****

**City of Seattle**

**Human Services Department**

**2017**

**Home Delivered Meals**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2017 Home Delivered Meals Request for Proposal (RFP). The RFP Guidelines is a separate document that outlines the RFP award process and provides more details on the service and funding requirements.

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| 1. **Submission Instructions & Deadline** |

**Completed application packets are due by 12:00 p.m. on Wednesday, May 24, 2017.**

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 12:00 p.m. deadline on Wednesday, May 24, 2017*. Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this RFP will not be accepted or reviewed for funding consideration.*

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD’s Online Submission System, it is advisable to upload application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

* Electronic Submittal: Application packets may be submitted electronically via HSD’s Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>.
* Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department

RFP Response – Home Delivered Meals

Attn: Angela Miyamoto

*Delivery Address Mailing Address*

700 5th Ave., 58th Floor P.O. Box 34215

Seattle, WA 98104-5017 Seattle, WA 98124-4215

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| 1. **Format Instructions** |

1. Applications will be rated only on the information requested and outlined in this RFP, including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support. Applications that do not follow the required format may be deemed ineligible and may **not** be rated.
2. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 11-point font.
3. The application may not exceed a total of 12 pages including the narrative sections and attachments (unless the attachment is requested and specifically states that it will not count toward the page limit). Pages which exceed the page limitation will not be included in the rating.
4. Organize your application according to the section headings that follow in Section III. For the narrative questions, please include section titles, and question numbers. You do not need to rewrite the questions for specific elements of each question.

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| 1. **Proposal Narrative & Rating Criteria** |

Write a narrative response to sections A – E. Answer each section completely according to the questions. Do not exceed a total of 12 pages for sections A – E combined.

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| **Narrative Questions** |
| 1. **Program Design Description *(30 percent)***    1. Describe your program model and outline the key service components in your program. Including:       1. Assessment and enrollment: Describe your assessment and enrollment process including key staff (who conducts the assessment and their relevant qualifications) and time frame (inquiry, assessment, enrollment and food delivery). Describe the process for conduction of the Nutrition Screening Intake with participants.       2. Menus: Develop and attach menu choices with nutrient analysis showing that DRI requirements are met for one week of meals (minimum of ten meals) for your proposed program. Nutrient restricted Special Diets should include an analysis with nutrient reference point if target values are less than the DRI. All components that are included with the meal should be included in the nutritional analysis (E.g. bread, rice, milk, etc). Menus will not count toward maximum page limit. Describe how your program will address cultural or other dietary preferences of participants.       3. Meal preparation: Explain your meal preparation process, including where the meals will be prepared and by whom. Describe relevant qualifications, training, experience, and supervision of staff/volunteers involved in meal preparation. Describe how you will ensure and monitor safety and hygiene regarding food preparation. Describe how/where you purchase food, and your systems for monitoring food costs and inventory.       4. Meal ordering and delivery: Describe how participants order meals. Explain how meals will be delivered, including: who will deliver them; screening for staff/volunteers; and training and other supports for delivery staff/volunteers. Describe how you will ensure and monitor safety and hygiene regarding meal delivery, including systems for packaging and maintaining appropriate temperatures. Describe your methods for soliciting and collecting participant donations.       5. Additional Services: Describe the nutrition educational activities provided to enhance the participant’s health and well-being. Describe how your program identifies and responds to additional needs presented by participants during the assessment, ordering and delivery processes. Describe your strategy for outreach and method of implementation.    2. Describe the focus population(s) and priority community(ies) to be served.       1. Describe how your program will recruit the focus population(s) and priority communities listed in Sections VI of the funding guidelines and any other priority community(ies) or focus population(s).       2. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, geographic region, age, ethnicity, language, and other defining attributes.    3. Complete the Summary of Deliverables (Attachment 3) to indicate the number of meals/participants by geographic region. This will not count toward maximum page limit. Service must be provided in all regions of King County to be considered for funding.    4. Attach your client satisfaction survey and describe how you plan to incorporate feedback to improve your program and gauge service reliability. Client satisfaction survey will not count toward maximum page limit.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates an ability to comply with program requirements and incorporates approaches that contribute to high quality programs. * Applicant thoroughly describes assessment and enrollment process including conducting the Nutrition Screening Intake with participants. * General and Special diet menus meet nutritional needs of older adults and are appropriate for the cultural and dietary needs of participants. * Applicant thoroughly describes meal preparation, ordering and delivery process with appropriate staffing to match service descriptions. * Applicant describes nutrition education activities enhancing the participant’s health and well-being. Applicant demonstrates an ability to connect participants to appropriate social resources to address their specific needs. * Applicant describes outreach and method of implementation. * Applicant clearly defines the priority community(ies) and focus population(s). * The program description shows a strong connection with the priority community(ies) and focus population(s) and an understanding of their strengths, needs, and concerns. * Applicant demonstrates an understanding of the unique characteristics and experiences of the priority community(ies) and focus population(s). * Applicant plans to serve all regions of King County**.** * Applicant demonstrates a plan to incorporate input from program participants and gauge service reliability. |
| 1. **Capacity and Experience *(30 percent)***    1. Describe your organization’s success providing home delivered meals or serving the community identified in your proposal. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline. Home delivered meal services need to be fully operational by March 1, 2018. Your organization must have at least two years of successful experience in providing food or nutrition related services or in serving the community identified in the application.    2. Describe your organization’s ability to address changes in funding, staffing, changing needs in the community, and developing and/or maintaining board or leadership support.    3. Describe your plan for staff recruitment, training, supervision and retention for the proposed program. Complete the Proposed Personnel Detail Budget (Attachment 4). Budget worksheets will not count toward maximum page limit.    4. Provide a list of and a brief job description for all key personnel who will have a significant role in program coordination and service delivery.    5. Describe your organization’s experience with data management – collecting, storing, and analyzing client information and program activities. What is your technical capacity for tracking client information and producing reports?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The program description demonstrates the applicant’s experience in delivering home delivered meals or serving the community identified in this proposal for at least two years, OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service. * Applicant demonstrates successful experience adapting to changes in funds and community needs. * Applicant’s leadership is likely to provide strong ongoing support for the service proposed. * Applicant describes processes for maintaining quality staff with positions and personnel budget that matches the levels needed to run the program as described. * Applicant demonstrates an understanding of and capacity for data management and reporting. |
| **C. collaborations and subcontracting *(15 percent)***  Part A of this section refers to general program collaborations that support the program’s ability to meet intended outcomes. Part B refers to subcontracting agreements that are jointly designed to achieve results and racial equity. Complete both sections if you plan to subcontract with another organization.  **Part A**  1. Describe how the proposed project will collaborate with other agencies/programs to deliver services. What are the benefits of this effort for program participants? Please identify any areas that will consolidate the provision of services across agencies.  2.If the proposal includes collaborations, name the agencies in this arrangement. Explain the roles and responsibilities of the various agencies. Please provide a letter of collaboration from any agency providing key program elements. Collaboration letters will not be counted toward the maximum page limit.  3.Describe how you will refer clients, in a proactive, seamless, client-friendly manner, to other programs and agencies that support participants.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant describes effective collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants. * Applicant has submitted letters of collaboration from agencies that describe each agency’s role in providing key program elements. * Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner.   **Part B**  Complete this section if your agency will enter into a subcontracting relationship with another agency to provide services.   1. Describe the proposed agreement including the agencies involved, the roles of each partner organization, and how the agreement was jointly designed. Include elements in Attachment 11. Describe how this partnership will support the provision of services to focus populations, the intended results, and racial equity goals of this RFP. 2. Describe how the applicant agency and subcontracting organization will work together. How will this support build the capacity of each organization to meet program outcomes and reporting requirements? 3. Describe how financial resources will be distributed between the partner agencies.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant describes effective partnership that show clear roles and responsibilities of each partner including elements in Attachment 11 such as program outreach, recruiting volunteers and staffing obligations, and financial responsibilities. * Applicant’s partnership supports the program’s ability to provide appropriate services to focus populations. * Applicant agency has the capacity and ability to provide technical assistance and support to the smaller agency. Partnership is mutually beneficial to each organization. * Applicant will equitably distribute resources to support the subcontracted agency in delivery of services. |
| **D.** **Cultural Competency AND responsiveness *(15 percent)***   * 1. Describe your experience providing services to diverse groups, including communities of color, immigrants and refugees, low-income populations, and English language learners. Describe your approach to providing culturally relevant services at all levels of service delivery (intake, assessment, ordering, delivery, meals, outreach, nutrition education, reassessment) for non-English proficient and minority elders.   2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds?   3. Describe how the agency board and staff represent the cultural, linguistic and socio-economic background of program participants.   4. Describe your program’s strategy for ensuring cultural and linguistic competence is infused through your policies, procedures and practices.   5. What kind of trainings does your agency provide to support cultural competency?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates understanding of cultural competence and describes how cultural competence is incorporated into the program and service delivery. * Applicant has a proven track record of providing culturally and linguistically relevant services to diverse priority community(ies) and focus population(s). * Applicant demonstrates the ability to provide culturally competent services within diverse communities and shows an understanding of the challenges. * Applicant’s staff composition reflects the cultural and linguistic characteristics of the priority community(ies) and focus population(s). * Applicant’s board composition reflects the cultural and linguistic characteristics of the priority community(ies) and focus population(s). * Applicant describes existing policies and procedures, or a strategy to develop policies and procedures that demonstrate a respect and appreciation for the cultural and linguistic characteristics of the priority community(ies) and focus population(s). * Applicant has demonstrated a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery. |
| **E. Budget and Leveraging *(10 percent)***   1. How many meals do you intend to serve? Complete the Meal Cost Worksheet (Attachment 5) and Proposed Program Budget (Attachment 6). Budget worksheets will not count toward the 12-page narrative limit). The costs reflected in this budget should be for the service area only, not your total agency budget.    1. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program. Describe your efforts to build diverse financial support, including creating community awareness of your program through fundraising and marketing to develop sources of volunteers, resources and monetary contributions.    2. Describe your organization’s financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this RFP. Entities without such capabilities may wish to have an established agency act as fiscal agent.    3. Describe how your agency has the capability to meet program expenses in advance of reimbursement.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Costs are reasonable and appropriate given the nature of the service, the priority community(ies) and focus population(s), the proposed level of service, and the proposed outcomes. * The proposed program is cost effective given the type, quantity, and quality of services. * The applicant identifies other funds to be used with any funds awarded from this RFP for providing the services described in the proposal, and provides evidence that these funds are sustainable. * Applicant describes fundraising and marketing strategies to develop sources of volunteers, resources and monetary contributions. * The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this RFP. * The applicant demonstrates the capability to meet program expenses in advance of reimbursement. |
| **Total = 100 percent** |

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

To be considered Complete, your application packet must include all of the following items or the application will be deemed incomplete and will not be rated:

1. A completed and signed two-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Summary of Proposed Deliverables Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).
5. A completed Meal Cost Worksheet (Attachment 5).
6. A completed two-page Proposed Program Budget (Attachment 6).
7. Roster of your agency’s current Board of Directors.
8. Minutes from your agency’s last three Board of Directors meetings.
9. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
10. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
11. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
12. If you are proposing a significant collaboration with another agency, attach a signed letter of intent from that agency’s Director or other authorized representative.

**AFTER MINIMUM ELIGIBILITY SCREENING AND DETERMINATION OF A COMPLETED APPLICATION**

If HSD does not already have them on file, any or all of the following documents may be requested after applications have been determined eligible for review and rating. Agencies have four (4) business days from the date of written request to provide requested documents to the RFP coordinator:

1. A copy of the agency’s current fiscal year’s financial statements reports, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
2. A copy of the agency’s most recent audit report.
3. A copy of the agency’s most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance. Note: if selected to receive funding, the agency’s insurance must conform to MASA requirements at the start of the contract.

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| 1. **List of Attachments & Related Materials** |

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Summary of Proposed Deliverables

Attachment 4: Proposed Personnel Detail Budget

Attachment 5: Meal Cost Worksheet

Attachment 6: Proposed Program Budget

Attachment 7: Cities and Regions of King County

Attachment 8: Website References

Attachment 9: Dietary Reference Intake (DRI)

Attachment 10: Nutrition Risk Screening

Attachment 11: Partnership Expectations

**2017 Home Delivered Meals RFP**

**Application Checklist**

This optional checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**Have you….**

**Completed and signed the 2-page Application Cover Sheet (Attachment 2)?\***

**Completed each section of the Narrative response?**

* Must not exceed 12 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1 inch margins.
* Page count does not include the required forms (Attachments 2, 3, 4, 5 and 6) and supporting documents requested in this RFP.
* A completed narrative response addresses all of the following:

Program Design Description (30%)

Capacity and Experience (30%)

Collaborations and Subcontracting (15%)

Cultural Competency and Responsiveness (15%)

Budget and Leveraging (10%)

**Completed Summary of Proposed Deliverables Attachment 3)?\***

**Completed Proposed Personnel Detail Budget (Attachment 4)?\***

**Completed Meal Cost Worksheet (Attachment 5)?\***

**Completed Proposed Program Budget (Attachment 6)?\***

**Attached the following supporting documents?\***

Roster of your current Board of Directors

Minutes from your agency’s last three Board of Directors meetings

Current verification of nonprofit status or evidence of incorporation or status as a legal entity

If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?

**If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning March 1, 2018?\***

**If you are proposing a significant collaboration with another agency, have you attached a signed letter of intent from that agency’s Director or other authorized representative?\***

**\****These documents do not count against the 12 page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on Wednesday, May 24, 2017**. Application packets received after this deadline will not be considered. See Section I for submission instructions.

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**City of Seattle**

**Human Services Department**

**2017 Home Delivered Meals RFP**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | | |  | | | | | | | | | | | |
| 1. Agency Executive Director: | | | | | |  | | | | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | | Title: | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | | | |
| 1. Organization Type | | | | | | | | | | | | | | | | | |
|  | Non-Profit | | | For Profit | | | | Public Agency | | | | Other (Specify): | | | | | |
| 1. Federal Tax ID or EIN: | | | | |  | | | | | | 1. DUNS Number: | | | |  | | |
| 1. WA Business License Number: | | | | | | |  | | | | | | | | | | |
| 1. Proposed Program Name: | | | | | | |  | | | | | | | | | | |
| 1. Funding Amount Requested: | | | | | | |  | | | | | | | | | | |
| 1. # of clients to be served: | | | | | | |  | | | | | | | | | | |
| 1. Does the agency have the capacity to meet program expenses in advance of reimbursement?   Yes  No  Explain: | | | | | | | | | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  |
| **Authorized physical signature of applicant/lead agency** | | | | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | | | |  | | | | | | | |
| Signature of Authorized Representative: | | | | | | | | |  | | | | | | | Date: |  |
|  | | | | | | | | | |  | | | | | |  |  |

**2017 Home Delivered Meals RFP**

**Summary of Proposed Deliverables**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Geographic Sub-Region** | **Number of Meals**  **(2018 Contract Year)** | | **% of Total Meals** | **Number of Participants (Unduplicated for 2018 Contract Year)** | **% of Total Participants** |
| ***Special Diet*** | ***General Diet*** |
| *\*Example: North Urban* | *5,000* | *5,000* | *10%* | *1000* | *10%* |
| Seattle |  |  |  |  |  |
| North Urban |  |  |  |  |  |
| East Urban |  |  |  |  |  |
| South Urban |  |  |  |  |  |
| East Rural |  |  |  |  |  |
| South Rural |  |  |  |  |  |
| **Total Meals:** |  |  | **Total Participants:** |  |  |

**\***Example based on 1,000 total participants and 100,000 total meals.

**Optional Service:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number of Meals**  **Special Diet** | **Number of Meals**  **General Diet** | **Number of Participants** |
| Seattle 18-59 |  |  |  |

**2017 Home Delivered Meals RFP**

**Proposed Personnel Detail Budget**

**January 1, 2018-December 31, 2018**

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =** | |  | **hours/week** | | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | | | **FTE** | **# of Hours Employed** | **Hourly Rate** | **Requested HSD Funding** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** | **Total Program** |
|  |  | | |  |  |  |  |  |  |  |  |
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|  |  | | |  |  |  |  |  |  |  |  |
| **Subtotal – Salaries & Wages** | | | | | | |  |  |  |  |  |
| **Personnel Benefits:** | | | | | | | | | | | |
| **FICA** | | | | | | |  |  |  |  |  |
| **Pensions/Retirement** | | | | | | |  |  |  |  |  |
| **Industrial Insurance** | | | | | | |  |  |  |  |  |
| **Health/Dental** | | | | | | |  |  |  |  |  |
| **Unemployment Compensation** | | | | | | |  |  |  |  |  |
| **Other Employee Benefits** | | | | | | |  |  |  |  |  |
| **Subtotal – Personnel Benefits:** | | | | | | |  |  |  |  |  |
| **Total Personnel Costs (Salaries & Benefits):** | | | | | | |  |  |  |  |  |

**2017 Home Delivered Meals RFP**

**Meal Cost Worksheet**

Provide a brief description of costs associated with each category and the estimated amount for the program year. Total cost (sum of direct and indirect costs) should align with Total Program Cost/Total Expenditures on Proposed Line Item Budget, Attachment 5. Complete a separate worksheet if costs differ between General Diet or Special Diet meals.

Type of meal:  General Diet  Special Diet  Both

|  |  |  |
| --- | --- | --- |
| **Category** | **Description** | **Amount** |
| Direct Costs | | |
| * Food\* |  | $ |
| * Supplies |  | $ |
| * Labor, paid staff |  | $ |
| * Labor, volunteer |  | $ |
| * Transportation |  | $ |
| * Other direct services and charges |  | $ |
| **Sum of Direct Costs** | | $ |
| Indirect Costs |  |  |
| **Total Costs (Sum of Direct and Indirect Costs)** | | $ |
| Total Number of Meals Proposed | |  |
| Cost per Meal (total costs divided by number of meals) | | $ |

\*Food is included in operating supplies (Item #2200) on the line item budget (Attachment 5).

**2017 Home Delivered Meals RFP**

**Proposed Program Budget**

**January 1, 2018-December 31, 2018**

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Type of Meal** | **Unit Rate** | **Total Cost** |
| **Number of General Diet Meals:** |  |  |
| **Number of Special Diet Meals:** |  |  |
| **Number of General Diet Meals, 18-59:** |  |  |
| **Number of Special Diet Meals, 18-59:** |  |  |
| **Total:** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  |  |
| 1300 Fringe Benefits |  |  |  |  |  |
| 1400 Other Employee Benefits2 |  |  |  |  |  |
| **SUBTOTAL - PERSONNEL SERVICES** |  |  |  |  |  |
| **2000 - SUPPLIES** 2100 Office Supplies |  |  |  |  |  |
| 2200 Operating Supplies3 |  |  |  |  |  |
| 2300 Repairs & Maintenance Supplies |  |  |  |  |  |
| **SUBTOTAL – SUPPLIES** |  |  |  |  |  |
| **3000 - 4000 OTHER SERVICES & CHARGES** 3100 Expert & Consultant Services |  |  |  |  |  |
| 3140 Contractual Employment |  |  |  |  |  |
| 3150 Data Processing |  |  |  |  |  |
| 3190 Other Professional Services4 |  |  |  |  |  |
| 3210 Telephone |  |  |  |  |  |
| 3220 Postage |  |  |  |  |  |
| 3300 Automobile Expense |  |  |  |  |  |
| 3310 Convention & Travel |  |  |  |  |  |
| 3400 Advertising |  |  |  |  |  |
| 3500 Printing & Duplicating |  |  |  |  |  |
| 3600 Insurance |  |  |  |  |  |
| 3700 Public Utility Services |  |  |  |  |  |
| 3800 Repairs & Maintenance |  |  |  |  |  |
| 3900 Rentals – Buildings |  |  |  |  |  |
| Rentals - Equipment |  |  |  |  |  |
| 4210 Education Expense |  |  |  |  |  |
| 4290 Other Miscellaneous Expenses5 |  |  |  |  |  |
| 4999 Administrative Costs/Indirect Costs6 |  |  |  |  |  |
| **SUBTOTAL - OTHER SERVICES & CHARGES** |  |  |  |  |  |
| **TOTAL EXPENDITURES** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | |  | 2 Other Employee Benefits - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 3 Operating Supplies - Itemize below (Do Not Include Office Supplies): | |  | 4 Other Professional Services - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 5 Other Miscellaneous Expenses - Itemize below: | |  | 6 Administrative Costs/Indirect Costs - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |

6 Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the agency have a federally approved rate? | |  | Yes |  | No |
| If yes, provide the rate. |  | | | | |

Cities and Regions of King County

|  |  |
| --- | --- |
| **Region** | **Cities** |
| North | * Bothell * Kenmore * Lake Forest Park * Shoreline * Woodinville |
| Seattle | * Seattle Neighborhoods |
| East Urban | * Bellevue * Issaquah * Kirkland * Medina * Mercer Island * Newcastle * Beaux Arts * Redmond * Sammamish |
| East Rural | * Baring * Carnation * Duvall * Fall City * Gold Bar * North Bend * Preston * Skykomish * Snoqualmie |
| South Urban | * Auburn * Burien * Covington * Des Moines * Federal Way * Kent * Normandy Park * Redondo * Renton * Sea Tac * Tukwila * Vashon |
| South Rural | * Black Diamond * Enumclaw * Hobart * Maple Valley * Ravensdale |

Complete list of Sub Region by Zip Code and City Name can be found here: <http://www.agingkingcounty.org/about-us/contracted-providers/>

Under “Sub-Region by Zip Code”

Website References

Senior Nutrition Program Standards: <https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/SNPStandards.pdf>

Public Health – Seattle and King County, Permanent food service business permit:

<http://www.kingcounty.gov/depts/health/environmental-health/food-safety/food-business-permit/permanent.aspx>

Aging and Disability Services, National Aging Program Information System (NAPIS) reporting file specifications:

<http://www.agingkingcounty.org/wp-content/uploads/sites/185/2016/09/HdDataSpecs.pdf>

33% Dietary Reference Intake (DRI) (Highest level required for all adults age 51-70 and >70)

|  |  |
| --- | --- |
|  | 1 meal/day  33% DRI (≥ 70 year old Male) |
| \*Kilocalories (Kcal) | 667 |
| \*Protein (gm) | 19 |
| Carbohydrate (gm) | 43 |
| \*Fat (gm) | 20-35% of total Kcals |
| #Saturated Fat | < 10% of total kcals |
| \*Dietary Fiber (gm) | 9.3 |
| \*Vitamin A (mg RAE) | 300 |
| \*Vitamin C (mg) | 30 |
| #Vitamin D (IU) | 267 |
| Vitamin E (mg AT)) | 5 |
| Thiamin (mg) | .40 |
| Riboflavin (mg) | .44 |
| Vitamin B6 (mg) | .57 |
| Folate (mcg DFE) | 133 |
| Vitamin B12 (mcg) | .8 |
| \*Calcium (mg) | 400 |
| Copper (ug) | 300 |
| Iron (mg) | 2.7 |
| Magnesium (mg) | 140 |
| Zinc (mg) | 3.70 |
| Potassium (mg) | 1567 |
| \*\*Sodium (mg) | 767 |

Reference: https://fnic.nal.usda.gov/sites/fnic.nal.usda.gov/files/uploads/estimated\_average\_requirements.pdf; <http://health.gov/dietaryguidelines/2015/guidelines/appendix-7/>

\*Nutrients marked with an asterisk (\*) are found on the Nutrition Facts Label. At a minimum, these must be included in a nutrient analysis report.

\*\* 2300 mg per 2015 DGA There is strong evidence for the benefit of lowering sodium for people who have high blood pressure, e.g. 1500 mg per day.

# It is very difficult to achieve this level of Vitamin D from food alone. Vitamin D supplementation is generally recommended for older adults.

Nutrition Risk Screening

Senior Nutrition Program Standards:

“Nutrition screening is a first step in identifying individuals at nutritional risk or with malnutrition. The OAA requires nutrition programs to provide nutrition risk screening. At a minimum, nutrition program service providers must administer the DETERMINE your Nutritional Risk checklist published by the Nutrition Screening Initiative (NSI) to participants and determine their nutrition risk scores.”

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Determine Your Nutritional Health**  The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk. Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.   |  |  | | --- | --- | |  | **YES** | | I have an illness or condition that made me change the kind and /or amount of food I eat. | 2 | | I eat fewer than two meals per day. | 3 | | I eat few fruits or vegetables, or milk products. | 2 | | I have three or more drinks of beer, liquor or wine almost every day. | 2 | | I have tooth or mouth problems that make it hard for me to eat. | 2 | | I don't always have enough money to buy the food I need. | 4 | | I eat alone most of the time. | 1 | | I take three or more different prescribed or over-the-counter drugs a day. | 1 | | Without wanting to, I have lost or gained 10 pounds in the last six months. | 2 | | I am not always physically able to shop, cook and/or feed myself. | 2 | | **TOTAL** |  | |   **Total your nutritional score. If it's--**   |  |  | | --- | --- | | 0-2 | Good! Recheck your nutritional score in six months. | | 3-5 | You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in three months. | | 6 or more | You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health. | |

Partnership Expectations

Applicant agency responsibility to include, but not limited to:

* Compliance with contract and program standards
* Technical assistance including data collection, generating reports, establishing a system to meet data and reporting requirements
* Record keeping and invoicing

Memorandum of agreement signed and dated by each party. To include, but not limited to:

* Program outreach
* Volunteer support including stipends or recruiting volunteers
* Staffing - responsibilities and obligations of each party
* Costs or payments, if any, to be paid or incurred by either party