**Narrative Responses**

Responses must be entered into this form unless otherwise indicated. Font style/size must be 12 point Times New Roman and must not exceed the space limitations indicated.

1. CURRENT MEAL SERVICE SYSTEM

Refer to Meal Service Data by Site Chart in Appendix A-2, Cost and Revenue Proposal for current meal service data by site for congregate and home-delivered meals. The data shows the currently provided meal type, meal preparation method, meal delivery method and the number of meals served by site for the most previous calendar year.

**II. TARGETING**

Part A: Accommodations

1. Identify sites that are not accessible and explain how you will serve persons with disabilities in those locations.

↓Enter response here – limit to ½ page.

1. Describe accommodations that will be made to serve eligible persons who are visually impaired, deaf/hard of hearing and/or who have functional limitations.

↓Enter response here – limit to ¼ page.

Part B: Targeting Congregate Meals

1. Describe specific activities that will be undertaken to ensure the accuracy and comprehensiveness of the participant data in the NAPIS database.
2. Describe specific activities that will be undertaken to target congregate meals to persons who meet one or more of the targeting criteria. (See RFP pages 3 & 4 for information on targeting criteria.) Proposers are encouraged to explore alternative service and delivery models in order to make the most positive impact with the available resources. In addition, please complete the chart on the following page to indicate the number of persons you propose to serve in the Congregate Meal Program by category for a one-year period in the proposed service area.

↓Enter responses to Part B, 1 & 2 here – limit to two pages.

|  |  |  |
| --- | --- | --- |
| **PROJECTED Number of Persons to be Served in the Congregate Meal Program** (Unduplicated) | | |
| **NUMBER OF PERSONS (UNDUPLICATED)**  **TO BE SERVED** | **Number** | **Below Poverty** |
| **Number of persons by frail/rural** | | |
| 1. Number of persons with 1+ ADL limitations |  |  |
| 2. Number of persons living in rural areas |  |
| **Number of persons by race/ethnicity** | | |
| 3. White (Alone) Non-Hispanic |  |  |
| 4. White (Alone) Hispanic |  |  |
| 5. American Indian/Alaskan Native (Alone) |  |  |
| 6. Asian (Alone) |  |  |
| 7. Black/African American (Alone) |  |  |
| 8. Native Hawaiian or Another Pacific Islander (Alone) |  |  |
| 9. Other Race |  |  |
| 10. 2 or More Races |  |  |
| 11. **Total minority persons to be served** (lines 4-10) |  |  |
| 12. **Total persons to be served** (lines 3-10) |  |  |
| **Number of persons by County** | | |
| Becker |  |  |
| Beltrami |  |
| Clay |  |
| Clearwater |  |
| Douglas |  |
| Grant |  |
| Hubbard |  |  |
| Kittson |  |  |
| Lake of the Woods |  |  |
| Mahnomen |  |  |
| Marshall |  |  |
| Norman |  |  |
| Otter Tail |  |  |
| Pennington |  |  |
| Polk |  |  |
| Pope |  |  |
| Red Lake |  |  |
| Roseau |  |  |
| Stevens |  |  |
| Traverse |  |  |
| Wilkin |  |  |

1. Use the Cost and Revenue Proposal, Proposed Services Changes Chart in Appendix A-2 to propose changes to one or more sites. Proposers are not required to identify any changes; however, if changes are proposed, they must be identified in this chart. This chart is provided to accommodate recommendations that proposers may want to make to better reach and/or serve a target population or to more cost-effectively provide meal service in a particular area.

For each site included in the Proposed Services Changes Chart changes to the following components can be proposed:

* Site location
* Number of meals per year
* Serving/delivery day(s) and time
* Type of meal that will be served
* Method of meal preparation
* Name of meal provider
* Availability of holiday, weekend and/or evening (second) meals
* Types of special, religious, ethnic and/or culturally specific meals provided
* Availability of shelf stable meals or blizzard packs

Part C: Targeting Home-Delivered Meals

1. Describe specific activities that will be undertaken to ensure the accuracy and comprehensiveness of the participant data in the NAPIS database.
2. Describe specific activities that will be undertaken to target home-delivered meals to persons who meet one or more of the targeting criteria. (See RFP pages 3 & 4 for information on targeting criteria.) Proposers are encouraged to explore alternative service and delivery models in order to make the most positive impact with the available resources. In addition, please complete the chart below to indicate the number of persons you propose to serve in the Home-Delivered Meal Program by category for a one-year period in the proposed service area.

↓Enter responses to Part 2, 1 & 2 here – limit to two pages.

|  |  |  |
| --- | --- | --- |
| **PROJECTED Number of Persons to be Served in the Home Delivered Meals Program** (Unduplicated) | | |
| **NUMBER OF PERSONS (UNDUPLICATED)**  **TO BE SERVED** | **Number** | **Below Poverty** |
| **Number of persons by frail/rural** | | |
| 1. Number of persons with 1+ ADL limitations |  |  |
| 2. Number of persons living in rural areas |  |
| **Number of persons by race/ethnicity** | | |
| 3. White (Alone) Non-Hispanic |  |  |
| 4. White (Alone) Hispanic |  |  |
| 5. American Indian/Alaskan Native (Alone) |  |  |
| 6. Asian (Alone) |  |  |
| 7. Black/African American (Alone) |  |  |
| 8. Native Hawaiian or Other Pacific Islander (Alone) |  |  |
| 9. Other Race |  |  |
| 10. 2 or More Races |  |  |
| 11. **Total minority persons to be served** (lines 4-10) |  |  |
| 12. **Total persons to be served** (lines 3-10) |  |  |
| **Number of persons by County** | | |
| Becker |  |  |
| Beltrami |  |
| Clay |  |
| Clearwater |  |
| Douglas |  |
| Grant |  |
| Hubbard |  |  |
| Kittson |  |  |
| Lake of the Woods |  |  |
| Mahnomen |  |  |
| Marshall |  |  |
| Norman |  |  |
| Otter Tail |  |  |
| Pennington |  |  |
| Polk |  |  |
| Pope |  |  |
| Red Lake |  |  |
| Roseau |  |  |
| Stevens |  |  |
| Traverse |  |  |
| Wilkin |  |  |

1. Use the Cost and Revenue Proposal, Proposed Services Changes Chart in Appendix A-2 to propose changes to one or more sites. Proposers are not required to identify any changes; however, if changes are proposed, they must be identified in this chart. This chart is provided to accommodate recommendations that proposers may want to make to better reach and/or serve a target population or to more cost-effectively provide meal service in a particular area.

For each site included in the Proposed Services Changes Chart changes may be proposed to the following components:

* Delivery day(s) and time
* Number of meals per year
* Type of meal that will be served
* Method of meal preparation
* Method and frequency of meal delivery to individual homes
* Name of meal provider
* Availability of holiday, weekend and/or evening (second) meals
* Types of special, religious, ethnic and/or culturally specific meals provided
* Availability of shelf stable meals or blizzard packs

**III. ORGANIZATION PROFILE**

Part A: Organization

1. State the overall mission or purpose of your organization.

2. List goals and/or objectives that are identified with the mission.

3. Explain how this proposal relates to the mission, goals, and other services your organization currently provides.

↓Enter responses to Part A, 1-3 here – limit to one page.

Part B: Personnel

1. Use the Cost and Revenue Proposal, Part A Personnel Costs Chart to list all personnel that would be involved in the provision of senior nutrition services under this proposal.

2. Attach an organizational chart of the proposing agency or organization (include line of responsibility from the parent organization, if applicable).

3. Attach an organizational chart of the proposed nutrition program personnel that are directly employed by the nutrition program.

Part C: Volunteers

1. What functions will volunteers perform in the program, and at what frequency (for both congregate and home-delivered meals)?

↓Enter response here – limit to ½ page.

Part D: Involvement of Older Adults

1. Explain how older adults will be recruited and involved in program planning and decision making (beyond being a participant of the service).

↓Enter response here – limit to ½ page.

**IV. PROGRAM OPERATIONS**

Part A: Financial Management

1. Describe how client service levels, expenditures and income will be monitored and managed to ensure funds will be fully utilized and there will be a continuity of service for the entire contract period. Include the number of anticipated weather-related site closures and other events that will impact continuity of service during the contract period. Describe how you will plan for and accommodate these disruptions and the resulting budget impact.

↓Enter response here – limit to one page.

1. Indicate the type of accounting system that you use:

Cash \_\_\_\_\_

Modified accrual \_\_\_\_\_

Accrual \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 3. Is an up-to-date chart of accounts maintained? |  |  |
| 4. Is an up-to-date accounting policies and procedures manual maintained which includes a complete description of the financial management functions? |  |  |
| 5. Are contract funds accounted for by separate fund accounts identified with the accounting system? |  |  |
| 6. Does the system adequately identify receipts and expenditures for each contract, contract or subcontract for each fund? |  |  |
| 7. Does the system require that all accounting entries be supported by adequate documentation? |  |  |
| 8. Are bank accounts reconciled monthly and copies of the bank reconciliation kept on file? |  |  |
| 9. Are financial statements prepared periodically in sufficient detail to disclose significant variations in any category of revenue and expenses? |  |  |
| 10. Is a trial balance prepared monthly to ensure accounting records are posted correctly and the book (general ledger) is balanced? |  |  |
| 11. Does the proposer have a written equipment inventory control procedure? |  |  |
| 12. Are duties and responsibilities separated (segregated) so no one employee has sole control over cash receipts, disbursements, and reconciliation of bank accounts? |  |  |
| 13. Was a certified audit conducted within the last year? Attach a copy of the last audit report if the proposer is not a current Title III nutrition provider for the congregate and home-delivered nutrition service areas specified in this RFP. |  |  |

1. If a position is paid with multiple funding sources, how is the time allocated to each funding source determined? Indicate method and describe below.

Time study \_\_\_\_\_

Time sheet \_\_\_\_\_

Other \_\_\_\_\_, please describe

↓Enter response here – limit to ¼ page.

1. If your agency is a for-profit organization, indicate the dollar amount of profit appearing in the budget for congregate nutrition services and the dollar amount of profit appearing in the budget for home-delivered nutrition services. Explain how the profits are shown on the budget. Indicate N/A if not applicable.

↓Enter response here – limit to ¼ page.

Part B: Participant Contributions

1. List the suggested participant contribution per meal for congregate and home delivered meal participants and describe how these amounts are determined. List the full cost charged for meals served to ineligible persons under 60 years of age, including visitors and guests, and describe how this amount is determined.

↓Enter response here – limit to ¼ page.

1. Describe how you will ensure that only eligible participants receive Title III-funded congregate and/or home-delivered meals and that all other participants pay the full price for the meal they receive, regardless of age of participant.

↓Enter response here – limit to ¼ page.

1. Give examples of strategies you have used (or will use) and their results when informing participants of the opportunity to contribute for the service.

↓Enter response here – limit to ¼ page.

1. Describe how you will handle participant donations to ensure privacy and confidentiality at all levels including volunteer operated sites.

↓Enter response here – limit to ½ page.

Part C: Menus and Food Purchasing Specifications

1. In order to compare menu quality and food costs among bidders, proposals must include the following:
   1. A copy of the Proposer’s menu (five-week minimum) that specifies the menu items to be served each day.
   2. A copy of ethnic menu/s (if applicable).
   3. A copy of the food purchasing specifications that will be used to procure the food.
2. Describe your organization's experience and results of implementing strategies for cost-effective purchasing. Give examples of cost effective purchasing strategies, the results you have attained in purchasing food for a service of this scope and the strategies you will implement for the proposed service.

↓Enter response here – limit to ½ page.

1. Describe your organization’s procedure and policy for receiving bids on food and supply prices or food caterer services. Submit evidence of the last competitive procurement process. If a competitive bid process has not been conducted within three years prior to the 2019 contract year, describe plans to competitively bid food/caterer/supplies.

↓Enter response here – limit to ½ page.

Part D: Quality Improvement

1. Describe your organization’s ongoing plan for monitoring and improving the quality of meals and services provided by the proposed contract. Be sure to include subcontractors. Address the frequency of quality checks and the frequency and method of requesting consumer input.

↓Enter response here – limit to one page.

Part E: Food Safety and Quality

1. Describe how your program will assure that the U.S. Dietary Guidelines and one-third (1/3) of the Recommended Dietary Allowances (RDA) for meals are met. Identify method used to evaluate the nutrient content of menus, including nutrient analysis software used and how you will address discrepancies.
2. Describe how you will assure that new and existing staff meets the Minnesota Food Manager Certification Rule ([www.health.state.mn.us/divs/eh/food/fmc/index.html](http://www.health.state.mn.us/divs/eh/food/fmc/index.html)).
3. Describe the policy and procedures on use and handling of leftover food.
4. Describe how you will manage food quantities to ensure that sufficient food is available to serve all participants who attend, while avoiding waste by preparing too much.

↓Enter responses to Part E, 1-4 here – limit to three pages.

Part F: Data Collection and Analysis

* 1. Describe your organization’s capacity to generate accurate and timely financial reports required for the contract. Describe staff capacity to collect National Aging Program Information System (NAPIS) data, generate the required reports and analyze the data to inform the targeting of services. Specify how often you will analyze the data and how often you will use the analysis to inform changes to existing service arrangements.

↓Enter response here – limit to one page.)

2. Describe your computer capacity below.

|  |  |
| --- | --- |
| Word Processing  (name of software, year) |  |
| Spreadsheet  (name of software, year) |  |
| Type of Internet Connection  (i.e., high speed, dial up, DSL, etc.) |  |
| Client Tracking Database |  |
| Website Address |  |

3. Do you back-up data on a regular basis and store information off site?

Yes \_\_\_\_\_

No \_\_\_\_\_

4. Describe your normal computer backup and storage of information procedures including:

* Back-up of tape rotation procedures used
* Steps used to verify that the back-up tapes are backing up your data and your program files
* Additional steps taken to safeguard the integrity of your computer system

↓Enter response here – limit to one page.

**V. COST AND REVENUE PROPOSAL**

Complete the Cover Sheet and Parts A – C in Appendix A-2: Cost and Revenue Proposal. (See RFP pages 18 – 21 for Instructions.) **Only forms in Appendix A-2 will be accepted.** **No additional cost and revenue forms will be accepted.**

**VI. SUBCONTRACTING** (check one):

\_\_\_\_ Do not plan to subcontract.

\_\_\_\_ Plan to subcontract.

If you plan to subcontract, describe which service component(s) is to be subcontracted, the conditions under which it will occur, the rationale, and how it will be managed. Attach a sample contract.

↓Enter response here – limit to one page.

**VII. TRANSITION PLAN** (For all proposers who are not a current Title III provider for the congregate and home-delivered nutrition service areas specified in this RFP.)

The proposer must include a plan for transition that ensures services will be available on January 1, 2020, without disruption or deterioration in the quality of service. Provide an initial proposal for a transition plan that addresses the following areas and demonstrates an understanding of the scope of activities involved in such a transition. Please submit separate transition plans for congregate and home-delivered services.

A. Transition timetable.

B. Plan for screening and hiring staff.

C. Plan for orientation and training of employees.

1. Final securing of leases and effective dates.
2. Plan for providing continuity of service to clients.
3. Estimated cost of transition, if applicable. DSAAA is not responsible for the cost of transition and may not be charged for any costs incurred before the effective date of a contract.
4. Amount and source of operating capital funds available for transition.
5. Plan for having NAPIS database operational for tracking and reporting on January 1, 2020.

↓Enter responses to Section VII, A-H here – limit to two pages.