SOURCEWISE
COMMUNITY RESOURCE SOLUTIONS

MODERNIZING THE OLDER CALIFORNIANS ACT (MOCA) NUTRITION REQUEST FOR PROPOSAL APPLICATION FISCAL YEAR 2026-2027

Agency: _____

Address: _____

Contact Name: _____

Phone: _____ E-Mail: _____

Agency Type:

☐ Public/Government Private Non-Profit ☐ Private For Profit

Program Area:

☐ Brown Bag ☐ Groceries ☐ Home Delivery Meals

Geographic Area to be Served:

_____

Summary of Cost (See Instructions):

1. MOCA 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

Applicant Agency:_____

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.)

Applicant Agency:_____

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, 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		

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Applicant Agency _____

Modernizing The Older Californians Act, Nutrition
Fiscal Year 2026-2027

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 available included
☐	Plan for decreased funding available included
☐	Letter of Recommendation from business/organization of services included