

## **REQUEST FOR PROPOSALS**

### **Package for the Nutrition Program For Older Adults Home Delivered Meals**

### **HOME DELIVERED MEALS PROGRAM**

#### **Terms of Contract**

**July 1, 2026 – June 30, 2027**

**July 1, 2027 – June 30, 2028**

**July 1, 2028 – June 30, 2029**

#### **Funding Source:**

**Older Americans Act Title III C-2 Home Delivered Meals  
Expanded Senior Meals Program – Home Delivered Meals**

#### **Lincoln Trail Area Development District**

**Area Agency on Aging**

**750 S. Provident Way**

**Elizabethtown, KY 42701**

**Phone: (270) 769-2393**

**Fax: (270) 769-2993**

#### **Contact Person:**

**Sue Greenwell**

**Director, Area Agency on Aging and Independent Living**

**The Lincoln Trail Area Development District does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, age, religion, or disability, and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities of the agency.**

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## Instructions for Submitting Proposal

Each applicant shall adhere to the instructions for submitting a proposal.

This package has been developed for guidance to interested parties wishing to submit a proposal for the Program Management and Services for the Nutrition Program for The Elderly. A unit cost submitted on a sliding scale shall not be accepted.

The applicant shall use this proposal package as it is presented. The entire package shall be returned, including description and instruction pages and areas to be addressed.

The applicant may use these forms or may develop its own forms, but each area shall be addressed.

**Information submitted shall follow the format outlined.** Pages shall be completed on the front side only. If the applicant chooses not to use the forms in the proposal package, the applicant is to type on the form "See Attached Pages". The number sequence in the package shall be followed. Applicants may insert additional pages as necessary. Additional pages shall be placed immediately behind the section to which they relate and shall be labeled consecutively with the letters of the alphabet beginning with the letter "A".

The applicant shall complete the checklist that is provided and list the page numbers on which each item is addressed as indicated on the checklist. This is to assure that all areas are addressed in the proposal. The checklist shall be completed by the applicant and returned as part of the proposal package.

In order to be considered, proposals must be received in an electronic format prior to 12:00 noon, EDST, February 27, 2026 to Sue Greenwell, Director, Area Agency on Aging and Independent Living, LTADD at [sue@ltadd.org](mailto:sue@ltadd.org). Submittals should be entitled "Request for Proposals, Nutrition Program for the Elderly Home Delivered Meals." Proposals received after that time and date shall not be considered for review. The LTADD reserves the right to reject any and all responses.

Applicants will submit an original, unbound hard copy of the proposal and one electronic copy. The hard copy shall contain original signatures. The application shall be submitted in a ring binder, copied on one side only and contain the exact same components of the electronic copy. The original shall be clearly marked as "Original" and signed.

The proposals shall be addressed to:

Sue Greenwell, Director, Area Agency on Aging and Independent Living  
Lincoln Trail Area Development District  
750 S. Provident Way  
Elizabethtown, KY 42701

## INTRODUCTION

The Lincoln Trail Area Development District (LTADD), Area Agency on Aging is seeking proposals to provide Home Delivered Meal services under the Nutrition Program for the Elderly in the Lincoln Trail service area.

This package has been developed for guidance to interested parties wishing to submit a proposal to provide Home Delivered Meals to eligible participants.

You are hereby requested to submit a proposal for Fiscal Years 2027, 2028, and 2029 for the planning and administration of the Home Delivered Meal services under the Nutrition Program for Older Americans within the Lincoln Trail Area Development District.

### **SERVICE DEFINITIONS**

***Home-Delivered Meals*** – The provisions of a nutritionally sound meal (that meets at least one-third of the current daily recommended allowance) and the Kentucky nutrient analysis requirements, to an eligible person and/or spouse who is homebound by reason of illness, incapacity or disability.

### **UNIT OF SERVICE**

One unit of service consists of the delivery of one meal for consumption to an eligible client.

All associated expenses shall be averaged to provide one unit cost.

### **Funding Available for Home Delivered Meals for FY '26:**

**\$674,735.95**

**Additional price information shall be provided through the unit cost breakdown included in the financial packet distributed with this solicitation. The unit price breakdown will clearly indicate costs associated for program management and those associated with meal delivery. The firm fixed price quotation will include both components.**

**LINCOLN TRAIL AREA DEVELOPMENT DISTRICT/AREA AGENCY ON AGING**

**Proposal for  
Nutrition Program for Older Adults  
Home Delivered Meals**

**JULY 1, 2026 TO JUNE 30, 2027**

**JULY 1, 2027 TO JUNE 30, 2028**

**JULY 1, 2028 TO JUNE 30, 2029**

Name and Address of Applicant

Area Code:

Telephone:

Email:

Name, Title and Address of Contact Person

Area Code:

Telephone:

Email:

Agency Type: Please check as appropriate.

Private Non-Profit

Private For Profit

Public

## FIRM FIXED PRICE QUOTATION

NAME OF APPLICANT: \_\_\_\_\_

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The above name applicant submits a unit cost proposal for the services to be provided as described in the Request for Proposal of:

Home Delivered Meals                    \$ \_\_\_\_\_.\_\_\_\_ per unit  
(state in terms of dollars and cents)

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I certify that the proposal price shown shall remain firm throughout the contract term, subject only to adjustments as described in the Request for Proposal.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(Original Signature)

DATE: \_\_\_\_\_

## UNIT COST BREAKOUT FORM

Applicants Company Name

If Applicant is proposing one unit cost for one meal type which covers all counties only one Unit Cost Breakout Form needs to be completed. If multiple unit costs are being proposed a Unit Cost Breakout Form will need to be submitted for each unit cost.

Delivery cost should not exceed 250% of the meal preparation cost. If it does provide ample explanation as to why. Administrative cost cannot be more than 15% of the total cost. Other is listed provide detail as to what those costs are.

**1. Type of Meal:** \_\_\_\_\_

**2. County in which it is being provided:** \_\_\_\_\_

(If the rate listed below covers all counties, answer "All 8 Counties")

**3. List the requested unit cost (cost per meal to be reimbursed by The Agency):** \_\_\_\_\_

(This rate should match the rate indicated on the Geographic Meal Type Form)

Meal preparation unit cost breakout

Line Item Cost	*Admin <= 15%	Direct Service
Personnel		
Benefits		
Staff Travel		
Equipment		
Supplies		
Consultants/Audit		
Occupancy Cost		
Shared/Indirect		
Raw Food Cost		
User Fees		
*Other		
Total		

Meal delivery unit cost breakout

Line Item Cost	*Admin <= 15%	Direct Service
Personnel		
Benefits		
Staff Travel		
Equipment		
Supplies		
Shared/Indirect		
Vehicle Lease		
Vehicle Operation		
*Other		
Total		

## **TERMS AND CONDITIONS FOR OFFICIAL APPLICATION**

Terms and Conditions: It is understood and agreed by the undersigned that:

1. Funds contracted as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state and the Administration on Aging of the U.S. Department of Health and Human Services.
2. Any revisions in this proposal package as approved shall be submitted in writing by the applicant and subject to approval by the Lincoln Trail Area Development District/Area Agency on Aging and shall be deemed incorporated into and shall become a part of this agreement.
3. Funds awarded by the Lincoln Trail Area Development District/Area Agency on Aging may be terminated any time for violations of any term and/or provisions of this agreement.

Name and Title of individual authorized to commit applicant organization to this agreement.

Signature\_\_\_\_\_ Title\_\_\_\_\_ Date\_\_\_\_\_

ATTEST\_\_\_\_\_ Title\_\_\_\_\_ Date\_\_\_\_\_

## APPLICANT ASSURANCE

The applicant assures they will comply to Administrative Regulations, DAIL Standard Operating Procedures, and the LTAAA Policies.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (type or print)

### Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **BACKGROUND HISTORY AND FINANCIAL INFORMATION**

The applicant shall give a background description of the history of the agency or organization and provide evidence that the applicant has a license to operate or can obtain one. The applicant shall provide a copy of its Articles of Incorporation or other documents establishing its legal organization or existence. Pursuant to KRS 45A.480 (1)(b), foreign entities shall submit a copy of their certificate with their solicitation response.

The applicant shall provide a copy of its most recent financial statement. The applicant shall submit evidence of its capability to ensure proper planning, management, preparation and delivery of the Nutrition Program For The Elderly (NPE), Home Delivered Meal Program.

### **Instructions**

Submit a background description of the history of the agency or organization.

Submit evidence of a valid license to operate or ability to obtain one.

Submit a copy of the Articles of Incorporation or other document(s) establishing the applicant's legal organization and existence.

Submit most recent financial statement.

Assure and certify applicant's capability to ensure proper planning, management, and delivery of the NPE, Home Delivered Meal Program.

## **COMPLIANCE WITH CODES AND REGULATIONS**

The applicant shall be capable of complying with the state and local fire, health, sanitation, ad safety regulations which apply to food service operations. The applicant shall provide documentation of such compliance.

If the applicant is currently operating a food service program, a copy of the latest health inspection report shall be included.

### **Instructions**

Submit evidence that the applicant shall comply with the state and local fire, health, sanitation and safety regulations applicable to the NPE Program.

Submit a copy of the latest health inspection report, if applicant is currently operating a food service program.

## **INSURANCE**

The applicant shall provide assurance of availability of comprehensive general liability insurance. This insurance shall cover all claims of injury or illness to the NPE staff and participants that might be attributed to the Home Delivered Meal Delivery Program.

The applicant gives assurance in narrative form that additional insurance shall be provided, if necessary.

Applicant shall provide adequate insurance on all vehicles and equipment utilized in the NPE, Program Management and Home Delivered Meal Delivery.

### **Instructions**

Provide documentation that it shall obtain comprehensive general liability insurance.

Applicant shall give assurance in narrative form that additional insurance shall be provided, if necessary.

Applicant shall give assurance that it shall provide adequate insurance on all vehicles and equipment utilized in the NPE, Home Delivered Meal Program.

## **PERSONNEL**

Each applicant shall assign, at a minimum, the following personnel for the Nutrition Program for the Elderly (NPE), Home Delivered Meal Program.

1. A Program Director responsible for operations.
2. Applicant shall appoint and identify a contact person knowledgeable of all program operations who shall be available to LTADD for handling problems and answering questions that may arise.

The applicant shall describe additional staff positions, which shall assist in providing services of the NPE and shall designate the number of hours per week to be spent in the NPE by each person. Staffing Plan form is attached. The applicant shall assure that job descriptions shall be maintained on all staff or volunteers.

The applicant shall include a complete description of staffing which shall provide services to the NPE. This shall be defined on an organizational chart that explains positions by job titles and lines of authority. Qualifications for each staff person shall be included. Applicant shall develop a plan to assure retention of quality staff.

The applicant shall describe method to be utilized to assure that individuals providing services to the elderly have no history of elder abuse or related activities. The applicant shall submit plan for utilization of volunteers to expand services.

## **Instructions**

Identify the required personnel listed above, hours to be spent in the NPE qualifications, and previous experience in NPE. Attach a resume for each person identified.

Describe additional staff position, staff qualifications, and hours per week to be spent by all staff in the NPE. Staffing Plan form is attached.

Submit an organizational chart that explains positions by job titles and lines of authority. Applicant shall develop a plan to assure quality of staffing and retention of employees.

Describe method to be utilized to assure that individuals providing services to the elderly have no history of elder abuse or related activities. Submit a plan for utilization of volunteers to expand services.

## **MENUS**

Menus shall be distributed monthly. Home Delivered Meal staff shall provide the menu to each home delivered meal participant prior to month of service.

## **Instructions**

Explain how applicant shall deliver menus each month to home delivered meal clients and assure delivery prior to month of service.

## **SERVICE DELIVERY REQUIREMENTS**

Ordering of home delivered meals shall be handled as follows:

After appropriate screening, services shall be authorized by the Lincoln Trail Assessment/Case Management Team.

Services ordered will be outlined in a “Service Authorization Form”. The service authorization shall include the type of meal and number of meals to be delivered. No services shall be delivered without authorization.

The applicant shall assure that once service authorization is forwarded to successful applicant, services shall begin within five working days, unless otherwise indicated by the case manager.

Any changes to the authorization shall be made in writing by the appropriate LTADD staff and transmitted to the successful applicant.

The applicant shall assure notification of LTADD Case Management/Assessment Team regarding any changes in the client’s condition or living arrangement.

The applicant shall describe the complete meal services being proposed including meal components and meal delivery method to include temperature control.

Home delivered meals are defined under the DAIL Standard Operating Procedures. The types of home delivered meals which may be provided are the same for both Title III and Expanded Senior Meal Program and are as follows:

Hot  
Fresh  
Frozen

Home delivered meals shall be a complete meal with nutrition education included as required in the DAIL Standard Operating Procedures.

### **Instructions**

Submit documentation of compliance with the Meal Ordering Procedure.

Describe complete meal service being proposed. Include in this narrative the procedure that shall be utilized for providing emergency meals in the event that meals cannot be delivered.

## **TRAINING**

The applicant shall submit an outline of the agency's orientation, and in-service training to be provided to staff and volunteers. State frequency and type of training to be provided.

The applicant shall submit plan to assure that program director and appropriate staff shall be complaint with program regulations, DAIL Standard Operating Procedures, and the LTAAA Policies and Procedures as outlined in this RFP.

### **Instructions**

Submit a training plan (stating frequency and type) that shall be provided to staff and volunteers.

Submit plan to assure that supervisory staff and direct service staff shall be completely familiar with program regulations.

## **MONITORING REQUIREMENTS**

The successful applicant shall monitor all program operations to determine that program standards are being maintained. The successful applicant shall also monitor maintained records to determine if meal routes and delivery times are according to schedule. Monitoring shall be conducted quarterly and results submitted to LTADD upon completion. Applicant shall identify the staff person who shall do the monitoring, and describe how it is to be conducted.

### **Instructions**

Describe the procedures for monitoring. Identify the staff person who shall conduct the monitoring and describe how it is to be done.

Submit assurance that monitoring shall be conducted quarterly and results submitted to LTADD upon completion.

**MINIMUM OFFICE EQUIPMENT AND SOFTWARE REQUIREMENTS**  
**Fiscal Year 2026**

LTADD may increase the computer requirements as technology advancement needs dictate.

**ORGANIZATION:** \_\_\_\_\_

**MINIMUM REQUIREMENTS**

At least one (1) computer at site with the following capabilities:

Intel (Core i5 or higher recommended)

8GB RAM

500GB of available disk space

Windows 10 (64-bit version only)

Microsoft Edge browser with IE Mode enabled

Silverlight latest version

Microsoft Office 2016 or Higher

Anti-Malware Software (specify): \_\_\_\_\_

High Speed Internet Access (DSL, Cable, etc)

Providers must own or agree to have at least the minimally required hardware and software available and agree to have Fast Internet Access capability maintaining on-line status throughout the contract period.

The DAIL approved tracking system, MonAmi, is the current venue for data collection.

Applicant's signature indicates willingness to comply with equipment and software requirements.

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**Signature of Authorized Representative**

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**Date**

## **CHECKLIST FOR PROPOSAL PACKAGE**

The applicant shall complete the checklist to assure that all aspects of the package have been addressed. The applicant shall answer “yes” or “no” to each requirement. If the answer is “no”, the applicant shall explain why that requirement within the package has not been included. The applicant shall include the page number where this requirement has been addressed.

### **Instructions**

Submit the Checklist for Proposal which is included in the package. Check the appropriate column if the required information has been included. If the required information has not been included, explain why.

Include the page number on the checklist for each item.

## CHECKLIST FOR APPLICATION PACKAGE FOR HOME DELIVERED MEALS

Agency: \_\_\_\_\_

\*If no, specify why.

1. Applicant has submitted Applicant Identification Page.  Yes  No Page #\_\_\_\_\_
2. Applicant has submitted Firm Fixed Price Quotation Sheet that includes one unit cost for all type meals.  Yes  No Page #\_\_\_\_\_
3. Applicant has submitted Terms and Conditions for Official Application Form.  Yes  No Page #\_\_\_\_\_
4. Applicant has submitted assurance of compliance with Administrative Regulations, DAIL Standard Operating Procedures and LTAAA Policies and Procedures.  Yes  No Page #\_\_\_\_\_
5. Applicant has submitted documented background description of the history of the agency or organization.  Yes  No Page #\_\_\_\_\_
6. Applicant has submitted evidence it has or can obtain a valid license to operate NPE.  Yes  No Page #\_\_\_\_\_
7. Applicant has submitted a copy of its Articles of Incorporation or other document(s) establishing legal organization and existence.  Yes  No Page #\_\_\_\_\_
8. Applicant has submitted its most recent financial statement.  Yes  No Page #\_\_\_\_\_
9. Applicant has assured and certified capability to ensure proper planning, management, and delivery of NPE.  Yes  No Page #\_\_\_\_\_
10. Applicant has submitted evidence of compliance with state and local fire, health, sanitation, and safety regulations applicable to NPE.  Yes  No Page #\_\_\_\_\_
11. Applicant has submitted latest health inspection report, if currently operating a food service program.  Yes  No Page #\_\_\_\_\_
12. Applicant has provided documentation that it shall obtain comprehensive general liability insurance.  Yes  No Page #\_\_\_\_\_
13. Applicant has submitted assurance that additional insurance shall be provided, if necessary.  Yes  No Page #\_\_\_\_\_
14. Applicant has submitted assurance that it shall

provide adequate insurance on all vehicles and equipment utilized in NPE.  Yes  No Page #\_\_\_\_\_

15. Applicant identifies required personnel, hours to be spent in the NPE, qualifications and previous experience in NPE with resumes.  Yes  No Page #\_\_\_\_\_

16. Applicant described additional staff positions, qualifications with NPE and indicates hours per week to be spent by staff in the NPE. Assure job descriptions are maintained on all staff and volunteers.  Yes  No Page #\_\_\_\_\_

17. Applicant has submitted an organizational chart that explains positions by job titles and lines of authority. Submit a plan for retention of quality staff.  Yes  No Page #\_\_\_\_\_

18. Applicant has described method to assure that individuals providing services to the elderly have no history of elder abuse or related activities. Submit plan for utilization of volunteers to expand services.  Yes  No Page #\_\_\_\_\_

19. Applicant assures monthly menus shall be provided to Home Delivered Meal clients prior to the month of services.  Yes  No Page #\_\_\_\_\_

20. Applicant describes complete meal service being proposed, including providing emergency meals.  Yes  No Page #\_\_\_\_\_

21. Applicant described complete home delivered meal delivery procedure, and the method for temperature control.  Yes  No Page #\_\_\_\_\_

22. Applicant has submitted a training plan stating frequency and type of training to be provided to staff/volunteers.  Yes  No Page #\_\_\_\_\_

23. Applicant submitted assurance that training topics shall be submitted to LTADD for approval prior to implementation, and submitted plan assuring staff familiarity with policies, procedures, and regulations.  Yes  No Page #\_\_\_\_\_

24. Applicant describes procedures for monitoring and

identifies the staff person who shall conduct it.

Yes  No

Page #\_

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25. Assurance that monitoring shall be conducted quarterly and results shall be submitted to LTADD.

Yes  No

Page #\_

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1. Applicant has completed the checklist and listed the corresponding

Yes

No

page numbers.		
2. Applicant submitted an original and one copy of the proposal to LTADD.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Proposal Package has all required signatures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Proposal Package was submitted by deadline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Applicant agrees to provide services for the time period as Specified in the proposal package.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## CRITERIA FOR EVALUATION Home Delivered Meals Program

Program: \_\_\_\_\_ Relative Value Points: 70

Name of Applicant: \_\_\_\_\_ Score: \_\_\_\_\_

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### *Evaluation Criteria*

### *Relative Value*

#### Fixed Price Quotation

**1. Does the applicant address the unit cost and provide complete information requested?** 32 Points \_\_\_\_\_

The fixed price quotation, which is deemed to be responsive to the Request for Proposal, shall be evaluated as to the cost per unit. The value assigned to each quote shall be such number as, in the opinion of the review committee, accurately reflects the value of the quote in comparison to other quotes. The lowest acceptable responsible unit cost proposal shall be assigned a value of 32 points. Each subsequent quote, which is higher, shall be assigned a lesser relative value. The minimum difference between any two proposals shall be the 5 points regardless of closeness in dollar amounts.

**2. Does the proposal submitted provide sufficient information for the evaluation of the applicant's background, history, financial information, experience and insurance responsibilities?**

Applicant has submitted documented background description of the history of the agency or organization. 4 Points \_\_\_\_\_

Applicant has submitted evidence it has or can obtain a valid License to operate. 1 Point \_\_\_\_\_

Applicant has submitted a copy of its Articles of Incorporation or other document(s) establishing a legal organization and existence. 1 Point \_\_\_\_\_

Applicant has submitted its most recent financial statement. 1 Point \_\_\_\_\_

Applicant has assured and certified capability to ensure proper planning, management, and service delivery. 2 Points \_\_\_\_\_

Applicant has submitted evidence it shall comply with state and local fire, health, sanitation, and safety regulations applicable to NPE. 1 Point \_\_\_\_\_

Applicant has submitted latest health inspection report, if currently operating a food service program. 1 Point \_\_\_\_\_

Applicant has provided documentation that it shall obtain general liability insurance.	1	Point _____
Applicant has submitted assurance that additional insurance shall be provided if necessary.	1	Point _____
Applicant has submitted assurance that it shall provide adequate insurance on all vehicles, and equipment utilized in the NPE.	1	Point _____
<b>3. Does the proposal provide sufficient documentation and information pertaining to personnel and service delivery requirements?</b>		
Applicant identifies required personnel, hours to be spent in the NPE, qualifications and previous experience in NPE, with resumes.	2	Points _____
Applicant has described additional staff positions, qualifications with NPE and indicates hours per week to be spent by all staff in NPE. Assure job descriptions are maintained on all staff and volunteers.	1	Point _____
Applicant has submitted an organizational chart that explains positions by job titles and lines of authority (1 pt). Submitted plan for retaining quality staff (3 pts).	4	Points _____
Applicant has described method to assure that Individuals providing services to elderly have No history of elder abuse or related activities (1pt). Submitted plan for utilization of volunteers to Expand services (3 pts).	4	Points _____
Applicant describes how menus shall be distributed each month to home delivered meal clients and assures delivery prior to month of service.	1	Point _____
Applicant describes complete meal service being proposed, including providing emergency meals.	2	Points _____
Applicant describes complete home delivered meal delivery procedure, and method for obtaining		

temperature control.	2	Points _____
<b>4. Does the proposal address the training, monitoring, reporting, coordination, and transition plan as requested?</b>		
Applicant has submitted a training plan stating frequency and type of training to be provided to staff/volunteers.	2	Points _____
Applicant has submitted assurances that training topics shall be submitted to LTADD for approval prior to implementation, and submitted plan assuring staff familiarity with policies and procedures regulations.	1	Point _____
Applicant describes procedures for monitoring and identifies the staff person who shall conduct it.	1	Point _____
Assurance that monitoring shall be conducted quarterly and results shall be submitted to LTADD upon completion.	1	Point _____
<b>5. Does the applicant address each of the categories and provide all information as stated in the Request for Proposal?</b>		
Applicant has submitted Cover Sheet for Proposal.	1	Point _____
Applicant has submitted Terms and Conditions for Official Application Form.	1	Point _____
Applicant has submitted assurance of compliance to the Administrative Regulations, DAIL Standard Operating Procedures and LTAAA Policies and Procedures.	1	Point _____