

**REQUEST FOR PROPOSALS**

**Package for**  
**Nutrition Program For Older Americans**  
**Congregate Meals and Senior Center Operations**

**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-1 Congregate Meals**

**Lincoln Trail Area Development District**  
**Area Agency on Aging**  
**750 S. Provident Way**  
**Elizabethtown, KY 42702**  
**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.

## TABLE OF CONTENTS

	<u>Page</u>
Instructions for Submitting Proposal .....	1
Introduction.....	2
Applicant Identification Page .....	3
Firm-Fixed Price Quotation.....	4
Terms and Conditions for Official Application.....	6
Assurance of compliance to Administrative Regulations, DAIL Standard Operating Procedures, and LTAAA Policy and Procedures .....	7
Background History and Regulations.....	8
Compliance with Codes and Regulations .....	8
Insurance.....	8
Personnel.....	9
Kitchen Facilities .....	9
Menus .....	10
Service Delivery Requirements .....	10
Equipment.....	11-12
Training and On-Site Visits .....	13
Monitoring Requirements .....	13
Transition Plan.....	14
Checklist for Application Package .....	15-18

## 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 Meal Preparation of the Nutrition Program For The Elderly.

The proposal shall specify one unit cost for all types of meals including congregate meals, hot home delivered meals, frozen meals, emergency meals, and diabetic home delivered meals for the three-year period. 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 applicant chooses not to use 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 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, bidders are required to submit one unbound original and one electronic copy (email) of the proposal. The original must contain original signatures. The proposal whether mailed or hand delivered, must arrive at the LTADD no later than 12:00 pm (Eastern) on February 27, 2026. Proposals must be addressed 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 Congregate Meals and Senior Center Operations." 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 services under the Nutrition Program For The Elderly in the Lincoln Trail service area. This application is for the provision of Congregate Meals and Senior Center Operations.

LTADD will select the agency/company who will provide project management/center operations and the provider will enter into agreement(s) with caterers for congregate meals. The unit price quoted in this proposal shall include all program components, including the applicant's cost for the provision of catered meals. Responsibility for engaging and ensuring meal compliance of the caterers will be the responsibility of the applicant. Currently three sites prepare meals on site. The LTAAAIL encourages on site meal preparation. All kitchens, caterer or on site, must meet the applicable federal state and local meal service requirements.

1. There are eleven (11) senior centers/nutrition sites located within the seven of our eight counties. A detailed listing is attached that includes the name, address, phone number and days of operation for each center.
2. The applicant shall be responsible for the operation of the Senior Centers to include recruitment of participants, program planning, meal service, nutrition education, recruitment and training of volunteers and overall management of the center operation.
3. The applicant shall be responsible for monitoring the quality of meals delivered to/or produced in the center. This shall include proper temperatures, quantity and quality of food.
4. Applicant shall be required to deliver services Monday through Friday (unless specified otherwise) with the exception of holidays, inclement weather days, and days for required training, approximately 240 days per fiscal year. Please utilize attached form indicating holidays observed by applicant agency.
5. The applicant shall be responsible for assuring adequate match for funds received. Program income can not be used for match and must only be used to expand services.

## **SERVICE DEFINITIONS**

**Congregate Meals** – The provision of a nutritionally sound meal that meets at least one-third of the current daily, recommended dietary allowance to an eligible person at congregate setting. Meals are to be nutrient dense and meet the values detailed in the Standard Operating Procedure; DAIL Nutrition Program 17.9.8.

**Unit Of Service** - One unit of service consists of the meal preparation and delivery to site of one meal for consumption and the operation of the Senior Center. All program components shall be combined into one unit price for service and attributable to a consumed meal by an eligible participant.

## **Funds Available for FY '26**

Title III C-1	\$430,646.63
NSIP	\$ 91,056.87 (For Raw Food Cost Only)

This information shall be used to plan for the term of the application. Adjustments in each of the fiscal years following FY 2026 shall be based on availability of funds and criteria included in General Instructions portion of this packet.

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

**Proposal For  
Nutrition Program For The Elderly  
Congregate Meals and Senior Center Operations**

**July 1, 2026 – June 30, 2027**

**July 1, 2027 – June 30, 2028**

**July 1, 2028 – 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: \_\_\_\_\_

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

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

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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original Signature)

## 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:

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.

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.

Funds awarded by the Lincoln Trail Area Development District/Area Agency on Aging may be terminated at any time for violations of any term and/or provisions of this agreement.

Name and Title of individual authorized to commit application 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 LTADD 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).

### **Instructions**

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

Submit evidence of a valid license to operate NPE 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.

## **COMPLIANCE WITH CODES AND REGULATIONS**

The applicant shall be capable of complying with the state and local fire, health, sanitation and safety regulations of 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.

## **INSURANCE**

The applicant shall provide assurance of availability of comprehensive general liability insurance of which includes premises liability and product liability. This insurance shall cover all claims of injury or illness to the NPE staff and participants and the general public that might be attributed to the Nutrition Service Provider.

### **Instructions**

Provide documentation that it shall obtain comprehensive general liability insurance of which includes premise liability and product liability.

## **PERSONNEL**

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

A full-time manager to manage all staff and to oversee the daily operations of the program. The manager shall have a working knowledge of the NPE and shall be available to participate in nutrition program activities and shall visit nutrition sites as appropriate.

A Registered Dietician/Nutritionist (RD/N) shall be available to sign menus and certify in writing that the menu provides 1/3 of the current daily RDA, as required by USDA. The Registered Dietician/Nutritionist shall be contracted through the LTADD.

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 of 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.

Success of each center is largely dependent upon the capability of it's staff. Centers require not only meal service, but must also have leadership personnel who are able to reach out in the community to access funds, educational opportunities for their centers and be able to increase participation. Directors and site staff, whether paid or volunteer, must be recruited with these responsibilities in mind.

The applicant shall include a complete description of staffing. 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.

### **Instructions**

Identify the required personnel list 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 with NPE, staff qualifications, and hours per week to be spent by all staff in the NPE. Staffing Plan form is provided in the attachments.

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.

## **KITCHEN FACILITIES**

Food preparation facilities shall comply with state and local fire, health, sanitation, and safety regulations.

### **Instructions**

Identify the location and describe the size and capabilities of the kitchen facilities to be utilized by the applicant.

Assure that contracted agencies comply and that contractual agreements state that non-compliance will result in non-payment for services.

## MENUS

Menus shall be planned in advance for a minimum of one month or a quarterly basis if a cycle menu is utilized.

Menus shall be certified in writing by a Registered Dietician or Nutritionist (RD/N), as providing one-third of the current daily Recommended Dietary Allowances (RDA), as established by the Food and Nutrition Board of the National Academy of Science, National Research Council, DAIL Standard Operating Procedure referenced in this package and as meeting the current Dietary Reference Intakes (DRI) based on the meal pattern or nutrient analysis.

The menus shall include hot, cold, or otherwise appropriate food, five days per week as specified in the DAIL Standard Operating Procedures. Suggestions shall be solicited from participants in the form of comment cards, evaluation forms or a food committee. A formal procedure for collection of suggestions shall be provided by the applicant.

The applicant shall distribute monthly, a schedule of menus for meals to be served, the following month to each congregate nutrition site.

A copy of each schedule of menus shall be submitted to LTADD by the 15<sup>th</sup> calendar day of the month prior to the month of service.

Substitutions to the approved menus shall be minimal and shall be made only after receiving approval of LTADD's contact person.

Menu conferences shall be held with LTADD, as appropriate, prior to the implementation of the menu cycle for input in the menu planning.

### Instructions

Submit a planned menu on a menu form.

Explain how applicant shall distribute a schedule of menus each month to the congregate nutrition sites.

Assure that menu conference shall be held with LTADD for input in the planning of the menu, as requested.

Assure that a schedule of monthly menus shall be provided to LTADD.

Applicant will develop and submit the method of collection of suggestions from participants regarding menus.

## SERVICE DELIVERY REQUIREMENTS

All congregate meals shall be provided daily to each congregate site on the days of serving as designated in this packet.

When utilizing an off site provider the applicant shall develop a **Meal Delivery Record Form** and deliver it with the meals to each site. The form shall contain delivery information including the time the meals leave the kitchen and arrive at the site, name of the site, number of meals delivered, menu items for recording shortages at site, participant information, temperature recordings, and comments. Temperature shall be recorded by the caterer prior to leaving the kitchen and then again upon arrival to the congregate site for each meal item being delivered. All Meal Delivery Records should be kept on file for LTADD review.

**LTADD may impose penalties including reasonable deductions of payment to the Nutrition Service Provider for late meal arrival, noncompliance with the approved menu, or failure to meet health, safety, and sanitation requirements.**

The following requirements shall apply to the delivery of meals to be served at congregate sites:

Meals shall be delivered for serving to congregate sites within a **three**-hour period following preparation.

Insulated containers shall be used for bulk food delivery.

Bulk foods shall be transported in stainless steel pans or aluminum disposable pans. Use of plastic shall be restricted to cold foods only.

Hot items shall be maintained over 135 degrees Fahrenheit and shall be transported in bulk containers. Cold products shall be maintained under 41 degrees Fahrenheit and shall be transported in separate containers. Containers shall be pre-heated or pre-chilled before being loaded.

Nutrition Education material shall be provided to anyone receiving a meal.

### **Instructions**

Describe complete meal delivery procedure including the method for obtaining temperature control.

Submit assurances that meals for consumption at congregate sites shall be delivered within three hours following preparation time.

Submit an example of the Meal Delivery Record Form, which shall be used when delivering the meals.

### **EQUIPMENT**

All equipment used in the preparation and delivery of the food by the applicant shall meet standards set by all applicable laws and regulations of the State Health Department, the Food and Drug Administration, and the National Sanitation Foundation (NSF). Equipment used for delivery of food must be NSF approved and capable of holding hot foods at 140 degrees Fahrenheit or higher and cold foods at 45 degrees Fahrenheit or lower for up to three hours.

The applicant shall purchase and assume maintenance and upkeep on all equipment.

### **Instructions**

Give documented assurance the applicant shall purchase and maintain all equipment used in the program operations of the Nutrition Program for the Elderly (NPE).

**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.

---

**Signature of Authorized Representative**

---

**Date**

## **TRAINING AND ON-SITE VISITS**

The applicant shall submit an outline of the agency's orientation, and in-service training to be provided to staff and volunteers in the meal preparation and delivery program and shall state frequency and type. In-service training topics shall be approved by the LTADD prior to implementation.

The applicant's manager shall be available to visit each site. The applicant shall assume all costs of such travel and other related expenses.

Interoffice meetings shall be considered training only when actual programmatic information is disseminated.

### **Instructions**

Submit a training plan (stating frequency and type) that shall be provided to staff and volunteers working in the meal preparation and meal delivery program.

Submit a statement indicating that the applicant's manager shall be available to visit each nutrition site.

Provide assurance that training topics shall be submitted to LTADD for approval prior to implementation.

## **MONITORING REQUIREMENTS**

The successful applicant shall monitor meal preparation of both on site kitchens and caterers to determine that food production standards are being met and temperatures are being maintained. 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.

The applicant shall allow LTADD representatives to monitor the meal production, delivery times, the maintenance of temperatures and any other aspects of the program as deemed by LTADD to be necessary. LTADD shall monitor all aspects of the program at any given time throughout the contract period.

### **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.

## **TRANSITION PLAN**

Any changes in the hours of operation or site location, requires prior approval from the LTAAAIL and DAIL.

Senior Center locations vary from stand-alone sites to shared space. Historically, sites have been offered without rental costs, however, in many locations the provider pays utility costs or other forms of compensation to the property owner. Each site has tables and chairs for program use. These items will be considered available for continued program use.

The applicant shall assure that a smooth transition shall take place and that services shall continue during this transition period should the successful applicant be an entity other than the present provider of the Nutrition Program For The Elderly (NPE). Program participants shall experience no interruption in services as a result of a change in provider.

The applicant shall submit a transition plan assuring that all services will continue July 1, 2026.

### **Instructions**

Assure that a smooth transition shall take place and that nutrition services shall continue during this transition period.

Submit a transition plan.

## **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 package of 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 CONGREGATE MEALS AND SENIOR CENTER OPERATIONS**

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

\*If no, specify why:

1. Applicant has submitted Application 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 to Administrative Regulations, DAIL Standard Operating Procedures, and the LTADD Policy 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 documentation of past and present experience to provide meals for NPE.  Yes  No Page # \_\_\_\_\_
11. Applicant has submitted evidence of compliance with state and local fire, health, sanitation, and safety regulations applicable to NPE.  Yes  No Page # \_\_\_\_\_  
Applicant has provided documentation that it shall obtain comprehensive general liability insurance to cover premises, product, staff, and participants.  Yes  No Page# \_\_\_\_\_
12. Applicant identifies required personnel, hours to be spent in the NPE, qualifications and previous experience in NPE with resumes.  Yes  No Page # \_\_\_\_\_
13. Applicant has submitted an organizational chart that explains positions by job titles and lines of authority.  Yes  No Page # \_\_\_\_\_

14. Applicant has submitted a completed staffing plan.  Yes  No Page # \_\_\_\_\_

15. Applicant identifies location and describes the size and capabilities of the kitchen facilities.  Yes  No Page # \_\_\_\_\_

16. Assure understanding that non-compliance by subcontractor may result in non-payment.  Yes  No Page # \_\_\_\_\_

17. Applicant has submitted a planned menu on an approved menu form.  Yes  No Page # \_\_\_\_\_

18. Applicant describes how menus shall be distributed each month to congregate sites.  Yes  No Page # \_\_\_\_\_

19. Applicant assures menu conferences shall be held with LTADD as requested.  Yes  No Page # \_\_\_\_\_

20. Applicant will develop and submit the method of collection of suggestions from participants regarding menus.  Yes  No Page # \_\_\_\_\_

21. Applicant described complete meal delivery procedure including the method for temperature control.  Yes  No Page # \_\_\_\_\_

22. Applicant has submitted assurance to deliver meals to sites within three hours following preparation time.  Yes  No Page # \_\_\_\_\_

23. Applicant has submitted a meal delivery record form that shall be utilized.  Yes  No Page # \_\_\_\_\_

24. Applicant has submitted document assurance to purchase and maintain all equipment used in NPE.  Yes  No Page # \_\_\_\_\_

25. Applicant has submitted a training plan for providing training to staff/volunteers working in the meal preparation and meal delivery program.  Yes  No Page # \_\_\_\_\_

26. Applicant assures Program Manager shall be available to visit each nutrition site.  Yes  No Page # \_\_\_\_\_

27. Applicant submitted assurance that training topics shall be submitted to LTADD for approval prior to implementation.  Yes  No Page # \_\_\_\_\_

28. Applicant describes procedures for monitoring and identifies the staff person who shall conduct it.  Yes  No Page # \_\_\_\_\_

29. Applicant has submitted assurance that monitoring shall be conducted quarterly and results submitted to LTADD upon completion.  Yes  No Page # \_\_\_\_\_

30. Applicant assures completion with the transition plan.  Yes  No Page # \_\_\_\_\_

<b>FOR LTADD OFFICE USE ONLY</b>		
Applicant has completed the checklist and listed the corresponding page numbers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant submitted an original and three copies of the proposal to LTADD.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proposal Package has all required signatures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proposal Package was submitted by deadline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant agrees to provide services for the time period as specified in the proposal package.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Lincoln Trail Area Development District

### CRITERIA FOR EVALUATION CONGREGATE MEALS AND SENIOR CENTER OPERATIONS

Program: \_\_\_\_\_

Relative Value Points: 76

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

Score: \_\_\_\_\_

#### *Evaluation Criteria*

#### *Relative Value*

##### Fixed Price Quotation

###### **1. Does the applicant address the unit cost and provide complete information requested?**

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 34 points. Each subsequent quote, which is higher, shall be assigned a lesser relative value. The minimum difference between any two proposals shall be 5 points regardless of closeness in dollar amounts.

34 Points \_\_\_\_\_

###### **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. 1 Points \_\_\_\_\_

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

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

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

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

Applicant has submitted documentation of past and present experience to provide meals for the NPE. 2 Points \_\_\_\_\_

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

Applicant has provided documentation that it shall obtain general liability insurance. 1 Points \_\_\_\_\_

**3. Does the proposal provide sufficient documentation and information pertaining to personnel and service delivery requirements?**

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 the NPE. 3 Points \_\_\_\_\_

Applicant has submitted an organizational chart that explains positions by job titles and lines of authority. 1 Points \_\_\_\_\_

Applicant identifies location and describes the size and capabilities of the kitchen facilities to be utilized. 2 Points \_\_\_\_\_

Applicant has assured understanding that non-compliance may result in non-payment. 1 Points \_\_\_\_\_

Applicant has submitted a planned menu on a menu form. 1 Points \_\_\_\_\_

Applicant describes how menus shall be distributed each month to congregate sites. 1 Points \_\_\_\_\_

Applicant assures menu conferences shall be held with LTADD as requested. 1 Points \_\_\_\_\_

Applicant assures monthly menus and menu substitutions shall be submitted to LTADD. 1 Points \_\_\_\_\_

Applicant describes method of obtaining participant input. 2 Points \_\_\_\_\_

Applicant has described complete meal delivery procedure including method for obtaining temperature control. 2 Points \_\_\_\_\_

Applicant has submitted assurance that meals shall be delivered within a three hour period following preparation time. 1 Points \_\_\_\_\_

Applicant has submitted an example of a Meal Delivery Form, which shall be used when delivering meals. 1 Points \_\_\_\_\_

Applicant has submitted documented assurance to assume maintenance, licensing, and upkeep on all equipment used in NPE. 1 Points \_\_\_\_\_

**4. Does the proposal address the training, monitoring, reporting, coordination and transition plan as requested?**

Applicant has submitted a training plan to provide training to staff/volunteers working in the program management meal delivery program. 2 Points \_\_\_\_\_

Applicant assures Program Manager shall be available to visit each nutrition site. 1 Points \_\_\_\_\_

Applicant has submitted assurances that training topics shall be

Submitted to LTADD for approval prior to implementation. 1 Points \_\_\_\_\_

Applicant describes procedures for monitoring and identifies the staff person who shall conduct it. 1 Points \_\_\_\_\_

Applicant has submitted assurance that monitoring shall be conducted quarterly and results submitted to LTADD upon completion. 1 Points \_\_\_\_\_

Applicant assures compliance with transition plan. 1 Points \_\_\_\_\_

**5. Does the applicant address each of the categories and provide all information as stated in the Request for Proposal?**

Applicant has submitted Cover Sheet for Proposal. 1 Points \_\_\_\_\_

Applicant has submitted Terms and Conditions for Official Application Form. 1 Points \_\_\_\_\_

Applicant has submitted assurance of compliance of the Administration Regulations, DAIL Standard Operating Procedures, and the LTAAA Policies and Procedures. 1 Points \_\_\_\_\_

**CONGREGATE MEAL CENTERS**

**Nelson**

**122 Plaza Drive Suite A Bardstown, Ky 40004**  
**M-F 8:30a-1:30p**

**Bradfordsville**

**115 S.6TH Street Bradfordsville, Ky 40009**  
**Thursday 10a-1p**

**Hardin (Griffin Manor)**

**1119 Johnstown Rd Elizabethtown, Ky 42701**  
**M-F 9a-2p**

**Breckenridge**

**205 Fairground Rd Hardinsburg, Ky 40143**  
**M-F 9-1p (CT)**

**Larue**

**112 Walters Ave Hodgenville, Ky 42748**  
**M-F 9a-1p**

**Marion**

**110 W. Mulberry Street Lebanon, Ky 40033**  
**M-F 9a-2p**

**Grayson**

**102 B Watson Wood Drive Leitchfield , Ky 42754**  
**M-F 830a-2p**

**Hardin (Radcliff) 230 Freedom Way**

**Radcliff, Ky 40159**  
**Tue & Fri 9a-12:30p**

**Meade**

**1200 Old Ekron Rd**  
**Brandenburg, Ky**  
**40108 M-F 9a-2p**

**New Haven**

**365 5<sup>th</sup> Street New Haven, Ky 40051**  
**Tues & Thurs 9a-1p**

**Washington**

**206 S, Cross Street Springfield, Ky 40069**  
**M-F 9a-2p**