earned because of the grant agreement

during the grant period. Program income includes, but is not limited to, income from contributions for services performed. Interest earned on federal, or state funds is not program income.

Program Income/Voluntary Contribution generated from federal/state-funded services must be used to enhance or increase service for the program in which it was received in the grant year that it was received. Failure to enhance or increase program services when program income/voluntary contribution is received more than the approved contract budget will result in the reduction of the federal/state share of the net allowable costs.

Considerations:

- Program Income/Voluntary Contribution may not be budgeted or used for local match.
- Program Income/Voluntary Contribution must be realistically estimated in the budget submitted to AAA 1-B prior to the beginning of a fiscal year.
- Actual Program Income/Voluntary Contribution received will be reported on the monthly and quarterly report forms submitted to AAA 1-B for each program.
- If Program Income/Voluntary Contribution is expected to exceed the budgeted amount, then the applicant must submit a Budget Change Request form as soon as possible, and no later than September 10. The form must indicate how the additional program income has or will be used to increase or enhance services during the current fiscal year.

Line 25) Subtract line 24 from line 23 to determine Net Costs of the proposed program.

Line 26a) This line represents the federal/state funding requested from AAA 1-B. Enter the total amount of funding applicants are applying for.

Line 26b and 26c) These lines will have been auto populated from the Description of Matching Funds section of the Indirect Budget Cost Detail Schedule.

Line 27) Enter the Program Income/Voluntary Contribution. This line will match line 24.

Line 28) This represents applicants' total budget for the proposed program. Add lines 26a, 26b, 26c, and 27. If the budget is calculated correctly line 28 will equal line 23. If the amounts on lines 23 and 28 do not match, an error in calculation has occurred and should be identified and corrected.

Line 29) Enter the number of individuals, known as participants, proposed to be served for one year.

Line 30) Enter the number of units of service applicant proposes to serve for one year. The definition of unit may vary among funded services. Refer to the AAA 1-B and The Bureau of Aging, Community Living, and Supports Operating Standards Manual for Social and Nutrition Services Fiscal Years 2023, 2024, and 2025 for a definition of a unit for the program.

Line 31) This line will be auto calculated. It is the total unit cost of the program. It is calculated by dividing the total of all funds (total budget plus additional resources) by the number of units of service proposed. (Lines 23 + 33)/Line 30.

Line 32) This line will be auto calculated. It is the unit share or unit rate, the cost per unit of service by federal/state funding. It is calculated as the total federal/state funding award divided by the units of service proposed. (Line 26a/Line 30).

Line 33) Additional Resources are any additional cash or in-kind resources outside of this budget, that will be used to support the program as described in the application. For the purposes of this budget, additional resources are in addition to the budgeted dollars, and do not appear in any line item of the budget. Enter the source and amount of all additional funds and total the values at the bottom of the section, next to total resources.

Line 34 is for AAA 1-B use only. Leave this line blank.

Local Match Requirement Policy – Social Services

Original documentation of local match is required for Older Americans Act (federal or state) funding. The match amounts are determined by formula for each service category. The local match dollars may be cash, in-kind resources, or a combination of both.

Social Services Match Requirement: A minimum match ratio of 85% federal/state funding to 15% local match. Of the 15% local match, a minimum of three-quarters (3/4) must be cash. The remaining one quarter (1/4) can be cash, in-kind, or a combination of both. To determine the match, divide the requested funding amount by 85% then multiply the result by 15%.

Applicants must comply with match requirements to be eligible for funding. Applicants unable to comply with cash match requirements may request consideration of a waiver of cash match for additional in-kind match. This waiver request must be submitted in writing along with the application and must include the reason the match waiver is needed and the original documentation of in-kind match source.

BUDGET SUMMARY
(Dollars Only: No Cents)

1.	Agency Name:	ABC Volunteer Inc.	Page 1 of 3	
2.	Service:	Volunteer Caregivers		
3.	Budget Period:	10/01/2021 - 09/30/2022	29. TOTAL BUDGETED PARTICIPANTS	445
4.	Date prepared:	05/22/22	30. TOTAL BUDGETED UNITS	16,097
			31. TOTAL UNIT COST	\$ 40.84
			32. UNIT SHARE/UNIT RATE	\$ 12.24
			33. ADDITIONAL RESOURCES	
	Direct Costs	Budget	Amount	Source
5.	Salaries and Wages	\$ 92,560	\$ 433,492	Donated Volunteer Time
6.	Fringe Benefits	\$ 10,182		based on value set by
7.	Travel-Staff	\$ -		Independent Sector of
8.	Supplies	\$ 1,000		\$26.93 per hour in Michigan
9.	Equipment	\$ -		in 2020 for 16,097 hours.
10.	Rent/Utilities/Space	\$ -		
11.	Communications	\$ -		
12.	Service Contracts	\$ -		
13.	Other	\$ -		
	Total Direct Costs	\$ 103,742		
	Indirect Costs			
14.	Salaries and Wages	\$ 86,216		
15.	Fringe Benefits	\$ 9,484		
16.	Travel-Staff	\$ 250		
17.	Supplies	\$ 2,722		
18.	Equipment	\$ -		
19.	Rent/Utilities/Space	\$ 6,630		
20.	Communications	\$ -		
21.	Service Contracts	\$ 6,800		
22.	Other	\$ 4,000		
	Total Indirect Costs	\$ 122,182		
23.	TOTAL BUDGET	\$ 223,923		
24.	Less: Program Income/Voluntary Contribution	\$ 5,000		
25.	NET COSTS	\$ 218,923		
26.	Source of Funds		\$ 433,492	TOTAL RESOURCES
	26.a. Federal/State	\$ 197,031		
	26.b. Local Cash Match	\$ 34,770		
	26.c. Local In-Kind Match	\$ -		
27.	Program Income/Voluntary Contribution	\$ 5,000		
28.	TOTAL BUDGET	\$ 236,801		
34.	Budget Approval	AAA 1-B USE ONLY		
	AAA 1-B	Date		
	CSI _____	_____		
	FA _____	_____		

DIRECT BUDGET COST DETAIL SCHEDULE

Agency Name: _____

Service: **Volunteer Caregivers**

5. SALARIES AND WAGES

a. Standard Work Week Hours: 40

b. Position / Title	c. FTE	d. \$ Total
Volunteer Coordinator	0.75	\$24,960
Client Services Coordinator	1.00	\$31,200
Office Intake Coordinator	0.50	\$14,560
Chore & Repair Coordinator	0.50	\$15,600
Program Assistant	0.25	\$6,240
Line 5:	SALARIES AND WAGES TOTAL	
		\$92,560

FRINGE BENEFITS (Line 6)	
11.00% % TO TOTAL SALARIES	\$10,182

TRAVEL - STAFF			
Miles:	Rate Per Mile:		\$0
Other:			\$0
Line 7:	STAFF TRAVEL TOTAL		\$0

SUPPLIES	
Client Support Materials	\$1,000
Line 8:	SUPPLIES TOTAL
	\$1,000

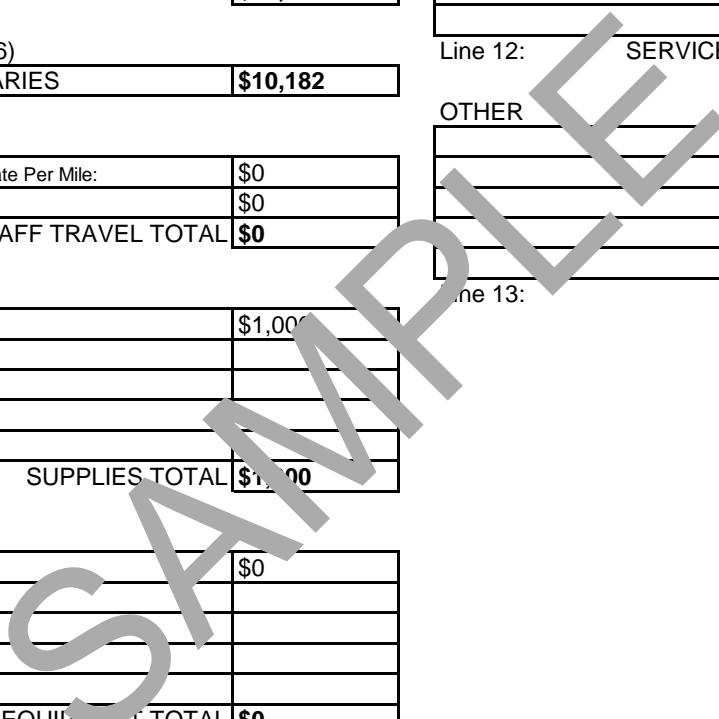
EQUIPMENT	
	\$0
Line 9:	EQUIPMENT TOTAL
	\$0

RENT/UTILITIES			
Rent Rate:		Square Feet:	\$0
Utilities:		Months:	\$0
Utilities:		Months:	\$0
Line 10:	RENT/UTILITIES/TOTAL		\$0

COMMUNICATIONS	\$ Total
	\$0
Line 11:	COMMUNICATIONS TOTAL
	\$0

SERVICE CONTRACTS	\$ Total
	\$0
Line 12:	SERVICE CONTRACTS TOTAL
	\$0

OTHER	\$ Total
	\$0
Line 13:	OTHER TOTAL
	\$0



INDIRECT BUDGET COST DETAIL SCHEDULE

Agency Name: _____

Service: **Volunteer Caregivers**

14. SALARIES AND WAGES

a. Standard Work Week Hours: 40

b. Position / Title	c. FTE	d. \$ Total
Executive Director	0.50	\$ 26,000
Data Coordinator	0.75	\$ 26,520
Outreach Coordinator	0.65	\$ 24,336
Business Manager	0.25	\$ 9,360
Line 14:	SALARIES AND WAGES TOTAL \$86,216	

FRINGE BENEFITS (Line 15)	11.00%	% TO TOTAL SALARIES	\$9,484
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TRAVEL - STAFF			
Miles:	500	Rate Per Mile:	0.500
Other:			
Line 16:	STAFF TRAVEL TOTAL \$250		

SUPPLIES	
Consumable Office Supplies	\$ 1,222
Outreach & Recruitment Supplies	\$ 500
Volunteer Support & Recognition Items	\$ 1,000
Line 17:	SUPPLIES TOTAL \$2,722

EQUIPMENT	
	\$ -
Line 18:	EQUIPMENT TOTAL \$0

RENT/UTILITIES				
Rent Rate:	\$ 3.62	Square Feet:	1500.00	\$5,430
Utilities:	\$ 50	Months:	12	\$600
Utilities:	\$ 50	Months:	12	\$600
Line 19:	RENT/UTILITIES/TOTAL \$6,630			

COMMUNICATIONS	\$ Total
Phone	\$1,800
Postage	\$1,800
Printing	\$500
Line 20:	COMMUNICATIONS TOTAL \$4,100

SERVICE CONTRACTS	
Database Management & Analytics	\$ 6,000
Accounting Payroll Service	\$ 780
Line 21:	SERVICE CONTRACTS TOTAL \$6,780

OTHER	
Liability Insurance	\$ 4,000
Line 22:	OTHER TOTAL \$4,000

DESCRIPTION OF MATCHING FUNDS	
Local Cash Match	
(Specify Source of Funds)	Amount
Local Congregations & Organizations	\$34,770
Line 26b:	Local Cash Match TOTAL \$34,770

Local In-Kind Match	
(Specify Source of Funds)	Amount
	\$0
Line 26c:	Local In-Kind Match TOTAL \$0

NUTRITION SERVICES BUDGET INSTRUCTIONS

Applicants are required to complete the budget forms for Nutrition Services provided by AAA 1-B. The budget must be completed electronically since they are housed on a Microsoft Excel spreadsheet and some field auto-populate. The budget forms are inclusive of both the Congregate and Home Delivered Meal programs.

The estimated amount of federal/state funding is allocated by service region for the Congregate and Home Delivered Meal services and will be provided at the Applicant Workshop. Funding is allocated by a formula. Requests for federal/state funding greater than the amount allocated to the service area will not be considered.

Awards are based on unit rates; that is nutrition services contracts are based on a dollar amount funded per unit of service. Definition of units of service is found with each specific service definition. Unit rates are subject to negotiation prior to finalization of the contract. It is highly recommended that all additional resources that will be used to support the program be included in the budget. Not providing additional resources may put the applicant at a disadvantage when competitive unit rates are negotiated.

The budget must include proposed expenditures for one fiscal year. Budgets will be requested in subsequent fiscal years on an as needed basis. AAA 1-B will inform the applicant when an updated budget will be required.

If applying to provide both congregate and home delivered meal services, program costs shall be accurately allocated between the respective programs. At fiscal year-end, each program must be able to calculate the component cost of each meal provided according to the line-item categories on the budget.

Nutrition Services Budget Form

There are four forms that will be used to develop the budget: 1) Congregate and Home Delivered Meal Program Detail, 2) Congregate Expenditure Detail, 3) Home Delivered Meal Expenditure Detail, and 4) Congregate and Home Delivered Meal Program Budget. The three Detail forms will be automatically carried forward to the full Congregate and Home Delivered Meal Program Budget form.

Budgeted expenditure information must include all expenditures that will be made with the federal/state award, Nutrition Services Incentive Program (NSIP) funding, program income and required local match revenues. Expenditures that will be made from additional resources needed to operate the program should not be included on Detail forms, but only on the full Congregate and Home Delivered Meal Program Budget form.

Pursuant to OMB Circular A-122 federal/state funding may not be used to reimburse grantees for the value of donated space and volunteer labor. The value of rented space and time may be included in the line items to the extent that they equal the required match amount. List donated

values, exceeding the required match amounts, in the Additional Resources column on the full Congregate and Home Delivered Meal Program Budget form.

Follow the instructions below to complete the three Detail forms. Remember to prepare these forms first; the totals will automatically transfer to the corresponding lines on the Summary tab.

Only whole numbers should be used when filling in entries. The only time two decimal places are used is for unit rate, transportation/mileage, and/or facilities/rent or utility rates.

Detail Form: Expenditure Schedule

This form is to be completed first, for both Congregate and Home Delivered services. On the top line of all Detail forms, record the full legal name of the organization requesting funding.

Applicant must minimally serve the budgeted number of each TYPE of meal (i.e., Hot, Cold, Breakfast, Frozen, Liquid) for each service. Requests for approval to adjust the number of meals by type and/or add or delete type of meals to be served must be made in writing to the AAA 1-B program and finance managers.

Line 1 – Raw Food

Describe or name the production facility. Enter only the costs associated with raw food preparation in production facilities that are to be operated by the applicant. If all meal preparation is subcontracted to another organization, skip this section.

Line 2 – Purchased Meals

This category is used for all meals not prepared in the applicant's facility including subcontracted meal production. Name the provider(s) from whom applicant will purchase meals. Enter the type of meals each provider will provide for either Congregate or Home Delivered program. Type of meals include Hot, Cold, Emergency/Shelf Stable. In the second and third columns, enter the number of meal units and the cost (unit rate) that will be paid for the meals.

Line 3 – Nutrition Supplement

If providing nutrition supplement products, enter the type of supplement (Ensure, Glucerna, Ensure Plus, etc.) and the number of cases that will be ordered. Enter the cost per case. Enter the number of units that will be served for each service and for each type of supplement. Do not add any additional costs to this line for delivery, handling, packaging, or National Aging Program Information System (NAPIS) tracking. All additional costs for serving a Nutrition Supplement should be contained in the appropriate line items on the subsequent detail pages.

The total units and cost for all three categories of Raw Food are automatically totaled for each service and will be auto populated onto the full Congregate and Home Delivered Meal Program Budget form.

Details Forms: Congregate Expenditure Detail & Home Delivered Meals Expenditure

These two forms are identical but pertain to the Home Delivered Meal service or the Congregate Meal service. Complete either or both, depending upon which service(s) applicant proposes to deliver. On the topline of the form, record the full legal name of the organization requesting funding.

Line 4 & 5 – Direct Labor Salary and Direct Labor Fringe

Only those salaries and fringe benefits for employees whose job responsibilities directly support meal procurement and delivery should be included in this line item. Record the number of hours in the employee's work week, number of hours the organization is open for business. The full time equivalent (FTE) is figured by dividing the number of budgeted work hours per week by the hours in the standard work week. Example: Employee A is budgeted for 12 hours per week and the standard work week is 40 hours. The full-time equivalent is $12/40 = 0.3$ FTE.

Using the organizational chart that is provided with the application, enter the salaries and fringe that will be allocated to each service for applicant employees and volunteers listed. The fair market value of volunteer wages and fringe should only be included in this line item to the extent that those amounts are not greater than the required match. Use the OMB A-122 Cost Principles for non-profit agencies as a guide to calculating volunteer salaries. If volunteer labor is used as required match, attach a description, including position title and number of hours expected for all volunteers in the budget.

Applicants are required to track volunteer hours provided for purposes of match verification. Do not include contract employees/service provider salaries on this line.

Fringe amounts may include applicant's expenditures for FICA, health insurance, retirement, unemployment, and worker's compensation to the extent that the salaries are allocated above. The fringe line item will be reviewed for its reasonableness in relation to the salary amounts provided.

Volunteer labor and/or salaries paid from other sources (i.e., local millage dollars) are to be entered under additional resources.

Line 6 – Direct Kitchen Expenses

Enter only expenses that directly support meal procurement and delivery. Examples of direct kitchen expenses include supplies (i.e., paper plates, plasticware, etc.) and non-consumable items with a value of \$5,000 or less. Items such as janitorial supplies and educational materials should be budgeted in the "Other" line item.

Line 7 – Transportation

Enter costs associated with regular vehicle maintenance and fuel for meal delivery only. Costs may include mileage reimbursement paid to delivery drivers, direct fuel costs for delivery vehicles, and routine vehicle maintenance for delivery vehicles. If vehicles are used for activities other than the specified meals program, only apply allocated costs for the service.

Line 8 – Other

Enter costs not included on other lines. Costs may include:

- Staff travel for conducting service activities other than delivering meals
- Communications including telephone, internet, postage, copying, printing, etc.
- Insurance
- Lease agreements

If any items on this line exceed 10% of the Total Program Budget for either service, attach a detailed description of each cost. The budget form will automatically indicate when the item cost is equal to or greater than 10% by changing the line item from “8. Other” to “8. Other (submit justification).”

Line 9 & 10 – Indirect Labor Salary and Indirect Labor Fringe

Enter only those salaries and fringe benefits for employees whose job responsibilities do NOT directly support meal procurement and delivery should be included in this section.

Line 11 – Facilities (Rent/Utilities)

Enter all rent and utility costs associated with the program. If space is donated, it only includes the value to the extent that it does not exceed the amount for the required match. All other donated space should be listed under Additional Resources on the full Budget form. If donated space is to be used for required match, attached documentation that includes verification of square footage and fair market value per square foot.

Line 12 – Equipment

Equipment is any single non-consumable item with a unit value of \$5,000 or greater. Enter the name of the equipment and the cost of each unit or piece of equipment that will be purchased with AAA 1-B funding. The cost should include the necessary accessories, installation costs, and taxes. Equipment must be purchased in the fiscal year that it was budgeted.

When federal/state funding is used to purchase equipment for a program, the applicant must maintain records that include the following information regarding the equipment:

- Equipment description
- Manufacturer’s serial or model number
- Funding source of the equipment
- Unit acquisition cost and date of acquisition
- Disposal information

If the equipment is used for non-federal/state programs, the applicant will charge a user a fee no less than a private company would charge for equivalent use. Such user charges must be treated as Program Income. See Annual Inventory report #0015 for further instructions.

Line 13 – Consultants

Enter all contract employee or consultant expenditures. This line should include costs for legal services, accounting services, and IT services.

If any items on this line exceed 10% of the Total Program Budget for either service, attach a detailed description of each cost, outlining the work to be performed and all associated fees, such as travel. The budget form will automatically indicate when the line is equal to or greater than 10% by changing the line from “13. Consultants” to “13. Consultants (submit justification).”

Full Budget Form: Summary

Follow these instructions to complete the full budget form. Much of the information will have been auto populated from the three Detail forms, but there are a few lines that require information to be entered. In Section I, General Information, enter the full legal name of the organization applying for funding. The Contract Period will be auto populated. In the Grant Funding Column, enter the funding amounts provided to applicant at the Applicant Workshop, for each service. The NSIP rate will auto populate. Required Match amounts will automatically calculate based on the required ratio, as described below. The number of units proposed to be served and the unit rate will be auto populated. Enter the number of participants proposed to be served with budgeted funding.

If applicable, enter the funding amount for supplies in the Grant Funding Column. Match is required for supplies funding and will auto populate once the award amount is entered.

Local Match Requirement Policy – Nutrition Services

Original documentation of local match is required for Older Americans Act (federal or state) funding. The match amounts are determined by formula for each service category. The local match dollars may be cash, in-kind resources, or a combination of both. Documentation attesting to the source and amount of cash and in-kind match that will be received for the program must be submitted to AAA 1-B.

Nutrition Services Match Requirement: A match ratio of 85% federal or state funds to a 15% local match that may be either all cash, all in-kind, or a combination of both. To determine the match, divide the requested funding amount by 85% and then multiply the result by 15%.

Match is not required for Nutrition Services Incentive Program (NSIP) funding.

If additional federal or state funding becomes available for expanding services during the contract year, applicants may provide all in-kind match, if unable to secure further cash resources for the additional funds. Applicants requesting all in-kind match for the additional funds must document their inability to secure further cash resources. In subsequent years, the local cash to in-kind match ratio will revert to the proportions included in the original contract.

Applicants must comply with match requirements to be eligible for funding. Agencies unable to comply with cash match requirements may request consideration of a waiver of cash match for additional in-kind match. This waiver request must be submitted in writing along with the application and MUST include the reason the match waiver is needed and the original documentation of in-kind match source.

For additional information regarding local match and documentation of in-kind, please contact the AAA 1-B Finance Manager.

Additional Resources

If additional resources outside of the budgeted funding are invested to operate the program, describe these resources and the value of such resources in Section II of the form.

Program Income/Voluntary Contribution

In Section III of the form, Program Income/Voluntary Contribution values must be entered for each service proposed. Program Income/Voluntary Contribution is the projected gross income received by the program that is directly generated by a supported activity or earned because of the grant agreement during the grant period. Program income includes, but is not limited to, income from contributions for services performed. Interest earned on federal, or state funds is not program income.

Program Income/Voluntary Contribution generated from federal/state-funded services must be used to enhance or increase service for the program in which it was received in the grant year that it was received. Failure to enhance or increase program services when Program Income/Voluntary Contribution is received more than the approved contract budget will result in the reduction of the federal/state share of the net allowable costs.

Considerations:

- Program Income/Voluntary Contribution may not be budgeted or used for local match.
- Program Income/Voluntary Contribution must be realistically estimated in the budget submitted to AAA 1-B prior to the beginning of the fiscal year.
- Actual Program Income/Voluntary Contribution received will be reported on the monthly and quarterly report forms submitted to AAA 1-B for each program.
- If Program Income/Voluntary Contribution is expected to exceed the budgeted amount, then the applicant must submit a Budget Change Request form as soon as possible, and no later than August 10. The form must indicate how the additional program income has or will be used to increase or enhance services during the current fiscal year.
- For applicants with current contracts, the program income information will be reviewed against year-end and monthly reports for accuracy.

The last line on this form, Federal/State Grant, will automatically calculate. Verify that this value is equal to the "Grant Total" in Section I. If the values do not equal, an error in calculation has occurred and must be identified and corrected before the budget is accepted.

The remaining lines are for AAA 1-B use only. Leave the remaining lines blank.

**Area Agency on Aging 1-B
Congregate and Home Delivered Meal Program Budget**

I. GENERAL INFORMATION

Contractor:	Meals to Seniors	Fiscal Year:	2023
		Date Prepared:	5/14/2022

	Grant Funding	Required Match	Units	Unit Rate	Participants
Congregate Meals	\$106,665	\$18,823	36,529	\$2.92	1,000
Home Delivered Meals	\$472,581	\$83,397	192,890	\$2.45	1,110
Supplies	\$0	\$0			
Grant Total	\$579,246	\$102,220	229,419		
NSIP Rate	\$0.67				

II. YEAR ONE BUDGET EXPENDITURES

	Congregate Meals	Unit Ratio	Home Delivered Meals	Unit Ratio	Total Contract Expenditures	Additional Resources	Total Program Expenditures
Direct Costs							
1. Raw Food	\$41,322	\$1.13	\$247,131	1.28	\$288,453		\$288,453
2. Purchased Meals	\$16,416	\$0.45	\$84,735	0.44	\$101,151		\$101,151
3. Nutrition Supplements	\$0		\$837	0.00	\$837		\$837
4. Direct Labor Salary	\$20,844	\$0.57	\$90,164	0.51	\$118,309	\$177,614	\$295,922
5. Direct Labor Fringe	\$8,303	\$0.23	\$34,411	0.18	\$42,741	\$25,767	\$68,509
6. Direct Kitchen Expenses	\$500	\$0.01	\$1,000	0.01	\$1,500	\$48,236	\$49,736
7. Transportation	\$0		\$19,200	0.10	\$19,200	\$46,809	\$66,009
Total Direct Costs	\$87,385	2	\$484,806	3	\$572,192	\$298,426	\$870,617
Indirect Costs							
8. Other	\$1,500	\$0.20	\$65,482	0.34	\$77,211	\$1,500	\$78,711
9. Indirect Labor Salary	\$12,311		\$72,184	0.37	\$84,501	\$78,549	\$163,050
10. Indirect Labor Fringe	\$6,902	\$0.12	\$40,917	0.21	\$47,819	\$45,169	\$92,988
11. Facilities (Rent / Utilities)	\$20,789	\$0.36	\$82,894	0.43	\$103,471	\$4,800	\$108,271
12. Equipment	\$0		\$0		\$0		\$0
13. Consultants	\$2,905	\$0.05	\$19,440	0.10	\$22,345		\$22,345
Total Indirect Costs	\$54,431	1	\$280,916	1	\$335,348	\$130,018	\$465,365
Total Program Budget	\$141,817	3	\$765,722	4	\$907,539	\$428,443	\$1,335,983

III. BUDGET SUMMARY

Total Contract Budget	\$907,539	Total Program Cost	\$1,335,983
Less: CM Program Inc./Vol.Contribution	\$12,060	Total Program Unit Cost	\$5.82
Less: HDM Program Inc./Vol.Contribution	\$98,162		
Less: NSIP Reimbursement	\$153,711		
Sub Total	\$643,607		
Less: Required Match	\$102,220		
Federal/State Grant	\$541,387		

Budget Approval: CSI Date FA Date
 AAA 1-B Use Only

CONGREGATE EXPENDITURE DETAIL

Contractor: 0

4. DIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
KITCHEN MANAGER	40	0.20	5,327
HEAD COOK	40	0.18	4,170
SECOND COOK	40	0.18	3,904
THIRD COOK	40	0.10	2,127
CUSTODIAN	40	0.25	5,317
TOTAL DIRECT LABOR SALARIES			20,844

9. INDIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
EXECUTIVE DIRECTOR	40	0.20	7,960
SECRETARY	40	0.18	4,358
TOTAL INDIRECT LABOR SALARIES			12,318

5. DIRECT LABOR FRINGE

Position/Title	FTE	Total
KITCHEN MANAGER	40	2,622
HEAD COOK	40	1,893
SECOND COOK	40	2,663
THIRD COOK	40	283
CUSTODIAN	40	842
TOTAL DIRECT LABOR FRINGE		8,303

10. INDIRECT LABOR FRINGE

Position/Title:	FTE	Total
EXECUTIVE DIRECTOR	40	2,713
SECRETARY	40	4,189
TOTAL INDIRECT LABOR FRINGE		6,902

6. DIRECT KITCHEN EXPENSES

FOOD SERVICE SUPPLIES	500	
TOTAL DIRECT KITCHEN EXPENSES		500

11. CONGREGATE FACILITIES (RENT/UTILITIES)

Rent Rate	1.122773	Sq. Ft.	11,900	13,361
Utilities	350.00	Months	12	4,200
Utilities	51.42	Months	12	3,017
TOTAL FACILITIES				20,578

12. EQUIPMENT

NONE		
TOTAL EQUIPMENT		0

7. TRANSPORTATION

Miles:		Rate Per Mile:	
Other:			
TOTAL TRANSPORTATION			0

8. OTHER

OFFICE/PROGRAM SUPPLIES	2,138	
INSURANCE	3,042	
DUES/ADVERT/HELP WANTED ADS/SUBSCRIPT.	820	
MISC.	5,729	
TOTAL OTHER		11,729

13. CONSULTANTS

AUDIT	1,820	
IT SERVICES AND PROGRAMS	1,085	
TOTAL CONSULTANTS		2,905

DESCRIPTION OF MATCHING FUNDS

LOCAL CASH MATCH (Specify Source of Funds)

LOCAL CASH MATCH TOTAL		0

LOCAL INKIND MATCH (Specify Source of Funds)

WATER TOWER PARK	1,180	
LIFE FRENCHTOWN	1,384	
SULLIVAN	4,004	
ORCHARD	4,324	
RIVER PARK PLAZA	961	
	6,971	
LOCAL CASH MATCH TOTAL		18,823

MATCH TOTAL **18,823**

HOME DELIVERED MEALS EXPENDITURE DETAIL

Contractor: 0

4. DIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
KITCHEN MANAGER	40	0.75	19,976
HEAD COOK	40	0.70	16,678
SECOND COOK	40	0.70	15,616
THIRD COOK	40	0.63	13,293
CUSTODIAN	40	0.25	5,317
DRIVER W	40	0.63	13,293
DRIVER N2	40	0.63	13,293
TOTAL DIRECT LABOR SALARIES			97,464

9. INDIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
EXECUTIVE DIRECTOR	40	0.80	31,841
SECRETARY	40	0.70	14,707
HDM DATA COORDINATOR	40	1.00	25,636
TOTAL INDIRECT LABOR SALARIES			72,184

5. DIRECT LABOR FRINGE

Position/Title	FTE	Total
KITCHEN MANAGER 40	0.75	9,833
HEAD COOK 40	0.70	7,572
SECOND COOK 40	0.70	10,651
THIRD COOK 40	0.63	1,767
CUSTODIAN 40	0.25	842
DRIVER W 40	0.63	1,887
DRIVER N2 40	0.63	1,887
TOTAL DIRECT LABOR FRINGE		34,438

10. INDIRECT LABOR FRINGE

Position/Title:	FTE	Total
EXECUTIVE DIRECTOR 40	0.80	10,852
SECRETARY 40	0.70	14,139
HDM DATA COORDINATOR 40	1.00	15,926
TOTAL INDIRECT LABOR FRINGE		40,917

6. DIRECT KITCHEN EXPENSES

FOOD SERVICE SUPPLIES	1,000	
TOTAL DIRECT KITCHEN EXPENSES		1,000

11. HOME FACILITIES (RENT/UTILITIES)

Rent Rate: 5.26870	Sq. Ft.:	11,900	62,698
Utilities: 1683	Months:	12	20,196
TOTAL FACILITIES			82,894

7. TRANSPORTATION

Miles:	Rate Per Mile:	
Other: VEHICLE INSURANCE AND LICENSE		19,200
TOTAL TRANSPORTATION		19,200

12. EQUIPMENT

NONE		
TOTAL EQUIPMENT		0

8. OTHER

OFFICE/PROGRAM SUPPLIES	6,911	
INSURANCE	20,358	
DUES/ADVERT/HELP WANTED ADS/SUBSCRIPT.	5,488	
MISC.	32,725	
TOTAL OTHER		65,482

13. CONSULTANTS

AUDIT	12,180	
IT SERVICES AND PROGRAMS	7,260	
TOTAL CONSULTANTS		19,440

DESCRIPTION OF MATCHING FUNDS

LOCAL CASH MATCH (Specify Source of Funds)

LOCAL CASH MATCH TOTAL		0

LOCAL INKIND MATCH (Specify Source of Funds)

WATER TOWER PARK	5,227	
LIFE FRENCHTOWN	6,130	
SULLIVAN	17,738	
ORCHARD	19,157	
RIVER PARK PLAZA	4,257	
	30,888	
LOCAL CASH MATCH TOTAL		83,397

MATCH TOTAL 83,397

NUTRITION SERVICE DELIVERY CHARTS 1-5

These charts are available on the AAA 1-B website at <https://aaa1b.org/partner-with-us/>. Complete Charts 1-5 and submit them with the organization's application for Nutrition Services.

CHART 1: Food Specifications

Complete the chart and submit attachments where indicated. This information will be used to evaluate and compare ingredients, quality, and portion sizes that comprise the food cost in budgets.

CHART 2: Menu Specifications and Nutrient Analysis

This information will be used to evaluate the nutrient analysis of the applicant's sample menu and two standardized recipes. Describe method/software program used to analyze recipes for nutrient content. If none is currently available, indicate when this will be accomplished.

CHART 3: Program Operations (Congregate) and CHART 3: (Home Delivered Meals)

Provide the information requested including: the name or staff position responsible for coordinating the nutrition education requirement, resources with topics outlined for the proposed nutrition education plan for the first fiscal year, and specific congregate and home-delivered information. Two charts must be submitted, one for congregate meals and one for home-delivered meals. Attach a copy of the intake form and assessment form.

CHART 4: Nutrition Meal Site Operations

Complete one copy of Chart 4 for each meal site, including congregate sites, home-delivered meal sites, and adult day center programs that receive meals.

CHART 5: Main/Satellite Kitchen Operations and Catered Meals

Provide the information requested for each type of central/satellite kitchen and catered meals.

1. Submit copy of valid food service license and most recent health inspection report for all kitchen operations.
2. Attach ServSafe Manager certificate and ServSafe Allergen certificate for each site.

CHART 1- FOOD SPECIFICATIONS

Complete the chart below and submit attachments where indicated. This information will be used to evaluate and compare ingredients, quality, and portion sizes. Indicate N/A for items that are not used and wherever possible, indicate substitute products.

Organization Name: _____

Date: _____

List all food service suppliers for your establishment (i.e. Gordons, Sysco, US foods):	
PRODUCT SPECIFICATION	NUTRITION INFORMATION
Protein Specifications	Protein Specifications
Ground Beef, Bulk: lbs	<input type="checkbox"/> 70/30 <input type="checkbox"/> 80/20 <input type="checkbox"/> 85/15 <input type="checkbox"/> Other (specify)
Pre-Cooked Hamburger Patty: oz/ea	gm Protein, gm Fat, mg NA(sodium)
Pre-Cooked Chicken Patty: oz/ea	gm Protein, gm Fat, mg NA(sodium)
Boneless Skinless Chicken Breast: oz/ea	gm Protein, gm Fat, mg NA(sodium)
Turkey Breast: oz/ea	gm Protein, gm Fat, mg NA(sodium)
Pork Loin: oz/ea	gm Protein, gm Fat, mg NA(sodium)
Pork Chop (bone-in or boneless): oz/ea	gm Protein, gm Fat, mg NA(sodium)
Dairy	Dairy
Milk: _____ oz / container	% Fat: _____ gm Carb
Yogurt: _____ oz / container	Brand: _____ Supplier: _____
% Fat: _____ gm Carb	Brand: _____ Supplier: _____
Fats	Fats
Margarine or Butter Pads:	Size: _____ g
Gravy: Dry, canned, or homemade?	Brand: _____ mg NA(sodium) per 2 oz serving
Vegetables (list a few examples of each)	Attach recipe for gravy: canned, dry, and/or scratch
Fresh:	Vegetables
Canned:	Supplier (for fresh): _____
Frozen:	Sodium (NA) for canned: _____ mg per ½ cup
Mashed Potatoes: Dry, frozen, or scratch?	Sodium (NA) for frozen: _____ mg per ½ cup
Fruits (list a few examples of each)	Attach recipe for mashed potatoes
Canned Fruit:	Fruits
Fresh Fruit:	Pack Type: _____ (i.e. water, juice, light syrup)
Frozen Meals (FM)/Entrees	Supplier (for fresh): _____
Are frozen meals prepared from scratch cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frozen Meals (FM)/Entrees
Brand/Supplier for FM if purchased:	If purchasing FM from a food-service supplier, attach a menu and complete nutrition analysis for 3 different meals
Shelf Stable Meals	Attach product features of convenience frozen food items (i.e., stuffed peppers, lasagna, chicken tenders, etc.)
Source/Brand:	Shelf Stable Meals
Liquid Meal Supplements	Attach a 3-day menu with complete nutrition analysis
Brand:	Liquid Meal Supplements
	List Products: _____

Notes:

CHART 2- MENU SPECIFICATIONS AND NUTRIENT ANALYSIS

Complete the information requested below. This information will be used to evaluate a sample of the menu's nutrient analysis, standardized recipe, and cycle menu for the senior nutrition application.

Organization Name: _____ Date: _____

STANDARDIZED RECIPE Sample Meat Loaf Recipe	NUTRIENT ANALYSIS PANEL Per Serving of Meat Loaf
Recipe Source: _____	CALORIES/SERVING _____
Yield: _____	GM PROTEIN _____
Portion Size: _____	GM CARBOHYDRATE _____
Quantity Prepared: _____ lbs/oz	GM FAT _____
	GM SATURATED FAT _____
	MG SODIUM _____
	GM DIETARY FIBER _____

STANDARDIZED RECIPE Sample Beef Stew	NUTRIENT ANALYSIS PANEL Per Serving of Beef Stew
Recipe Source: _____	CALORIES/SERVING _____
Yield: _____	GM PROTEIN _____
Portion Size: _____	GM CARBOHYDRATE _____
Quantity Prepared: _____ lbs/oz	GM FAT _____
	GM SATURATED FAT _____
	MG SODIUM _____
	GM DIETARY FIBER _____

1. **Attach** recipe for meat loaf and beef stew or list brand(s) name(s) if convenience item. Include nutrients in item per serving and indicate serving size.

2. **Attach** nutrient analysis for recipe per serving size

3. Briefly describe the method/software program used to analyze recipes for nutrient content:

4. **Attach** a one week nutrient analysis and corresponding one week menu used in the program with complete nutrition analysis per day and average nutrient per week for 1/3 DRI: calories, protein, carbohydrates, fat, saturated fat, sodium, dietary fiber.

AAA 1-B Comments:

AAA 1-B Approval _____ Date _____

CHART 3- PROGRAM OPERATIONS CONGREGATE MEALS

Organization Name: _____ Fiscal Year: _____

1. Organization/Person(s) conducting nutrition education for congregate sites

2. Resources to be used: special guests/community partners/handouts/programs (ex: eatright.org, myplate.gov, MSU extension, Cooking Matters)

3. Materials distributed in languages other than English (list materials and languages provided)

Congregate Nutrition Education Activities Plan and Expected Outcomes

Please indicate the topic of nutrition education for each month and describe the desired outcome

October

November

December

January

February

March

April

May

SAMPLE

June

July

August

September

CONGREGATE SITE INFORMATION

4. List of Congregate Sites:

5. Number of Home-Delivered Meal recipients who also attended a congregate site:

6. Describe vehicles and equipment used for transporting and delivering meals: hot, cold, frozen and/or shelf-stable foods:

7. Average Volunteer FTEs at mealtime:

8. Average Paid Staff FTEs at mealtime:

Submitted By:

Date:

AAA 1-B Comments:

Approved by: _____

Date: _____

CHART 3- PROGRAM OPERATIONS HOME-DELIVERED MEALS

Organization Name: _____ Fiscal Year: _____

1. Organization/Person(s) conducting nutrition education for home-delivered meal participants
2. Resources to be used: special guests/community partners/handouts/programs (ex: eatright.org, myplate.gov, MSU extension, Cooking Matters)
3. Materials distributed in languages other than English (list materials and languages provided)
4. Attach copy of the HDM intake form and assessment form

Home-Delivered Nutrition Education Activities Plan and Expected Outcomes

Please indicate the topic of nutrition education for each month and describe the desired outcome

October

November

December

January

February

March

April

May

SAMPLE

June

July

August

September

HOME-DELIVERED MEAL INFORMATION

5. Describe vehicles and equipment used for transporting and delivering hot, cold, frozen, and shelf stable meals.

6. Describe the process for monitoring food safety of home-delivered meals.

7. List the number of HDM routes:

Paid staff average stops per route:

Volunteer average stops per route:

8. Describe any delivery changes completed in the previous year or planned for the upcoming year.

9. HDM Volunteer FTEs for Delivery:

10. HDM Paid Staff FTEs for Delivery:

Submitted by:

Date:

AAA 1-B Comments:

Approved by: _____ Date: _____

CHART 4- NUTRITION MEAL SITE OPERATIONS

Organization Name: _____ Date: _____

Site Name: _____

Address: _____

Location: Urban Suburban Rural

Site Contact Name: _____ Volunteer? Y N

Site Contact Email: _____

Phone Number: _____ Serving Hours for Meal Service: _____ to _____

Service Days Per Week: Monday Tuesday Wednesday Thursday Friday

Service Days per Weekend: Saturday Sunday

PROGRAM INCOME

Donation Request: Age 60+ _____ Guests Under Age 60 _____
\$ _____ \$ _____

Food Service Staff: Volunteer Under Age 60 _____ Other: _____
\$ _____ \$ _____

Funding Sources: Federal State Local Other

SITE DESCRIPTION

Type of Congregate Site (Check all that apply)

<input type="checkbox"/> a. Focal Point	<input type="checkbox"/> f. School
<input type="checkbox"/> b. High concentration of elderly in poverty	<input type="checkbox"/> g. Public or low-income housing
<input type="checkbox"/> c. High concentration of minority elderly	<input type="checkbox"/> h. Restaurant
<input type="checkbox"/> d. Multi-purpose senior center	<input type="checkbox"/> i. Adult Day Center
<input type="checkbox"/> e. Religious facility	<input type="checkbox"/> j. Other (township hall, club, etc.)

Barrier Free: Yes No If no, indicate reason _____

Certification of Accessibility (persons with disabilities can enter building, use restroom, and receive services that is at least equal in quality as that received by persons without disabilities)

Yes No (If no, indicate reason): _____

Compliance with fire safety standards: Yes No

Average Number of Meals Served Daily: _____ **Average Number Served Weekly:** _____

Average Number of Individuals (unduplicated) Served Weekly: _____

Congregate Meals: 1 Meal _____ 2 Meals _____ 3 Meals _____

Home Delivered Meals: 1 Meal _____ 2 Meals _____ 3 Meals _____

Liquid Meals: Yes No

Other Meals (please list): _____

Are meals prepared on site? Yes No

Is this site a drop-off point for HDM?

If not, where are the meals produced? _____

Yes No

Proof of food service license: Yes No If no, indicate reason _____

CHART 5- MAIN/SATELLITE KITCHEN OPERATIONS CATERED MEALS

(Attach 1 chart per kitchen)

Organization Name: _____ Date: _____

Kitchen Name: _____

Kitchen Address: _____

Kitchen Phone: _____ Contact Person: _____

Certified Manager Name: _____ Certification Date: _____

Allergen Certificate Name: _____ Certification Date: _____

Type of Kitchen: Main
 Satellite

List all dining/HDM sites served from this kitchen:

Average Number of Meals Prepared/Served Weekly

Week	Congregate	Home Delivered	Total
Meals Offered:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	_____

NUTRITION SITE PRODUCTION

Cycle Menu Type (Check one)

- 1 month (4 weeks) Quarterly (13 weeks) Seasonal ___ Weeks
 Other ___ Week(s) Other (please specify) _____

Food Preparation (Check all that apply)

- Prepared Fresh (Scratch-Cooked Daily)
 Cook Freeze on Site Cook Chill on Site Convenience Entrees
 List: ___ % Scratch Entrees ___ % Convenience Entrees

CATERED MEALS

Yes No Total Cost per Meal _____

Type of Operation:

- National Caterer Local Caterer Vocational School School
 Restaurant Hospital Other, Specify _____

FOOD SERVICE LICENSE

All Nutrition Services Applicants: Attach copy of valid food service license and most recent health inspection report for the main/satellite kitchen(s) and caterers indicated above.

SUBCONTRACT REQUEST

Organizations that are approved for funding must provide services as stated under the approved AAA 1-B Annual Implementation Plan (AIP) through formal contractual agreements. Awarded applicants (contractors) must comply with applicable provisions of the Older Americans Act (OAA) and the regulations and policies pertaining there to; all other applicable federal laws and regulations, including applicable licensure requirements to policies of the Administration for Community Living (ACL), to the policies of The Bureau of Aging, Community Living, and Supports (ACLS Bureau) and to all other applicable state and local laws.

Organizations may choose to subcontract services with another agency, however the request must be submitted in writing and approved by AAA 1-B. Applicants requesting to subcontract must complete the AAA 1-B Subcontract Request for Approval form and submit the form with the application for the services being rendered.



SUBCONTRACTING REQUEST FOR APPROVAL
Area Agency on Aging 1-B
29100 Northwestern Highway, Suite 400
Southfield, MI 48034

All subcontracting requests must be submitted using the Subcontracting Request for Approval form.
Services must not be rendered until the subcontracting agreement form has been reviewed and approved by AAA 1-B.

Organization Name: Meals R Us, Inc.
AAA 1-B Contracted Service: Nutrition Services – congregate and home delivered
Subcontractor Organization Name: Meals to Order
Effective Dates of Subcontract: 10/1/2022 – 9/30/2025

It is the responsibility of the AAA 1-B contracted organization to monitor and assess the performance of all assignees or subcontractors for the following:

- 1. Compliance with State and AAA 1-B Minimum Service Standards
2. Timely submission of data to the AAA 1-B contractor organization
3. Compliance with AAA 1-B insurance requirements
4. Subject to all conditions and provisions of the AAA 1-B contract

Note: The contractor shall be responsible for the performance of all assignees or subcontractors. Subcontractor agencies may be assessed by the AAA 1-B to ensure compliance with items listed above.

In addition, subcontractors providing personal care services must meet the following guidelines:

- 1. The subcontractor must be a member of the AAA 1-B Direct Service Purchase (DSP) pool.
2. Personal care aides must be cross-trained to assist in other areas during times when no personal care is required (i.e., office administration, social activities).
3. Supervision of the subcontracted personal care aides during the hours they are on-site at the AAA 1-B contracted organization will be performed by the contract organization.

Contractor Organization: Executive Director/President or Board Chairperson Date

Michael Karson, Chief Executive Officer, AAA 1-B Date

- Approval checkboxes:
- The Area Agency on Aging 1-B (AAA 1-B) approves the subcontracting agreement between the parties listed above.
- The Area Agency on Aging 1-B (AAA 1-B) denies the subcontracting agreement between the parties listed above for the following reason(s):