

Elderbridge Agency on Aging
Application for Nutrition Program Funds FY 2025 (July 1, 2024-June 30, 2025)
APPLICANT INFORMATION SHEET

Name of Subcontractor (person or group taking responsibility of contract):

Name of Subcontractor Primary Contact

Address:

City, State, Zip:

Email:

Checks payable to:

Services this organization currently offers are open to persons, regardless of sex, ethnicity, religion, or race. Yes No

If no, explain:

List each meal site included in this application	Cities Served	Counties Served	Funds Requested – from worksheet
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$

Meal Site Contact Information

Meal site location: _____

Sub-sites (sites your site provides food for): _____

Meal site address (physical location of meal site):

Meal site phone number: _____

Days serving during week: _____ Serving time: _____

Type of meal served: _____ Congregate _____ Home Delivered _____ Pick-up

Site manager name: _____

Site manager address _____

Phone number: _____ Email address: _____

Co-site manager name (if applicable) _____

Co-site manager address _____

Phone number: _____ Email address: _____

Cook name: _____ Cook phone number: _____

Cook address: _____ Cook email address: _____

Cook name: _____ Cook phone number: _____

Cook address: _____ Cook email address: _____

Cook name: _____ Cook phone number: _____

Cook address: _____ Cook email address: _____

Certified Food Protection Manager Name (s) _____

Expiration date of certificate _____

Bookkeeper name: _____

Bookkeeper address: _____

Bookkeeper phone number: _____

Bookkeeper email: _____

Unit Cost Worksheet FY '25
(use this to figure out unit cost)

Estimated Budget: Based on 257 serving days

Salaries and Wages – Site Manager	\$ _____
Salaries and Wages – Cook (s)	\$ _____
Personnel Benefit	\$ _____
Supplies	\$ _____
Equipment	\$ _____
Telephone	\$ _____
Postage	\$ _____
Printing	\$ _____
Premise Expense	\$ _____
Travel	\$ _____
Training	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

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1. Total Expenditures \$ _____
 2. Total Number of Meals served: (257 x est. #/day) \$ _____
 3. Total Cost Per Meal: (#1 divided #2) \$ _____

Full total cost reimbursement per meal is not guaranteed dependent on available funding and number of meal sites requesting funding.

(Figures must reflect all applicant activities needed to provide this service.)

PROGRAM NARRATIVE

Instructions: Submit a separate narrative for each service (Congregate and Home Delivered meals) included in this request for funding. The program narrative should address the following:

1. Plan for providing the service, geographic area to be served, contribution process, staffing, hours and days of service, and other pertinent information.
2. Breakdown of salaries and wages from cost worksheet.
3. Services already provided by the applicant to the older adult population (60 yrs and older).
4. Efforts to coordinate services with other aging service provided.

PROGRAM ASSURANCES

All recipients of Elderbridge funds agree to comply with the following conditions and/or assurances. All may not apply to Congregate/Home Delivered Meals. The applicant shall:

1. Have the capability to deliver the program as described, and be financially accountable for the program.
2. Agree to secure, maintain, and have on file for review, liability insurance, with sufficient coverage to meet any claims resulting from, or the act of, providing services under this program.
3. Agree to secure, maintain, and have on file for review, all required licenses, permits or certifications for the service(s).
4. Assure compliance with any required criminal background checks, such as criminal history and dependent adult abuse record checks, as required by law.
5. Assure that they are not currently, nor have been in the past, prohibited from participating in the Medicare or Medical Assistance programs.
6. Understand that funds awarded by Elderbridge may be terminated at any time for violations of any terms and requirements of the funding source.
7. Agree not to enter into any subcontracts for the provision of services without prior approval, in writing, from Elderbridge.
8. Have a formal grievance and appeals procedure for perceived discrimination and/or decisions that appear unfavorable to clients concerning the provision of service.
9. Assure that 3rd party reimbursement will be sought first, whether that is Medicaid, Medicare or private insurance.
10. Assure that funds are not spent for someone who is eligible for Title XIX/elderly waiver service, or other 3rd party payment source, who refuses to utilize the 3rd party funding source.
11. Utilize these funds to serve only persons age 60 or older.
12. Assure the confidentiality of all information relating to clients. Information shall not be disclosed without the individual's informed consent (or consent from his/her representative).
13. Assure that participants have an opportunity to make confidential contributions for the service funded by Elderbridge funding.
14. Assure that older people will not be denied service based on their ability to pay.
15. Assure that program income (client contributions) are not be used as match for federal funds, However, program income can be used to match state funds.
16. Agree to maintain records to easily identify the utilization of Elderbridge funds, and make those records available for audit and assessment for three (3) years beyond the end of the award period.

17. Agree to submit all reports and requests for reimbursement, as specified by Elderbridge, in a timely manner.
18. Submit Aging & Disability Network Consumer Intake forms and monthly service rosters in a timely manner.
19. Assure funds will be released for which appropriate use is not anticipated according to respective Elderbridge reallocation process.
20. Understand that failure to generate the 25% match requirement, whether it be cash or in-kind, may result in a suspension of Elderbridge funding.
21. Assure compliance with all applicable local, state, and federal laws, and if applicable, all requirements for nonprofit entities.
22. Operate within the requirements of ***Iowa Code 249.H and IAC 321, Chapter 28.***

I, _____, agree to comply with the conditions and assurances listed above.
(Name of Subcontractor Applicant)

Applicant Checklist

Service Provider: Please fill out this checklist to assure that you have provided all information requested and submit with your application.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Application information sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | Meal Site Contact Information sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Unit Cost Worksheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | Program Narrative |
| <input type="checkbox"/> | <input type="checkbox"/> | Assurances reviewed, accepted, and dated. |

Service providers may:

E-mail to: japplegate@elderbridge.org by 4:30 p.m. Monday, April 15, 2024 – or Send a hard copy of application to:

**Jody Applegate
Healthy Aging Director
Elderbridge Agency on Aging
1190 Briarstone Dr., Ste. 3
Mason City, Iowa 50401**