MEMORANDUM

TO: AGING & ADULT SERVICES COMMISSION
THROUGH: SHIREEN MCSPADDEN, EXECUTIVE DIRECTOR
FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR
       JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS
DATE: DECEMBER 6, 2017
SUBJECT: GRANT MODIFICATIONS: MULTIPLE GRANTEES for NUTRITION SERVICES for SENIORS AND ADULTS WITH DISABILITIES (see table below)

<table>
<thead>
<tr>
<th>GRANT TERM</th>
<th>Current</th>
<th>Modification</th>
<th>Revised</th>
<th>Contingency</th>
<th>Total</th>
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<td>7/1/17-</td>
<td>6/30/22</td>
<td>7/1/17-</td>
<td>6/30/22</td>
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| TOTAL GRANT AMOUNT | $5,445,817 | $3,985,710 | $9,431,527 | $943,153 | $10,374,680 |

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<th>ANNUAL MOD AMOUNT</th>
<th>FY17/18</th>
<th>FY18/19</th>
<th>FY19/20</th>
<th>FY20/21</th>
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<td>$836,470</td>
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<th>Federal</th>
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<tr>
<td>MOD FUNDING:</td>
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<td>$398,571</td>
<td>$4,384,281</td>
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The Department of Aging and Adult Services requests authorization to modify various existing grant agreements with SAN FRANCISCO MARIN FOOD BANK and SELF-HELP FOR THE ELDERLY for the provision of nutrition services to seniors and adults with disabilities for the period beginning July 1, 2017 and ending June 30, 2022. The total of the modified grant amounts plus a 10% contingency will not exceed $10,374,680. The purpose of this modification is to increase home-delivered meals to adults with disabilities and to expand the Food Assistance Program to seniors and adults with disabilities.

Background
Adequate nutrition is critical to the health, functioning, and increased quality of life for San Francisco’s aging population. The Elderly Nutrition Program (ENP), authorized through Title III,
under the Older Americans Act, is intended to improve the dietary intake of participants and to offer participants opportunities to create informal support networks. The legislative intent is to ensure community-based services are available to older adults who may be at risk of losing their independence. DAAS has provided ENP services since 1975. The ENP managed by the department is the largest elderly community nutrition services program in San Francisco.

The funding for program increases included in this memo is part of FY 2017-2018 Add Back from the Mayor’s Budget Office and Board of Supervisors. Office on Aging (OOA) used the following principles and guidelines for FY 17/18 Add Backs: restore service units to previously approved FY16/17 contract levels, allocate additional funds for over-served contracts, address other needs identified through DAAS needs assessment, and address recent program changes.

Services to be Provided
Grantees will continue to provide and expand services for the programs listed below. The home-delivered meals (HDM) are delivered hot, chilled or frozen to the homes of eligible individuals throughout the City; Grantees/Contractor will provide nutrition compliance services to meet DAAS nutrition program requirements. The Elderly Nutrition Program (ENP) meals service provision is regulated by California Retail Food Code (CRFC), Occupational Safety and Health Administration (OSHA) Code, and requirements stipulated in California Code of Regulations Title 22 Division 1.8 and Older Americans Act. The San Francisco ENP and non-ENP programs also follow Office on the Aging nutrition standards. The target populations are eligible residents of San Francisco, aged 18 and above.

- **HDM service to adults with disabilities (AWD):** Adults with disabilities who are non-ambulatory and meet the HDM eligibility requirements are eligible to receive home-delivered meals. Eligibility assessments and follow-ups for consumers of any AWD HDM provider are centrally performed by one grantee.

- **Food Assistance Program:** Provides food to low-income seniors and adults with disabilities by means of authorized community-based food distribution centers, pantries, and home-delivered grocery (HDG) partners. Currently, there is one sole source provider for the Food Assistance Program for a term of five years.

The Add Back funding will significantly help to expand and serve more people on the waiting list for food pantry and HDG programs. It will add 2,540 unduplicated clients annually to the contract and add 507,184 food bags over the five (5) years of the contract, which is 91% increase in service units.

The funding increase will help to restore the food pantry program to FY16/17 service levels and allows for projected growth for both home delivered grocery program and food pantry program.
AWD Home-Delivered Meals

<table>
<thead>
<tr>
<th>Agency</th>
<th>Current FY 17-20 Amount</th>
<th>Modification Award Amount</th>
<th>Revised FY 17-20 Amount</th>
<th>10% Contingency</th>
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<tr>
<td>Self-Help for the Elderly</td>
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<td>$101,855</td>
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<td></td>
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<td>$1,120,407</td>
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Food Assistance Program

<table>
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<tr>
<th>Agency (Sole Source)</th>
<th>Current FY 17-22 Amount</th>
<th>Modification Award Amount</th>
<th>Revised FY 17-22 Amount</th>
<th>10% Contingency</th>
<th>FY 17-22 Total Not-To-Exceed Amount with 10% Contingency</th>
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<tbody>
<tr>
<td>SF-Marin Food Bank</td>
<td>$4,685,725</td>
<td>$3,727,250</td>
<td>$8,412,975</td>
<td>$841,298</td>
<td>$9,254,273</td>
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<tr>
<td>Grant Total (All Addbacks)</td>
<td>$5,445,817</td>
<td>$3,985,710</td>
<td>$9,431,527</td>
<td>$943,153</td>
<td>$10,374,680</td>
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Grantee Performance

- **Fiscal Monitoring**
  All providers were fiscally monitored for fiscal year 2016-17. The Human Services Agency did not find any significant findings during its annual fiscal monitoring.

- **Program Monitoring**
  All service providers were monitored during the months of March and April of 2017 with no significant findings. All providers are in compliance.

Selection
Grantees were selected through RFP #715 issued in January 2017. The Food Bank’s Food Assistance contract was awarded through sole source process.

Funding
These grants will be funded entirely through County funds.

**ATTACHMENTS**

**AWD Home-Delivered Meals**
- Self-Help for the Elderly
- Appendix A-5 – Services to be Provided
- Appendix B-8 – Budget

**Food Assistance Program**
- San Francisco-Marin Food Bank
- Appendix A-2 – Services to be Provided
- Appendix B-2 – Budget
APPENDIX A-2 – SERVICES TO BE PROVIDED
SAN FRANCISCO-MARIN FOOD BANK

July 1, 2017 – June 30, 2022
Food Assistance Program

I. PURPOSE

The purpose of this grant is to:

A. Increase availability and accessibility of surplus produce and other food products to
target populations and underserved areas.

B. Supplement the food budgets of the target population living on low incomes and
supplement the nutritional value of their food intake.

C. Reduce food waste by collecting and distributing surplus and unmarketable, yet edible
food, and provide opportunities for sponsors and volunteers to sort through and utilize
foodstuffs that are donated.

D. Assist the program participants in maintaining their independence, quality of life, and
self-sufficiency, and in developing a sense of self-esteem and self-reliance by offering
them the opportunity to participate in all aspects of program operations.

E. Provide volunteer opportunities for older individuals to sort and distribute food items,
and gain an increased sense of purpose and satisfaction in helping others.

F. Collaborate with and provide technical assistance to the CBOs that advocate for and
provide services to low-income seniors and adults with disabilities to ensure appropriate
community food assistance intervention is in place to improve the wellbeing of the
individuals.

II. DEFINITION

City
City and County of San Francisco

CA-GetCare
A web-based application that provides specific functionalities for contracted
agencies to use to perform consumer intake/assessment/enrollment, record
service units, run reports, etc.

CBO
Community-Based Organization

DAAS
Department of Aging and Adult Services, a division of the Human
Services Agency

Food Pantry
The San Francisco-Marin Food Bank’s Food Pantry Program is a network
Program
of weekly and biweekly distributions of a mix of supplemental groceries
( featuring fresh, seasonal produce) throughout San Francisco at senior
centers and residential facilities for low-income older adults as well as
community and faith-based organizations serving the public.

Grantee
San Francisco-Marin Food Bank (SFMFB)

GFS
Groceries for Seniors, DAAS funded CBOs to provide weekly grocery
distribution to older adults at various community sites

HSA Human Services Agency

HDG Home Delivered Groceries

Low income At or below 200% of Federal poverty level

OOA Office on Aging, a division of DAAS

Senior An individual aged 60 or above

SOGI Sexual Orientation and Gender Identity, a result of Ordinance No. 159-16 which amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (Chapter 104, Sections 104.1 through 104.9.)

SRO Single Room Occupancy residential buildings

SRO Food Outreach Home delivered grocery services are provided to individuals who are homebound by reason of illness, frailty, incapacitating disability, isolation, lack of support network

III. TARGET POPULATION

Low income seniors aged 60 and above and adults aged between 18 and 59 with disabilities

IV. SERVICES TO BE PROVIDED

A. Grantee shall provide, at minimum, an annual number of Grocery Bags to the target population, as indicated in Table A below. Means of distribution include Home-Delivered Grocery community partners and authorized community-based food distribution centers in areas that optimally target large populations of low income individuals. The sites selected for this contract period are listed on the Site Chart as approved by DAAS-OOA.

Where space permits, the target population can be enrolled through DAAS-funded Food Assistance programs (HDG, SRO Food Outreach, etc.) or at eligible pantries (participants of the Food Bank’s extensive Pantry Enrollment System and/or sites indicated on the DAAS-approved Site Chart).
<table>
<thead>
<tr>
<th></th>
<th>FY17/18</th>
<th>FY18/19</th>
<th>FY19/20</th>
<th>FY20/21</th>
<th>FY21/22</th>
<th>5-Yr Total</th>
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<tbody>
<tr>
<td>Annual Total #Unduplicated Consumers</td>
<td>4,886</td>
<td>4,948</td>
<td>4,948</td>
<td>4,948</td>
<td>4,948</td>
<td>24,678</td>
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<tr>
<td>Home Delivered Grocery Bags/Year</td>
<td>84,701</td>
<td>103,657</td>
<td>110,659</td>
<td>110,659</td>
<td>110,659</td>
<td>520,335</td>
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<tr>
<td>Pantry Bags/Year</td>
<td>128,845</td>
<td>112,610</td>
<td>105,608</td>
<td>105,608</td>
<td>105,608</td>
<td>558,279</td>
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<tr>
<td>Total Bags/year</td>
<td>213,546</td>
<td>216,267</td>
<td>216,267</td>
<td>216,267</td>
<td>216,267</td>
<td>1,078,614</td>
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B. The Grantee and/or its authorized CBO partners will conduct client intake and enrollment and enter the information in CA-GetCare. The Grantee will enter the monthly service units provided in CA-GetCare.

C. The annual total number of grocery bags will be coordinated and provided to the number of individuals as indicated in Table A.

D. The weekly grocery bags shall be at minimal to include sufficient supplies of seven (7) meals for a single person household. The bi-weekly grocery bags shall be at minimal to include sufficient supplies of fourteen (14) meals for a single person household.

E. The grocery bags feature fresh and seasonal produce, which include, but are not limited to: oranges, potatoes, onions, carrots, broccoli, cauliflower, cabbage, eggplant, squash, lettuce, melons, apples, pears, kiwi, peaches, plums, and nectarines. The grocery bags will also include protein (such as eggs, poultry, nut butter, tuna, and dried beans) and grains (such as bread, pasta, rice, and oatmeal). Other fresh, frozen, canned, and dry goods will be added when availability allows, including dairy (such as yogurt or cottage cheese). Additionally for the SRO-HDG program, non-perishable protein products will be used given the lack of refrigeration capacity among the participants.

F. Grantee and its authorized CBO partners shall ensure that nutritionally balanced and culturally appropriate foods are provided to the target populations. Grantee shall develop written guidelines to clarify the grocery bag compositions for the different target population.

G. Grantee shall provide appropriate technical assistance to partner CBOs, including training of volunteers, to ensure their maximum efficiency and effectiveness as grocery distribution centers.

H. Grantee will outreach food suppliers to increase donations of culturally appropriate foods in its general food supply.

I. Grantee will monitor distribution sites at least once a year and share the reports with DAAS and provide technical support no less than annually.

J. Grantee will deliver food approximately forty-eight (48) weeks annually to DAAS authorized CBOs and pantry sites.

K. Grantee shall communicate with participating CBOs regarding programmatic issues.

L. Grantee shall provide quarterly nutrition educational materials to clients at the DAAS-OAA-approved distribution sites covering at least four (4) topics in food, nutrition, or health.

M. Participating CBOs may refer participants who are not ambulatory for Home Delivered Groceries programs.
N. In consultation with and with the final authorization of DAAS, Grantee shall recruit community-based organizations to serve as dedicated program distribution sites. DAAS and Grantee reserve the right to substitute CBO distribution sites as needed to maintain the program.

O. Grantee and/or authorized CBO partners will administer an annual consumer satisfaction survey to statistically significant sample of the program participants using a survey tool approved by DAAS-OOA in order to document the effectiveness of the program, and share the results with partners. Grantee will provide results to DAAS-OOA by April of each year.

P. In collaboration with CBO partners, Grantee will be responsible for collecting participant intake/enrollment information, enrolling participants in CA-GetCare, and reporting the monthly service units provided.

V. SERVICE OBJECTIVES

On an annual basis, Grantee will:

A. Serve the number of unduplicated consumers as indicated in Table A.
B. Provide the number of Grocery Bags annually as indicated in Table A.

VI. OUTCOME OBJECTIVES

Based on the DAAS annual consumer satisfaction survey with sample size of at least 25% of enrolled clients:

A. At least 85% of program participants will be satisfied (rate as “Excellent or Good”) with the food quality.
B. At least 85% of the program participants are satisfied with the service provided by staff and/or volunteers.
C. At least 75% of the program participants indicate that they feel healthier as result of participating in the program.
D. At least 75% of clients will report that the service helps maintain their independence.

VII. REPORTING REQUIREMENTS

A. Grantee shall provide DAAS-OOA a copy of the signed Memorandum of Understanding between their DAAS-OOA-approved distribution site and CBO partners.
B. Grantee will provide a monthly report of activities, referencing the tasks as described in Sections V & VI - Service and Outcome Objectives. Grantee will enter the monthly metrics in the CARBON database by the 15th of the following month.
C. Grantee will be responsible for enrolling participants, and reporting the monthly service units provided in CA-GetCare on a monthly basis.
D. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by HSA. The due date for submitting the annual summary report is July 10th.
E. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Sections V & VI - Service & Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee.
will enter the annual metrics in the CARBON database by the 15th of the month following the end of the program year on an annual basis:

- The percentage of participants surveyed that have indicated excellent or good in rating the quality of groceries/food they received.
- The percentage of participants surveyed that have indicated excellent or good in rating the service delivery by staff and/or volunteers.
- The percentage of participants surveyed that have indicated they feel healthier as result of participating in the program.
- The percentage of participants will report that the service helps maintain their independence.

E. Grantee will provide Ad Hoc reports as required by the Department.
F. Monthly and Annual Reports and invoices will be entered into the Contracts Administration Reporting and Billing On-line (CARBON) system

For assistance with reporting requirements or submission of reports, contact:

Sarah Chan  
Nutritionist/OOA  
sarah.chan@sfgov.org  
Department of Aging and Adult Services

Richard Sin  
Contract Manager/HSA  
richard.y.sin@sfgov.org

VIII. MONITORING ACTIVITIES

Program Monitoring:
A. The DAAS-OOA Nutritionist is responsible for monitoring the program performance and outcome objectives on an annual basis.
B. The DAAS-OOA Nutritionist will act as a liaison between DAAS and the Grantee.
C. The DAAS-OOA Nutritionist will provide technical assistance to Grantee as needed to meet program requirements.

Fiscal and Compliance Monitoring:
A. The HSA Contract Manager is responsible for monitoring the fiscal activities and grant compliance on an annual basis.
B. Fiscal monitoring will include review of the Grantee’s organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals.
C. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.
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**Note:** The table contains placeholders for data entries.
Appendix A5 – Services to be Provided
Self-Help for the Elderly
Home-Delivered Meals for Adults with Disabilities (HDM-AWD)
Effective July 1, 2017-June 30, 2020

I. Purpose
The purpose of this grant is to assist adults with disabilities living in San Francisco and identified by Grantee as its target population to live independently, by promoting better health through improved nutrition, and reduced isolation through accessible and appropriate meals services.

II. Definitions-

Grantee
Self-Help for the Elderly

ADL
Activities of Daily Living: the basic tasks of everyday life including eating, bathing, dressing, toileting, and transferring (i.e., getting in and out of a bed or chair).

AWD
Adults with Disabilities are adults age 18-59 with disability.

CARBON
Human Service Agency’s Contracts Administration Reporting and Billing On-line (CARBON) system

CA-GetCare
A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.

CRFC
California Retail Food Code establishes uniform health and sanitation standards for retail food facilities for regulation by the State Department of Public Health, and requires local health agencies to enforce these provisions.

DAAS
Department of Adult and Aging Services

Disability
A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing and visual impairments, that results in substantial functional limitations in one (i) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.

Physical disability or mobile limitation includes wheelchair users, cane or walker users, limited reach ranges, limited hand movement, etc. Chronic illness includes HIV, lung disorders, heart disease/stroke, immune system disorders, diabetes, neurological disorders, etc. Sensory disability includes deaf; hard of hearing, blind, low vision, Aphasia, stuttering, etc. Mental disability includes psychiatric disabilities, depression, anxiety, obsessive-compulsive disorder, phobias, schizophrenia, bi-polar disorder, borderline personality disorder, etc. Cognitive disability includes Down’s syndrome, traumatic brain injury, learning disabilities, etc.
Frail
A functionally impaired individual who is either: (a) unable to perform at least two ADL (Activities of Daily Living), including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, or IADL (Instrumental Activities of Daily Living) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) having a cognitive or other mental impairment that requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.

HSA
Human Services Agency of the City and County of San Francisco

HACCP
Hazard Analysis of Critical Control Points. A prevention-based food safety system focusing on time and temperature control at different crucial food service system points

Home-Delivered Meals (HDM)
Home-delivered meals are provided to consumers who are frail and homebound by reason of illness, disability, isolation, lack of support network and have no safe, healthy alternative for meals. HDM programs consist of the procurement, preparation, service and delivery of meals, as well as nutrition education and nutrition counseling. This service requires an annual comprehensive assessment and quarterly re-evaluation of the HDM consumer. The HDM consumer must also have a home visit reassessment by their service providers at least every other quarter. Home Delivered Meals are provided to consumers who have substantial mental and/or physical impairments and lack a support network or resources that result in no safe, healthy alternative for meals. HDM programs consist of the procurement, preparation, service and delivery of meals, as well as nutrition education and counseling. This service requires quarterly reevaluation of the HDM consumer by the grantee and an annual comprehensive assessment by aDAAS approved service provider.

IADL
Instrumental Activities of Daily Living: activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone

Low-Income
200% of poverty level. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program.

Menu Analysis
A detailed nutritional analysis approved by a registered dietitian: (a) When utilizing computerized menu analysis, meals shall be analyzed on a weekly basis for a minimum of 2 weeks of the 5-week cycle menu. (b) Each average meal (a weekly average) shall meet no less than one-third of the Dietary Reference Intakes (DRI) (c) At a minimum, values must be determined for calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, potassium, vitamin A, vitamin C, vitamin D, and vitamin B12.

Menu Requirements
Meals shall comply with the current Dietary Guidelines for Americans (DGA), published by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture; and shall provide to each participating older individual: (a) A minimum of one-third of the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences, if the grantee provides one meal per day; (b) At least two-thirds of the DRIs for the provision of 2 meals per day; (c) At least 100% of the DRIs if the grantee provides 3 meals per day; and (d) Fractions of meals or snacks may not be counted even when such snacks cumulatively equal one-third of the DRIs.
Minority

An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.

Nutrition Counseling

Provision of medical nutrition therapy counseling and referral to other appropriate service to consumers who are receiving special diets, or who are screened to be at high nutrition risk by DETERMINE Your Nutritional Health tool. This service is provided by a Registered Dietitian.

Nutrition Education

The service provider dietitian, consulting dietitian or OOA Nutritionist shall approve the nutrition education plans, and materials. The nutrition education for the HDM consumer may be written nutrition education material in a variety of forms, including but not limited to information sheets, brochures, and booklets. The nutrition education provided shall be based on the needs of the consumers as determined by annual the consumer satisfaction survey and/or results from DETERMINE Your Nutritional Health tool. Nutrition education shall be provided on a quarterly basis and documented. One set of materials is defined as one nutrition education unit provided to one consumer.

OOA

Office on the Aging

Registered Dietitian (RD) – Registered Dietitian Nutritionist. An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration. A Registered Dietitian (R.D.) shall be covered by professional liability insurance either individually (if a consultant) or through Grantee.

SOGI

Sexual Orientation and Gender Identity, a result of Ordinance No. 159-16 which amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (Chapter 104, Sections 104.1 through 104.9).

III. Target Population

The target population is residents of San Francisco County, between the age of 18-59 who have a disability as defined in Section II, Definitions. OOA targets individuals who have the greatest economic and social need such as living on low-income, are minorities, possessing non- or limited-English skills, or are lesbian/gay/bisexual/transgender.

IV. Eligibility for Services

To participate in Home-Delivered Meals, the consumer must meet the following criteria: A consumer, between the age of 18-59 who has substantial mental and/or physical impairments and lack a support network or resources that result is no safe, healthy alternative for meals. Substantial impairments include one or more of the following:
• Self-Care: ADL and IADL, especially grocery shopping and meal preparation and that the consumers lacks the ability to obtain safe, healthy meals.
• Capacity for independent living and self-direction
• Cognitive functioning and emotional adjustment

V. Services to be Provided
A. Develop and maintain HDM program policies and procedures that are in compliance with and meet the nutrition and food service standards set forth by the most recent California Retail Food Code and OOA Policies and include nutrition education for HDM consumers. Policy and procedures shall ensure the provision of quality meals, adequate access to sound nutrition information enabling consumers to reduce incidence of chronic diseases and maintain independent living.

B. Provide home-delivered meal services, which include:
1. Enroll the number of unduplicated consumers annually as indicated in Table A, and in the various neighborhood and/or districts as indicated in the DAAS-OOA approved Site Chart.
2. Provide the total number of AWD meals annually as indicated in Table A. The meals will be delivered to neighborhoods and/or districts as indicated on the DAAS-OOA approved Site Chart. Each meal shall meet the OOA menu requirements. Meals offered may be hot, chilled or frozen, regular or modified meals as approved by DAAS-OOA, and as determined appropriate for the population served.
3. Documenting, tracking and reporting consumers’ condition changes to citywide HDM Assessment contractor that would affect the consumer’s eligibility to continue receiving HDM services.
4. Meet with the citywide HDM-AWD assessment contractor at least on a quarterly basis to review services, utilization, and condition change documentation. Grantee must also establish a policy & procedure to communicate with the HDM-AWD assessment provider, as needed, to discuss any issues that may arise pertaining to the HDM-AWD consumer or the service provided.
5. Provide at least one set of nutrition education material to consumers on a quarterly basis. The total units of nutrition education will be as indicated on the OOA approved Site Chart. The service units will be reported in CA-GetCare in the month that the service is provided.
6. A suggested donation per meal requested of each participant must be approved by the Grantee’s Board of Directors and OOA in advance.
7. Service units:

<table>
<thead>
<tr>
<th>Table A</th>
<th>FY 2017-18</th>
<th>FY 2018-19</th>
<th>FY 2019-20</th>
<th>Total 3-years</th>
</tr>
</thead>
<tbody>
<tr>
<td>#Unduplicated Consumers</td>
<td>158</td>
<td>158</td>
<td>158</td>
<td>474</td>
</tr>
<tr>
<td>Meals</td>
<td>52,169</td>
<td>52,169</td>
<td>52,169</td>
<td>156,507</td>
</tr>
</tbody>
</table>

C. Ensure central kitchen (or caterer kitchen) and the home-delivered meal routes meet the standards described in the most recent California Retail Food Code (CRFC).

D. Ensure a Registered Dietitian or an individual with a valid food safety certification oversees the safety and sanitation components of the program. A HACCP safety and sanitation monitoring for the production kitchen must be conducted on site and documented by a R.D. based on the number of monitoring approved in the Grantee’s
budget. Grantee with four or more delivery routes will conduct a HDM route monitoring at least once a month. In-service training to address any monitoring findings and/or to reinforce best practices will be scheduled and conducted in a timely manner to bring the program into compliance. The HACCP monitoring reports for the production kitchen and HDM routes shall be sent to OOA on a timely basis and no later than once per quarter.

E. Ensure that the cycle menu and a nutrient analysis is approved by a Registered Dietitian and submitted to OOA for review approval in accordance to OOA’s nutrition standards. Menu substitutions must be approved by a R.D. and documented.

F. Conduct consumer satisfaction survey yearly for each funded program and provide results to OOA Nutritionist as defined by OOA policy memoranda. The survey tool will be provided by OOA.

G. The Grantee will comply with the City’s food service waste reduction ordinance (File #06094), and use reusable, biodegradable, compostable and/or recyclable food service supplies.

H. Ensure adequate and culturally competent staffing (paid and/or volunteer) to administer the program and deliver quality services to meet the needs of the consumers and to meet all the nutrition program standards.

I. The Grantee will attend the quarterly in-service training coordinated and provided by the OOA, and share the information with their staff and volunteers.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. The Grantee will complete the California Department of Aging (CDA) Security Awareness Training annually during the term of the grant. https://www.aging.ca.gov/docs/Resources/SecurityAwarenessTmg.pps

L. Grantee will develop and provide each consumer with a welcome packet that includes at minimum, the following information: the agency’s meal delivery schedule, sample menu, donation policy and collection procedures, procedures to change meal delivery request, grievance policy, and how to request assistance, if needed.

VI. Service Objectives

A. Grantee will serve the total number of unduplicated consumers as indicated in Table A in Section V.

B. Grantee will provide the total number of meals as indicated in Table A, Section V.

C. Grantee will provide nutrition compliance units as indicated in Appendix B.

VII. Outcome Objectives

A. At least 85% of consumers will report being satisfied with the meal quality as defined as “Excellent or Good” in the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee’s average number of meals served at each congregate meal site.

B. At least 75% of the consumers will report that the meal service helps maintain their independence based on the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee’s average number of meals served daily.

C. At least 65% of consumers will report an increase in the consumption of fruits and vegetables as evidenced by a reported change from previous baseline data in the Nutrition Risk Screening Tool or other appropriate evaluation data.

D. At least 65% of consumers with a high nutrition risk score as defined by the “Determine Your Nutritional Health” checklist will be connected to additional and appropriate resources.
E. At least 65% of consumers that are identified as "lonely" as evidenced by the DAAS adopted loneliness screening tool will be connected to additional and appropriate resources.

VIII. Monitoring Activities
A. Nutrition Program Monitoring: Program monitoring will include review of kitchen facility and HDM routes in accordance with CRFC and DAAS policies and nutrition standards. This includes project income policies, nutrition education policies, consumer eligibility and targeted mandates, documentation of the units of service and all reporting, and progress of service and outcome objectives; how consumer records are collected and maintained; consumer data entry on CA-GetCare; reporting performance including monthly service unit reports on CA-GetCare, maintenance of service unit logs; agency and organization standards related to the nutrition program operation, current organizational chart in the nutrition service department, grievance policies and procedures, verification that hours of operation are reflected in most recent approved site chart; employee resume and credentials, job description, and whether progress notes are maintained according to the OOA Nutrition standards.

B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee’s organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

IX. Reporting Requirements
A. Grantee will enter into CA-GetCare any updates in the consumer’s demographic data obtained from consumers when conducting a quarterly assessment or any other time a consumer may provide new information.

B. Grantee will enter into CA-GetCare all the consumer level service units in the Service Recording Tool and data for monthly service reporting by the 5th working day of the month for the preceding month.

C. Grantee will provide a monthly report of number of meals served as described in Section VI, Service Objectives.

D. Grantee will enter the following monthly metrics in the CARBON database by the 15th of the following month: Number of meals served and number of nutrition compliance units provided.

E. Grantee will enter the annual Outcome Objective metrics identified in Section VII of this appendix A in the CARBON database by the 15th of the month following the end of the program year.

F. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 (or as amended) each grant year. This report must be submitted to the CARBON system. Additional reports may be required at other points in the fiscal year if necessary to meet state requirements.

G. Grantee will develop and maintain its OOA approved Site Chart. The site chart may be updated with the approval of OOA. A copy of the updated Site Chart will be kept in OOA’s contractor program.
H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by HSA. The due date for submitting the annual summary report is July 10th.

I. Grantee will provide other reports as requested. Apart from the on-line reporting via CaGetCare, and reports requested to be sent via e-mail to the Nutritionist and/or Contract Manager, Monthly and Annual Reports will be entered into CARBON system. For assistance with reporting requirements or submission of reports, contact:

Tahir Shikh  
Contract Manager/HSA  
P.O. Box 7988  
San Francisco, CA 94120  
Tahir.Shikh@sfgov.org

Linda Lau  
Lead Nutritionist/OOA  
1650 Mission Street, 5th Floor  
San Francisco, CA 94103  
Linda.Lau@sfgov.org
<table>
<thead>
<tr>
<th>Month</th>
<th>Income</th>
<th>Expenses</th>
<th>Net Income</th>
</tr>
</thead>
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<tr>
<td>February</td>
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</tr>
<tr>
<td>March</td>
<td>$15,000</td>
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<tr>
<td>April</td>
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<tr>
<td>May</td>
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<td>$9,000</td>
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**Total**

- **Income**: $75,000
- **Expenses**: $35,000
- **Net Income**: $40,000
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**TOTAL**

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<tr>
<th>Capital Expenditure by Cost Category</th>
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</thead>
<tbody>
<tr>
<td>Equipment &amp; Remodeling Cost</td>
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<tr>
<td>Non-DAS</td>
</tr>
<tr>
<td>DAS</td>
</tr>
<tr>
<td>TOTAL DAS-Non-DAS-CAPITAL EXPENDITURE</td>
</tr>
<tr>
<td>TOTAL NON-DAS-Non-COA-REMODELING COST</td>
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