

U.P. AREA AGENCY ON AGING/UPCAP  
 FY 2023-2025 MULTI-YEAR RFP SERVICES FOR OLDER ADULTS APPLICATION

**SERVICE REQUEST & DESCRIPTION**  
**For**  
**NUTRITION: Congregate & Home-Delivered Meals**

**Applicant/Organization’s Name:**

**Geographic Area to be Served:**

Funding Sources: Title III-C1, Title III C2, NSIP

Reference: AASA Operating Standard for Service Programs Sec. III; VII.B-5; VIII.C-3

Unit of Service: One meal served to an eligible participant

Instructions: Read the following service standards and check (X) the boxes in the ‘Agree’ column to indicate if the organization agrees to abide by that standard. Asterisks in the ‘Agree’ column indicate the need to respond to the statement or question in bold italics. Responses should be typed in the text box given. *Note: Refer to AASA Operating Standards for Service Programs for more information.*

ALL questions must be completed by all proposers requesting either congregate and/or home delivered meal funding. Any questions not completed may delay or prohibit approval of this application.

|   | Agree (X)                  |
|---|----------------------------|
| <b>General Nutrition Program Questions</b>  |                            |
| 1. Nutrition providers must be able to produce a nutrient analysis for a meal when requested by AASA, UPCAP/UPAAA, a participant, or a participant’s family member or medical provider. Nutrition analysis does not have to be listed on the menu. All nutrition providers should purchase, or have access to, an electronic nutritional analysis program. <b><i>Please name/describe the software or other program used for this purpose:</i></b><br><br><b><i>If you do not currently have a nutrition analysis program in place, when will one be implemented?</i></b> | <input type="checkbox"/> * |
| 2. Each program which operates a kitchen for food production shall have at least one key staff person complete a Food Service Manager Certification Training Program (ServSafe) that has been developed by the MI Dept. of Agriculture & Rural Development. <b><i>List the names of all staff who are certified and the date their certification expires:</i></b>   | <input type="checkbox"/> * |

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|--|----------------------------|
| <p>3. Nutrition providers shall work with the AAA to develop a written emergency plan. The emergency plan shall address, but not be limited to:</p> <ul style="list-style-type: none"> <li>a. Uninterrupted delivery of meals to HDM participants;</li> <li>b. Provision of shelf stable meals;</li> <li>c. Back-up plan for food preparation if usual kitchen facility is unavailable;</li> <li>d. Agreement in place with other agencies &amp; facilities to assist with emergency meal prep and deliveries;</li> <li>e. Communication system to alert all participants of changes in meal delivery;</li> <li>f. Other requirements as described in AASA Service Standards for Nutrition Service Programs. <b><i>Describe your back-up plan to continue meals in the event of an emergency (alternatively, you may attach a copy of your Nutrition Program emergency plan):</i></b></li> </ul> | <input type="checkbox"/> * |
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Please answer these additional questions specific to the delivery of congregate and/or home-delivered meals:

A. Have you received a letter of support from the county board for services that will be approved? If no, please explain. If yes, provide a copy of the letter of support with this application. (In competitive situations, a letter of support is strongly encouraged.)

B. Will any part of the proposed service be sub-contracted?       YES     NO

If yes, please explain: