

Area Agency on Aging 1-B



AgeWays

Nonprofit Senior Services

Applicant Workshop
March 25, 2026

AgeWays Request For Proposals
Fiscal Years 2027, 2028, & 2029

A white brushstroke graphic on a light gray background. The brushstroke is irregular and textured, resembling a hand-painted shape. It is centered horizontally and vertically. The word "WELCOME" is written in a simple, black, sans-serif font across the middle of the white shape.

WELCOME

Meeting Purpose

To provide older adults and caregivers with access to programs and services that meet their needs and help them to live independently.

AND

- Explain the Request for Proposals (RFP) process & review the SmartSimple platform
- Provide funding allocations* for Older American's Act programs and services
- Ensure access to services throughout Region 1-B

*Funding availability is subject to change

AGENDA

10:00 AM	Welcome
	Overview of the Aging Network, Statewide & Regional Goals
	Request For Proposals (RFP), Operating Standards, & Application Process
	Application Platform - Smart Simple
11:30 AM	Break
	Budget Forms & Match Letters
	Nutrition Services
	Application Review Process & Pre-Contract Materials
12:30 PM	Questions & Answers/Wrap-Up

Aging Network

National Aging Network

- Congress
- Department of Health & Human Services
- Administration for Community Living (ACL)
- Administration on Aging (AoA)

State Aging Network

- The Bureau of Aging, Community Living, and Supports (ACLS Bureau)
- 16 Area Agencies

AgeWays Nonprofit Senior Services (AgeWays)

- Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw Counties
- 770,000 older adults; approximately 29% of the state's 60+ population
- Dedicated to providing access to services, advocating, coordinating with providers, allocating federal and state funds, identifying unmet needs & developing new programs/services

Service Providers

- Contract and Direct Service Purchase
- Public, private, and voluntary

Statewide and Regional Goals

Draft State Goals

State Goal #1: Promote collaborations and partnerships across MDHHS and other state departments, AAAs, OAA Title VI tribal grantees, and other agencies and organizations.

State Goal #2: Increase awareness and information sharing about available resources and support services for older adults and caregivers.

State Goal #3: Enhance pathways for accessing information, so that older adults and their support network, including those of greatest economic need and greatest social need, are aware of resources.

State Goal #4: Utilize language and messaging that celebrates aging and communicates the strength and value of older adults and those who provide care

AgeWays Draft Goals

Strengthen Partnerships	Strengthen community partnerships and cross-system integration to improve coordination of care and services for older adults and caregivers.
Increase Awareness	Increase awareness of aging services among older adults, caregivers, and community partners.
Improve Access	Improve access to, and navigation of, aging services that support older adults' health, safety, and ability to live independently in their homes and communities.
Advance Equity	Advance equity by expanding access to culturally responsive and inclusive aging services across AgeWays' service area.

AgeWays Key Program and Finance Staff

Katie Footman, Program Manager, Social & Caregiver Services

Social Services: Assistance to the Hearing Impaired & Deaf Community, Chore, Community Liaison, Home Injury Control, Legal Assistance, Prevention of Elder Abuse, Neglect, and Exploitation

Caregiver Services: Adult Day Services, Caregiver Legal Assistance, Grandparents Raising Grandchildren, & Volunteer Caregiver

Missy Maxwell, Finance Manager

All Nutrition and Social Services

Angela Patten, RD, Program Manager, Nutrition Services

Congregate Meals & Home Delivered Meals

Jeannine Roach, Manager, Health Promotion

Disease Prevention and Health Promotion

REQUEST FOR
PROPOSALS (RFP),
OPERATING
STANDARDS, AND
APPLICATION PROCESS
OVERVIEW

**AGEWAYS NONPROFIT SENIOR SERVICES
REQUEST FOR PROPOSALS
FOR SOCIAL AND NUTRITION SERVICES
FISCAL YEARS 2027, 2028, AND 2029
(October 1, 2026 – September 30, 2029)**



Mission

AgeWays Nonprofit Senior Services enhances the lives of older adults and adults with disabilities in the communities we serve

Request for Proposals: Social and Nutrition Services Fiscal Years 2027 - 2029

- Adult Day Services
- Assistance to the Hearing Impaired and Deaf Community
- Caregiver Legal Assistance
- Chore
- Community Liaison
- Congregate Meals
- Disease Prevention/Health Promotion Programs
- Grandparents Raising Grandchildren*
- Home Delivered Meals
- Home Injury Control
- Legal Assistance
- Prevention of Elder Abuse, Neglect, and Exploitation (PEANE)
- Volunteer Caregiver

*Allowable services under GRG include: Caregiver Care Management, Caregiver Education, Caregiver Information & Assistance, Respite Care, Caregiver Supplemental Services, and Caregiver Support Groups.

Request For Proposals (RFP) Manual



Tentative schedule of RFP activities



Application information & instructions



Application review



Award and denial process



Pre-contract materials



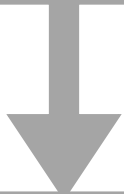
Reporting and assessment information

Operating Standards Manual

Operating Standards Manual:

AgeWays & ACLS Operating Standards Manual For Social and Nutrition Services FY27-29

- Operating Standards for all programs
- Service specific operating standards



Service Specific Standard Changes

Legal Assistance
Caregiver Legal Assistance
Respite Care
Disease Prevention/Health Promotion

Links to RFP & Application Materials

[Request for Proposals \(RFP\)
for Social and Nutrition
Services Fiscal Years 2027-
2029 | AgeWays](#)



Tentative Schedule



List of Services to be
Funded



Key Program &
Finance Staff



Request for
Proposals Manual



Operating Standards
Manual



American
Community Survey
Data



Miscellaneous Forms
& Resources



[Link to SmartSimple](#)



RFP Changes

- Letter of Intent – No longer needed
- New Service – Caregiver Legal Assistance
- Targeting Plans – Not required with the application. Plans will be completed as a pre-contract stipulation
- Applications – Submitted via SmartSimple
- Community Liaison – Unit of service changed to provision of direct contacts per day

APPLICATION PROCESS in SmartSimple

The slide features a dark blue background. At the bottom, there are two horizontal blue bars. The first bar is a solid blue rectangle. The second bar is a blue rectangle that is slightly offset to the right and has a 3D effect, appearing to be layered on top of the first bar.

The logo for SmartSimple, featuring the word "smartsimple" in a white, lowercase, sans-serif font centered within a dark teal rectangular background.

Applications must be submitted via SmartSimple starting March 18th

Benefits:

- Eliminate paper applications & multiple copies
- Reduce duplication of required paperwork
- Multiple staff can work on application in the platform
- Limits the amount of software applicants/contractors are utilizing for AgeWays

Due Date – May 29, 2026 by 5:00 p.m.

Late applications will not be accepted



Application Information



Organization Information



Service Area & Service Being Applied For

Must submit an application for each service



Narrative



Financial Management



Budget Documents



Nutrition Services Program Information (if applicable)

Important Info To Know

- Invite Collaborators
- Application Submitted – No Longer Editable
- Applications Due – May 29th by 5:00pm
 - Late applications will not be accepted
- [Link to SmartSimple](#)



SmartSimple Questions?



BREAK



BUDGET FORMS and MATCH LETTERS



BUDGET
PLANNING

Accessing Budget Forms in SmartSimple

ORGANIZATION INFORMATION

NARRATIVE

FINANCIAL MANAGEMENT

BUDGET DOCUMENTS

NUTRITION SERVICES PROGRAM IN

* Upload the Nutrition Services (Congregate & Home Delivered Meals) Budget



JUMP TO

Nutrition

Download [Nutrition Services Budget Template](#) to complete your budget.

Upon completion of this template:

1. Upload the budget form into the system below.
2. Select the "Save Draft" button below and you will see it will fill in the appropriate table fields. If the table does not update, then you might be using an old form, please use the one mentioned above.

If at any time, you wish to make changes to one of these tables, fill in your working Excel file, upload the edited file below, click "Save Draft" and the new information should appear in the table.

 Drop files here or [browse files](#)

Maximum file size: 2 GB



After you have uploaded the Finance Excel Template, click "Save Draft" to update the information in the tables below.

< Back

 Save Draft

 Withdraw

Delete

Please complete the areas in yellow

Social Service Budget Summary

- Enter highlighted areas
- Service is a dropdown list
- Projected Clients/Units
- Program Income/Cost Share (donations expected from AgeWays participants)
- Amount of funds requested
- Additional resources (amounts raised or received outside of participant donations or match)

Agency Name:				Page 1 of 3	
Service:					
Budget Period:	FY27	29. TOTAL BUDGETED PARTICIPANTS	-		
Date prepared:		30. TOTAL BUDGETED UNITS	-		
		31. TOTAL UNIT COST	\$ -		
		32. UNIT SHARE/UNIT RATE	\$ -		
			33. ADDITIONAL RESOURCES		
Direct Costs	Budget	Amount	Source		
Salaries and Wages	\$ -				
fringe Benefits	\$ -				
ravel-Staff	\$ -				
upplies	\$ -				
ipment	\$ -				
ent/Utilities/Space	\$ -				
ommunications	\$ -				
ervice Contracts	\$ -				
ther	\$ -				
Total Direct Costs	\$ -				
Indirect Costs					
Salaries and Wages	\$ -				
fringe Benefits	\$ -				
ravel-Staff	\$ -				
upplies	\$ -				
ipment	\$ -				
ent/Utilities/Space	\$ -				
ommunications	\$ -				
ervice Contracts	\$ -				
ther	\$ -				
Total Indirect Costs	\$ -				
TOTAL BUDGET	\$ -				
Source: Program Income/Voluntary Contribution					
NET COSTS	\$ -				
Source of Funds		\$ -	TOTAL RESOURCES		
Federal/State					
Local Cash Match	\$ -				
Local In-Kind Match	\$ -				
Program Income/Voluntary Contribution	\$ -				
TOTAL BUDGET	\$ -				

DIRECT BUDGET COST DETAIL SCHEDULE

Budget Detail Pages

- Salaries and wages FTE stands for full time employee, calculate total by hours employee will spend directly to that program and divide by the standard hours of work week
- Record salary of employee based on hours charged to the grant
- Entering a percentage in the fringe category will automatically calculate based off percentage of salary total above
- Mileage and rent/utilities are formulas
- All fields will transfer to summary page

Agency Name: _____

Service: _____

5. SALARIES AND WAGES

a. Standard Work Week Hours:		40
b. Position / Title	c. FTE	d. \$ Total
Line 5: SALARIES AND WAGES TOTAL		\$0

FRINGE BENEFITS (Line 6)	0.00%	% TO TOTAL SALARIES	\$0
--------------------------	-------	---------------------	-----

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

SUPPLIES		\$0
Line 8: SUPPLIES 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 Detail

- Expenses listed would only be indirect grant costs
- Fringe, Miles, Rent/Utilities are formulas
- Match detail must be included on this tab
- All fields will transfer to summary page

INDIRECT BUDGET COST DETAIL SCHEDULE				Page 3 of 3
Agency Name:		Service:		
14. SALARIES AND WAGES				
a. Standard Work Week Hours:				
b. Position / Title	c. FTE	d. \$ Total		
Line 14:		SALARIES AND WAGES TOTAL		\$0
FRINGE BENEFITS (Line 15)				
0.00%		% TO TOTAL SALARIES		\$0
TRAVEL - STAFF				
Miles:	Rate Per Mile:	\$0		
Other:		\$ -		
Line 16:		STAFF TRAVEL TOTAL		\$0
SUPPLIES				
Line 17:		SUPPLIES TOTAL		\$0
EQUIPMENT				
Line 18:		EQUIPMENT TOTAL		\$0
RENT/UTILITIES				
Rent Rate:	Square Feet:	\$0		
Utilities:	Months:	\$0		
Utilities:	Months:	\$0		
Line 19:		RENT/UTILITIES/TOTAL		\$0
COMMUNICATIONS				\$ Total
Line 20:				COMMUNICATIONS TOTAL \$0
SERVICE CONTRACTS				
Line 21:				SERVICE CONTRACTS TOTAL \$0
OTHER				
Line 22:				OTHER TOTAL \$0
DESCRIPTION OF MATCHING FUNDS				
Local Cash Match				
(Specify Source of Funds)		Amount		
Line 26b:		Local Cash Match TOTAL		\$0
Local In-Kind Match				
(Specify Source of Funds)		Amount		
Line 26c:		Local In-Kind Match TOTAL		\$0

Nutrition Budget Summary

- Enter highlighted areas
- Program Income/Voluntary Contribution are donations expected to be received from AgeWays participants
- Service will populate once selected in General expenditures tab
- Unit rate/Match are formulas
- Units will auto populate from Expenditure Schedule
- List additional resources used to operate program
- NSIP rate will be determined by AgeWays

I. GENERAL INFORMATION

Contractor:		Fiscal Year:			
		Date Prepared:			
	Grant Funding	Required Match	Units	Unit Rate	Participants
0		\$0			
NSIP Rate	\$0.00				

II. YEAR ONE BUDGET EXPENDITURES

	0	Unit	Total	Additional	Total
	Meals	Ratio	Contract	Resources	Program
			Expenditures		Expenditures
Direct Costs					
1. Raw Food	\$0		\$0		\$0
2. Purchased Meals	\$0		\$0		\$0
3. Nutrition Supplements	\$0		\$0		\$0
4. Direct Labor Salary	\$0		\$0		\$0
5. Direct Labor Fringe	\$0		\$0		\$0
6. Direct Kitchen Expenses	\$0		\$0		\$0
7. Transportation	\$0		\$0		\$0
Total Direct Costs	\$0	0	\$0	\$0	\$0
Indirect Costs					
8. Other	\$0		\$0		\$0
9. Indirect Labor Salary	\$0		\$0		\$0
10. Indirect Labor Fringe	\$0		\$0		\$0
11. Facilities (Rent / Utilities)	\$0		\$0		\$0
12. Equipment	\$0		\$0		\$0
13. Consultants	\$0		\$0		\$0
Total Indirect Costs	\$0	0	\$0	\$0	\$0
Total Program Budget	\$0	0	\$0	\$0	\$0

III. BUDGET SUMMARY

Total Contract Budget	\$0	Total Program Cost	\$0
Less: Program Inc./Vol. Contribution		Total Program Unit Cost	
Less: NSIP Reimbursement	\$0	Add Resources	\$0
Sub Total	\$0		
Less: Required Match	\$0		
Federal/State Grant	\$0		

General Expenditures tab

- Contractor field will auto populate from the summary tab
- The dropdown in the service field of the general expenditures tab will carry over to the other two tabs
- Formulas are present in this tab that will calculate in the total column
- Match must be listed and broken down by source, both In-kind and cash

Contractor: 0

Service: -

4. DIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
TOTAL DIRECT LABOR SALARIES			0

9. INDIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
TOTAL INDIRECT LABOR SALARIES			0

5. DIRECT LABOR FRINGE

Position/Title	FTE	Total
TOTAL DIRECT LABOR FRINGE		0

10. INDIRECT LABOR FRINGE

Position/Title:	FTE	Total
TOTAL INDIRECT LABOR FRINGE		0

Match Letters

- Match can be Cash or In-Kind or a combination of both
 - Cash from donations or general funds
 - Volunteer time (must be able to provide timesheets)
 - Space that is used for the program not paid for by federal funds
- Exact formula to calculate match: $=(\text{amount of funding})/0.85*.15$
- All services can be on the same match letter, but amount listed should cover minimum amount of all grants totaled, yet it is helpful to report additional monies available
- Match letter should clearly state what services are being covered, the amounts, the source, and must be signed
- Federal dollars cannot be used to match AgeWays dollars

Uploading Match Letter in SmartSimple

- On the budget tab, scroll down past the budget area and drag and drop, or select your match letter
- It will show up under the upload box, no need to hit save draft
- If multiple services are on one match letter, upload that letter in each grant

ORGANIZATION INFORMATION NARRATIVE FINANCIAL MANAGEMENT **BUDGET DOCUMENTS** NUTRITION SERVICES PROGRAM

Total Contract Budget
Less: Program Inc./Vol.Contribution
Less: NSIP Reimbursement
Sub Total
Less: Required Match
Federal/State Grant
Total Program Cost
Total Program Unit Cost
Addl Resources

* Upload the Local Match Letter

Drop files here or [browse files](#)
Maximum file size: 2 GB

← Back Save Draft Withdraw Delete

Social Services Funding Amounts FY27-29

ADULT DAY SERVICES	\$917,570
ASSISTANCE TO HEARING IMPAIRED & DEAF COMMUNITY	\$47,500
CAREGIVER LEGAL ASSISTANCE	\$75,000
CHORE SERVICES	\$450,000
COMMUNITY LIAISON	\$505,000
DISEASE PREVENTION/HEALTH PROMOTION	\$90,000
HOME INJURY CONTROL	\$216,500
KINSHIP – GRANDPARENTS RAISING GRANDCHILDREN	\$100,000
LEGAL ASSISTANCE	\$196,673
PREVENTION OF ELDER ABUSE, NEGLECT AND EXPLOITATION	\$90,000
VOLUNTEER CAREGIVER	\$335,000
TOTAL	\$3,023,243

Nutrition Funding Amounts by County FY27-29

CONGREGATE MEALS	
Livingston	\$188,355
Macomb	\$662,321
Monroe	\$167,199
Oakland	\$933,629
St. Clair	\$173,322
Washtenaw	\$268,508
Total	\$2,393,334

HOME DELIVERED MEALS	
Livingston	\$582,959
Macomb	\$2,049,882
Monroe	\$517,479
Oakland	\$2,889,580
St. Clair	\$536,430
Washtenaw	\$831,032
Total	\$7,407,362



Nutrition Services

Changes for RFP Cycle 2027-2029

- Nutrition Service Program Information Worksheets
 - Previously known as Nutrition Services Delivery Charts 1-5
 - Home Delivered Meals applicants- 4 worksheets
 - Congregate Meals applicants- 1 worksheet
- Nutrient Analysis vs. Meal Pattern
 - Nutrient analysis will only be required for programs that do not wish to adhere to the new meal pattern guidelines.
 - Nutrient analysis allows for more flexibility with meal planning and menu writing.
 - Refer to AgeWays/ACLS Operating Standards: General Requirements for Nutrition Programs
 - Sample 1-week nutrient analysis is required for all applicants to ensure programs can provide a nutrient analysis when needed

Nutrition Services Program Information

- Home Delivered Meals Applicants
 - Food Specifications Worksheet
 - Menu Specifications & Nutrient Analysis Worksheet
 - HDM Drop Site Only Worksheet
 - Production Kitchen Information Worksheet
- Congregate Meals Applicants
 - Congregate Meals Site Operations Worksheet

ORGANIZATION INFORMATION NARRATIVE FINANCIAL MANAGEMENT BUDGET DOCUMENTS **NUTRITION SERVICES PROGRAM INFORMATION**

*** Upload the Food Specifications Worksheet**

[Food_Specifications_Worksheet.docx](#)

Drop files here or [browse files](#)
Maximum file size: 2 GB

*** Upload the Menu Specification & Nutrient Analysis Worksheet**

[Menu_Specifications_and_Nutrient_Analysis_Worksheet.docx](#)

Drop files here or [browse files](#)
Maximum file size: 2 GB

Food Specifications Worksheet

Required Attachments:

- Product Specifications for purchased, premade entrees (e.g. lasagna, stuffed peppers, breaded chicken)
- Product Specifications with nutrient analysis for purchased frozen meals
- Product Specifications with nutrient analysis for purchased emergency meal packs

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: _____	<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)
White Fish Filet: _____ oz/ea	_____ gm Protein, _____ gm Fat, _____ mg NA(sodium)
Ham (bone-in or boneless): _____ oz/ea	_____ gm Protein, _____ gm Fat, _____ mg NA(sodium)
Dairy	Dairy
Milk: _____ oz / container	% Fat: _____, _____ gm Carb
List Variety: _____	
Yogurt: _____ oz / container	% Fat: _____, _____ gm Carb
List Variety _____	
Fats	Fats
Margarine or Butter Pads: _____	Size: _____ g
Gravy: Scratch or premade: _____	
Vegetables (list a few examples of each)	Vegetables
Fresh: _____	Supplier: _____
Canned: _____	Sodium (NA) for canned: _____ mg per ½ cup
Frozen: _____	Sodium (NA) for frozen: _____ mg per ½ cup
Mashed Potatoes: Dry, frozen, or scratch? _____	
Fruits (list a few examples of each)	Fruits
Canned Fruit: _____	Pack Type: _____ (e.g. water, juice, light syrup)
Fresh Fruit: _____	Supplier: _____
Frozen Meals (FM)/Entrees	Frozen Meals (FM)/Entrees
FM prepped on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If purchasing FM from a supplier, attach product specification & complete nutrition analysis for meals</i>
Supplier of FM if purchased: _____	<i>Attach product specifications for purchased premade entrees (i.e. stuffed peppers, lasagna, breaded chicken)</i>
	Shelf Stable Meals
Shelf Stable Meals	Submit product specifications and nutrient analysis for emergency meal packs
Source: _____	



Chicken Patty with Brown Rice & Teriyaki Sauce

with Sweet Potatoes & Brussels Sprouts

052

Purchased Meals:
Frozen Meals



Packaging

Meal Number	052	Case Length	18.125 in
GTIN	00814748000525	Case Width	14.125 in
Pack Size	20 each	Case Height	8.125 in
Meal Weight	12.6 oz	Case Cube	1.20 ft ³
Case Weight Gross	19.25 lbs	Cases/Pallet	48
Case Weight Net	15.75 lbs	Hi	8
Case Pack Code	yymmdd	Ti	6

Preparation

Cook times may need to be adjusted due to variations in appliances. Check that product is heated to internal temperature of 165°F.	
Microwave	Slit film over each compartment. Microwave on high 5 minutes. Carefully remove product and let stand 2 minutes.
Conventional Oven	Slit film over each compartment. Bake at 350°F for 25 minutes. Carefully remove product.

Additional

Allergens	Soy, Wheat, Milk, Egg	Order Lead Time	14 days
Kosher	No	Storage	-10°—10°F
CN	No	Shelf Life	365 days*

*From production when kept at 0°F or below

Nutrition Facts

Serving Size 1 Meal (357g)
Servings Per Container: 1

Amount Per Serving

Calories 360 Calories from Fat 44

% Daily Value*

Total Fat 5g	8%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 40mg	14%
Sodium 550mg	23%
Total Carbohydrate 50g	17%
Dietary Fiber 6g	22%
Sugars 14g	
Protein 35g	

<http://traditionsi.com/>

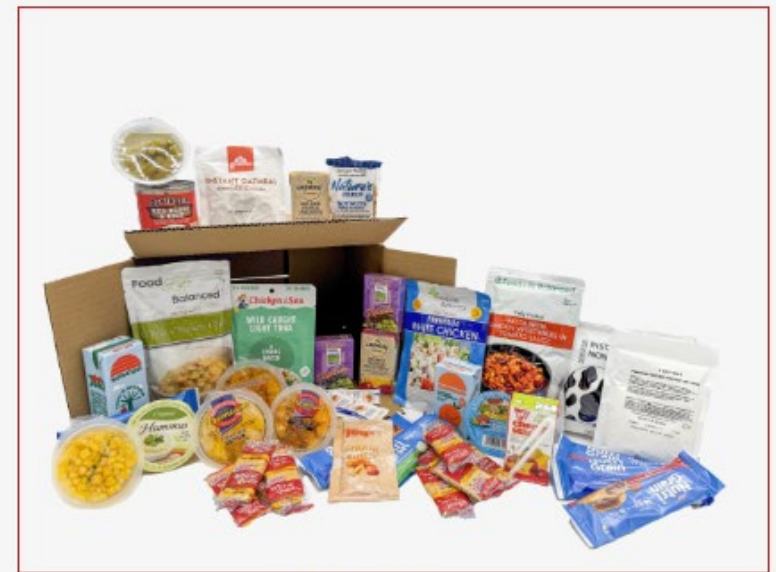
Purchased Foods: Shelf Stable

	KCAL	Protein	Fat	Sat Fat	Trans Fat	CHO	Vitamin C	Sodium	calcium	Fiber
Chili With Beans	290	13	14	6	0	30	4	720	96	6
Whole Grain Animal Crackers	120	2	4.5	0	0	20	0	55	11	2
Fruit Punch 100% Juice 4.23 oz	60	0	0	0	0	15	60	15	20	0
Strawberry Applesauce	90	0	0	0	0	23	30	15	0	2
Milk 1% Shelf Stable 8oz	100	8	2.5	1.5	0	12	0	110	300	0
Total	660	23	21	8	0	100	94	915	427	10

Beans and Franks	250	13	9	3	0	31	0	960	72	8
Whole Grain Animal Crackers	120	2	4.5	0	0	20	0	55	11	2
Fruit Punch Juice 100% Juice 4.23 oz	60	0	0	0	0	15	60	15	20	0
Unsweetened Applesauce	50	0	0	0	0	23	30	15	0	2
Milk 1% Shelf Stable 8oz	100	8	2.5	1.5	0	12	0	110	300	0
Total	580	23	16	5	0	101	90	1155	403	12



5 Day Menu



7 Day Menu

Purchased Foods: Convenience Items



Tyson Whole Grain Breaded Chicken Patty, Cooked, Frozen, 3.54 Ounce, 8.2 Lb Bag, 4/Case

Item Number: 281622

These chopped and formed patties are made from a blend of white and dark meat, coated in a 51 percent, whole grain breading.

- Child Nutrition labeled
- Fully cooked to save labor, time, and minimize food safety risk from handling
- No hormones added: Federal regulations prohibit the use of hormones in the raising and production of pork or poultry.

Case (4/8.2 Pound Bag)

Nutrition

Based On: Rounding:

Ingredients

Chicken, water, whole wheat flour, textured soy protein concentrate, isolated soy protein, contains 2% or less of the following: brown sugar, canola oil, carrot powder, citric acid, dried garlic, dried onion, dried yeast, garlic powder, maltodextrin, natural flavor, onion powder, paprika extract (color), rosemary extract (to protect flavor), salt, spice, sugar, torula yeast, turmeric extract (color), vegetable stock (carrot, onion, celery), wheat gluten, yeast extract. Breeding set in vegetable oil. COMMON ALLERGENS PRESENT: WHEAT, SOY. Prior to consuming the product, individuals with severe food allergies should confirm the ingredient information on the actual label of the product. Nutrition and Ingredient statement updated July 2019. This ingredient and nutrition information was provided by the third-party product manufacturer and/or supplier and was not in any way

Nutrition Facts

Serving Size 1 each (99g)	
Amount Per Serving	
Calories 270	Calories From Fat 135
% Daily Value *	
Total Fat 15g	23%
Saturated Fat 2.5g	13%
Trans Fat 0g	
PolyUnsat. Fat	n/a
MonoUnsat Fat	n/a

Menu Specifications and Nutrient Analysis

Complete the chart below for all production kitchens. This information will be used to evaluate a sample of the nutrient analysis and the applicants' ability to provide nutrient analysis, standardized recipes, and menu planning.

*If your organization chooses to follow the approved ACLS Bureau Guide for Meal Patterns, a nutrient analysis is still required with the application to ensure each applicant can produce a nutrient analysis.

Required Attachments:



- Recipes or product specification for meatloaf and spaghetti meat sauce
- 1-week nutrient analysis with corresponding 1- week cycle menu

Organization Name: _____ Date: _____

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

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

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

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

4. **Attach** a 1-week nutrient analysis and corresponding 1-week cycle menu used in your program for the meal pattern listed in the Operating Standards for Social and Nutrition Service. The nutrient analysis should include complete nutrient analysis per day and average nutrient per week for 1/3 DRI: calories, protein, carbohydrates, fat, saturated fat, sodium, potassium, dietary fiber, vitamin B-12, Vitamin B-6, Vitamin C, calcium.

HDM DROP SITE ONLY WORKSHEET

Organization Name: _____ Date: _____

Site Name: _____

Address: _____

Location: Urban Suburban Rural

Site Contact Name: _____ Volunteer? Y N

Site Contact Email: _____

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

Service Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

SITE DESCRIPTION

Type of 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.) |

Average Number of Home Delivered Meals Served Daily: _____

Number of Meals: _____ 1 Meal _____ 2 Meals _____ 3 Meals

Where are the meals originally produced? _____

Are meals delivered in bulk or individually packed? _____

Describe the process for monitoring food safety from the time the meals leave the production kitchen until meals are packed for distribution to participants: _____

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

Is there a certified food manager on site? Yes No If no, indicate reason _____

Attached food service license and food manager certification, as applicable.

HDM Drop
Site Only
Worksheet

Production Kitchen Information Worksheet

PRODUCTION KITCHEN INFORMATION WORKSHEET

Attach one worksheet per kitchen. This includes the main kitchen, satellite kitchens, subcontracted kitchens, and caterers

Organization Name: _____ Date: _____
 Kitchen Name: _____
 Kitchen Address: _____
 Kitchen Phone: _____ Contact Person: _____
 Certified Manager Name: _____ Certification Expiration Date: _____
 Type of Kitchen: Central (main) Senior Center School
 Satellite National Caterer Voc. School
 Subcontractor Local Caterer Hospital
 Caterer Restaurant Other _____
 List all CONG & HDM drop sites served from this kitchen _____

Average Number of Meals Prepared Weekly			
	Congregate	Home Delivered	Total
Weekly 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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Cycle Menu Type (check one)
 1 month (4 weeks) Quarterly (13 weeks) Seasonal Weeks Other _____

Food Preparation (Check all that apply)
 Prepared Fresh (Scratch-Cooked) Cook Freeze on Site Cook Chill on Site Convenience Entrees
 List: _____ % Scratch Entrees _____ % Convenience Entrees

Annual Average Cost			
	Congregate	Home Delivered	Sub Total
Raw Food	_____	_____	_____
Labor	_____	_____	_____
Meal Delivery	_____	_____	_____
Other	_____	_____	_____
Total Cost per Meal:	_____	_____	_____

NUTRITION ANALYSIS
 Attach a 1-week sample menu with nutrient analysis. Provide an analysis per day and average per week for the following nutrients: calories, protein, carbohydrate, fat, saturated fat, sodium, fiber, vit B12, vit B6, vit C, and calcium if not already submitted with another worksheet

New Nutrition Applicants: Attach copy of Food Service License, current Health Inspection Report, and servSafe manager certificate for the kitchen indicated above if not already submitted with another worksheet.
Returning Applicants: Attach any updated licenses, inspection reports, and/or manager certificates if not previously submitted with another worksheet.

Congregate Meal Site Operations Worksheet

CONGREGATE MEAL SITE OPERATIONS WORKSHEET

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: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

ServSafe Manager Name: _____ Expiration Date: _____

PROGRAM INCOME

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

Food Service Staff: Volunteers Under 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

Last fire inspection date: _____

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

Average Number of NEW participants (unduplicated) Served Weekly: _____

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

Are meals prepared on site? Yes No

If no, where are the meals produced? _____ Is this site a drop-off point for HDM? Yes No

Are meals delivered in bulk or individually packed? _____

Describe the process for monitoring food safety: _____

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

Is there a certified food manager on site? Yes No If no, indicate reason _____

APPLICATION REVIEW
PROCESS AND
PRE-CONTRACT MATERIALS

Application Review Process

- Applications are reviewed based on overall completion of the application, with an emphasis on program need, program implementation, program impact, staffing & volunteers, etc.
- Application Review Committee (ARC)
 - AgeWays Board of Directors
 - AgeWays Advisory Council Members
- Programmatic & Fiscal Review Tools
- Recommendations from ARC Members to the AgeWays Board of Directors
- Applicants are notified via award/denial letters following the board meeting

Pre-Contract Materials –Overview

- The Smart Simple Platform will change once a successful applicant is awarded funding. New tabs will be added to the platform so that organizations can submit pre-contract materials.
- Pre-contract materials include, but are not limited to:
 - Required Policies and Procedures
 - Targeting Plans
 - Revised Budgets/Match Letters
 - Certificates of Insurance
 - Service-specific Licenses
- Pre-contract materials: Due by August 21, 2026
- **Awarded Applicants for Nutrition Services:**
 - Nutrition Provider Holiday Meals on Wheels worksheet
 - Complete cycle menus for all meals served (breakfast, lunch, dinner) and corresponding nutrient analysis if not following at AgeWays Approved Meal Pattern

Targeting Plan Forms

Participant Targeting Plan

- Completed for Nutrition and Social Services

Caregiver Targeting Plan

- Completed for Caregiver Services – Adult Day Services, Caregiver Legal, Grandparents Raising Grandchildren, and Volunteer Caregiver programs

Submitted via Smart Simple Platform

ORGANIZATION INFORMATION BUDGET DOCUMENTS **TARGETING PLAN(S)** NUTRITION SERVICES PROGRAM INFORMATION PRE-CONTRACT MATERIALS

Targeting Plans

- Use the "+" to create Targeting Plan record.
- You can create as many Targeting Plans as needed.
- You must submit or discard all the Targeting Plans to be able to submit this application.



1-1 of 1



Important Points to Remember

- Review the RFP Manual and Operating Standards Manual
- Applications must be submitted via Smart Simple
 - New applicants must create an account in Smart Simple
 - Returning applicants will log-in using existing username/passwords
 - Must submit an application for each service being applied for
- Communicate the value of your program
- Applications Due **May 29th by 5:00pm** – late applications will not be accepted





THANK YOU!

