



Title III-C Nutrition Programs

APPLICATION ADDENDUM: January 2024 – December 2027

Complete a separate Title III-C addendum for each service

Application is due to Central Ohio Area Agency on Aging by 5:00 pm, September 15, 2023

DEFINITIONS

- COAAA – Central Ohio Area Agency on Aging
- Congregate Meals (**C1**) – Provides communal nutrition to eligible participants
- Home-delivered Meal (HDM) (**C2**) – Provides home-delivered nutrition to eligible participants
- Unit of Service – One Meal
- NAPIS – National Aging Program Information System
- NSIP – Nutrition Services Incentive Program
- OAC – Ohio Administrative Code
- ODA – Ohio Department on Aging
- T-III – Title III Older Americans Act

Eligible Meal

The following is a definition of an eligible meal:

1. Meal must meet the dietary requirements of Dietary Guidelines for Americans and meet the Recommended Dietary Allowances (RDA) established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. Meals must be 1/3 of the RDA.
2. Meal is available to individuals age 60 and over and their spouses regardless of age.
3. Meal is reimbursable when served to individuals under the age of 60 if they meet one or more of the following criteria:
 - a) Handicapped or disabled residing in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided
 - b) Disabled and reside at home with and accompany older eligible individuals to congregate sites and/or
 - c) Provide volunteer services during meal hours.
4. Meal is served by an agency which is under the jurisdiction, control, management, and audit authority of the Central Ohio Area Agency on Aging, and meal is provided to the recipient without a mandatory fee. Although this means local organizations may subsidize the program, NSIP reimbursement cannot be authorized for meals with a set fee. Contributions can be collected, but only on an understood voluntary basis.

All billable meals must comply with the above definition of an NSIP-eligible meal. Note that ODA's nutrition regulations prohibit the use of pre-packaged brand-name meals (i.e. Stouffer's, Marie Callender, etc.). Meals shall not be processed, frozen, pre-packed, and commercially available to the general public for purchase.

Service Delivery

Please see the Ohio Administrative Code rules, policies, and procedures located in the "Compliance" section of the instructions. Providers are expected to comply with all applicable regulations and will be audited for compliance.

Requirements for All Nutrition Providers

Person Direction/Person-Centeredness: Per Ohio Administrative Code (OAC) 173-4-04, COAAA is soliciting proposals for person-directed nutrition services. Person-direction allows a consumer to decide what is best for himself/herself from a *range* of viable options. ODA defines person-direction options to include:

- Offering culturally appropriate meals.
- Offering a choice of food items within a meal, which could include choice of sides and/or entrée.
- Offering the choice of vegan/vegetarian option, lower-fat and lower sodium food alternatives for high fat and high sodium items, as well as the choice of a lower carbohydrate dessert.
- Providing key nutrient information (i.e., calories, fat, sodium, carbohydrate) on a HDM menu, which allows participants to make informed choices.
- Incorporating locally-grown fresh fruits and vegetables as an alternate to canned and frozen items.
- Offering home delivered meal participants the choice of hot or frozen meals, choice of delivery time (morning or afternoon) and delivery frequency (daily or periodic).

Providers may incorporate other types of person-directed service into the nutrition program. However, the provider is required to incorporate into nutrition services all of the person-direction included in their proposal.

Additional Responsibilities of the Home-Delivered Meal Provider

All meal providers are responsible for the following:

- Hiring, training and supervising dining site managers. Currently, some senior center staff are paid by the meal provider to serve as dining site managers but are not employees of the meal provider.
- Collecting and reporting program income (participant donations)
- Completing monthly, quarterly, and annual reports required by COAAA.
- Service delivery data entry to include the collection and reporting of NAPIS information required by the Administration for Community Living.

Therapeutic Meals

A provider may offer therapeutic meals, medical food or food for special dietary use. The provider shall comply with OAC 173-4-06 if providing therapeutic meals.

Food Safety

The Ohio Department of Agriculture and/or the local health department has jurisdiction to monitor the provider's compliance with food-safety laws, including sanitation, food temperatures, thermometers, food-borne illnesses, packaging, and dating meals. The provider will be responsible for maintaining the appropriate food service license.

Annual Program/Service Data

Service Category: Home-Delivered Meals or Congregate Meals

Service Unit: One T-III-eligible meal (NSIP-eligible meal)

*****Applicants must complete all the blue-shaded areas in the following forms and provide the requested attachments.*****

PROVIDER DEMOGRAPHIC INFO – Nutrition

Applicant should complete the shaded areas. Click inside the shaded box to begin typing.

Agency Name:

Number of years your agency/company has been providing the service(s) for which you are applying?

Title III-C Proposed Service and County

Proposed Service for this proposal (select one only) and Service Unit Definition

Congregate Meals (T-III C1) ☐

Home-Delivered Meals (T-III C2) ☐

Service Unit = One Meal

County to be served (select all that apply)

☐

Delaware

☐

Fairfield

☐

Fayette

☐

Franklin

☐

Licking

☐

Madison

☐

Pickaway

☐

Union

Annual Program & Service Data

Enter program/service data for one year of the grant cycle. Enter data for one year only.
Prior to completing the following grid, applicants should complete the [Title III Service Unit Rate Worksheet](#)

		Delaware	Fairfield	Fayette	Franklin	Licking	Madison	Pickaway	Union
1	Funds Requested								
	Local matching funds – Cash (15% of Total)								
	Local Matching Funds – In-Kind								
	Estimated Client Contributions								
	Estimated Other Funding								
	Total								

Note: Title III funds do not cover the entire unit cost. Title III funds will support the difference between the unit cost and estimated revenue received through Local Match Funds and Estimated Other Contributions.

		Delaware	Fairfield	Fayette	Franklin	Licking	Madison	Pickaway	Union
2	Projected Unit Cost (per one unit) *								
	Projected T-III Units of Service								

What types of costs are included in the unit rate? If administrative costs are included, what makes up the administrative cost? Is the administrative cost less than 20% of the total unit rate?

Has your organization previously received Title III funds to support this program?

☐ Yes

☐ No

		Delaware	Fairfield	Fayette	Franklin	Licking	Madison	Pickaway	Union
3	Projected Unduplicated Clients								
	% Minority								
	% Low-Income								
	% Aged 75+								
	% Handicapped								
	% Low-Income Minority								
	% Rural								

If your proposal includes any equipment capital purchases of \$1,000 or more, please identify the type of equipment and projected cost. Include a description of the need for the equipment, its utilization, and anticipated benefit.

EXPERIENCE

What is your organization's experience in administering programs dedicated to serving older adults?

List those projects that your organization has provided that serve older adults along with the funding sources for the projects (i.e., private pay, levy programs, grant funds).

Provide a description of your agency's ability to meet the needs of the older adult population and other culturally diverse populations within the older adult community, such as low-income, low-income minority, non-English speaking, rural.

What other types of social service projects have you completed or are currently providing that would provide experience in administering programs for older adults?

What is your experience in dealing with state and federally funded programs?

SERVICE DELIVERY

Service:

County(s):

Describe your service/program.

If awarded, how does your organization anticipate spending Title III funds?

What geographic area will your agency serve?

How will the proposed service be delivered by your agency? (include information on volunteers, paid staff, contractors, etc.)

What other community agencies will you work with? Will you receive referrals from other agencies? If so, describe how you will process referrals.

How will your agency market your service/program to potential clients?

How does your service/program support vulnerable populations? (including minority, rural, low-income, non-English speaking, and 75+ individuals)

What obstacles exist for service delivery to this population? How will your agency address these obstacles?

How will you maintain and process a client waiting list for the service/program?

QUALITY CONTROL:

(Complete a separate quality control section for each service and each county to be served).

Service:		County(s):	
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Describe your agency's practices to ensure continued service delivery in the event of staff illnesses or weather-related interruptions to the normal routine.

How will your agency monitor the quality of the service being provided?

Describe the goals/outcomes you plan to achieve through this service/program. What steps will taken to ensure these outcomes will be achieved?

Meal Service Licensure and Regulatory Assurance

Organization Name:

Address:

City:

State:

ZIP:

Contact Person:

Title:

Phone #:

Email:

Regulatory Agencies:

Check the box next to the agency(ies) which regulate your organization:

☐

Ohio Department of Agriculture Registration\Inspection. List current registrations and inspection classes:

☐

Ohio Department of Health (ODH) Food Service Operation Laws and Rules carried out by the local health jurisdiction. List License Class: . Please list the name(s) of the local health jurisdiction that inspects your food preparation facility (ies).

Regulatory Agent:

This organization must provide the AAA/PAA and/or Elderly Nutrition Program a copy of any Ohio Department of Agriculture findings, including corresponding corrective plans, within five (5) working days of receipt from the regulatory agency.

Accepts All Listed Assurances:

I have completed the above information and certify that the information contained is complete and that all regulations governing the operation of an Elderly Nutrition Program are in compliance.

Signature:

Date:

Title:

Organization:

Nutrition and Food Safety

1. Are you currently licensed for kitchen operations according to state and local regulations? If yes, attach a copy of the license and label as **Exhibit Q**. ☐ Yes ☐ No

2. Date of last local health department inspection

3. Did you receive any critical citations that required immediate attention? ☐ Yes ☐ No

4. Attach a copy of the last Food Service Operations Inspection Report and label as **Exhibit R**.

5. Identify the person responsible for writing menus and the Licensed Dietitian responsible for approving menus. Attach a copy of the proposed menu cycles as **Exhibit S** and copy of the Dietitian's license as **Exhibit T**.

Licensed Dietitian:

6. Briefly describe your system for maintaining and monitoring temperature control for the service area. Include name, title, and type of training received to perform this function and frequency of temperature monitoring.

7. Briefly describe your system for transporting food to participants. Include descriptions of hot and cold packaging, transport containers, and types of vehicles used.

8. What is the amount charged to staff and guests under the age of 60 who received a meal?

\$

9. Identify the person responsible for developing the nutrition education program. If not a Licensed Dietitian, identify the Licensed Dietitian that will approve the annual nutrition education program.

10. Who is the person (who will be) responsible for data entry/reporting?

Name:

Email:

Nutrition Project Site Summary Form

Complete entire row for each entry. Click on the gray shaded box to enter text.

Applicant Name:	
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Site No.	Site Name	Site Address	Type	Unduplicated Clients 60+	Daily Meal Goals	# of Days/week site is open	Total Meals/Year

Proposed/Tentative Schedule for Nutrition Education Programs

Applicant Name:			
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Date	Service Category	Topic(s) Presented & Presenter	Materials Used
January- June	Home-Delivered Meals		
July- December	Home-Delivered Meals		
January- June	Congregate Meals		
July- December	Congregate Meals		

Nutrition Training Plan for Staff

Training Plan for Paid Staff (4 hours per year of training required)	Training Plan for Volunteers