



OLDER AMERICANS ACT NUTRITION REQUEST FOR PROPOSAL APPLICATION 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

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.)
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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 Year 2025

Attach the following documentation:

<input type="checkbox"/>	Organizational Chart included
<input type="checkbox"/>	501c3 designation included (if necessary)
<input type="checkbox"/>	Job Descriptions included
<input type="checkbox"/>	Board of Directors roster included
<input type="checkbox"/>	Bond & Insurance information included
<input type="checkbox"/>	Documentation of Emergency plan and client's grievance process included
<input type="checkbox"/>	Transition plan for termination or transfer of services included
<input type="checkbox"/>	Plan for additional funding available included
<input type="checkbox"/>	Plan of decreased funding available included
<input type="checkbox"/>	Letter of Recommendation from business/organization of services included