



1104 England Drive
Cookeville, TN 38501

REQUEST FOR PROPOSAL (RFP)
TO PROVIDE NUTRITION SERVICES
UNDER THE OPTIONS FOR COMMUNITY LIVING
&
OLDER AMERICANS ACT PROGRAMS

RFP ISSUED: February 3, 2026

SUBMISSION PERIOD: February 11, 2026 - March 13, 2026 (4:30 P.M. CST)

BID OPENING: March 16, 2026 at 3:00 P.M. CST at the office of the UCDD.

Bids will be scored within 17 calendar days and posted afterwards at <https://ucdd.org/aaad/rfpa/>

AWARD PERIOD: July 1, 2026 - June 30, 2030

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INTRODUCTION

In preparation of the Upper Cumberland Area Agency on Aging and Disability's (AAAD) four-year Area Plan (FY2027 – FY2030), applications to deliver congregate and home-delivered nutrition services for Options for Community Living and the Older Americans Act Programs are being accepted from February 11, 2026 until March 13, 2026 at 4:30 pm CST. The AAAD is seeking providers for nutrition service provision in each of the following counties: Cannon, Clay, Cumberland, Dekalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, and White Counties.

CORRESPONDENCE & QUESTIONS

All correspondence and questions concerning the RFP are to be submitted via email to hwilliams@ucdd.org. Questions should reference the section of the RFP to which the questions pertain and all contact information for the person submitting the questions. All emailed questions will be answered and posted on the AAAD website at <https://ucdd.org/aaad/rfpa/> mostly within forty-eight (48) hours. In order to prevent an unfair advantage to any respondent, verbal questions will not be answered. These guidelines for communication have been established to ensure a fair and equitable process for all interested applicants.

PROPOSAL SUBMISSION & TIMELINE

All applications must be typed and submitted electronically via email to UCRFPA@ucdd.org between February 11, 2026-March 13, 2026 (4:30 P.M. CST). Facsimile or mailed proposals will not be accepted. Late or incomplete proposals may not be considered for evaluation. Under no circumstances will this deadline be extended.

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PROPOSAL FORMAT

Response to this RFP must be in the form of a proposal package that must be submitted in the following format:

1. **Cover Page** – Submit on letterhead stationery, signed by a duly authorized officer, employee, or agent of the Applicant.
2. **Comprehensive Response** – The proposal must address all requirements outlined in this RFP document.
3. **Signature of Authorized Representatives** – Completed “Authorization for Submission”

PROPOSAL EVALUATION & SELECTION

Each responsive proposal application will be reviewed by a special Ad-Hoc Committee. The Committee shall review the responsive proposals and score points, per the completed scorecard included in this RFP. Each proposal response will be evaluated on the criteria outlined in this RFP document. Applicants who neglect to accurately complete and submit the RFP, including required signatures, certifications, and proof of licensure shall be disqualified.

The right is reserved, as the interest of the AAAD may require, to reject any and all applications and to waive any formality in applications received. The AAAD reserves the right to make an award on all items or on any of the items and for an item quantity less than the quantity proposed unless qualified by specific limitation of the Applicant. The contract shall be awarded to the best evaluated responsible Applicant that has submitted a proposal that conforms in all material aspects to the RFP and is scored by an evaluation team to be the best evaluated overall proposal. Responsible Applicant is defined as an applicant that has the capacity in all respects to perform fully the contract requirements, and the integrity and reliability, which will assure good faith performance.

After the evaluation applications and selection of the successful applications, all Applicants will be notified via email.

The Applicant is specifically advised that any person, firm, or other party to whom it is proposed to award a subcontract under this contract must be acceptable to and approved by the AAAD.

All contract requirements will comply with the Tennessee Department of Disability and Aging Policies and Procedures manual. The manual can be accessed at the following link: [Aging Program and Policy Manual.pdf](#) The initial contract dates will be July 1, 2026 through June 30, 2027 with the option to renew for three (3) additional one-year periods subject to the availability of AAAD funds for each renewal period and satisfactory performance by the Applicant.

PURPOSE & BACKGROUND OF NUTRITION PROGRAMS

The Tennessee Department of Disability and Aging (DDA) contracts with nine (9) Area Agencies on Aging and Disability (AAAD) to administer home and community-based programs for older adults and other adults with disabilities (consumers) throughout Tennessee. In turn, each AAAD enters into contracts to purchase the delivery of service activities from approved service providers. Through this Nutrition Services RFP process, the goal of the AAAD is to contract with providers for congregate and home-delivered meals in each of the counties in its planning and service area. Funding sources include the State of Tennessee's Options for Community Living and the federal Older Americans Act Title IIC and Title IIIE programs. The following is a brief description of each program:

1. Tennessee's **Options for Community Living Programs** are designed to enable consumers to live independently in their homes by providing a limited amount of services such as homemaker services, personal care services and/or home delivered meals. With the assistance of these limited services, along with the support of family and others, the consumer may be able to avoid or prolong admission into institutional care. For the purpose of this RFP, the programs' funding will be used to provide home delivered meals.
2. The **Older Americans Act (OAA) Title IIC1 and Title IIC2** programs provide nutrition services including congregate (IIC1) and home-delivered meals (IIC2) for persons age 60 and over. Services are designed to promote the health and well-being of older individuals by assisting them in gaining access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior. Title IIC services are targeted to older individuals with the greatest economic need, with particular attention to low-income minority individuals, those with the greatest social needs and those residing in rural areas.
3. The **National Family Caregiver Support Program** provides an infrastructure of program resources and assistance for family caregivers, grandparents, and older individuals who are relative caregivers through the designated AAAD, its service providers and other appropriate consumer organizations. In accordance with program directives, information, assistance and counseling can be provided to any caregiver, but respite and supplemental services are limited to caregiver support for older individuals who are unable to perform at least two activities of daily living, or, due to a cognitive or other mental impairment require substantial supervision. Priority is to be given to older individuals and families with the greatest social and economic need, with particular attention to low-income older individuals and older individuals caring for persons with severe disabilities.

NUTRITION SERVICE DEFINITIONS

Congregate Nutrition (meal): A meal provided nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAA's and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

Home Delivered Nutrition (meal): A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAADs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

Nutrition counseling (hours) – A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal.

Nutrition Education IIIC (sessions) – An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or an individual or comparable expertise is defined in the OAA.

CLIENT ELIGIBILITY FOR NUTRITION SERVICES

Client eligibility for Older Americans Act (OAA) Title IIIC1 - Congregate meals shall be made available to:

1. Adults aged 60 and over; and
2. Spouses of adults aged 60 and over.

Client eligibility for Older Americans Act (OAA) Title IIIC1 - Congregate meals may be made available to:

1. Individuals with disabilities who have not attained 60 years of age, but who reside in a housing facility occupied primarily by adults aged 60 and over at which congregate meals are served;
2. Volunteers who work during meal hours; or
3. Individuals with disabilities who reside in the home with and accompany adults aged 60 and over and who are eligible under the OAA to participate at congregate meal sites.

Eligibility for OAA Title IIIC2, Title IIIE and Options for Community Living home-delivered meals will be determined by the AAAD and sent to the nutrition provider via the state-approved database.

GENERAL REQUIREMENTS & INFORMATION

The AAAD is requesting RFPs for the provision of congregate and home-delivered meals based upon the following four service categories:

(1) Fresh, Hot Meal Service Provider (Cook, Serve Hot Meals at Congregate Site, and Deliver Hot, Home-Delivered Meals):

Prepare on-site a fresh, daily cooked meal that meets Older American Act guidelines, serve hot meals at the congregate meal site, pack and deliver hot meals to eligible home-delivered meal clients.

(2) Frozen Meal Service Provider (Heat Frozen Meals, Serve Hot Meals at Congregate Site, and Deliver Hot, Home-Delivered Meals):

Will accept delivery of frozen meal products, bring the meals to the approved serving temperature, serve hot meals at the congregate meal site, and pack and deliver hot meals to eligible home-delivered meal clients.

(3) Meal Provider (Provide the Hot or Frozen Meal Product Only):

Will provide a hot or frozen meal product that meets Older American Act guidelines and deliver the meal product to the congregate meal sites and/or to home delivery clients on a predetermined schedule.

(4) Other (Any Other Service Provision):

Includes any other type of meal or service delivery model including, but not limited to, medically tailored meals, shelf stable emergency meals, and nutrition counseling.

Meal Cost and Match Requirements

The maximum reimbursement rate for congregate meals shall not exceed \$7.65 per meal. Hot or ready to eat home delivered meals shall not exceed \$8.15 per meal. Frozen or shelf-stable home delivered meals shall not exceed \$7.15 per meal. These are maximum rates which may not be exceeded; a lesser amount should be billed and reimbursed, if the provider's usual and customary charge is lower. The maximum allowable rate shall not exceed the TennCare maximum allowable rates. The meal rate does not include program income, voluntary participant contributions, or local match. Required match is met through provider contributions, including volunteer hours and other in-kind support. The AAAD may require additional contractor-provided match if necessary.

The name and address of the Upper Cumberland AAAD's current congregate meal sites are as follows:

- Alexandria Activity Center, 330 Edgewood Street, Alexandria, 37012
- Algood Activity Center, 125 Fourth Avenue, Algood, 38506
- Baxter Senior Center, 101 Elmore Town Road, Baxter, 38544
- Cannon County Senior Center, 609 Lehman Street, Woodbury, 37190
- Clay County Senior Center, 145 Cordell Hull Drive, Celina, 38551
- Fair Park Activity Center, 1433 Livingston Highway, Crossville, 38571
- Fentress County Senior Center, 308 Main Street South, Jamestown, 38556
- Fairview Senior Center, 2230 York Highway, Gainesboro, 38562
- Granville Senior Center, 6026 Granville Highway, Granville, 38564
- Overton County Senior Center, 1513 Bradford Hicks Drive, Livingston, 38570
- Byrdstown Senior Center, 105 South Main Street, Room 3, Byrdstown, 38549
- Smithville Senior Center, 718 South Congress Blvd., Smithville, 37166
- Macon County Senior Center, 329 HWY 52 Bypass East, Lafayette, 37083
- Smith County Senior Center, 120 Pauline Gore Way, South Carthage, 37030
- Van Buren County Activity Center, 779 Old McMinnville Street, Spencer, 38585
- McMinnville Warren County Senior Center, 1410 Sparta Street, A2, McMinnville, 37110
- White County Activity Center, 321 East Bronson, Sparta, 38583

APPLICATION
RFP Period: July 1, 2026 to June 30, 2030

Applicant Organization Name: _____	
Mailing Address: _____	
Office Address: _____	
Contact (Name & Title): _____	
E-Mail Address: _____	
Telephone: _____	Fax: _____
Emergency Contact (Name & #): _____	
Date of Application: _____	

I. COVER LETTER

Provide a cover letter. At a minimum, the letter must include the following:

- a) A statement that the accompanying application is in response to this RFPA.
- b) A statement that the applicant is willing, if selected, to execute a contract with the Area Agency on Aging and Disability (AAAD).
- c) A statement identifying the individual(s) authorized to finalize a contract with the AAAD on behalf of the Applicant.

II. ORGANIZATIONAL STRUCTURE AND INFORMATION

- a) Provide a completed Form W-9.
- b) Date established: _____
Place of establishment: _____
State where licensed/incorporated: _____
- c) Indicate the status of your agency (mark all that apply):
 - Minority Business Enterprise (MBE):
 - African American Asian American
 - Hispanic American Native American
 - Woman Business Enterprise (WBE)

- Tennessee Service Disabled Veteran Enterprise (SDVBE)
- Disabled Service Owned Business Enterprise (DSBE)
- Tennessee Small Business Enterprise (SBE)
- Government
- Non-Minority / Disadvantaged
- Other: _____

d) History, Structure and Experience

1. History:
 - Provide a brief history of the organization, including years of service.
 - State the mission, values and/or guiding principles.
2. Governing Body:
 - Describe the governing body's structure and responsibilities
 - Provide a list of the present membership of the Board of Directors or other governing body of the applicant. The list must include each member's name, address, sex, race and whether he or she is a person with a disability.
 - Describe the method used for selecting and replacing board members.
3. Describe the Applicant's experience in working with older adults and/or adults with disabilities.
4. If not a current AAAD provider, provide reference letters from at least two (2) current contractors indicating a history of accurate and timely billing.

e) Personnel:

1. Provide organizational chart(s) for the overall and single organizational unit responsible for delivering proposed service(s).
2. Identify the key personnel/supervisors.
3. Provide the resume for each of the key personnel/supervisors.
4. Provide the job descriptions that include the qualifications and required competencies for staff serving as Direct Service Workers (DSW) and those who will supervise the DSW.
5. Include the proposed training approaches and curriculum to be used to keep staff current in service delivery and best practices in services and supports.

f) Financial Capacity (Submit Copies of the Following):

1. A copy of the organization's business status (i.e., 501(c), Business License, etc.)
2. A copy of a valid certificate of insurance indicating liability insurance in an amount sufficient to cover any potential liability arising as a result of a contract pursuant to this RFPA must be attached
3. A copy of the verification of Workers Compensation Insurance.
4. If applicable, copies of current signed site agreements or sight agreement template to be used for each meal preparation or service location.
5. Describe and specify the availability of funds to support the cost of providing services to ensure service delivery continues throughout the contracted period and continuation of services occurs until reimbursement for services is made.
6. If available, the provide the most recently completed audited financial statements

OR

If audited financial statements are not available, provide the following:

- IRS tax reporting forms / tax return is appropriate for the most recently concluded year.
- A current written bank reference, in the form of a standard business letter, indicating that the applicant's business relationship with the financial institution is in positive standing.
- Two current written positive credit references in the form of standard business letters from vendors with which the applicant has done business, or documentation of a positive credit rating determined by an accredited credit bureau within the last six (6) months.

g) Organizational Conduct: (Answer each question):

1. Has the organization and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to any contracted crime involving a public contract? _____ (If the answer is yes, attach an explanation)
2. Has the organization and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to a felony? _____ (If the answer is yes, attach an explanation)
3. Has the organization and/or any of the organization's employees, agents, independent contractors been civilly liable in an action that involved fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion? _____ (If the answer is yes, attach an explanation)
4. Has the organization and/or any of the organization's employees, agents, independent contractors been relieved of responsibility by a court, employer, or client for actions

- involving fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion? _____ (If the answer is yes, attach an explanation)
5. Is your organization currently under Federal or State debarment? _____

III. SERVICE DELIVERY

Please address each of the following as applicable to your proposed service:

1. Describe the complete food preparation, operation and delivery system for each type of meal and/or service being proposed.
2. How are meals stored, packed and delivered?
3. Describe the types of containers used for packaging.
4. How the Applicant ensures compliance with Background Records Checks on employees having contact with consumers.
5. Describe how information about donations be accepted will be provided to program participants and other interested parties. Include a description of procedures and mechanisms for collection, use and management of donations. All donations must be accounted for and submitted to the AAAD as designated. Describe how volunteer hours, and other in-kind support used to operate the program are tracked and documented to support the program's required match.
6. Congregate sites: The Applicant and collaborating agencies and/or sites shall meet disability accessibility requirements. Provide a narrative description and, if necessary, applicable attachments that demonstrate compliance including the accessibility features of the facility for persons with disabilities.
7. Provide documentation that demonstrates current compliance with the local health department and/or other regulatory agencies.
8. Submit annual health and fire inspections for the facility(s).
9. Congregate Sites: Include fire safety policies and procedures. Fire safety procedures should include fire drills, safety inspections, maintenance of fire extinguishers, and periodic inspection and training by fire department personnel. If not indicated in policies and procedures, validate that fire safety information is posted in the facility.
10. Describe the capacity to reach all areas of the counties that you propose to serve.
11. Describe how your agency will continue to provide services if unusual circumstances arise such as, several van drivers resign at one time or become ill, or your agency is unable to employ and train new people in a timely manner to provide services.
12. Emergency Meals:
 - Describe how the Applicant will ensure that home-delivered meal participants have meals in emergency situations.
 - Provide three (3) Shelf Stable Meal Menus as well as the Nutrient Analysis for each of the menus.
13. Describe your agency's plan regarding weather related emergencies. Include the following information:
 - Conditions under which the agency will be closed.
 - Describe weather related emergency plans to ensure clients receive services they need during emergency situations. Submit name of contact persons.
 - Plan for receiving emergency calls for assistance.

14. As applicable, describe/provide policies on the cooling times for food ensuring the following:
 - Cooked potentially hazardous foods shall be cooled:
 - Within 2 hours from 135 degrees to 70 degrees F
 - Within 6 hours from 135 degrees to 41 degrees F or less
 - Within 4 hours to 41 degrees F or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna.
15. If applicable, identify the equipment used to rapidly freeze the food and length of time that frozen meals will be stored before delivery.
16. If applicable, provide a detailed description of why frozen meals are being proposed for utilization (i.e. Administrative Reason, Cost Effectiveness). Include the percentage of frozen meals to be provided.
17. Indicate if, and the type(s) of, therapeutic meals (diabetic, pureed, low sodium, etc.) that will be provided.
18. If the applicant intends on utilizing and paying the services of their own Registered Dietician (RD) or Individual with Comparable Expertise (ICE) that is different than the AAAD's, submit the name of the RD / ICE that the program will utilize and submit a copy of the Licenses and Certification, which includes the Licensed/Certification numbers.
19. Describe/include procedures for internal monitoring including timeframes for submitting reports to the AAAD when completed, corrective action timeframes, and name of the person or position responsible for monitoring and evaluating each service.
20. Explain or attach the Applicant's policy and procedures for conducting Customer Satisfaction Surveys and attach the results of your most recent Customer Satisfaction Survey Report showing the percentage of satisfied customers for the period.
21. Describe how your agency will ensure the following outcomes as it relates to congregate meals:
 - Congregate Meal Participants will receive annual nutrition screenings and quarterly nutrition education (materials to be prepared by AAAD).
 - Congregate Meal Clients identified with a Nutritional Risk will be referred to the AAAD for appropriate follow up based upon the client's consent.
 - Meal plans will meet the most recent Dietary Guidelines and Dietary Reference Intakes or Meal Pattern requirements
 - Provide meals at congregate sites according to their regular serving schedules.
 - Meal temperatures of foods will be taken and recorded daily before being served with temperatures being kept on file.
22. Describe how your agency will ensure the following outcomes as it relates to home delivered meals:
 - Home Delivered Meal Temperatures will remain at the appropriate levels upon delivery.
 - Meal plans will meet the most recent Dietary Guidelines and Dietary Reference Intakes or Meal Pattern Requirements.
 - Shelf stable meals will be provided to home bound participants in the case of an emergency.
 - Meals will be delivered within two (2) hours from the end of preparation to the final destination.

- Describe how nutrition education materials will be provided to clients on a quarterly basis (materials to be prepared by AAAD).

IV. SCOPE OF WORK

a) DIRECT SERVICES

Mark each service to be provided:

Fresh, Hot Meal Service Provider: Cook Fresh Meal, Serve Hot at Congregate Site, and Deliver Hot Home-Delivered-Meals	Meal Provider: Provide Meal Product Only (Hot or Frozen); No Service To Congregate Participants
<input type="checkbox"/> Congregate Meal (1 meal)	<input type="checkbox"/> Frozen Congregate Meal (1 meal)
<input type="checkbox"/> Home Delivered Meal (1 meal)	<input type="checkbox"/> Hot Congregate Meal (1 meal)
<input type="checkbox"/> Nutrition Counseling (1 hour)	<input type="checkbox"/> Frozen Home Delivered Meal (1 meal)
<input type="checkbox"/> Nutrition Education (Each Participant)	<input type="checkbox"/> Hot Home Delivered Meal (1 meal)
	<input type="checkbox"/> Nutrition Counseling (1 hour)
	<input type="checkbox"/> Nutrition Education (Each Participant)
Frozen Meal Service Provider: Heat Frozen Meals, Serve Hot at Congregate Site and Deliver Hot Home-Delivered Meals	Other Provider: Any other meal or delivery service model.
<input type="checkbox"/> Congregate Meal (1 meal)	<input type="checkbox"/> Emergency Meal (1 meal)
<input type="checkbox"/> Home Delivered Meal (1 meal)	<input type="checkbox"/> Medically Tailored Meal (1 meal)
<input type="checkbox"/> Nutrition Counseling (1 hour)	<input type="checkbox"/> Nutrition Counseling (1 hour)
<input type="checkbox"/> Nutrition Education (Each Participant)	<input type="checkbox"/> Nutrition Education (Each Participant)
	<input type="checkbox"/> Other: _____

b) SERVICE DELIVERY AREA(S)

Note by placing an “X” the counties proposing to serve. Each county currently has one nutrition site or potential site unless otherwise noted.

CONGREGATE:	
<input type="checkbox"/> Cannon	<input type="checkbox"/> Overton
<input type="checkbox"/> Clay	<input type="checkbox"/> Pickett
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Putnam: <input type="checkbox"/> Algood <input type="checkbox"/> Baxter <input type="checkbox"/> Other: _____
<input type="checkbox"/> DeKalb: <input type="checkbox"/> Alexandria <input type="checkbox"/> Smithville	<input type="checkbox"/> Smith
<input type="checkbox"/> Fentress	<input type="checkbox"/> Van Buren
<input type="checkbox"/> Jackson: <input type="checkbox"/> Fairview <input type="checkbox"/> Granville	<input type="checkbox"/> Warren
<input type="checkbox"/> Macon	<input type="checkbox"/> White

HOME DELIVERED:	
<input type="checkbox"/> Cannon	<input type="checkbox"/> Overton
<input type="checkbox"/> Clay	<input type="checkbox"/> Pickett
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Putnam
<input type="checkbox"/> DeKalb	<input type="checkbox"/> Smith
<input type="checkbox"/> Fentress	<input type="checkbox"/> Van Buren
<input type="checkbox"/> Jackson	<input type="checkbox"/> Warren
<input type="checkbox"/> Macon	<input type="checkbox"/> White

Comments:

c) SERVICE AVAILABILITY:

Days of Service Availability _____
Hours of Service Availability _____
If the applicant agency has multiple offices, attach a list to the application.

D. SUB-CONTRACTOR (if any):

Name: _____	
Contact Person: _____	
Type of Service(s) to Subcontracted: _____	
Mailing Address _____	
Phone Number: _____	Fax Number: _____
Email: _____	

(For each additional sub-contractor, attach listing with above information)

E. QUALITY OF SERVICE:

The Provider shall ensure that quality services are provided to eligible consumers. The determination of quality must be based on an established quality assurance process.

F. TRAINING:

The Provider will attend meetings or workshops sponsored by the AAAD and DDA, where appropriate and indicated.

G. SPECIAL CONTRACT CONDITIONS:

The following holidays officially recognized for the employees of the State of Tennessee, constitute the maximum number of holidays any nutrition provider or congregate meal site shall be closed without prior written authorization from the AAAD and DDA:

- New Year's Day
- MLK Day
- Washington/ Lincoln's Birthday
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day and Day following

- Christmas Day (and any additional days specified by the State of Tennessee as part of the Christmas holiday).
- Election Day (during presidential election year)

Congregate meal sites shall not be closed more than four (4) consecutive days without prior approval by the AAAD and DDA.

(COMPLETE) Please list any deviations from this schedule that may occur by your organization:

Note: The scope of work for delivery of agreed upon services is a part of the contract and must be included in both the Provider and the AAAD copy of the contract.

V. PROPOSED SERVICE UNIT REIMBURSEMENT RATE

In order to be approved as a Service Provider, the applicant must provide a unit rate for each service proposed.

Computing Nutrition Costs

1. Food Costs: Include the cost of raw food. This also includes food purchased with NSIP funds.
2. Labor Costs - Food Preparation: Include the costs of all involved labor, including, but not limited to, food preparation; cooking, and portioning bulk foods; and delivery of food to the site of service. Fringe benefits are also included.
3. Equipment Costs: Include the costs of such capital items as ranges, dishwashers, trucks and vans, steam tables, freezers, etc.
4. Utility Costs: Include the costs of space and related utility costs incurred for food preparation, including equipment operation costs and costs for maintenance and repair.
5. All Other Costs: Include the non-labor costs of transporting food, food storage, insurance, and general liability. Also includes the costs of serving supplies, disposables, cleaning materials, and all non-capital items used in the preparation of food. (Paper goods, disposables, eating and serving utensils, detergents and other cleaning supplies and equipment)
6. Delivery Costs: All costs associated with the delivery of the food, including, but not limited to, transporting to a central area and costs associated with delivering the meal to the individual consumer.

For each of the categories for which you are applying (congregate, home delivered, frozen, emergency, etc.), provide the following information:

	Congregate	Home Delivered (Hot)	Frozen	Other (Oral Nutrition Supplement, Emergency, etc)
Food Cost:				
Labor Cost:				
Equipment Cost:				
Utility Cost:				
All Other Cost:				
Delivery Cost (if applicable):				
Total Cost per meal (Unit Cost Rate/Meal):				

***If applicable, provide the hourly rate for nutrition counseling services: _____**

VI. PROVIDER RESPONSIBILITIES

The applicant assures capacity to fulfill the following requirements:

1. Services can be provided throughout the counties covered under its proposal a minimum of five days per week for Home-Delivered meals and in accordance with the Congregate meal schedule.
2. Service is managed by qualified and experienced staff with the Nutrition Director (or staff person managing nutrition program) maintaining a current food safety certification.
3. Methodology by which the average full cost of a congregate meal and a home delivered meal, including volunteer labor and donated food or space is available and outlined in the proposal.
4. Efforts to solicit voluntary contributions and that the funds made available under the OAA to organizations shall not use earned nutrition awards to supplant funds earmarked for services for eligible persons from non- Federal sources.
5. Maintain safe and appropriate temperatures, limiting the amount of time meals must spend in transit before consumed. Home-delivered meals should be delivered within two (2) hours from the end of preparation to the final destination. Meal temperatures of foods will be taken and recorded daily at meal prep and again at the congregate site upon arrival and before being served. Ensure that Home-Delivered Meal temperatures remain at the appropriate levels upon delivery.

6. Provide nutrition education materials (provided by the AAAD), outreach, and screening (as applicable) to each individual (home – delivered meals) and/or group (congregate meals).
7. Ensure that all Congregate Meal Participants receive nutrition screening and that any clients identified with a nutritional risk will be referred to the AAAD for appropriate follow up based upon the client’s consent.
8. All menus will be submitted to the AAAD at least five weeks prior to implementation for review and approval by a licensed dietician.
9. Ensure that nutrition sites maintain current inspections required of their facility.
10. Ensure that three (3) Shelf Stable meals will be provided to all Home-Delivered Meal Clients in the case of an emergency. These meals shall be replenished after an emergency/weather event and will be replaced every 6 months to ensure freshness.
11. Treat clients in a respectful and dignified manner, involve the client and caregiver in the delivery of services and provide services in a timely and safe manner.
12. Monitor each kitchen, congregate meal site and home delivered meal program as specified by the DDA monitoring tracker and using the state approved monitoring tools.
13. Submit a plan of correction to address any findings cited during monitoring activities.
14. Assure that each paid or voluntary staff member meets minimum qualifications and training standards.
15. Maintain written job descriptions for staff and volunteer positions involved in direct service delivery and maintain written personnel policies and wage scales for each job.
16. Designate a supervisor to ensure staff providing services are provided professional supervision and monitor the timeliness and quality of service delivery.
17. Provide or arrange for appropriate insurance coverage including to protect volunteers from personal liabilities, if applicable.
18. Obtain written approval from the AAAD before opening a new meal site, changing location of a site or closing a site.
19. Agency will adhere to a written grievance procedure.
20. Follow the AAAD procedures for reporting units of service and adjustment to units and charges for the delivery of services in the event an error is identified.
21. Ensure the accuracy of reports, units of service, and clients served on a monthly basis. Provide signed original invoices to the AAAD monthly as specified in the contract.
22. Subcontracting is prohibited without prior written approval from the AAAD.
23. Notify Adult Protective Services and the AAAD when potentially unsafe and/or hazardous conditions, or suspicions of abuse, neglect or exploitation exist that may place the client, case managers, aides or others in imminent danger.
24. Implement a plan that addresses how clients will be served and the procedures that will be instituted in the event an emergency or disaster occurs. Institute protocols for worker communications with his/her employer and how clients will be assisted during the emergency or unexpected event. Emergency preparedness and service plans shall include services for homebound persons during pandemic illness and reducing the spread of disease through protocols established for the delivery of service. Ensure all staff have a copy of and/or understanding of the organization’s emergency preparedness plan.

VII. ASSURANCES & CERTIFICATIONS

By signing the application, the Applicant certifies that:

- The organization will comply with the Tennessee Department of Disability and Aging Policies and Procedures manual chapters 2,6,10,14, and 18, as applicable, as well as Requirements in Attachment 1. The manual can be accessed at the following link: [Aging Program and Policy Manual.pdf](#)
- Under penalty of perjury, your provider organization has completed this Provider Application independent of any outside influence which may result in your receiving privileged information about this RFP.
- This RFP factually represents your administrative capabilities and proposed services, and that if your organization is approved, you agree to abide by the terms and conditions of the Provider Contract.
- If your organization is approved, you agree to contract with the AAAD for services at your usual and customary charges not to exceed the maximum charges outlined in Section V of this provider application.
- Your organization complies with the specific Service Description and Standards required by the State for each proposed service activity.
- Your organization has written policies regarding the following: (***Provide a copy of the policies and procedures***)

<ul style="list-style-type: none"> • Personnel Policies including employee health/sick leave policy, safety and sanitation, fiscal management, food service management, and food recalls. 	<ul style="list-style-type: none"> • Affirmative Action Policy
<ul style="list-style-type: none"> • Non-discrimination in Hiring Policy 	<ul style="list-style-type: none"> • Confidentiality Policy
<ul style="list-style-type: none"> • Non-discrimination in Service Delivery Policy 	<ul style="list-style-type: none"> • Civil Rights Compliance Policy (<i>Title VI and VII</i>)
<ul style="list-style-type: none"> • ADA Compliance Policy 	<ul style="list-style-type: none"> • Certification Regarding Lobbying
<ul style="list-style-type: none"> • Drug Free Workplace Policy 	

- Your organization has secured all required licenses, certifications, permits and accreditation (as required by the State and/or Federal governments).

AUTHORIZATION FOR SUBMISSION

Legal Name of Applicant Agency

Submits this application as part of its response to the Request for Proposals solicited by the AAAD. This application and all materials provided in response to the RFP will become part of any contract should the Applicant's proposal be selected.

Governing Entity Information

Executive Director Name: _____
Email: _____
Chairman Name: _____
Email: _____

The Executive Director, governing body Chairman, or CEO listed above has authorized my signature on behalf of the organization/agency for submission of this application.

I affirm that I am duly authorized to execute this document on behalf of the organization. My typed name below constitutes my electronic signature.

Printed Name: _____

Authorized Representative Title: _____

Date: _____

**ADDITIONAL DESCRIPTIONS OF REQUIREMENTS
(Per Policy Unless Otherwise Specified)**

1. **Authorization**: Service providers may expend federal and state funds only for those services for which they have received authorization through a contract with the AAAD. *DDA Aging and Disability Program & Policy Manual, 14-2-.09(2)(g)*
2. **Service Description Adherence**: Service providers receiving state appropriations or OAA funds must comply with DDA contracting guidelines, program standards and service descriptions. *DDA Aging and Disability Program & Policy Manual, 4-2-.04(1)(b)(ii)*
3. **Eligibility**: Services shall be provided only to consumers who meet eligibility criteria. *DDA Aging and Disability Program & Policy Manual, 14-2-.02(1-2)*
4. **Gratuities/Favors**: No service provider agent shall solicit or accept gratuities, favors, or anything of monetary value from a consumer, service provider, contractor, or potential contractor. *DDA Aging and Disability Program & Policy Manual, 4-2-.04(1)(h)(i)*
5. **Confidentiality**: Each service provider must have procedures to protect the confidentiality of information collected about consumers. The procedures must ensure that no information about a consumer is obtained or disclosed by a service provider in a form that identifies the person without the “informed written consent” of that person or of his or her legal representative. Disclosure may be allowed by court order, or when securing client-related services, benefits, or rights. All consumer information must be maintained in controlled access files. (Exception: A written release of information when making a referral for Adult Protective Services is not required.) *DDA Aging and Disability Program & Policy Manual, 2-6-.10*
6. **Compliance**: Nutrition service providers shall comply with all applicable federal, state, and local laws (including, but not limited to, Title VI and VII of the Civil Rights Act of 1964, Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act, and the governor’s Executive Order 16 (Prevention of Sexual Harassment) and 21 (Minority business Enterprises), the Uniform Guidance program instructions, regulations, and standards. *DDA Aging and Disability Program & Policy Manual, 6-1-.01(2)(e) and (k)*
7. **GSN/GEN**: Nutrition service providers shall comply with OAA Sections 306 and 307, regarding targeting populations with the greatest economic and social needs, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. *DDA Aging and Disability Program & Policy Manual, 6-2-.01(2)*

8. **Five Days Per Week:** Services can be provided throughout the counties covered under its proposal five (5) days per week. *DDA Aging and Disability Program & Policy Manual, 6-4-.06(1) and 6-5-.05(1)*
9. **Sufficient Staff:** The Nutrition service provider shall have sufficient staff to operate the services being provided and shall assure the program is administered by a Nutrition Director who maintains a current food safety certification. *DDA Aging and Disability Program & Policy Manual, 6-10-.01(1) & 6-10-.01(1)(a)(ii)*
10. **Expertise:** Nutrition service providers shall utilize the advice and expertise of (a) a dietician or other individual described in *DDA Aging and Disability Program & Policy Manual, 6-1-.01(1)(a)*; (b) aging nutrition program participants; and (c) other individuals knowledgeable about the needs of adults aged 60 and over. *DDA Aging and Disability Program & Policy Manual, 6-2-.01(3)*
11. **Contributions and Supplanting:** Nutrition service providers shall maintain efforts to solicit voluntary contributions and shall not use OAA nutrition award funds to supplant funds earmarked for services for eligible persons from non-federal sources. *DDA Aging and Disability Program & Policy Manual, 6-1-.01(3)(a)(iii)*
12. **Emergencies:** Service providers shall, where feasible and appropriate, make arrangements for the availability of services to older individuals and family caregivers in weather-related and other emergencies. *DDA Aging and Disability Program & Policy Manual, 14-2-.09(2)(c)*
13. **Benefits:** Service providers shall assist participants in taking advantage of benefits under other programs. *DDA Aging and Disability Program & Policy Manual, 14-2-.09(2)(d)*
14. **Coordination:** Service providers shall assure that all services are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources. *DDA Aging and Disability Program & Policy Manual, 14-2-.09(2)(e)*
15. **Licensure:** Service providers shall be licensed in accordance with the regulations of the State prior to performing any services. *DDA Aging and Disability Program & Policy Manual, 14-2-.09(2)(f)*
16. **Service Authorization:** Service providers shall provide services and units of service that are consistent with the Provider Authorization. *DDA Aging and Disability Program & Policy Manual, 14-2-.09(2)(g)*
17. **Notification:** Service providers shall notify the Case Manager of any changes in an individual's condition/health/needs to the AAAD within five (5) business days by phone or email and document in the individual's case note in the state-approved database. *DDA Aging and Disability Program & Policy Manual, 14-2-.09(2)(h)*

18. **Data Collection:** Service providers shall have methods and procedures in place for the collection and reporting of individual specific data, and invoices and provide to the AAAD by the tenth (10th) day of the month following the month being reported. *DDA Aging and Disability Program & Policy Manual, 14-2-.09(2)(j)*
19. **Inspection Reports:** Nutrition service providers shall maintain a copy of all current Food Service Establishment Inspection Reports completed by state and local health department staff for each food preparation site and food service subcontractor/caterer/provider used in the nutrition program. Corrective actions recommended by state or local officials must be resolved in a timely manner. *DDA Aging and Disability Program & Policy Manual, 6-1-.01(3)(a)(i)*
20. **Safe Temperatures:** Maintain safe and appropriate temperatures / limit the amount of time meals must spend in transit before consumed. *DDA Aging and Disability Program & Policy Manual, 6-5-.05(6)*
21. **Education/Outreach/Screening:** Provide nutrition education, outreach, and screening (as applicable) to each individual (home – delivered meals) and/or group (congregate meals) and submit quarterly progress reports to the AAAD. *DDA Aging and Disability Program & Policy Manual, 6-9-.01(1-2), 6-4-.08(1), 6-10-.01(1)(b)(iv)(7)*
22. **Monitoring:** Monitor each kitchen, congregate meal site and home delivered meal program as specified by the TCAD monitoring tracker and using the state approved monitoring tools. *DDA Aging and Disability Program & Policy Manual, 6-11-.2, 18-1-.02*
23. **Plan of Correction:** Submit a plan of correction to address any findings sited during monitoring activities. *DDA Aging and Disability Program & Policy Manual, 18-1-.04*
24. **Qualifications and Training:** Assure that each paid or voluntary staff member meets minimum qualifications and training standards. *DDA Aging and Disability Program & Policy Manual, 6-1-.01(2)(j), 6-10-.01(1)(a)*
25. **Supervision:** Designate a supervisor to ensure staff providing services are provided professional supervision and monitor the timeliness and quality of service delivery. *DDA Aging and Disability Program & Policy Manual, 6-10-.01(1)(a)(iii)(2)*
26. **Insurance:** Each service provider shall either provide a statement of self-insured status or procure and maintain payment of premiums on policies of insurance coverage to (A) adequately protect personal and real property whose acquisitions cost was borne in whole or in part as a direct charge to Title III or state funds from loss or damage; and (B) adequately cover all claims which may arise related to accidents involving personal injuries and/or use of products and services under the area plan. *DDA Aging and Disability Program & Policy Manual, 2-6-.07*
27. **Bond:** All service providers must obtain sufficient bond coverage for protection of the AAAD and DDA from theft, forgery, embezzlement, and fraud losses by the

- service provider agency, any of its agents or employees, full or part-time. *DDA Aging and Disability Program & Policy Manual, 2-6-.07*
28. **Background Checks:** All service providers shall comply with Tennessee Code Annotated § 52-2-1002 on completing background checks for employees and volunteers. *TCA § 52-2-1002*
 29. **QA:** Quality Assurance will be an ongoing process in which all entities including DDA, AAAD, service providers and consumers will play a role. *DDA Aging and Disability Program & Policy Manual, 14-2-.09(1)(c)*
 30. **Change:** Obtain written approval from the AAAD before opening a new meal site, changing location of a site or closing a site. *DDA Aging and Disability Program & Policy Manual, 6-4-.05(5)(a)*
 31. **Grievance procedures:** The nutrition service provider, in collaboration with the AAAD shall develop complaint and grievance procedures to be included in the nutrition service provider policy manual. *DDA Aging and Disability Program & Policy Manual, 6-2-.01(6)*
 32. **Request for Funds:** Provide a signed written request for funds to the AAAD as specified in the contract. *DDA Aging and Disability Program & Policy Manual, 2-5-.03(2)*
 33. **Abuse/Neglect/Exploitation Reporting:** Notify Adult Protective Services and when potentially unsafe and/or hazardous conditions, or suspicions of abuse, neglect or exploitation exist. *DDA Aging and Disability Program & Policy Manual, 6-9-.04(3)*
 34. **Denial/Termination of Services:** The nutrition service provider shall work in collaboration with the AAAD to develop denial or termination of service procedures to be included in the nutrition service provider policy manual. *DDA Aging and Disability Program & Policy Manual, 6-2-.01(7)*
 35. **Policies:** The nutrition service provider shall develop and implement a policy manual containing, at a minimum, the following information: fiscal management, food service management, safety and sanitation, staff responsibilities, and organization chart. *DDA Aging and Disability Program & Policy Manual, 6-1-.01(2)(d)(i-v)*
 36. **Incorporation:** Service providers, either private for-profit or not-for-profit organizations, must be incorporated under the laws of the state in which their principal place of business is located. *DDA Aging and Disability Program & Policy Manual, 4-2-.04(1)(f), 2-5-.01(3-4)*

RFPA CHECKLIST (just boxes)

- Cover Letter
- W-9
- History, Structure and Experience
- Reference letters from at least two (2) current contractors indicating history of accurate and timely billing and reporting (if not current AAAD provider)
- Mission Statement, Values/Guiding Principles
- Personnel – Organizational chart, supervisory structure, qualifications/job descriptions, proposed training and curriculum
- Business License/Business Status and other required licenses and/or certifications
- Valid certificate of liability and workers compensation insurance
- Copies of Site Agreement(s) or Site Agreement Template, if applicable
- Audited financial statement or other requested financial information
- Service Delivery responses and related attachments explanation
- Scope of Work
- Assurance and Certification of Usual and Customary Charges
- Policies and Procedures sections requested in Service Delivery (III) and Assurances and Certifications (VII)
- Signed Authorization for submission

This Section is completed by Area Agency Staff only.

RFP EVALUATION AND SCORING

Total Points Earned: _____

Applicant Name: _____ Date: _____

Name of Individual Scoring Application: _____

RFP Requirement	Points Possible	Points Earned	Comments
Documentation of all required organizational information	5		Review RFP Checklist
Years that organization has been providing services to consumers	3		0-1 year: 0 points 1-5 years: 1 point 6-10 years: 2 points 11+ years: 3 points
Multiple county proposal	14		1 point per county covered in district
Proposal would fill existing gap in services	5		
If current AAAD provider, history of accurate and timely billing and reporting. If new provider, reference checks from at least two current contractors of history of accurate and timely billing and reporting	5		Consult appropriate AAAD staff regarding billing/reporting for current providers
Customer Satisfaction rate has been measured and documentation that 80% or more of consumers are satisfied with services	2		Applicant to provide sample of customer satisfaction surveys results / analysis
Monitoring reports from AAAD or other regulatory entity with evidence of timely plan of correction implementation.	5		zero findings: 5 points few findings, resolved timely: 4 points many findings and/or not resolved timely: 0-3 points
Applicant will provide hot meals (vs frozen meals)	5		
Medically tailored meals will be provided	3		
Proposed reimbursement rate is below usual and customary rate	3		
Total			