

**APPENDIX C, EXHIBIT 8 AND 9
PROPOSED PROGRAM SERVICES (PPS)/BUDGET**

**AREA AGENCY ON AGING (AAA) PROGRAM FY 2008-09
HOME-DELIVERED MEALS/TELEPHONE REASSURANCE PROGRAMS (C-2/III-B)**

INSTRUCTIONS

Please use the following instructions to complete the attached electronic Proposed Program Services (PPS) for Fiscal Year (FY) 2008-09 Area Agency on Aging (AAA) Program funds.

GENERAL INFORMATION

The worksheet has been protected to preclude changes to key fields/cells except for designated areas which shall be completed by the Proposer. The form automatically performs all necessary calculations and validations. Please note that the worksheet contains two (2) Exhibits (Exhibit 8, PPS and Exhibit 9, Budget); the Proposer shall complete the entirety of each Exhibit in order to accurately reflect the services to be provided for the funding cycle (FY 2008-09).

PAGE 1 (COVER SHEET)

1. Please provide all requested information as indicated in the **blue font**. Once the agency data has been entered, the Proposer's name will automatically generate on all pages of the worksheet.
2. The chart detailing Supervisorial District data will be completed when information has been completed on the remaining sheets. Please do not attempt to enter data in this area.
3. Primary/Secondary Contact for Program: If the authorized signatory is a person who is normally not responsible for the day-to-day (i.e., mayor of a city, CEO of a large non-profit, etc.) operations of the program, please specify a primary contact on this line. If the authorized signatory is the primary contact provide a secondary contact. We will only contact the secondary contact in cases where the authorized signatory is not available.
4. Program Approvals: Please complete, sign and date as indicated.

PAGES 2 & 2a (ROUTE SUMMARY)

Complete the information requested for **each** Home-Delivered Meals Route by providing the following:

1. *Route Name*
2. *Communities Served by Route*: Indicate the names of the communities wherein meals will be delivered to clients.
3. *Vehicle (Make/Model/Year)*: Provide the type of vehicle that will be used to transport meals including its make, model and year.
4. *Vehicle Driver (Staff/Volunteer)*: Provide the full name of each paid or volunteer driver(s).
5. *No. of Meal Recipients*: Indicate the number of clients that will be served meals on this route.
6. *Location of Meal Packaging*: Enter the site address where meals will be packaged.
7. *Delivery Time (Start and End)*: Enter the starting and ending times of the delivery schedule for this route.

PAGE 3 (MEAL SUMMARY)

1. Meal Cost Summary:

- a. Provide the requested information according to the Supervisorial District that you propose to serve clients within.
- b. Undup. Clts (Unduplicated Clients): Indicate in the area highlighted in yellow, the number of unduplicated clients that you intend to serve meals to.
- c. Cost/Meal: Indicate the unit cost rate for each type of meal (either Hot and/or Frozen) that you intend to provide.
- d. Meals: Indicate the total number of meals (either Hot or Frozen) that you propose to serve for Fiscal Year 2008-09.
- e. Cost: The cost of the meals will be automatically calculated based on the data entered in items 1(c) and 1(d).

2. Meals by Routes:

- a. Provide the number of meals to be served each month during Fiscal Year 2008-09 for each Home-Delivered Meal Route that is listed on Page(s) 2 and/or 2a. The total should match the total number of meals calculated in the Meal Cost Summary (previous section).
- b. Sup. Dist. (Supervisorial District): Indicate the Supervisorial District for each Home-Delivered Meal Site.

PAGE 4 (III B)

1. **Funding Summary:** For each Supervisorial District, complete the information as indicated for Title III B (Telephone Reassurance) Program services.
2. **Telephone Reassurance Cost Summary:** Follow the instructions provided for the completion of Page 5 (Budget Summary); see below.
3. **Personnel:** Follow the instructions provided for the completion of Page 6 (Personnel & Volunteer); see below.
4. **Cost Detail:** Follow the instructions provided for the completion of Page 7 (Cost Detail); see below.

PAGE 5 (BUDGET SUMMARY)

Provide information for project costs (i.e., expenditures for operating the Home-Delivered Meals Program) and funding for each Supervisorial District in which you intend to provide services as follows:

1. **Cost Categories:** Enter the costs for Personnel, Equipment, Consultants, Catered Food, Raw Food, Space as well as Other Costs and Indirect Costs. The amounts entered should be categorized as either Cash (e.g., monetary outlay) or In-kind (e.g., goods and services rather than cash) contributions.
2. **Grant Funding:** Enter the amount of funding necessary to operate the Home-Delivered Meals Program. The funding categories (i.e., the sources of revenue) include: Grant Award (funds that County may award to a successful Proposer), Nutrition Services Incentive Program (NSIP), Grant Related Income, Match (in the form of cash or in-kind contributions) and Non-Match (in the form of cash or in-kind contributions).
 - a. **Grant Related Income:** Revenue generated by Proposer from contract-supported activities including, but not limited to, voluntary contributions received from a client as a result of services; royalties received on patents/copyrights from contract-supported activities; and proceeds from the sale of items fabricated under a contract agreement.
 - b. **Match:** Proposer shall provide a minimum matching contribution of 15%; this amount represents the Proposer's share that it will contribute toward the cost of operating the Congregate Meals Program.
3. **Agency met min. match req. (Agency met minimum match requirement):** Please do not enter information here. This area is designed to test whether the amount of amount of match entered meets the designated minimum of 15%. When the

appropriate amount of match is entered, a message will display "Match Met". Otherwise, if not, the message will display "Match Not Met" and you shall enter the correct amount of match contributions.

4. *Variance (line 10-17)*: Please do not enter information here. This area is designed to ensure the accuracy of information provided for Total Project Costs and Total Grant Funding. It compares these two (2) Totals, which should equal thereby indicating that funding is sufficient to meet project expenditures (i.e., program costs must equal total funding). If there is no variance between the Total Project Costs and Total Grant Funding, the variance will be "0"; otherwise, if an amount is displayed in this area the Proposer shall revise the data entered in either the Cost or Funding areas to properly align the Totals.

PAGE 6 (PERSONNEL & VOLUNTEER)

1. *Personnel*: Please complete as follows:
 - a. *Position Titles*: Enter the title of each staff member who will work on the Program.
 - b. *Column (A) - No. of Employees*: Enter the number of employees for this position title.
 - c. *Column (B) - % of Time on Program*: Enter the percentage of time the employee(s) will spend working on the Program. If the percentage of time will vary for employees with the same title then use separate lines to report this information.
 - d. *Column (C) – Monthly Salary*: Enter the monthly salary for this position title.
 - e. *Column (D) – Annual Salary*: Enter the annual salary.
 - f. *Column (E) – Grants Costs*: Enter the amount of the proposed Grant Award that will be used to fund the annual salary for this position title.
 - g. *Column (F) – Match (Cash/In-kind)*: Enter the amount of the Proposer's match in the form of either cash or in-kind contributions that will be used to fund the annual salary for this position title.
 - h. *Column (G) – Non-Match (Cash/In-kind)*: Enter the amount of the Proposer's non-match in the form of either cash or in-kind contributions that will be used to fund the annual salary for this position title.
 - i. *Column (H) – NSIP*: Enter the amount of proposed NSIP that will be used to fund the annual salary for this position title.
 - j. *Column (I) – Grant Related Income*: Enter the amount of proposed grant related income that will be used to fund the annual salary for this position title.
 - k. *Column (J) – Grand Total*: Please do not complete. This amount should equal Column (D) – Annual Salary.

- b. *Column (B) – Number of Units:* Enter the number of items to be purchased.
- c. *Column (C) - Total Cost:* Enter the total cost.
- d. *Column (D) – Grant Costs:* Enter the amount of the proposed Grant Award that will be used for consultant fees.
- e. *Column (E) – Match (Cash/In-kind):* Enter the amount of the Proposer's match in the form of either cash or in-kind contributions that will be used for consultant fees.
- f. *Column (F) – Non-Match (Cash/In-kind):* Enter the amount of the Proposer's non-match in the form of either cash or in-kind contributions that will be used for consultant fees.
- g. *Column (G) – NSIP:* Enter the amount of proposed NSIP that will be used for consultant fees.
- h. *Column (H) – Grant Related Income:* Enter the amount of proposed grant related income that will be used for consultant fees.
- i. *Column (I) – Grand Total:* Please do not complete. This amount should equal Column (C) – Total Cost.

3. *Catered Food Costs* – In the space provided, enter the following information:

- a. *Column (A) – Unit Cost:* Enter the cost per of the item(s).
- b. *Column (B) – Number of Units:* Enter the number of items to be purchased.
- c. *Column (C) - Total Cost:* Enter the total cost.
- d. *Column (D) – Grant Costs:* Enter the amount of the proposed Grant Award that will be used for catered foods.
- e. *Column (E) – Match (Cash/In-kind):* Enter the amount of the Proposer's match in the form of either cash or in-kind contributions that will be used for catered foods.
- f. *Column (F) – Non-Match (Cash/In-kind):* Enter the amount of the Proposer's non-match in the form of either cash or in-kind contributions that will be used for catered foods.
- g. *Column (G) – NSIP:* Enter the amount of proposed NSIP that will be used for catered foods.
- h. *Column (H) – Grant Related Income:* Enter the amount of proposed grant related income that will be used for catered foods.
- i. *Column (I) – Grand Total:* Please do not complete. This amount should equal Column (C) – Total Cost.

4. *Raw Food Costs* – In the space provided, enter the following information:

- a. *Column (A) – Unit Cost:* Enter the cost per unit of the item(s).
- b. *Column (B) – Number of Units:* Enter the number of items to be purchased.

- c. *Column (C) - Total Cost:* Enter the total cost.
 - d. *Column (D) – Grant Costs:* Enter the amount of the proposed Grant Award that will be used for raw foods.
 - e. *Column (E) – Match (Cash/In-kind):* Enter the amount of the Proposer's match in the form of either cash or in-kind contributions that will be used for raw foods.
 - f. *Column (F) – Non-Match (Cash/In-kind):* Enter the amount of the Proposer's non-match in the form of either cash or in-kind contributions that will be used for raw foods.
 - g. *Column (G) – NSIP:* Enter the amount of proposed NSIP that will be used for raw foods.
 - h. *Column (H) – Grant Related Income:* Enter the amount of proposed grant related income that will be used for raw foods.
 - i. *Column (I) – Grand Total:* Please do not complete. This amount should equal Column (C) – Total Cost.
5. *Space* – In the space provided, enter the location of the space wherein Program services will be provided. Complete the Columns as follows:
- a. *Column (A) – Unit Cost:* Enter the cost per square foot.
 - b. *Column (B) – Number of Units:* Enter the total square footage of the space.
 - c. *Column (C) - Total Cost:* Enter the total cost.
 - d. *Column (D) – Grant Costs:* Enter the amount of the proposed Grant Award that will be used for space costs.
 - e. *Column (E) – Match (Cash):* Enter the amount of the Proposer's match in the form of cash contributions that will be used for space costs.
 - f. *Column (F) – Non-Match (Cash):* Enter the amount of the Proposer's non-match in the form of cash contributions that will be used for space costs.
 - g. *Column (G) – NSIP:* Enter the amount of proposed NSIP that will be used for space costs.
 - h. *Column (H) – Grant Related Income:* Enter the amount of proposed grant related income that will be used for space costs.
 - i. *Column (I) – Grand Total:* Please do not complete. This amount should equal Column (C) – Total Cost.
6. *In-kind Space* – In the space provided, enter the location of the in-kind space wherein Program services will be provided. Complete the Columns as follows:
- a. *Column (A) – Unit Cost:* Enter the cost per square foot.
 - b. *Column (B) – Number of Units:* Enter the total square footage of the space.
 - c. *Column (C) - Total Cost:* Enter the total cost.

- d. *Column (D) – Grant Costs*: Enter the amount of the proposed Grant Award that will be used for space costs.
 - e. *Column (E) – Match (In-kind)*: Enter the amount of the Proposer's match in the form of in-kind contributions that will be used for space costs.
 - f. *Column (F) – Non-Match (In-kind)*: Enter the amount of the Proposer's non-match in the form of in-kind contributions that will be used for space costs.
 - g. *Column (G) – NSIP*: Please do not complete.
 - h. *Column (H) – Grant Related Income*: Please do not complete.
 - i. *Column (I) – Grand Total*: Please do not complete. This amount should equal Column (C) – Total Cost.
 - j.
7. Please note: The combined Grand Totals for all costs, including equipment, consultants, catered foods, raw foods, space and in-kind space should equal the Total Budget for each corresponding line item's cost entered on Page 5 (Budget Summary).

PAGE 8 (OTHER COST DETAIL)

For each cost category (i.e., accounting services, advertising, dues/memberships/subscriptions, etc), complete each Column as follows:

1. *Column (A) – Unit Cost*: Enter the cost per unit of the item(s).
2. *Column (B) – Number of Units*: Enter the number of items to be purchased.
3. *Column (C) - Total Cost*: Enter the total cost.
4. *Column (D) – Grant Costs*: Enter the amount of the proposed Grant Award that will be used for this item(s).
5. *Column (E) – Match (Cash/In-kind)*: Enter the amount of the Proposer's match in the form of either cash or in-kind contributions that will be used for this item(s).
6. *Column (F) – Non-Match (Cash/In-kind)*: Enter the amount of the Proposer's non-match in the form of either cash or in-kind contributions that will be used for this item(s).
7. *Column (G) – NSIP*: Enter the amount of proposed NSIP that will be used for this item(s).
8. *Column (H) – Grant Related Income*: Enter the amount of proposed grant related income that will be used for this item(s).
9. *Column (I) – Grand Total*: Please do not complete. This amount should equal Column (C) – Total Cost.
10. Please note: The combined Grand Totals for all costs detailed on this page should equal the Total Budget for Line 7 (Other Costs) entered on Page 5 (Budget Summary).