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**City of Seattle**

**Human Services Department**

**2017**

**Congregate Meal Program**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2017 Congregate Meal Program 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 – Congregate Meal Program

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). Up to two additional pages of narrative is permitted if you plan to subcontract with another organization or agency, up to a maximum of 14 pages. 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. Up to two additional pages of narrative is permitted if you plan to subcontract with another agency, up to a maximum of 14 pages.

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| 1. **Program Design Description *(40 percent)*** 2. Describe your program model and outline the key service components in your program, including: 3. Meal site(s): Describe where and when services will be delivered (locations, times, days of week, etc.). Explain who owns and operates the site(s), and if not the applicant, briefly describe the agreed upon terms of use. 4. Food preparation: Explain how you will prepare meals including: where the meals will be prepared, who will prepare them, and how/where food will be purchased. Describe how you will ensure and monitor safety and hygiene regarding food preparation, service and delivery. 5. Menus: Describe how menus will be developed. Develop and attach menus for 10 consecutive meals for your proposed program. If you have multiple sites with different menus, include and clearly label, 10 consecutive menus from each meal site. Menus will not count toward maximum page limit. 6. Dietary needs: Describe how your program will address special dietary needs of older adults due to diabetes, high blood pressure, or other chronic health conditions. Describe how your program will address cultural or other dietary preferences. 7. Enrollment: Describe your intake and enrollment process. Describe how you record and keep track of participant activities. 8. Supportive services: Describe the social, physical and educational activities provided to enhance the participant’s health and well-being. Describe how your program will assist participants in accessing other needed services and supports. Indicate if these services are provided directly by the applying agency, or through a partnership, and if the latter, briefly describe the terms of the partnership agreement. 9. Describe how these service components will help your program achieve the required outcomes and deliverables as identified in section VI of the RFP Guidelines. 10. Marketing and outreach: Describe your plan for marketing and outreach to older adults including priority and focus populations you plan to serve. Describe how your efforts create awareness of the program in the community including potential source of volunteers, support, and funding. 11. Complete Attachment 11 if you would like your program to be considered for HSD-funded nutrition transportation services. Complete a separate document for each site you would like considered for nutrition transportation. This will not be scored and will not count towards the maximum page limit. 12. Summary of Deliverables: Complete Attachment 3 of this document. 13. Describe focus population(s) and priority community(ies) to be served.  * Describe how your program will recruit the priority populations and any of the focus populations listed in Section VI. * Describe the characteristics of these populations such as geographic region, age, race, ethnicity, language, and other defining attributes. * Describe how your program will encourage cross cultural participation - bringing together people from different cultures, languages and backgrounds in one setting. * Indicate the percentage of Seattle residents (those residing within the Seattle city limits) who are unpaid family caregivers to be served from your total program participation. For example: Program serves 100 participants, 25 of whom are unpaid family caregivers residing in Seattle; the percentage of Seattle residents who are unpaid family caregivers served is 25%.  1. Describe how you will solicit and incorporate input from the focus and priority community/populations into your program and ongoing services. 2. 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. Indicate if you would like HSD to consider your program for HSD-contracted RD services. Describe which attribute(s) of your program qualifies for RD services (see Section VI, Description of Key Staff and Staffing Levels) and at which site (if applying for RD support for meal programs in multiple locations).   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant presents a thorough description of the program that includes an understanding of the service components and evidence of likely success in meeting outcomes including clearly identifying meal sites and food preparation/safe food handling procedures. * Applicant describes menu development which includes participant input and menus that reflect the cultural preference of the focus and priority communities. Applicant addresses special dietary needs of participants. * Applicant describes supportive services that address participants’ health and well-being. * Applicant demonstrates an ability to comply with program requirements including thoroughly describing enrollment process and ability to achieve and report on outcomes and deliverables. * Applicant thoroughly describes marketing and outreach plan including creating awareness in the community, potential volunteers, support, and funding. * Applicant clearly defines the priority community(ies) and focus population(s). * Applicant demonstrates an understanding of the unique characteristics and experiences of the priority community(ies) and focus population(s) and how they will encourage cross-cultural participation. * Applicant demonstrates a plan to incorporate input from program participants. * The program has a sufficient number of qualified staff (or partners) to deliver the services as described. |
| 1. **Capacity and Experience *(15 percent)***    1. Describe your organization’s success providing Congregate meals or in serving the community identified in this 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. Meal sites 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 proposal.    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. Describe your agency’s ability to continue services if funding no longer becomes available from Aging and Disability Services.    3. Describe your plan for staff recruitment, training, supervision and retention for the proposed program.    4. 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 Congregate 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, including ability to continue services with decreased funding. * Applicant’s leadership is likely to provide strong ongoing support for the service proposed. * Applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described. * Applicant demonstrates capacity for data management and reporting. |
| 1. **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 12. 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 12 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. |
| 1. **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. If experience is limited, what steps will you take to provide culturally competent services?    2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds and creating an inclusive environment?    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 and inclusive 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 demonstrates a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery. |
| 1. **Budget and Leveraging *(15 percent)***    1. Identify the unit rate in which your budget is based (see section VI, Expected Service Components). Describe your service model and site characteristics to align with your unit rate. You may have different unit rates if you have multiple sites with varying characteristics.    2. Complete the Proposed Site Detail (Attachment 5) worksheet which feeds into the Proposed Program Budget (Attachment 4). Complete the Total Budget Itemized Costs (Attachment 6) worksheet. The costs reflected in this budget should be for the service area only, not your total agency budget. Submit separate Proposed Site Detail (Attachment 5) budgets for individual meal programs if you will deliver services in more than one site. Proposed Program Budget (Attachment 4) should be an accumulation of all costs associated with each meal site in the proposal. This funding process requires an agency match of at least 25%. Budget worksheets will not count toward the 12-page narrative limit.    3. 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. How will clients be served if funds are not available through this RFP? Include a brief description of current and planned fundraising strategies that will support and sustain this program.    4. 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.    5. Describe how your agency has the capability to meet program expenses in advance of reimbursement.    6. What is your suggested donation for eligible participants? What is your meal cost for non-eligible participants?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Unit rate is in alignment with the service model and site characteristics. * 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 (minimum of 25%) to be used with RFP funds for providing the services described in the proposal, and provides evidence that these funds are sustainable. * The applicant identifies other funds to ensure all eligible clients are served. * 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. * The suggested donation and meal costs are reasonable for the focus population. |
| **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. Completed the full Proposed Program Budget (Attachment 4).
5. Completed the full Proposed Site Detail Budget for each meal site (Attachment 5).
6. Completed Total Budget Itemized Costs (Attachment 6).
7. **Hard copy and electronic version** of the budget worksheets – Attachments 4, 5, and 6 need to be emailed if **not** submitting online. Budget worksheets should be emailed to the RFP coordinator ([Angela.Miyamoto@Seattle.Gov](mailto:Angela.Miyamoto@Seattle.Gov)).
8. Roster of your agency’s current Board of Directors.
9. Minutes from your agency’s last three Board of Directors meetings.
10. 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.
11. 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.
12. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each meal site.
13. If you are proposing a significant collaboration or subcontracting with another agency, attach a signed letter of intent or collaboration 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 Program Budget

Attachment 5: Proposed Site Detail Budget

Attachment 6: Total Budget Itemized Costs

Attachment 7: List of website reference

Attachment 8: Site Visit Checklist

Attachment 9: Nutrition Risk Screening

Attachment 10: Cities and Regions of King County

Attachment 11: Nutrition Transportation Services

Attachment 12: Partnership Expectations

**2017 Congregate Meal Program 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. An additional page of narrative is permitted for each additional meal site proposed, up to a maximum of 14 pages.
* 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 (40%)

Capacity and Experience (15%)

Collaborations and Subcontracting (15%)

Cultural Competency and Responsiveness (15%)

Budget and Leveraging (15%)

**Attached menus for 10 consecutive meals for each meal site?\***

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

**Completed the full Proposed Program Budget (Attachment 4)?\***

**Completed the full Proposed Site Detail Budget for each meal site (Attachment 5)?\***

**Completed Total Budget Itemized Costs (Attachment 6)?\***

**Emailed the budget worksheets (Attachments 4, 5, and 6) if you are not using the online application system.** Budget worksheets should be emailed to the RFP coordinator ([Angela.Miyamoto@Seattle.Gov](mailto:Angela.Miyamoto@Seattle.Gov)).

**Completed a Nutrition Transportation Services document for each site to be considered for this service (Attachment 11)?\* This is not a required document.**

**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 meal site, beginning March 1, 2018.**

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

**\****These documents do not count against the 14-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 Congregate Meal Program RFP**

**Application Cover Sheet**

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| 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 including meal site name, as applicable: | | | | | | | | | | | | | | | | |
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| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities including meal site name, as applicable: | | | | | | | | | | | | | | | | |
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| **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 Senior Nutrition Program Request for Proposal**

**Summary of Proposed Deliverables**

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| **Meal Site Name** | **Address** | **Days of week/Hours** | **Average Daily Attendance** | **# of meals/year** | **# of older adults served/year** | **Focus Population** | **Region** | **Tier/Unit Rate** |
| *Example: ADS Congregate Meal Site* | *123 5th Avenue*  *Seattle, WA 98103* | *M, W, F*  *11:00 a.m. to 1:00 p.m.* | *40* | *6,240* | *125* | *Hispanic/Latino* | *Seattle* | *Tier 2/$6.75* |
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1. Total Unduplicated Number of Participants Served per program year (12 months):
2. Total Number of Eligible Meals Served per program year (12 months):







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, WAC 246-215 Food Service:

<http://apps.leg.wa.gov/wac/default.aspx?cite=246-215>

National Aging Program Information System Congregate Meal Program Data Specifications:

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

2017 Congregate Meal Program RFP

Site Visit Checklist

Purpose: Determine if facility is appropriate for the program(s) described in the RFP proposal.

Name of Agency/Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Y** | **N** |  |
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| *Y* | *N* | 1. *ACCESS: is the entrance and site easy to manage for seniors who may use assistance w/ walking such as a cane, walker, etc.?*   *Reasonable access for Van (for senior shuttle, ACCESS Van), close to public transportation*  *& not too far from car/van to entrance?*  *Are stairs required at the entrance or to participate?*  *Restrooms accessible* |
| *Y* | *N* | 1. *Size and configuration: The space appears to be of sufficient size and configuration to offer the service(s) as described in the proposal.*   *(Building Permit states occupancy)* |
| *Y* | *N* | 1. *Safety: The facility/program space has been inspected by the Fire Department for safety. Agency has records to show successful inspection in the past year. (If not current, it will be a requirement for funding).*   *Agency can point out emergency exits, fire extinguishers.*  *Space seems safe for an elder and their belongings.* |
| *Y* | *N* | 1. *Comfortable & Welcoming: well-lit space, clean, tables and chairs sturdy for elders*   *Clear, inviting and culturally appropriate exterior and interior signage.* |
| 🞏 *Kitchen Permit or* 🞏  *Donated Food Distributing Organization (DFDO) status w/ Public Health Dept.?* | | |
| *Y* | *N* | 1. *Up to date Kitchen permit posted, and most recent inspection available. Kitchen is clean* |
| *Y* | *N* | 1. *If Donated Food Distributing Organization (DFDO): Currently or will this be new?*   *3 compartment sink or two sink basins and a dishwasher w/ sanitizing cycle of 155F or hotter* |
| *Y* | *N* | 1. *Sanitary Facilities: Provide a permanent separation between dining area and food preparation area when food is prepared and served in the same facility.*   *Do they have the space to store food appropriate to the service they propose?*  *Clean cupboards or storage for food and materials that keeps food enclosed, off the ground and away from toxics such as cleaning agents.*  *Refrigerator/freezers have visible temperature controls (inside or out), clean.*  *Place to wash hands w/ soap, paper towels.* |

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| Comments: |

I have checked the property located at the address above to the best of my ability and find the following:

Facility appears to be as described in the proposal and suitable for the services described in the proposal.

Facility does not appear to be as described in the proposal.

Facility does not appear to be suitable for the services described in the proposal.

Name of Human Services Department staff conducting site visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.”

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| **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. | |

Cities and Regions of King County

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| --- | --- |
| **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”

**Nutrition Transportation Services**

Nutrition Transportation program helps older adults access meal sites across King County through shuttle services to meet their dietary needs, participate in other activities, and improve the quality of their lives. The sites receiving this service must be in King County and will be identified and/or approved by the ADS Nutrition Program Specialist. Sites will be selected based on service availability and ability to meet agency’s needs.

Complete the information below for each site you would like considered for this service. Address the following attributes as well as your participants need for congregate meal service. Limit your response to no more than this page (one-side).

|  |  |  |
| --- | --- | --- |
| Applicant Agency: | | Meal Program: |
| Site Location (Name and Address): | | Hours and Days of the week: |
| Unduplicated number  of participants (total): | Expected number of participants utilizing transportation service (total): | Expected number of participants utilizing transportation service per day, on average: |

Please explain how your site is serving the focus population (see section VI of the guidelines and application):

Please explain how your site is serving a high percentage of clients facing mobility/transportation challenges:

Please explain if your site is in an area with limited transportation options (King County Metro, neighborhood shuttles) and/or if your site or agency's own transportation service:

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