

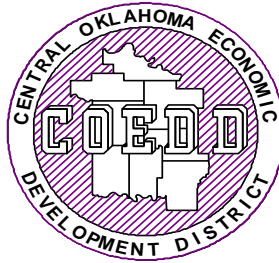
REQUEST FOR PROPOSAL

For

COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE (CENA)

FISCAL YEAR JULY 01, 2019 – JUNE 30, 2020

By the



CENTRAL OKLAHOMA ECONOMIC DEVELOPMENT DISTRICT (COEDD)

AREA AGENCY ON AGING

400 N. BELL
SHAWNEE, OK 74801
405-273-6410
800-375-8255

ISSUE DATE: June 01, 2019

RESPONSE DEADLINE: June 30, 2019 5:00 p.m.

All CENA Grant Applications must be type-written.

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**COEDD AREA AGENCY ON AGING
COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE (CENA)
FISCAL YEAR 2019 -- 2020**

1. **BACKGROUND:** The funds available to the COEDD Area Agency on Aging for award in our seven county service area are state funds, which were legislated in Senate Bill No. 109, First Session 46th Legislature (1997). The Oklahoma Legislature established a procedure pursuant to which public funds may be used in a flexible manner for the general *improvement of nutritional conditions* in order to enhance the quality of life for residents throughout Oklahoma.

Oklahoma communities are diverse in nature, comprised of distinct characteristics, needs, and economies. In order to retain their special identities, communities must create their own vision for future growth. With respect to expanding nutritional and other needed services, some communities may prioritize heating or air-conditioning costs, vehicle purchases, insurance costs, personnel, labor, and service day increases as the main issue. Therefore, each community should have the flexibility to develop their own nutritional and service-based plan, incorporating the needs of their community and working with other entities to ensure the program effectiveness.

2. **FISCAL RESPONSIBILITY, REPORTING AND MONITORING:** CENA grants are subject to fiscal and program monitoring on a semi-annual basis. There are quarterly reporting requirements that will be fully explained at the time of the grant awards.

The grantee will have full responsibility for the payment of Worker's Compensation Insurance, unemployment insurance, social security, state and federal income taxes and other deductions required by law for their employees.

Failure to comply with all applicable federal, state and local laws, regulations or procedures may result in repayment of funds. **Independent Senior Centers who plan on providing meals with paid staff are required to have a license issued by the State Department of Health effective July 1, 2009. Contact your county Health Department for information on this regulation and on how to apply for a license.**

3. **ELIGIBLE APPLICANTS:** Applicants must be a city, town or incorporated non-profit. The application must be signed by the official authorized by the applicant organization. Organizations receiving *Older American's Act* funding are **NOT** eligible. The applicant must submit a copy of the *Articles of Incorporation, State of Oklahoma Certificate of Incorporation and /or By-Laws* along with the application packet, if not already on file at the COEDD Area Agency on Aging.
4. **GRANT PERIOD:** CENA funding is awarded on a fiscal year basis. The project period will be from date of award **July 01, 2019** through **June 30, 2020**. (Pending availability of funds from state sources)
5. **TECHNICAL ASSISTANCE:** Technical Assistance for completing this application is available and is encouraged, from the COEDD Area Agency on Aging. Please telephone John Shea at 405- 273-6410 ext.131 or 1-800-375-8255.
6. **APPLICATION SUBMISSION:** Applications are to be submitted **no later than 5:00 p.m., on June 30, 2019**, to the following address: **COEDD Area Agency on Aging, 400 N. Bell, Shawnee, OK 74801**.
7. **EVALUATION AND SELECTION:** All applications will be evaluated by AAA staff members based upon what is currently being done in your organization and what is being planned.

Applications are reviewed by the CENA Grant Review Committee, which then makes a recommendation to the full COEDD Board of Directors. The COEDD Board of Directors makes the final awards.

Community Enhancement of Nutritional Assistance was NOT intended to expand meal provision at Title III, Title VI Multipurpose Senior Centers or Meals on Wheels Programs which are already state and federally funded.

Definition of Senior Centers

- A. COEDD Area Agency on Aging has a number of Multipurpose Senior Centers within its service area, which has contracts with *Title III Services*. These Senior Centers maintain a Board of Directors and elected officers who are directly responsible for decisions concerning management and fiscal matters as they pertain to the center. They are required to follow service specific standards as well as general standards as they pertain to the program **only** during the hours of *Title III* operation.

The Center is staffed during the hours of operation by paid staff or volunteers. Their hours will extend past the *Title III* program's service hours in addition to occasional evenings and weekends. Payment for the space rented, utilities and janitorial service may be reimbursed by the *Title III* program. These Multipurpose Senior Centers, because of their independent nature can be granted with CENA funds.

- B. A **Multipurpose Senior Center** shall be a community/neighborhood facility that offers a broad spectrum of services including health, social, nutritional and educational activities for older persons. Decisions concerning management/fiscal matters are handled by a Board of Directors and/or elected officers. Funding for the center is raised by fundraisers, local donations, individuals and occasionally community/city funds.
- C. A **Title III Multipurpose Senior Center** shall be a community/neighborhood facility that offers a broad spectrum of services including health, social, nutritional and educational activities for older persons. All such centers shall meet service specific standards as well as follow general standards as outlined in the *Older American's Act*. As per law, an Advisory Council is formed, **only** to provide input on matters related to the delivery of the funded *Title III Services*. Title III Multipurpose Senior Centers exist only for the provision of *Title III Services* to the senior population. Funding is derived from federal, state and local levels through the *Older American's Act*. Contributions/donations extend the program's capacity to serve additional seniors. **(CENA funds are not available to these funded centers.)**
- D. "An **Indian Multipurpose Senior Center** shall be a tribal/neighborhood facility that offers a broad spectrum of services including health, social, nutritional and educational activities for older Native American elders. Funding for Tribal nutrition centers will be tribal and not through the *Older American's Act, Title VI*". These Tribal Multipurpose Senior Centers, because of their independent nature are considered to be eligible for CENA grants."
- E. A **Title VI Multipurpose Senior Center** shall be a community/neighborhood facility that offers a broad spectrum of services including health, social, nutritional and educational activities for older persons. All such centers shall meet service specific standards as well as follow general standards as outlined by the *Older American's Act*. Funding is derived from federal (OAA) and tribal levels. **(CENA funds are NOT available to these funded centers.)**

TIMETABLE FOR COMPLETION AND SUBMISSION OF GRANT APPLICATION

June 01, 2019	RFP applications available
June 30, 2019	CENA application deadline – Completed applications due in COEDD Office by 5:00 p.m.
July 10, 2019	CENA Grant Review Committee
July 10, 2019	COEDD Board of Directors Approval of Grants
July 31, 2019	Grant approval letters mailed to applicants
August 01, 2019	CENA funds available on a reimbursement basis (Pending availability of state funds from the Department of Commerce)
May 30, 2020	Re-allocation of CENA funds (if necessary)
June 26, 2020	Final Day to submit Requests for Reimbursement
June 30, 2020	CENA grant year ends
June – July, 2020	Final Assessments (closing the books)

**COEDD AREA AGENCY ON AGING
 COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE
 PROGRAM GRANT APPLICATION
 FISCAL YEAR 2019 – 2020**

COVER PAGE

Name of Center	Hours of Operation		
Address of Center	City	County	Zip Code
Center Telephone Number		Center FAX Number	
Name of Center's Legal Representative		Title of Center's Legal Representative	

Name of Contact Person	Address of Contact Person	City	County	Zip Code
Telephone Number of Contact Person		Senior Centers Federal Tax ID #: _____		

Priority Needs Survey

Please list what you feel are the greatest needs of the seniors (age 60 and above) in your area.
1.
2.
3.
4.
5.

How many participants are currently being served at this site?
Where do your participants come from?
How many CENA grants has your center received?

 (Signature of Authorizing Official)

Name: _____
Title: _____
Date: _____

**COEDD AREA AGENCY ON AGING
COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE
FISCAL YEAR 2019 – 2020**

SENIOR CENTER OFFICER INFORMATION

President/Chairman

Name: _____

Address: _____ City _____ Zip _____

Telephone: _____

Vice President/Chairman

Name: _____

Address: _____ City _____ Zip _____

Telephone: _____

Secretary

Name: _____

Address: _____ City _____ Zip _____

Telephone: _____

Treasurer

Name: _____

Address: _____ City _____ Zip _____

Telephone: _____

**COEDD AREA AGENCY ON AGING
COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE
PROGRAM GRANT APPLICATION
FISCAL YEAR 2019 – 2020**

PROJECT NARRATIVE

Statement of Purpose: Describe what your organization intends to do with this grant.

Project Impact: Explain how this grant will benefit your seniors.

History of Organization: Briefly summarize the history of your organization and the site. Give details of any services that have been provided in the past and/or are currently being provided.

Additional Funds: Describe how services have been funded in the past (if applicable). Describe how you plan to continue funding when this grant year is over. *(For example, fees for services, donations, and/or fundraising events.)*

Publicity: Describe how people are (or will be) made aware of your program.

**COEDD AREA AGENCY ON AGING
COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE
FISCAL YEAR 2019 – 2020**

**PROPOSED SERVICES
(Complete only those that apply to your site)**

Section I - Meal Participation

Meal Participation	Yes	No
• Are meals currently being prepared at the site?	<input type="checkbox"/>	<input type="checkbox"/>
• Are meals currently being served at the site?	<input type="checkbox"/>	<input type="checkbox"/>
• Are home bound meals being delivered from the site?	<input type="checkbox"/>	<input type="checkbox"/>

Are meals currently being served at the site and to home bound seniors?: **How often?**

Total Number of Persons being served daily? :

Is an increase in meals served or delivered planned for this grant year? **Yes** **No**
 If so, is the increase expected to be: in the number of meals served? **Yes** **No**
 In the frequency of meals served? **Yes** **No** or both? **Yes** **No**

Please explain:

Will any of the grant funds used for and of the following:

to purchase food? **Yes** **No**
 to purchase supplies for the preparation? **Yes** **No**
 or serving of meals? **Yes** **No**

***NOTE: Any food purchases must be selected from one of the six basic food groups.**
 Fats, Oils & Sugars Milk, Yogurt & Cheese Vegetable Group Meat, Poultry, Dry Beans,
 (use sparingly) Bread, Cereal, Rice & Pasta Fruit Group Eggs & Nuts

NOTE: No purchases will be allowed for soda pop, candies, or any food item considered as junk food!!

Section II - Transportation

Transportation	Yes	No
• Is transportation currently being provided to the site?	<input type="checkbox"/>	<input type="checkbox"/>
• Will grant funds be used to provide transportation to the site?	<input type="checkbox"/>	<input type="checkbox"/>
• Is transportation provided by your program to places other than your site?	<input type="checkbox"/>	<input type="checkbox"/>
• Will grant funds be used to provide transportation to places other than your site?	<input type="checkbox"/>	<input type="checkbox"/>

Section III - Health Screenings / Promotion

Health Screenings / Promotion	Yes	No
• Are health screenings/clinics being provided at the site?	<input type="checkbox"/>	<input type="checkbox"/>
• Are any other kinds of health promotion/prevention activities taking place at the site?	<input type="checkbox"/>	<input type="checkbox"/>

If **health screenings / clinics** are being provided at the site, what types of screenings?

Please explain:

Section IV - Other Services / Activities

Other Services / Activities	Yes	No
• Does your program provide social/recreational activities?	<input type="checkbox"/>	<input type="checkbox"/>
• Does your program provide educational activities?	<input type="checkbox"/>	<input type="checkbox"/>

If your program provides **social / recreational** or **educational** activities, what types of activities are they?

Please explain:

Section V - Supplemental Funding / Fundraising

Supplemental Funding / Fundraising	Yes	No
• Does your program receive any other funding?	<input type="checkbox"/>	<input type="checkbox"/>
• Does your program have any plans to raise extra money?	<input type="checkbox"/>	<input type="checkbox"/>

If your program receives any other funding list the total amount you have on hand as of May 31, 2019 from each source? Eg. County tax funds earmarked for senior citizens, other grant funds, cash on hand, bank balances, etc.

Please explain

Funding Source	Amount	How Often

If your program has no other funding, how are expenses being met at this time?

Please explain:

If your program has plans to raise extra money at this time:

Please explain:

Section VI - Facility Enhancement

Facility Enhancement	Yes	No
• Will grant funds be used to purchase equipment?	<input type="checkbox"/>	<input type="checkbox"/>
• Will grant funds be used to renovate, remodel, or repair your facility?	<input type="checkbox"/>	<input type="checkbox"/>

If grant funds will be used to purchase **equipment**, what type / **kind of equipment**?

Please explain:

If grant funds will be used to **renovate, remodel or repair** your facility, how will this be done?

Please explain:

Section VII - New Start-Ups / First Time Funding

New Start-Ups / First Time Funding	Yes	No
• Is your program a newly organized Senior Citizen program?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever received CENA funds?	<input type="checkbox"/>	<input type="checkbox"/>

Section VIII - Last Fiscal Year Grant Performance

Last Fiscal Year Grant Performance (If applicable)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
1. Did your organization receive a CENA grant last fiscal year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Was an attempt made to complete all intended actions (according to the FY - 2018 grant application)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is NO, please explain why not:		
3. Was the appropriate programmatic documentation kept? (Sign-in sheets, copies of any posters/flyers, newspaper clippings, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is NO, please explain why not:		
4. Was all of the appropriate fiscal documentation kept? (Copies of receipts, written bids, quotes, revised budgets??)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is NO, please explain why not:		

Section VIII - Last Fiscal Year Grant Performance (Cont.)

<p>5. Were all revised budgets turned in to COEDD AAA for approval before item was purchased?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If the answer is NO, please explain:</p>		
<p>6. For all purchases over \$2,500, were there at least three written bids obtained before the item was purchased?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If the answer is NO, please explain why not:</p>		
<p>7. Were the bids turned into COEDD AAA before the item was purchased?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If the answer is NO, please explain why not:</p>		
<p>8. Were there at least three quotes obtained for all purchases between \$300 and \$2,499 before item was purchased?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If the answer is NO, please explain why not:</p>		

**COEDD AREA AGENCY ON AGING
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FISCAL YEAR 2019 – 2020**

PROPOSED BUDGET

Specify in detail what you will purchase with the requested funds and the anticipated cost of each item. Budget may include one-time expenditures (such as equipment, repairs or renovation), and/or monthly expenditures (such as food, utilities, etc.) estimated for the entire grant year.

For expenditures such as **equipment, repairs, renovation or insurance** attach three quotes for each, with details such as name and address of contractors, estimated total costs, and anticipated date of delivery or completion. Include the lowest quote in your budget, or explain why higher one is preferable.

ITEM	DESCRIPTION	COST
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
TOTAL AMOUNT REQUESTED		