

CORRECTED RESPONSE TEMPLATE
OAA Title III-C(1) Congregate Meals Services

Issued pursuant to Addendum #1

This response template has been re-issued to correct clerical labeling errors only, as identified in Addendum #1.

No substantive changes have been made to the Request for Proposal (RFP), proposal submission requirements, evaluation criteria, scoring methodology, scope of services, or contract terms.

In the event of any inconsistency between this template and the RFP or Addendum #1, Addendum #1 shall govern.

JAYHAWK AREA AGENCY ON AGING, INC.

OLDER AMERICANS ACT

TITLE IIIC-1 Congregate Meals APPLICATION

FISCAL YEAR 2027 (October 1, 2026, through September 30, 2027)

COVER SHEET

ORGANIZATION

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

DIRECTOR'S NAME: _____

TOTAL III C1 FUNDS REQUESTED: \$ _____

TOTAL III C1 RIDES PROPOSED: _____

CALCULATED PER MEAL RATE: \$ _____

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

Compliance Acknowledgment Form For Title VI, Section 504, ADA, and Other Relevant Regulations

Organization Name: _____

Acknowledgment of Legal Compliance

Please read and acknowledge the following regulations and standards.

Title VI of the Civil Rights Act of 1964

I hereby acknowledge that my organization complies with Title VI, prohibiting discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance.

Yes No *If "No," provide explanation:* _____

Section 504 of the Rehabilitation Act (ADA)

I hereby acknowledge that my organization complies with Section 504 and the Americans with Disabilities Act (ADA), ensuring equal access to services for individuals with disabilities.

Yes No *If "No," provide explanation:* _____

45 CFR 74, 45 CFR Part 92, and EO 12549

I acknowledge that my organization complies with the regulations outlined in 45 CFR 74, 45 CFR Part 92, and EO 12549 as applicable to the administration of federal grants and contracts.

Yes No *If "No," provide explanation:* _____

45 CFR Part 1321 (as revised)

I acknowledge that my organization complies with the provisions of 45 CFR Part 1321, as revised, which pertains to the administration of services for older individuals.

Yes No *If "No," provide explanation:* _____

Federal, State, and Local Health, Safety, Fire, and Sanitation Requirements

I acknowledge that my organization meets all applicable health, safety, fire, and sanitation requirements as stipulated by federal, state, and local regulations.

Yes No *If "No," provide explanation:* _____

Older Americans Act of 1965, as amended

I acknowledge that my organization complies with the Older Americans Act of 1965, as amended, to provide services for older adults.

Yes No *If "No," provide explanation:* _____

KDADS Field Service Manual Policies and Procedures, Including HIPAA

I acknowledge that my organization complies with the policies and procedures of the Kansas Department for Aging and Disability Services (KDADS), including Health Insurance Portability and Accountability Act (HIPAA) regulations regarding privacy and security of health information.

Yes No *If "No," provide explanation:* _____

By signing below, I certify that the information provided is true and accurate to the best of my knowledge. I understand that failure to comply with the regulations listed above may result in penalties, including suspension or termination of funding or services.

- **Name of Authorized Representative:** _____
- **Title:** _____
- **Signature:** _____
- **Date:** _____

OAA TITLE III-C(1) CONGREGATE MEALS

PROPOSAL RESPONSE TEMPLATE

Proposers must organize their proposal using the headings and numbering below. Failure to address all required elements may result in reduced scoring or disqualification.

SECTION 1 — ORGANIZATIONAL CAPACITY (15 POINTS)

1.1 Organizational Information

Provide the following:

- Legal name of organization
- Physical address and mailing address
- Primary contact person (name, title, phone, email)
- Brief organizational history and mission
- Years of experience providing Congregate Meals or comparable nutrition services

1.2 Staffing Capacity

Describe:

- The proposed number and job assignments of paid staff involved in the Congregate Meals program
- Indicate whether positions are full-time or part-time, permanent or temporary
- Identify staff responsible for:
 - Meal preparation
 - Meal service/site operations
 - Participant registration (UPR)
 - Data entry and reporting
 - Program oversight
- Identify staff or volunteers responsible for day-to-day congregate meal site operations and supervision.

1.3 Organizational Structure

Provide:

- An organizational chart showing reporting relationships for staff involved in the Congregate Meals program
- Identification of authorized signers for contractual documents

1.4 Volunteer Capacity

Describe how volunteers support the Congregate Meals program, including:

- Positions filled by volunteers
- Volunteer recruitment procedures
- Screening procedures (including background checks, if applicable)
- Training provided to volunteers
- Volunteer recognition activities
- Estimated number of volunteers and annual volunteer hours

SECTION 2 — SERVICE DELIVERY PLAN (20 POINTS)

2.1 Meal Service Operations

Describe your plan to:

- Provide hot, nutritious meals meeting KDADS FSM and OAA requirements
- Serve meals up to five (5) days per week for a minimum of 249 service days annually
- Operate Congregate Meals at all JAAA-designated meal sites listed in the RFP

2.2 Food Preparation and Logistics

Describe:

- Food preparation method (central kitchen, caterer, on-site preparation, or combination)
- Procedures and schedules for transporting food, supplies, and equipment
- Procedures to ensure food safety, temperature control, and compliance with all health regulations

2.3 Menu Planning and Nutrition Standards

Describe:

- Menu planning process, including participant input
- Use of a registered/licensed dietitian and menu certification procedures
- Frequency of menu updates and submission of Kansas Menu Approval Sheets

2.4 Participant Management and Service Continuity

Describe how you will :

- Manage participant attendance and reservations

- Ensure uninterrupted OAA-funded service for the entire contract period and that allocated funds cover the entire fiscal year
- Manage allocated funds to prevent early exhaustion of OAA funding
- Include identification of individuals responsible for day-to-day congregate meal site operations (e.g., Site Managers), including oversight of attendance tracking, program income documentation, volunteer supervision, Uniform Program Registration (UPR) compliance, and required training.
- Describe how service level adjustments, if needed due to funding availability, emergencies, or operational constraints, will be coordinated with Jayhawk Area Agency on Aging, Inc. (JAAA) prior to implementation

2.5 Unserved / Underserved Demand and Access Barriers

Describe how your organization will identify, document, and report unserved or underserved demand and access barriers for Congregate Meals, including but not limited to transportation barriers, communities without an operating congregate meal site due to funding or facility limitations, or temporarily closed sites. Describe how this information will be documented and reported to JAAA in accordance with Section 3 of the RFP.

2.6 Service Interruptions

Describe:

- Holiday service availability and days sites will be closed
- Procedures for unplanned service interruptions (weather, staffing shortages, emergencies)
- Procedures for providing meals during emergencies or extended service disruptions

SECTION 3 — ELIGIBILITY, REGISTRATION, AND CLIENT RIGHTS (15 POINTS)

3.1 Uniform Program Registration (UPR)

Describe:

- Procedures for completing, maintaining, and renewing UPRs
- How timeliness and accuracy are ensured
- How duplicate or existing registrations are handled

3.2 Client Rights and Grievances

Describe:

- How participants are informed of their rights
- Grievance procedures, including documentation and resolution
- Staff training related to grievances and client rights
- Reporting of grievances to JAAA

SECTION 4 — OUTREACH AND NUTRITION EDUCATION (10 POINTS)

4.1 Outreach Plan

Describe:

- How older individuals with the greatest economic and social need are targeted
- Strategies for reaching:
 - Low-income older adults
 - Minority populations
 - Individuals with limited English proficiency
 - Rural and geographically isolated populations
- How the public, community partners, and leaders are informed about services

4.2 Nutrition Education

Describe:

- Nutrition education activities provided to congregate participants
- Personnel responsible for nutrition education
- Frequency and format of education activities
- Procedures for documenting and reporting nutrition education services

SECTION 5 — DATA MANAGEMENT AND REPORTING (10 POINTS)

Describe your plan for:

- Timely and accurate KAMIS data entry
- Submission of monthly program and financial reports
- Tracking and reporting Congregate Meal units
- Ensuring data accuracy and internal quality control

SECTION 6 — COORDINATION AND QUALITY ASSURANCE (10 POINTS)

Describe:

- Coordination with JAAA and other community service providers

- Customer satisfaction survey process
- Frequency of surveys and use of results for improvement
- Internal quality assurance and corrective action processes

SECTION 7 — BUDGET AND FINANCIAL MANAGEMENT (20 POINTS)

7.1 Financial Capacity

Submit the required financial attachments as specified in Section 6 of the RFP and describe:

- Overall fiscal stability
- Internal financial controls
- Ability to manage federal and state funds

7.2 Funding Sources and Sustainability

Describe:

- All funding sources supporting the Congregate Meals program
- Amounts, timing, and restrictions of each source
- Sustainability strategies

7.3 Fund Management and Match

Describe:

- How OAA Title III-C(1) funds will be managed to ensure full-year service
- How required non-federal match will be met
- Confirmation that program income is not used as match
- Procedures for offering, safeguarding, and reporting voluntary contributions

CERTIFICATION AND ASSURANCE

I certify that the information provided in this proposal is true, complete, and accurate and agree to comply with all RFP requirements.

Authorized Signature: _____

Name and Title: _____

Date: _____