

CORRECTED RESPONSE TEMPLATE
OAA Title III-C(2) Home Delivered Meals (HMEL) 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 other 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 control.

JAYHAWK AREA AGENCY ON AGING, INC.

OLDER AMERICANS ACT

TITLE III C-2 Home Delivered Meals APPLICATION

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

COVER SHEET

ORGANIZATION

NAME:

ADDRESS:

PHONE #:

EMAIL:

DIRECTOR'S NAME:

TOTAL III C2 FUNDS REQUESTED:

\$ _____

TOTAL III C2 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:** _____

RFP Response Template

OAA Title III-C2 Home Delivered Meals Services

Jayhawk Area Agency on Aging, Inc. (JAAA)

Instructions to Proposers

- Respond to **each section and subsection exactly as labeled below**.
- **Do not reorder, rename, or omit headings.**
- If an item does not apply, state **“Not Applicable”** and explain why.
- Attach all required financial documents where indicated.
- Responses should be clear, concise, and complete.

1. Organizational Information

1.1 Organizational Overview

Provide a brief overview of your organization, including:

- Year established
- Mission and primary services
- Experience providing Home Delivered Meals or comparable nutrition services
- Attach a current list of the Governing Board of Directors, including leadership positions
- Authorized Signer(s) (name and title)

1.2 Staffing

Describe staffing for Home Delivered Meals, including:

- Key management staff
- Kitchen/food service staff
- Delivery staff
- Assessment staff (AUAI/UAI)
- Administrative and data/reporting staff

2. Service Delivery Plan

2.1 Meal Provision

Describe your plan for providing hot, nutritious meals up to five (5) days per week, including:

- Days and hours of meal delivery
- Average number of meals delivered daily
- Procedures to ensure meals meet KDADS FSM nutrition standards
- Describe how meal delivery operations ensure ongoing compliance with KDADS Field Service Manual requirements

2.2 Food Preparation Method

Describe:

- Food preparation method (central kitchen, caterer, on-site preparation)
- Location(s) where meals are prepared

2.3 Transportation and Logistics

Describe:

- Procedures and schedules for transporting food, supplies, and equipment
- Temperature control and food safety measures

2.4 Emergency Meal Procedures

Describe written procedures to ensure meal availability during emergencies, including:

- Inclement weather
- Power outages
- Staffing disruptions
- Use of shelf-stable or frozen meals

2.5 Menu Planning and Certification

Describe:

- Menu development process
- Role of the registered/licensed dietitian

- How participant input is incorporated
- Menu certification and submission timelines

2.6 Participant Management and Service Continuity

Describe how you will:

- Manage participant enrollment
- Ensure uninterrupted OAA-funded service for the full contract period
- Monitor monthly meal counts to remain within funding limits
- Describe how meal production and funding will be managed to ensure the allocated OAA Title III-C2 amount covers the entire fiscal year and does not exhaust early

2.7 Wait List Management

For purposes of this proposal, wait lists include OAA-eligible individuals waiting for OAA-funded meals and OAA-eligible individuals receiving non-OAA funded meals due to funding limitations.

Describe:

- How wait lists are maintained and prioritized
- Notification procedures when services become available
- Strategies to prevent gaps in service or overallocation of funds

2.8 Holiday and Special Meal Service

Describe:

- Holiday service availability
- Days when meals will not be provided
- Use of frozen or shelf-stable meals (if applicable)

2.9 Unplanned Service Interruptions

Describe procedures for:

- Participant notification
- Documentation
- Resumption of service

2.10 Geographic Service Area

Describe:

- Counties served
- Whether services are available county-wide
- Service boundaries (if applicable)
- How urban areas are served
- How remote or rural areas are served

3. Volunteer Plan

Describe your Volunteer Plan, including:

3.1 Volunteer Roles

- Positions filled by volunteers

3.2 Recruitment

- Recruitment strategies and sources

3.3 Screening

- Background checks
- Reference checks

3.4 Volunteer Training

- Initial and ongoing training provided

3.5 Volunteer Recognition

- Methods used to recognize and retain volunteers

3.6 Volunteer Capacity

- Number of volunteers
- Estimated annual volunteer hours

4. Eligibility, Assessment, and Client Rights Plan

4.1 Eligibility and Assessments

Describe:

- Procedures for completing and maintaining AUAs
- Procedures to avoid duplicative assessments when a valid UAI already exists in KAMIS
- Timelines for new assessments and reassessments

4.2 Notices of Action (NOA)

Describe:

- Procedures for issuing NOAs
- Compliance with KDADS FSM timelines and content requirements

4.3 Client Rights and Grievances

Describe:

- Distribution of OAA Grievance Rights & Responsibilities (SS-12)
- Grievance handling procedures
- Staff training related to client rights

5. Outreach and Nutrition Education Plan

5.1 Outreach

Describe strategies to reach:

- Low-income older adults
- Minority populations
- Rural communities
- Individuals with limited English proficiency

5.2 Public Awareness

Describe how the following are informed of services:

- General public

- Older individuals
- Community agencies
- Community leaders

5.3 Participation Requirements

Describe any requirements for participation in Home Delivered Meals services.

5.4 Nutrition Education

Describe:

- Personnel responsible for nutrition education
- How education is delivered
- Estimated number of participants who will receive nutrition education annually
- Examples of nutrition education topics or materials provided

6. Data Management and Reporting Plan

Describe your plan for:

- Accurate and timely KAMIS data entry
- Monthly program and financial reporting
- Tracking and reporting OAA-funded meals and NSIP-eligible non-OAA meals

7. Coordination and Quality Assurance

7.1 Coordination

Describe coordination with:

- Jayhawk Area Agency on Aging
- Other community service providers

7.2 Quality Assurance

Describe:

- Internal quality assurance processes

- Customer satisfaction survey administration
- How survey results are reviewed and used for improvement

Attachment: Most recent customer satisfaction survey instrument and the most recent available survey results or summary.

8. Budget and Financial Plan

8.1 Financial Attachments (Required)

Attach the following:

- Most recent complete year Profit and Loss Statement (service-specific)
- Most recent complete year Profit and Loss Statement (full agency)
- Most recent complete year Balance Sheet (full agency)
- Total number of service units provided during the same period (all funding sources)

8.2 Cost per Unit Calculation

Provide:

- Total expenses: \$_____
- Total units provided: _____
- Cost per unit: \$_____

8.3 Other Funding Sources

Describe:

- Funding types and amounts
- Timing of funds
- Restrictions
- Sustainability strategies

8.4 Fund Management

Describe how you will:

- Manage OAA Title III-C2 funds
- Ensure uninterrupted service

- Maintain monthly reimbursement within approximately one-twelfth (1/12) of the annual allocation

8.5 Suggested Donation and Program Income Management

Describe:

- Step-by-step process for offering voluntary contributions
- How participant privacy is protected
- How contributions are safeguarded, tracked, and reported

Certification

I certify that the information provided in this proposal is true, complete, and accurate.

Authorized Signature: _____

Name and Title: _____

Date: _____