



**OLDER AMERICAN'S ACT NUTRITION REQUEST FOR
PROPOSAL APPLICATION
FISCAL YEAR 2025**

Agency: _____

Address: _____

Contact Name: _____

Phone: _____ E-Mail: _____

Agency Type:

Public/Government

Private Non-Profit

Private For Profit

Program Area:

Title III C2 Home Delivered Meals Service

Geographic Area to be Served:

Summary of Cost (See Instructions):

- 1. OAA Nutrition Funds Requested \$ _____
- 2. Non-Federal Match \$ _____
 - A) Cash \$ _____
 - B) Value of In-Kind
- 3. Program Income
- 4. Other Non-Match, Non-Income Funds
 - A) _____ \$ _____
 - B) _____ \$ _____
 - C) _____ \$ _____
 - D) _____ \$ _____
- 5. Total Program Cost (1+2+3+4) \$ _____

The governing body of the applicant has authorized this proposal for submission.

Authorized Signature _____ Date: _____

PROGRAM DESCRIPTION

As described in Section IV, Part A

PROGRAM DESCRIPTION

As described in Section IV, Part A

PROGRAM DESCRIPTION

As described in Section IV, Part A

PROGRAM DESCRIPTION

As described in Section IV, Part A

PROGRAM MANAGEMENT
As described in Section IV, Part B

PROGRAM MANAGEMENT
As described in Section IV, Part B

PROGRAM MANAGEMENT
As described in Section IV, Part B

State the minimum number of units to be provided for each required unit of service and the unduplicated persons to be served, as described in Section IV, Part A.

| TYPE OF UNITS TO BE PROVIDED | NUMBER OF UNITS | UNDUPLICATED PERSONS (Estimated number of individuals served and number of potential new individuals for the service.) |
|---------------------------------|--------------------|---|
|---------------------------------|--------------------|---|

State at least one measurable objective and detail methodology of measurement for each of the following program areas: reaching the target population, staffing and volunteers, coordination with other groups, public information, client input, and obtaining client contributions & fund-raising, as described in Section IV, Part A and Part B.

| Program Area | Objective | How Measured |
|-----------------------|-----------|--------------|
| Target Population | | |
| Staffing & Volunteers | | |

| | | |
|--------------------|--|--|
| Coordination | | |
| Public Information | | |

| | | |
|---------------------|--|--|
| Client Input | | |
| Client Contribution | | |



Applicant Agency _____

Older American's Act Nutrition Fiscal Year 2025

Attach the following documentation:

| | |
|--|---|
| | Organizational Chart included |
| | 501c3 designation included (if necessary) |
| | Job Descriptions included |
| | Board of Directors roster included |
| | Bond & Insurance information included |
| | Documentation of Emergency plan and client's grievance process included |
| | Transition plan for termination or transfer of services included |
| | Plan for additional funding included |
| | Plan for decreased funding included |
| | Recommendation letter included |