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# ARROWHEAD AREA AGENCY ON AGING

# 

# REQUEST FOR PROPOSALS

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# FOR QUALIFIED APPLICANTS TO

# PROVIDE SUPPORTIVE SERVICES

# TO OLDER ADULTS

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# 2026 OLDER AMERICANS ACT TITLE III-C

# SENIOR NUTRITION SERVICES

# REQUEST FOR PROPOSALS

**2026**

**RESPONSE DEADLINE:** Completed proposals must arrive at the Arrowhead Area Agency on Aging (AAAA) no later than 4:00 p.m. CT 08/29/2025.  Proposals must be submitted to SmartSimple, and received by 4:00 p.m. CT, 08/29/2025. Late responses shall not be accepted and shall automatically be disqualified from consideration and will be promptly returned.

**PLEASE DIRECT WRITTEN INQUIRIES TO:**

**Gina Marsalla**

Arrowhead Area Agency on Aging

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gmarsalla@ardc.org

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**1. INTRODUCTION**

# The Arrowhead Area Agency on Aging (AAAA), (https://www.arrowheadaging.org), is seeking a provider/s of senior nutrition services in any of the seven counties of Northeast Minnesota (Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, and St. Louis Counties) or five Tribal Nations that share the same geography: Bois Forte Band of Chippewa, Fond du Lac Band of Lake Superior Chippewa, Grand Portage Band of Lake Superior Chippewa, Leech Lake Band of Ojibwe (District 1), and Mille Lacs Band of Ojibwe (District II) of Minnesota. The senior nutrition program provides meals to frail, older adults at the greatest risk of losing their independence. This program provides nutritionally balanced meals, both congregate and home-delivered, preparation and delivery.

The federal [OLDER AMERICANS ACT OF 1965 [Public Law 89–73] [As Amended Through P.L. 116–131, Enacted March 25, 2020]](https://acl.gov/sites/default/files/about-acl/2020-04/Older%20Americans%20Act%20Of%201965%20as%20amended%20by%20Public%20Law%20116-131%20on%203-25-2020.pdf)(Sec. 306 (a)(4)(A), requires Title III nutrition services to be targeted to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement. Priority is to be given to low-income individuals who are members of diverse populations, have limited English proficiency, reside in rural areas and older individuals who are at risk for institutional placement. The Minnesota Board on Aging (MBA), the state unit on aging in Minnesota, implements the Older Americans Act through funding allocations to the Area Agencies on Aging (AAAs) and the development of statewide policy for senior nutrition services provided through the AAAs.

In 2008 MBA and the Nutrition Task Force developed a vision for senior nutrition: **the** **vision is that older Minnesotans will maintain their independence through access to healthful foods.**

The Senior Nutrition Task Force identified the following as priority activity areas to achieve this vision

1) Maximize resources in a time of change,

2) Build relationships between all stakeholder groups, and

3) Foster a sustainable program that will be viable in the long-term and meet the needs of older Minnesotans.

In order to implement these priority activities and reach the vision for older Minnesotans, the MBA has identified the following criteria for targeting senior nutrition services.

**Congregate Meals: individuals age 60+ who are at moderate to high nutrition risk[[1]](#footnote-2).** Priority will be given to individuals with incomes at or below poverty level[[2]](#footnote-3) and who meet at least one of the following criteria: (a) member of diverse population[[3]](#footnote-4), (b) limited English proficiency, (c) lives in rural[[4]](#footnote-5) area or (d) at risk for institutional placement

**Home Delivered Meals: individuals age 60+ who are at high nutrition risk and have 2 or more limitations in Activities of Daily Living (ADLs).** Priority will be given to individuals with incomes at or below poverty level[[5]](#footnote-6) and who meet at least one of the following criteria: (a) member of diverse population[[6]](#footnote-7), (b) limited English proficiency, (c) lives in rural[[7]](#footnote-8) area or (d) at risk for institutional placement

The Area Agency on Aging (AAA) is seeking proposals to provide meals to these target populations in a manner that is flexible and responsive to consumer needs and preferences, and also cost effective. The Area Agency on Aging (AAA) is interested in proposals that include innovations in meal types, service delivery models and consumer input. The Area Agency on Aging (AAA) is not seeking proposals to serve a high volume of meals to the general population of 60+ older adults.

Completed proposals must arrive at the Arrowhead Area Agency on Aging (AAAA) no later than **4:00 p.m. CT 08/29/2025.**  Proposals must be submitted to SmartSimple, and received by **4:00 p.m. CT, 08/29/2025**. Late responses shall not be accepted and shall automatically be disqualified from consideration and will be promptly returned.

The time period of this contract is January 1, 2026,through December 31, 2026. The Arrowhead Area Agency on Aging (AAAA) has the option to renew annually for up to two additional years. Renewal is contingent upon acceptable performance, the continuing availability of Older Americans Act Title III-C funds, and mutual agreement on contract terms between Arrowhead Area Agency on Aging (AAAA) and the proposer. After a maximum of five years, the procurement process must be completed again.

Provisions from the RFP will be incorporated into the contract for nutrition services that result from this competitive procurement process. The contract will contain service delivery, administrative, and financial terms and conditions, and provisions which, when taken together, define the services that the Contractor will provide. The accepted proposal will become a binding part of the contract and the AAAA will monitor the Contractor to ensure compliance with the proposal.

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| **I. Conditions** |

A. This RFP is a solicitation for offers and is not to be construed as an offer, a guarantee or promise that the services or goods referred to herein will be purchased by the Arrowhead Area Agency on Aging (AAAA). The Arrowhead Area Agency on Aging (AAAA) retains full discretion to abandon the RFP at any time, for any reason, without liability to proposers for any damages including, but not limited to, proposal preparation costs.

B. The Arrowhead Area Agency on Aging (AAAA) reserves the right to make a determination of capability without further discussion of the proposal submitted. Therefore, the proposal must reflect what the proposer is capable of providing. Modification of the proposal will be accepted only if requested by the Arrowhead Area Agency on Aging (AAAA).

1. Proposers must supply all required information or the proposal may be rejected.
2. The proposal shall indicate any limitations to the proposers’ ability to provide services as specified in the RFP.

E. The Arrowhead Area Agency on Aging (AAAA) reserves the right to reject or negotiate the proposed costs (where applicable) if the Arrowhead Area Agency on Aging (AAAA) determines the proposal does not represent a reasonable price.

1. The Arrowhead Area Agency on Aging (AAAA) reserves the right to introduce additional terms or conditions at the time a final contract is negotiated. Any additional terms or conditions would be limited to having the effect of clarifying the RFP language and/or correcting defects (such as omissions of statements or requirements) that may not have been incorporated into the RFP and that are discovered subsequent to its issue.
2. The contract award will be made to the proposer whose proposal will be the most advantageous to the community and to the Arrowhead Area Agency on Aging (AAAA). The Arrowhead Area Agency on Aging (AAAA) reserves the right, at any time and at its sole discretion and without penalty, to reject any and all proposals and to issue no contract(s) as a result of this RFP.
3. Responses to this RFP should be the proposer's best offer and should be based upon the assumption that the resulting contract will not include Arrowhead Area Agency on Aging (AAAA) furnished operating supplies, personnel, equipment, facilities, or delivery costs. Proposers should assume that the cost of providing all of these items should be included in the budgets in the Cost and Revenue Proposal.
4. Any misrepresentation within a proposal is grounds for disqualification of the entire proposal and is grounds for termination of any contract resulting from a proposal containing misrepresentation.

**Misrepresentation includes failure to differentiate between current capacity and capacity to be developed. Be specific when describing current program and capacity versus program readiness and capacity yet to be developed. Be specific when identifying current policies and procedures versus policies and procedures to be developed. Indicate reasonable timelines for program readiness, capacity, policies and procedures.**

1. Program standards will be met as required unless a request is submitted for a waiver to a specific requirement. The request must include rationale for seeking the waiver and must be approved by the Arrowhead Area Agency on Aging (AAAA).

**2. SCOPE OF WORK**

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| 1. **Service Description** |

A program that provides high-quality, nutritious meals to persons aged 60 and older in a congregate or home setting.

The program must meet all federal, state and local requirements for meals and nutrition services as further detailed in the Appendices.

This service must reflect the needs of older persons to be served, be client centered, sensitive to cultural differences, targeted to individuals and populations with the greatest nutritional needs, and responsive to the multiple changing needs of communities.

Service delivery systems need to be designed in a manner which is effective in responding to the needs of older persons, efficient in its use of limited financial resources, and equitable in the manner services are organized and delivered, assuring fair and non-discriminatory practices.

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| **II. Service Activities** |

The Arrowhead Area Agency on Aging (AAAA) is seeking a Contractor/s to perform the following service activities below for the period of January 1, 2026, to December 31, 2026. Proposers’ proposals must encompass one or more of the geographical service area(s) as defined below. Any proposal for a partial service area(s) will be rejected. [AAAA can determine if they want to require proposers to provide both congregate and home-delivered meals or leave the option open to propose just one service.]

1. Congregate Meals

Serve high-quality nutritious congregate meals **five days** per week to eligible persons in the following geographic areas:

* Atkin County
* Carlton County
* Cook County
* Itasca County
* Koochiching County
* Lake County
* St. Louis County

**Proposers may offer a proposal for one or more geographical areas**. Please refer to Title III Service Data by Site Chart in Appendix A for more information.

All meals must meet the [Dietary Guidelines for Americans, 2020-2025](https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials), [Dietary Reference Intakes](https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx) (DRI) and be served to eligible persons in a congregate, or group setting, as further defined in the Appendices.

Congregate meals should be targeted to individuals who are at moderate to high nutrition risk. Individuals documented to be at high risk are eligible to receive meals seven days a week and/or second meals, based on approval by the Arrowhead Area Agency on Aging (AAAA).

At a minimum, diabetic and no added salt diets (or modified meals) must be available. Providers will make special efforts to meet particular needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals.All menus must be reviewed and approved by a licensed dietitian/nutritionist.

Meals are defined as congregate dining sites or home-delivered meal programs that are open and providing service at least five days per week and provide meals as specified in this policy and the citations noted above.

1. **Congregate sites must be open at least five days per week** to ensure have a place to dine five days per week.
2. Home delivered meal providers **must deliver at least five meals per week.** Home-delivered meal providers may deliver those meals on fewer than five days, but must be open and available to provide nutrition services five days per week, including accommodating urgent service needs and requests.

AAAA will work with providers to ensure compliance by 12/31/2028.

In addition, service may be extended to people not eligible for Title III-reimbursed meals as a means to increase volume and reduce overall cost. Ineligible participants are expected to pay the full cost of the meal and service.

In addition, the Arrowhead Area Agency on Aging (AAAA) allows the provision of cold entrees during the summer months; frozen meals for second meals (based on documented high nutrition risk status), weekend and holiday meals (based on participant needs by site); and shelf stable meals for weather related or other emergencies.

Meals shall be served a minimum of 260 days per year with the exception of holidays as specified by the Proposer. Holidays may include but are not limited to: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas Day.

2. Home-Delivered Meals

Provide high-quality nutritious meals to persons eligible for home delivered meals in the following geographic areas.

* Atkin County
* Carlton County
* Cook County
* Itasca County
* Koochiching County
* Lake County
* St. Louis County

**Proposers may offer a proposal for one or more geographical areas**. Please refer to Title III Service Data by Site Chart in Appendix A for more information.

All meals must meet the [Dietary Guidelines for Americans, 2020-2025](https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials), [Dietary Reference Intakes](https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx) (DRI) and be served to eligible persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated. The Contractor must provide **a minimum of five meals per week** to eligible persons. The frequency of the delivery of the meals (daily, weekly, or other frequency) should be based on the preferences of participants and a cost-benefit analysis of the options. Relatedly, the type of meal (hot or frozen) should be based on the preferences of participants and a cost-benefit analysis of the options.

Each person requesting home-delivered meals must be assessed prior to or within 10 working days after the beginning of meal delivery. Reassessment shall occur as needed, but at least annually.

Home-delivered meals should be targeted to individuals who are at high nutrition risk and have two or more limitations in Activities of Daily Living. Individuals documented to be at high risk are eligible to receive meals seven days a week and/or second meals, based on approval by the Arrowhead Area Agency on Aging (AAAA).

At a minimum, diabetic and no-added salt diets (or modified meals) must be available. Providers will make special efforts to meet particular needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals.All menus must be reviewed and approved by a licensed dietitian/nutritionist.

The Arrowhead Area Agency on Aging (AAAA) allows the provision of cold entrees during the summer months; frozen meals for second meals (based on documented high nutrition risk status), weekend and holiday meals (based on participant needs by site); shelf stable meals for weather related or other emergencies; and delivery of meals with groceries and/or other needed goods, based on approval from the Arrowhead Area Agency on Aging (AAAA). In addition, service may be extended to people not eligible for Title III-reimbursed meals as a means to increase volume and reduce overall cost. Ineligible participants are expected to pay the full cost of the meal and service.

Meals shall be served a minimum of 260 days per year with the exception of holidays as specified by the bidder. Holidays may include but are not limited to: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas Day.

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| **III. Participant Registration and Meal Counts** |

The Contractor agrees to work with congregate and home-delivered meal program participants to complete NAPIS (National Aging Program Information System) Participant Registration Forms and ensure that current, accurate and comprehensive participant data is entered into the MBA approved NAPIS data system. The MBA approved system for collecting NAPIS information is PeerPlace®. PeerPlace® is a client and service tracking software application. The NAPIS data is used for meeting the requirements of the U.S. Administration on Aging, participant targeting and service planning, and verification of participant eligibility.

For congregate program participants, particular attention must be given to: 1) collecting complete and accurate information for basic eligibility determination and client demographics (date of birth, income level, race/ethnicity, number in household); and 2) determining nutrition risk level.

For home-delivered meal participants, particular attention must be given to: 1) collecting complete and accurate information for basic eligibility determination and client demographics (date of birth, income level, race/ethnicity, number in household); 2) determining nutrition risk level; and 3) limitations in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Each person requesting home-delivered meals must be assessed using the NAPIS Participant Registration Form prior to or within 10 working days after the beginning of meal delivery. Reassessment shall occur as needed, but at least annually.

Participant information will be uploaded weekly to PeerPlace, either scanned or entered manually.

1. PROPOSAL CONTENT

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| 1. Current Meal Service System |

Refer to Title III Service Data by Site Chart in Appendix A, Cost and Revenue Proposal for current meal service data by site for congregate and home-delivered meals. The data shows the currently provided meal type, meal preparation method, meal delivery method and meals served for CY2025 by site.

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| **II. Targeting** |

Part A: Accommodations

1. Identify sites that are not accessible and explain how you will serve persons with disabilities in those locations. (Limit to ½ page)

2. Describe accommodations that will be made to serve eligible persons who are visually impaired, deaf/hard of hearing and/or who have functional limitations. (Limit to ¼ page)

Part B: Targeting Congregate Meals

1.  Describe specific activities that will be undertaken to ensure the accuracy and comprehensiveness of the participant data in the PeerPlace database.

1. Describe specific activities that will be undertaken to target congregate meals to individuals who meet one or more of the targeting criteria. (See page 4 for information on targeting criteria.) Proposers are encouraged to explore alternative service and delivery models in order to make the most positive impact with the available resources. In addition, please complete the chart on the following page to indicate the number of persons you propose to serve in the Congregate Meal Program by category for a one-year period in the proposed service area.

**Estimated Number of Persons to be Served in the Congregate Meal Program** (Unduplicated)

|  |  |  |
| --- | --- | --- |
| **NUMBER OF PERSONS (UNDUPLICATED)**  **TO BE SERVED** | **Number** | **Below Poverty** |
| **Number of persons rural** | | |
| 1.Number of persons living in rural areas |  |  |
| **Number of persons by race/ethnicity** | | |
| 2. American Indian/Alaskan Native |  |  |
| 3. Asian or Asian American |  |  |
| 4. Black or African American |  |  |
| 5. Native Hawaiian or Pacific Islander |  |  |
| 6. White |  |  |
| 7. Hispanic or Latino |  |  |
| 8. Not Hispanic or Latino |  |  |
| Total all race/ethnicity (lines 2- 8) |  |  |
| **Total persons to be served** |  |  |
| **Number of persons by County** | | |
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(Limit to two pages)

1. Use the Cost and Revenue Proposal, Proposed Services Changes Chart in Appendix A to propose changes to one or more sites. Proposers are not required to identify changes. If the proposer, however, is proposing changes, they need to identify those changes in this chart. This chart is provided to accommodate recommendations that proposers may want to make to better reach and/or serve a target population or to more cost-effectively provide meal service in a particular area.

For each site included in the Proposed Services Changes Chart changes to the following components can be proposed:

* Site location
* Number of meals per year
* Serving/delivery day(s) and time
* Type of meal that will be served
* Method of meal preparation
* Name of meal provider
* Availability of holiday, weekend and/or evening (second) meals
* Types of special, religious, ethnic and/or culturally specific meals provided
* Availability of shelf-stable meals or blizzard packs

Part C: Targeting Home-Delivered Meals

1.  Describe specific activities that will be undertaken to ensure the accuracy and comprehensiveness of the participant data in the PeerPlace database.

2.  Describe specific activities that will be undertaken to target home-delivered meals to

individuals who meet one or more of the targeting criteria. (See page 4 for information on targeting criteria.) Proposers are encouraged to explore alternative service and delivery models in order to make the most positive impact with the available resources. In addition, please complete the chart below to indicate the number of persons you propose to serve in the Home-Delivered Meal Program by category for a one-year period in the proposed service area.

**Projected Number of Persons to be Served in the**

**Home-Delivered Meal Program** (Unduplicated)

|  |  |  |
| --- | --- | --- |
| **NUMBER OF PERSONS (UNDUPLICATED)**  **TO BE SERVED** | **Number** | **Below Poverty** |
| **Number of persons by frail/rural** | | |
| Number of persons with 2+ ADL limitations |  |  |
| Number of persons living in rural areas |  |
| **Number of persons by race/ethnicity** | | |
| 2. American Indian/Alaskan Native |  |  |
| 3. Asian or Asian American |  |  |
| 4. Black or African American |  |  |
| 5. Native Hawaiian or Pacific Islander |  |  |
| 6. White |  |  |
| 7. Hispanic or Latino |  |  |
| 8. Not Hispanic or Latino |  |  |
| Total all race/ethnicity (lines 2- 8) |  |  |
| **Total persons to be served** |  |  |
| **Number of persons by County** | | |
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(Limit to two pages)

3. Use the Cost and Revenue Proposal, Proposed Services Changes Chart in Appendix A to propose changes to one or more sites. Proposers are not required to identify changes. If the proposer, however, is proposing changes, they need to identify those changes in this chart. This chart is provided to accommodate recommendations that proposers may want to make to better reach and/or serve a target population or to more cost-effectively provide meal service in a particular area.

For each site included in the Proposed Services Changes Chart changes may be proposed to the following components:

* Delivery day(s) and time
* Number of meals per year
* Type of meal that will be served
* Method of meal preparation
* Method and frequency of meal delivery to individual homes
* Name of meal provider
* Availability of holiday, weekend and/or evening (second) meals
* Types of special, religious, ethnic and/or culturally specific meals provided
* Availability of shelf stable meals or blizzard packs

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| **III. Organization Profile** |

Part A: Organization

1. State the overall mission or purpose of your organization.

2. List goals and/or objectives that are identified with the mission.

3. Explain how this proposal relates to the mission, goals, and other services your organization currently provides.

(Limit to one page)

Part B: Personnel

1. Use the Cost and Revenue Proposal, Part A Personnel Costs Chart to list all personnel that would be involved in the provision of senior nutrition services under this proposal.

2. Attach an organizational chart of the proposing agency or organization (include line of responsibility from the parent organization, if applicable)

1. Attach an organizational chart of the proposed nutrition program personnel that are directly employed by the nutrition program.

Part C: Volunteers

1. What functions will volunteers perform in the program, and at what frequency (for both congregate and home-delivered meals)? (limit to ½ page)

Part D: Involvement of Older Adults

1. Explain how older adults will be recruited and involved in program planning and decision making (beyond being a participant of the service). (Limit to ½ page)

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| **IV. Program Operations** |

Part A: Financial Management

1. Describe how client service levels, expenditures and income will be monitored and managed to ensure all funds will be utilized fully. Include the number of anticipated weather-related site closures and other events that may impact continuity of service during the contract period. Describe how you will ensure services can be continued throughout, or resumed rapidly after, a disruption of normal activities. (Limit to 1 page)
2. Indicate the type of accounting system that you use:

Cash \_\_\_\_\_

Modified accrual \_\_\_\_\_

Accrual \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 3. Is an up-to-date chart of accounts maintained? |  |  |
| 4. Is an up-to-date accounting policies and procedures manual maintained which includes a complete description of the financial management functions? |  |  |
| 5. Are grant funds accounted for by separate fund accounts identified with the accounting system? |  |  |
| 6. Does the system adequately identify receipts and expenditures for each grant, contract or subcontract for each fund? |  |  |
| 7. Does the system require that all accounting entries be supported by adequate documentation? |  |  |
| 8. Are bank accounts reconciled monthly and copies of the bank reconciliation kept on file? |  |  |
| 9. Are financial statements prepared periodically in sufficient detail to disclose significant variations in any category of revenue and expenses? |  |  |
| 10. Is a trial balance prepared monthly to ensure accounting records are posted correctly and the book (general ledger) is balanced? |  |  |
| 11. Does the proposer have a written equipment inventory control procedure? |  |  |
| 12. Are duties and responsibilities separated (segregated) so no one employee has sole control over cash receipts, disbursements, and reconciliation of bank accounts? |  |  |
| 13. Was a certified audit conducted within the last year? Attach a copy of the last audit report if the proposer is not a current Title III nutrition provider for the congregate and home-delivered nutrition service areas specified in this RFP.  If no audit is available, attach your organization’s most recently submitted Form 990 filed with the IRS. |  |  |

1. If a position is paid with multiple funding sources, how is the time allocated to each funding source determined? Indicate method and describe below.

Time study \_\_\_\_\_

Time sheet \_\_\_\_\_

Other \_\_\_\_\_, please describe

(Limit to ¼ page)

1. If your agency is a for-profit organization, indicate the dollar amount of profit appearing in the budget for congregate nutrition services and the dollar amount of profit appearing in the budget for home-delivered nutrition services. Explain how the profits are shown on the budget. (Limit to ¼ page) Indicate N/A if not applicable.

Part B: Participant Contributions

1. List the suggested participant contribution per meal for congregate and home-delivered meal participants and describe how these amounts are determined. List the full cost charged for meals served to under 60 ineligible persons including visitors and guests, and describe how this amount was determined. (Limit to 1/4 page)
2. Describe how you will ensure that only eligible participants receive Title III-funded congregate and/or home-delivered meals and that all other participants pay the full price for the meal they receive, regardless of age of participant. (Limit to 1/4 page)
3. Give examples of strategies you have used (or will use) and their results when informing participants of the opportunity to contribute for service. (Limit to 1/4 page)
   1. Provide an example of Cost Share letter used (or will use).

1. Describe how you will handle participant donations to ensure privacy and confidentiality at all levels including volunteer operated sites. (Limit to ½ page)

Part C: Menus and Food Purchasing Specifications

1. In order to compare menu quality and food costs among bidders, proposals must include the following:
   1. A copy of the Proposer’s menu (five-week minimum) that specifies the menu items to be served each day.
   2. A copy of ethnic menu/s (if applicable).
   3. A copy of the food purchasing specifications that will be used to procure the food.
2. Describe your organization's experience and results of implementing strategies for cost-effective purchasing. Give examples of cost effective purchasing strategies, the results you have attained in purchasing food for a service of this scope and the strategies you will implement for the proposed service. (Limit to ½ page)
3. Describe your organization’s procedure and policy for receiving bids on food and supply prices or food caterer services. Submit evidence of the last competitive procurement process. If a competitive bid process has not been conducted within three years prior to the 2022 contract year, describe plans to competitively bid food/caterer/supplies. (Limit to ½ page)

Part D: Quality Improvement

1. Describe your organization’s ongoing plan for monitoring and improving the quality of meals and services provided by the proposed contract. Be sure to include subcontractors. Address the frequency of quality checks and the frequency and method of requesting consumer input. (Limit to 1 page)

Part E: Food Safety and Quality

1. Describe how your program will assure that the Dietary Guidelines for Americans and one-third (1/3) of the Dietary Reference Intakes (DRI) for meals are met? Identify method used to evaluate the nutrient content of menus, including nutrient analysis software used and how you will address discrepancies.
2. Describe how you will insure that new and existing staff meets the Minnesota Food Manager Certification Rule [Minnesota Certified Food Protection Manager (CFPM) - EH: Minnesota Department of Health (state.mn.us)](https://www.health.state.mn.us/communities/environment/food/cfpm/index.html)
3. Describe the policy and procedures on use and handling of leftover food.
4. Describe how you will manage food quantities to ensure that sufficient food is available to serve all participants who attend, while avoiding waste by preparing too much.

(Limit to three pages)

Part F: Data Collection and Analysis

* 1. Describe your organization’s capacity to generate accurate and timely financial reports required for the contract. Describe staff capacity to collect National Aging Program Information System (NAPIS) data, generate the required reports and analyze the data to inform the targeting of services. Specify how often you will analyze the data and how often you will use the analysis to inform changes to existing service arrangements. (Limit to 1 page)
  2. Describe your computer system and network below.

|  |  |
| --- | --- |
| Current Operating System |  |
| Type of Internet Connection  (i.e., high speed, dial up, DSL, etc.) |  |
| Client Tracking Database | PeerPlace |
| Website Address |  |
| Security Software/Hardware utilized |  |
| Staff: Security training and handling of PII |  |

3. Do you back up data on a regular basis and store information off site?

Yes \_\_\_\_\_

No \_\_\_\_\_

4. Describe your normal computer backup and storage of information procedures including: Steps taken to safeguard the integrity of your computer system.

* Note: PeerPlace data is backed up by the vendor and by the MBA.
* Frequency data is backed up.

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| **V. Cost and Revenue Proposal** |

Complete Parts A – C in Appendix A: Cost and Revenue Proposal. The Cost and Revenue Proposal must describe the proposer’s costs to deliver nutrition services and also the anticipated revenue. Complete the budget pages of the Cost Revenue Proposal using the following instructions. **Only forms in this package will be accepted.** **No additional cost and revenue forms will be accepted.**

# Instructions for Part A: Personnel Costs

This form is used to calculate total personnel costs for providing nutrition services. Personnel costs must be broken out between project management and meals. Only personnel *directly employed* by the proposer must be identified on this form. Insert additional rows if needed.

1. **Position Title:** List all positions involved in project management in the identified section. List all positions involved in site operations and meal preparation in the identified section.
2. **Work Location:** Indicate administrative office, congregate site, central kitchen, etc.
3. **Hourly Rate of Pay:** In the column, enter the rate of pay.
4. **Hours per Project Year:** Place number of hours per contract year the person works.
5. **FTE (Full-time Equivalent**): FTE is the number of total hours worked divided by the maximum number of compensable hours in a work year. The work year is defined as 2,080 hours. This will calculate by formula.
6. **Annual Salary Cost:** Multiply Hourly Rate by Hours per Project Year to arrive at Annual Salary. This will calculate by formula.
7. **Annual Fringe Benefit Cost**: Indicate the cost of fringe benefits paid for each position.
8. **Total Salary and Benefit Cost:** This will add together by formula.
9. Use total project management and meals salary costs and fringe benefits costs in the appropriate lines on **Part B: Nutrition Service Costs**.

# Instructions for Part B: Nutrition Service Costs

This form is used to list the cash costs for the provision of nutrition services. This form reflects the allocation of costs across multiple services (e.g. Title III Congregate, Title III Home Delivered, Alternative Care and Elderly Waiver, Private Pay), if multiple services are being provided. One additional column is provided. If more services are provided, add a column for each additional service. Refer to the **definitions page** for guidance on allowable costs.

1. List costs for each service component (i.e., project management or meals) by line item category. If multiple nutrition services are provided, costs should be allocated across services in relative proportion to the number of meals provided under each service. Variations in allocations across services should be explained in the narrative. Caterer/Subcontractor and other costs will be totaled from the charts below.
2. List each caterer/sub-contractor and per unit price anticipated and number of meals per service in the chart provided.
3. All “Other Costs” must be identified in the chart provided.
4. Complete the “Assumptions” at the bottom of the chart from the meal service data chart. If your cost proposal includes fewer operating days due to weather, indicate the number of closure days anticipated. These assumptions should be discussed and agreed upon during negotiations and may provide cause for renegotiation during the contract period.
5. Identify the number of meals being proposed for each service.

# Instructions for Part C: Cash Revenue and Support

This form is used to list the revenue anticipated for all non-Title III nutrition services provided by the proposer. Refer to the **definitions page** for guidance. The final determination of the amounts of federal Title III nutrition funds, NSIP and state nutrition funds included in the meal reimbursement rate will be calculated by the Area Agency on Aging. Proposer should note that a 15% match (non-federal cash or in-kind) will be required on the amount of federal Title III nutrition funds included in the award to the successful proposer.

1. Complete the **Cash Revenue** form. To determine the amount of participant contributions anticipated, multiply the number of proposed meals by the average participant contribution identified in the Request for Proposal (RFP). Additional revenue sources can be added if needed.
2. Complete the **Source of Match** section of the form. If the match is non-federal cash, indicate the source of the cash and place an “X” in the “Cash” column. If the match is contractor-incurred in-kind, place an “X” in the “Contractor-incurred” column and identify the valuation method/justification in the “Value Determination” column.
3. Complete the “**Assumptions**” at the bottom of the page. If serving private pay meals, identify the amount charged per meal.

**Instructions for Part C (a) (b): Third-Party In-Kind Support**

Third-party in-kind contributions must be valued as “what it would have cost if the proposer had paid for the item or service itself.” Neither contractor-incurred costs nor third-party in-kind contributions will count toward satisfying matching requirements unless they can be:

* Verified by the contractor’s records;
* Not used as match for any other federal award; and
* Are necessary and reasonable to accomplish program objectives.

Failure to meet one or any combination of these criteria will mean that a different match source must be found by the contractor. If it does not meet these criteria, the cost or contribution may not be used as match. Additional information on match may be found at [45 CFR §75.306](https://ecfr.io/Title-45/Section-75.306).

**Part C (a)**

1. List the type of support in the **In-Kind Support Description** column.
2. Identify the **location** where the support is provided (e.g. Admin office, Senior Center, XYZ town).
3. Quantify the support in the **Quantity** column. If the support description is volunteer hours, identify the number of hours and hourly rate; if the support is space, identify the number of square feet; if the support is utilities identify the number of months, etc.
4. Apply the rate being used to determine value in the **Rate** column.
5. Value will calculate and display in the **Value** column.

The form can be used to record the in-kind support between project management and meals.

**Part C (b) OPTIONAL**

This is an optional section that may be used to list third-party in-kind support that will NOT be used as match.

Acceptance of this optional information does not imply approval or agreement of representations made by proposer, either by the Area Agency on Aging or the Minnesota Board on Aging.

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| **VI. SUBCONTRACTING** (check one): |

\_\_\_\_ Do not plan to subcontract.

\_\_\_\_ Plan to subcontract [complete Appendix E].

If you plan to subcontract, describe which service component(s) will be subcontracted, the conditions under which it will occur, the rationale, and how it will be managed.

(Limit to one page. Also attach a sample contract.)

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| **VII. TRANSITION PLAN** (For all proposers who are not a current or former Title III provider for the congregate and home-delivered nutrition service areas specified in this RFP.) |

The proposer must include a plan for transition that ensures services will be available on January 1, 2026, without disruption or deterioration in the quality of service. Provide an initial proposal for a transition plan that addresses the following areas and demonstrates an understanding of the scope of activities involved in such a transition. Please submit separate transition plans for congregate and home-delivered services.

A. Transition timetable.

B. Plans for screening and hiring staff.

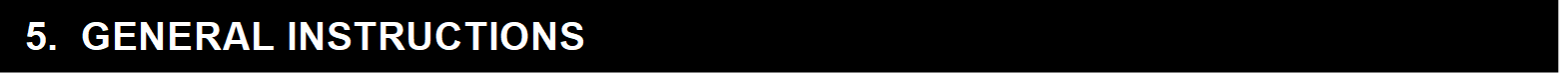
C. Plan for orientation and training of employees.

1. Final securing of leases and effective dates.
2. Plan for providing continuity of service to clients.
3. Estimated cost of transition, if applicable. The Area Agency on Aging (AAA) is not responsible for the cost of transition and may not be charged for any costs incurred before the effective date of a contract.
4. Amount and source of operating capital funds available for transition.
5. Plan for having NAPIS database operational for tracking and reporting on January 1, 2026.

(Limit to 2 pages)

### 4. REQUIRED DOCUMENTS

* Completed response to the Request for Proposal (RFP), including:
* Letter of Submittal with original signature
* Proposal Narrative
* Appendix A, Cost and Revenue Proposal
* Statement of Assurances
* Copy of menu (five-week minimum)
* Copy of ethnic menu(s), if applicable
* Index of All Attachments
* Copy of recorded certificate of incorporation and current articles of incorporation, or if not incorporated, description if owned singly or in a partnership, type of organization and name(s) of individuals
* IRS tax-exempt determination letter, if applicable (all private non-profits must submit)
* Latest total agency financial audit, if audited; copy of IRS Form 990 submitted for the latest tax year if nonprofit, or if for profit, latest annual financial statements if no audit has been performed
* Affirmative action and non-discrimination plans – applicable for contracts in excess of $100,000 and for proposers who had 40 full-time employees (or more) in Minnesota on any single day during the previous 12 months
* Insurance certificate(s) or government self-insurance certification; contractors must have: proof of workers’ compensation insurance, commercial general liability, commercial automobile liability, and *fidelity bond* prior to service commencement List of governing board members
* Business licenses necessary to operate this program (state, local, etc.)
* Affidavit of Noncollusion
* Copy of Human Rights Equal Pay Certificate (if applicable)



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| 1. **Required Proposal Content and Copies of Response for Proposers** |

1. Each proposer must submit a complete response to this RFP. A complete response contains the following sections:

a. A Letter of Submittal with original signature.   
Your Letter of Submittal must:

* + 1. Specify the geographical service area(s) for which proposer intends to   
       bid.
    2. Identify information about your organization:

(1) Proposer organization name (legal name)

(2) Proposer organization address

(3) Executive officer's name

(4) Board president's name

(5) Chief Administrative Officer

(6) Project Manager

(7) Chief Financial Officer

(8) Contact person for proposal and phone number

* + 1. Describe the type of organization you operate:

(1) Private for-profit, provide Federal Tax ID and Minnesota   
 Business License number, or

(2) Private non-profit, provide IRS 501(c)(3) number, or

(3) Public agency, specify unit of government, or

(4) Other, specify

b. A completed Statement of Assurances with original signature.

*A signed Letter of Submittal and a signed Statement of Assurances must be submitted as an indication of the proposer's ability and intention to comply with federal, state, and Area Agency on Aging (AAA) program and administrative requirements, including submission of EIN if awarded contract . It must be signed by a person authorized to bind your organization to a contract.*

c. A completed response to the RFP, including narrative response, Appendix A – Cost and Revenue Proposal, and all attachments specified in the RFP; all attachments must be referenced.

d. A copy of the menu cycle, including any for ethnic meal sites, and a copy of proposer’s food-purchasing specifications.

e. A completed Index of All Attachments.

2. Attachments

Each attached item or document must accompany the questionnaire and be labeled properly. Specify which question the attachment corresponds to.

1. List all RFP amendments you have received by amendment issue date. If you have received no RFP amendments, write a statement to that effect within the letter.

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| **B. Rules for Submittal** |

1. Completed proposals must arrive at the Arrowhead Area Agency on Aging (AAAA) no later than 4:00 p.m. **CT 08/29/2025.**  Proposals must be submitted to SmartSimple, and received by 4:00 p.m. CT, **08/29/2025.**Late responses shall not be accepted and shall automatically be disqualified from consideration and will be promptly returned.

2. Costs of Proposal Preparation. The Arrowhead Area Agency on Aging (AAAA) will not pay any bidder costs associated with preparing, presenting, or submitting any proposal in response to this RFP.

3. Responses to the RFP must be submitted on Arrowhead Area Agency on Aging (AAAA) forms and within the length requirements included the RFP unless otherwise directed. Responses submitted on forms other than those provided by the Arrowhead Area Agency on Aging (AAAA) will be considered non-responsive.

1. Proposals must be minimum, 12 point font, prefer Tahoma, single-spaced, and single-sided.

1. Proposals that are **incomplete** or that do not supply the requested information or attachments will be evaluated as non-responsive and eliminated from competition.
2. Submitted proposals and attachments to the proposal will not be returned to the proposing agency and become the property of the Arrowhead Area Agency on Aging (AAAA).
3. **Clearly mark any portion(s) of your proposal that contains proprietary information. You may not mark the entire proposal as proprietary.**

If your proposal is successful and the Arrowhead Area Agency on Aging (AAAA) receives a request to view or copy your proposal, it shall respond according to public disclosure procedures. However, if any information is marked as proprietary in the proposal, the Arrowhead Area Agency on Aging (AAAA) shall not make that portion available without giving you an opportunity to seek a court order preventing disclosure. The Arrowhead Area Agency on Aging (AAAA) will not disclose any RFP record until execution of a contract, and limits disclosure to the successful proposal or other information required by law.

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| **C. Procurement Schedule** |

(Note: Schedule is subject to change. Any Changes will be posted on the Arrowhead Area Agency on Aging website.)

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| Request for Proposals and application packets available on  AAAA’s website at.    **Apply Here:**<https://aaaa.us-1.smartsimple.com/s_Login.jsp> | June 30, 2025 |
| Applicants may consult AAAA staff with questions. If you have ideas for project proposals and would like to discuss them further, contact Rebecca Sash, Director of Area Agency on Aging, at [rsash@ardc.org](mailto:rsash@ardc.org).  For technical assistance related to completing the application such as service definitions, units of service, budgeting or application instructions, contact Gina Marsalla at [gmarsalla@ardc.org](mailto:gmarsalla@ardc.org) | June 30– Aug 15,  2025 |
| Q&A meeting on [Microsoft Teams](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDU2NTkwNGYtNWIyMS00ZmQxLWIyNjgtZDM1MTQ1N2Q5NzQ0%40thread.v2/0?context=%7b%22Tid%22%3a%2252facab2-06d4-431b-a404-3e05f290b402%22%2c%22Oid%22%3a%2260bd0c35-59e7-4a5e-bcb7-184777791f56%22%7d)                                       [**Click to Join the meeting now**](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDU2NTkwNGYtNWIyMS00ZmQxLWIyNjgtZDM1MTQ1N2Q5NzQ0%40thread.v2/0?context=%7b%22Tid%22%3a%2252facab2-06d4-431b-a404-3e05f290b402%22%2c%22Oid%22%3a%2260bd0c35-59e7-4a5e-bcb7-184777791f56%22%7d) | July 15th  2025 at 11:00am-12:00pm |
| Proposals due at AAAA by 4:00 PM CST | August 29, 2025 |
| Applicants will be notified of funding decision | November 2025 |
| Grant Period Begins | January 1, 2026 |

Each proposal will be reviewed and evaluated based on how it addresses the following criteria. The evaluation criteria correspond to the components of the RFP. Evaluators will be asked to score these criteria, based on the proposer’s responses.

**6. PROPOSAL EVALUATION AND SELECTION PROCESS**

Scores received through the evaluation process are not the sole basis for decisions. Arrowhead Area Agency on Aging (AAAA) and its Board will select the proposals that are in the best overall interest of the Planning and Service Area (PSA).

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| **EVALUATION CRITERIA** |

1. **Proposed steps will ensure the accuracy and completeness of participant data for nutrition program participants.** (Narrative 3.II)
   * 0-1 points – The proposed steps will not ensure the accuracy and completeness of participant data for nutrition program participants.
   * 2-3 points – The proposed steps meet expectations for demonstrating the likelihood that they will ensure accuracy and completeness of participant data.
   * 4-5 points – The proposed steps exceed expectations for demonstrating the likelihood that they will ensure accuracy and completeness of participant data.

**Comments:**

1. **Proposed service design and program management will target services to persons who meet one or more of the targeting criteria.** (Narrative 3.II)

* 0-1 points – The service design and program management will not result in a larger number of targeted persons served.
* 2-3 points – The service design and program management meets expectations for reaching a larger number of targeted persons.
* 4-5 points – The service design and program management exceeds expectations for reaching a larger number of targeted persons.

**Comments:**

1. **The project demonstrates the capacity to provide the proposed services.**

(Narrative 3.III and 3.IV)

* + 0-1 points – The project does not demonstrate the capacity to provide the proposed services.
  + 2-3 points – The project meets expectations for demonstrating the capacity to provide the proposed services.
  + 4-5 points – The project exceeds expectations for demonstrating the ability to provide the proposed service.

**Comments:**

1. **The project provides evidence of the capacity to manage the financial resources associated with the proposed services, including participant contributions.**  (Narrative 3.IV)

* 0-1 points – The project does not provide evidence of the capacity to manage the financial resources.
* 2-3 points – The project meets expectations for providing evidence of the capacity to manage the financial resources.
* 4-5 points – The project exceeds expectations for providing evidence of the capacity to manage the financial resources.

**Comments:**

1. **The proposed quality assurance activities are appropriately detailed and relevant to assuring high quality meals and participant satisfaction.** (Narrative 3.IV Parts C-E)
   * 0-1 points – The quality assurance activities are not appropriately detailed and they lack relevance to assuring high quality meals and participant satisfaction.
   * 2-3 points – The quality assurance activities meet expectations for detail and they are relevant to assuring high quality meals and participant satisfaction.
   * 4-5 points – The quality assurance activities exceed expectations for detail and relevance to assuring high quality meals and participant satisfaction.

**Comments:**

1. **Reasonableness of meal cost.** (Narrative 3.V)
   * 0-2 points – The total cost per meal is unreasonable. Meal costs are not allocated across program category in proportion to the number of meals proposed.
   * 3-5 points – The total cost per meal is reasonable. Meal costs are allocated across program category in proportion to the number of meals proposed.

**Comments:**

A. Notification of Selected Proposers

Both successful and non-successful proposers will be notified in writing following the final Area Agency on Aging (AAA) decision. Negotiations can begin only after the appeal process has ended.

B. Appeal Process and Procedures

An applicant wishing to appeal the AAAA decision must submit their request in writing to AAAA’s Director within ten (10) working days from the receipt date of the notice that their proposal will not be funded. The request should state the reason(s) for the appeal. Upon receipt of the written request for a hearing, the Director will set a date for a hearing with AAAA’s Executive Committee. The hearing will be held within thirty (30) days after receipt of the request. All interested parties will be notified in writing of the date, time and place of the hearing.

* + 1. Negotiations Phase

Negotiations start after the selection and appeal processes have ended. All items in the contract are negotiable. The proposals will not be made public until the contract has been negotiated, signed and fully executed.

### 

### Nutrition RFP Appendices (make this a link)

1. . Moderate nutrition risk: an individual who scores 3-5 on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative. High nutrition risk: an individual who scores 6 or higher. [↑](#footnote-ref-2)
2. .<https://aspe.hhs.gov/poverty-guidelines> [↑](#footnote-ref-3)
3. . Diverse populations include: African American or Black, Alaskan Native, American Indian, Asian, Native Hawaiian/Pacific Islander and Hispanic/Latino elders (NAPIS State Program Report, AoA). [↑](#footnote-ref-4)
4. . Rural: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants (NAPIS Reporting Requirements, OMB Approval Number 0985-0008 Expires 12/31/2022 [↑](#footnote-ref-5)
5. .<https://aspe.hhs.gov/poverty-guidelines> [↑](#footnote-ref-6)
6. . Diverse populations include: African American or Black, Alaskan Native, American Indian, Asian, Native Hawaiian/Pacific Islander and Hispanic/Latino elders (NAPIS State Program Report, AoA). [↑](#footnote-ref-7)
7. . Rural: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants (NAPIS Reporting Requirements, OMB Approval Number 0985-0008 Expires 12/31/2022 ). [↑](#footnote-ref-8)