SOUTHEAST TENNESSEE AREA
AGENCY ON AGING AND DISABILITY

REQUEST FOR PROPOSAL APPLICATION (RFPA)

TO DELIVER

NUTRITION SERVICES FOOD PROVIDER

UNDER OPTIONS FOR COMMUNITY LIVING, OLDER AMERICANS ACT AND THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Application Deadline: Friday, March 13, 2026

Contract Period: July 1, 2026 – June 30, 2030

To apply, please observe the following instructions:

- *Type the RFPA.*
- *Before delivery, be sure the RFPA bears an original, authorized signature.*
- *Maintain a copy for your records.*
- *Submit the electronic copy via email to setaaad@sedev.org.*

Questions?
setaaad@sedev.org

Purpose/Background

The Tennessee Department of Disability and Aging contracts with nine (9) Area Agencies on Aging and Disability (AAAD) to administer home and community-based programs for older adults and other adults with disabilities (consumers) throughout Tennessee. In turn, each AAAD enters into contracts to purchase the delivery of service activities from approved service providers. Through this RFPA process, the goal of the AAAD is to contract with providers for congregate and home delivered meals in each of the counties in its planning and service area. Funding sources include State of Tennessee Options for Community Living funds, federal Older Americans Act - Title IIIC funds, and federal Older Americans Act - Title IIIE Family Caregiver funds. Following is a brief description of each program:

1. Tennessee's **Options for Community Living Program** is designed to enable consumers to live independently in their homes by providing a limited amount of services such as homemaker services, personal care services and/or home delivered meals. With the assistance of these limited services, along with the support of family and others, the consumer may be able to avoid or prolong admission into institutional care. For the purpose of this RFPA, the OPTIONS funding will be used to provide home delivered meals.

2. The **Older Americans Act (OAA) Title IIIC** provides nutrition services including congregate and home-delivered meals for persons age 60 and over. Services are designed to promote the health and well-being of older individuals by assisting them in gaining access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior. Title IIIC services are targeted to older individuals with the greatest economic need, with particular attention to low-income minority individuals, those with the greatest social needs and those residing in rural areas.

3. The **National Family Caregiver Support Program (NFCSP)** provides an infrastructure of program resources and assistance for family caregivers, grandparents, and older individuals who are relative caregivers through the designated AAAD, its service providers and other appropriate consumer organizations. In accordance with program directives, information, assistance and counseling can be provided to any caregiver, but respite and supplemental services are limited to caregiver support for older individuals who are unable to perform at least two (2) activities of daily living, or, due to a cognitive or other mental impairment require substantial supervision. For the purpose of this RFPA,

the NFCSP funding will be used to provide home delivered meals as funding is available.

The Older Americans Act provides the federal requirements and funding for nutrition programs contracted through the Tennessee Department of Disability and Aging (TNDDA) to the Area Agencies on Aging and Disability. The Nutrition Services requirements and eligibility are found in the Tennessee Department of Disability and Aging Program and Policy Manual.

Eligibility for all nutrition services will be determined by the AAAD and sent to the provider through a Provider Authorization.

Meal Cost and Match Requirements

Older Americans Act – Title III (Federally Funded)
OPTIONS for Community Living (State-Funded)

Service	Reimbursement Rate
Emergency/Frozen/Shelf Stable Meals – OAA Title III/State Funds	*The lesser of $7.*15 per meal or usual and customary charges*
Home Delivered Meals – OAA Title III/State Funds	*The lesser of $8.15* per meal or usual and customary charges*
Congregate Meals – OAA Title III/ State Funds	*The lesser of* $7.65 per meal or usual and customary charges*

These are maximum rates which may not be exceeded; a lesser amount should be billed and reimbursed, if the provider's usual and customary charge to individuals not participating in these programs is lower. Reimbursement rates shall not exceed the TennCare reimbursement rates. The meal rate does not include program income or local contributions.

The local match requirement for IIIC is ten percent (10%) and IIIE is fifteen (15%), all may be cash or in-kind. There is no match requirement for state funds or Nutrition Services Incentive Program (NSIP) resources.

Provider Responsibilities

The agency agrees it has the capacity to fulfill the following requirements:

1. Service providers may expend federal and state funds only for those services for which they have received authorization through a contract with the AAAD.
2. Service providers receiving state appropriations or OAA funds must comply with DDA contracting guidelines, program standards and service descriptions.
3. No service provider agent shall solicit or accept gratuities, favors, or anything of monetary value from a consumer, service provider, contractor, or potential contractor.
4. Each service provider must have procedures to protect the confidentiality of information collected about consumers. The procedures must ensure that no information about a consumer is obtained or disclosed by a service provider in a form that identifies the person without the "informed written consent" of that person or of his or her legal representative. Disclosure may be allowed by court order, or when securing client-related services, benefits, or rights. All consumer information must be maintained in controlled access files. (Exception: A written release of information when making a referral for Adult Protective Services is not required.)
5. Nutrition service providers shall comply with all applicable federal, state, and local laws (including, but not limited to, Title VI and VII of the Civil Rights Act of 1964, Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act, and the governor's Executive Order 16 (Prevention of Sexual Harassment) and 21 (Minority business Enterprises), the Uniform Guidance program instructions, regulations, and standards.
6. Nutrition service providers shall comply with OAA Sections 306 and 307, regarding targeting populations with the greatest economic and social needs, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
7. Services can be provided throughout the counties covered under its proposal five (5) days per week.
8. Nutrition service providers shall utilize the advice and expertise of (a) a dietician or other individual described in DDA Aging and Disability Program & Policy Manual, 6-1-.01(1)(a); (b) aging nutrition program participants; and (c) other individuals knowledgeable about the needs of adults aged 60 and over.
9. Service providers shall, where feasible and appropriate, make arrangements for the availability of services to older individuals and family caregivers in weather-related and other emergencies.
10. Service providers shall be licensed in accordance with the regulations of the State prior to performing any services.
11. Service providers shall provide services and units of service that are consistent with the Provider Authorization.

12. Service providers shall have methods and procedures in place for the collection and reporting of individual specific data, and invoices and provide to the AAAD by the tenth (10th) day of the month following the month being reported.
13. Nutrition service providers shall maintain a copy of all current Food Service Establishment Inspection Reports completed by state and local health department staff for each food preparation site and food service subcontractor/caterer/provider used in the nutrition program. Corrective actions recommended by state or local officials must be resolved in a timely manner.
14. Maintain safe and appropriate temperatures / limit the amount of time meals must spend in transit before consumed.
15. Submit a plan of correction to address any findings sited during monitoring activities.
16. Assure that each paid or voluntary staff member meets minimum qualifications and training standards.
17. Designate a supervisor to ensure staff providing services are provided professional supervision and monitor the timeliness and quality of service delivery.
18. Each service provider shall either provide a statement of self-insured status or procure and maintain payment of premiums on policies of insurance coverage to (A) adequately protect personal and real property whose acquisitions cost was borne in whole or in part as a direct charge to Title III or state funds from loss or damage; and (B) adequately cover all claims which may arise related to accidents involving personal injuries and/or use of products and services under the area plan.
19. All service providers must obtain sufficient bond coverage for protection of the AAAD and DDA from theft, forgery, embezzlement, and fraud losses by the service provider agency, any of its agents or employees, full or part-time.
20. All service providers shall comply with Tennessee Code Annotated § 52-2-1002 on completing background checks for employees and volunteers.
21. Quality Assurance will be an ongoing process in which all entities including DDA, AAAD, service providers and consumers will play a role.
22. The nutrition service provider, in collaboration with the AAAD shall develop complaint and grievance procedures to be included in the nutrition service provider policy manual.
23. Provide a signed written request for funds to the AAAD as specified in the contract.
24. Notify Adult Protective Services and when potentially unsafe and/or hazardous conditions, or suspicions of abuse, neglect or exploitation exist. ide a signed written request for funds to the AAAD as specified in the contract.

25. The nutrition service provider shall develop and implement a policy manual containing, at a minimum, the following information: fiscal management, food service management, safety and sanitation, staff responsibilities, and organization chart.
26. Service providers, either private for-profit or not-for-profit organizations, must be incorporated under the laws of the state in which their principal place of business is located.

Nutrition Service Definitions

Congregate Nutrition (meal): A meal provided nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAA's and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

Home Delivered Nutrition (meal): A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAADs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

Nutrition Education IIIC (sessions): An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietician or an individual or comparable expertise is defined in the OAA.

Policy/Guidance

All providers must comply with the program guidelines contained in the Tennessee Department of Disability and Aging Program and Policy Manual, as well as all applicable federal and state laws, regulations, and rules. The applicable chapter(s) of the manual related to the services for which you are applying are attached for reference.

REQUEST FOR PROPOSAL APPLICATION (RFPA)
Contract Period: July 1, 2026 – June 30, 2030

Applicant Organization Name:

Mailing Address:

Office Address:

Contact:

E-Mail Address:

Telephone:

Emergency Contact (Name & #):

Fiscal Contact (Name & #):

Date of Application:

Employer ID #

1. **Cover Letter**
   Applicant must provide a cover letter signed by an authorized individual submitting the proposal on behalf of their agency. This letter includes:
   a. A statement that the accompanying application is in response to this RFP.
   b. A statement that the applicant is willing, if selected, to execute a contract with the Area Agency on Aging and Disability (AAAD).
   c. A statement identifying the individual(s) authorized to finalize a contract with the AAAD on behalf of the Applicant

2. **Organizational Structure and Information (**Please provide a W-9)**
   a. Indicate the entity type:

☐ Faith-Based Organization	☐ Non-Profit Organization
☐ For Profit Corporation	☐ Small business
☐ Government	☐ Women owned/operated
☐ Minority owned/operated	☐ None of the above

   b. Date Established:
   c. Place of Establishment:
   d. State where Licensed/Incorporated:

3. **License, Certification, Permits, and Accreditation**
   Provide copies of all required licenses, certifications, permits, and accreditation required by the state or federal governments, including the following:
   a. A copy of any licensures related to the proposed services (i.e., PSSA, etc.)
   b. Any required business license (i.e., 501(c), etc.)
   c. A copy of the Applicant's current Certificate of Insurances and Workers Compensation (i.e., Liability and Bond, etc.)
   d. A copy of most recent licensing entity's monitoring report

4. **History, Experience, and Mission**
   Provide the following information about the Applicant's history, experience, and mission:
   a. A brief history of the Applicant and its service delivery system for any proposed Home and Community-Based services.
   b. Provide a list of current membership of governing body.
   c. The number of years the Applicant has been in business.
   d. Organization Chart [for overall agency and single organization unit responsible for delivering proposed service(s).] (including governing body, if applicable)
   e. The Applicant's mission statement, values, and guiding principles
   f. Describe organizational experience in working with older persons and/or adults with disabilities.

5. **Personnel & Training**
   Provide the following information related to personnel and training:
   a. Identify the key personnel who will be involved with the program. Please make available upon request a resume for each of the key personnel.
   b. Identify the supervisory structure related to proposed service delivery.
   c. Describe the qualifications and required competencies for persons who will serve as direct service workers. Include job descriptions.
   d. Include the proposed training approaches and curriculum to be used to keep staff current in service delivery and best practices in services and supports.

6. **Financial Capacity**
   Provide the following documentation to show the Applicant's financial management capacity:

a. If available, the most recently completed audited financial statements of Applicant

If an audited financial statement is not available, you must provide the following information:

b. IRS tax reporting forms / tax return is appropriate for the submitting organization.
c. A current written bank reference, in the form of a standard business letter, indicating that the applicant's business relationship with the financial institution is in positive standing.
d. Two (2) current written positive credit references in the form of standard business letters from vendors with which the applicant has done business, or documentation of a positive credit rating determined by an accredited credit bureau within the last six (6) months.

7. Assurances & Certifications

By signing this application, the Applicant agrees:

- To certify that, under penalty of perjury, your provider organization has completed this Provider Application independent of any outside influence which may result in your receiving privileged information about this RFPA.
- To certify that this RFPA factually represents your administrative capabilities and proposed services, and that if your organization is approved, you agree to abide by the terms and conditions of the Provider Contract.
- To certify that if your organization is approved, you agree to contract with the AAAD for services at your usual and customary charges not to exceed the maximum charges outlined in this provider application.
- To certify that your organization is in compliance with the specific Service Description and Standards required by the State for each proposed service activity.
- To certify that your organization has written policies regarding the following:

• Personnel Policies	• Affirmative Action Policy
• Non-discrimination in Hiring Policy	• Confidentiality Policy
• Non-discrimination in Service Delivery Policy	• Civil Rights Compliance Policy *(Title VI and VII)*
• ADA Compliance Policy	• Drug Free Policy
• Certification Regarding Lobbying	• Prohibition on Illegal Immigrants Policy

- To certify that your organization has secured all required licenses, certifications, permits and accreditation (as required by the State and/or Federal governments).

8. Service Delivery

a. Describe and specify the availability of funds to support the cost of providing services to ensure service delivery continues throughout the contracted period and continuation of services occurs until reimbursement for services is made.
b. Describe your agency's plan regarding weather related emergencies. Include the following information:
    - Conditions under which the agency will be closed.
    - Describe weather related emergency plans to ensure elderly clients receive services they need during emergency situations. Submit name of contact persons.
    - Plan for receiving emergency calls for assistance.
    - How will your agency plan to ensure that participants have meals in emergency situations?
c. Describe and include procedures for internal monitoring and assessment. Detail how internal monitoring reports will be submitted to the AAAD when completed. The internal monitoring should be attached to this RFPA and include:
    - Service to be monitored and evaluated;
    - Name of the person or position responsible for monitoring and evaluating each service;
    - Procedures for corrective action or follow-up; and
    - A copy of the internal monitoring tool (s) to be used.
d. Provide documentation demonstrating compliance with local health department and safety codes (sanitation and fire) for each Service/Program venue as applicable. Submit annual health and fire inspections for your facility.
e. Describe the complete food preparation, operation and delivery system for each type of meal being proposed.
f. How are frozen meals stored packed and delivered?
g. How does the agency ensure that frozen meals comply with the published menus?
h. Types of containers used for packaging (attach descriptions).
i. Identify the equipment used to rapidly freeze the food and length of time that frozen meal will be stored before delivery.
j. Provide a detailed description of why frozen meals are being proposed for utilization.
    - Administrative Reason.
    - Cost Effectiveness – will meals that are delivered in bulk have a lower unit cost vs. hot meals delivered on a daily basis?
    - Percentage of frozen meals to be provided.
k. If Shelf Stable Meals are utilized, how and when will they be distributed to clients?

l. Please provide three (3) Shelf Stable Meal Menus as well as the Nutrient Analysis for each of the menus.
m. Indicate the type(s) of therapeutic meals (diabetic, pureed, low sodium, etc.) you are able to prepare.
n. Submit the name of the Registered Dietician or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services that the program will utilize and submit a copy of the Licenses and Certification, which includes the Licensed/Certification numbers.
o. Describe how your agency will continue to provide services if unusual circumstances arise such as, several van drivers resign at one time or become ill, or your agency is unable to employ and train new people in a timely manner to provide services.
p. Describe how your agency will assess the following outcomes as it relates to congregate meals:
    - 100% of meal plans will meet the most recent Dietary Guidelines and Dietary Reference Intakes.
    - Provide meals to senior centers according to their regular serving schedules.
    - Meal temperatures of foods will be taken and recorded daily in the kitchen and again at the nutrition site upon arrival and before being served. These temperatures are to be kept on file in the respective nutrition site for monitoring purposes.
q. Provide a description of how your agency ensures adherence to the following food safety guidelines:

    (1) The nutrition service provider may opt to follow temperature or time as control in order to maintain food safety.

    a) If utilizing temperature as control, the following shall be adhered to:
        - Cold foods shall be maintained at 41 degrees Fahrenheit or below at all times.
        - Hot foods shall be maintained at 135 degrees Fahrenheit or above at all times.

    b) If utilizing time in lieu of temperature as control, the following shall be adhered to:
        - The food shall have an initial temperature of 41 degrees Fahrenheit or less when removed from cold holding temperature control or 135 degrees Fahrenheit or greater when removed from hot holding temperature control.

- The food shall be labeled to indicate the time four (4) hours past the point when the food is removed from temperature control with instructions to discard the food if that time is passed
- Efforts shall be made to keep foods within temperature control per during the four (4) hour period.
- The food shall be delivered to the participant at least one (1) hour prior to the four (4) hour limit. The participant shall be informed that the food should be consumed before the time on the label or discarded.
- Procedures for adherence to this policy shall be included in the nutrition service provider policy manual.

(2) Food Safety Control Monitoring

- Temperature checks shall be conducted daily with a food thermometer in proper working order and recorded at the time all food leaves the preparation area and if temperature is used as control, again immediately before the food is served to participants.
    - For home-delivered meals, each delivery route temperature shall be checked at least once per quarter. The last meal delivered on the route shall be checked.
- If time is used as control, the time food is taken out of temperature control, and the time food is served or delivered shall be recorded.
- All food items shall be tested and recorded per each food item. Bread products and fresh, whole fruits are exempted from testing.
- When food is found at improper temperatures, a plan for immediate correction shall be developed, implemented, and documented in a narrative report.

(3) Time/ temperature control reports shall be kept on file for five (5) years plus the current year.

9. Propose Service Unit Reimbursement Rate

In order to be approved as a Service Provider, the applicant must provide a unit rate for each service proposed.

Computing Nutrition Costs

a. Food Costs: Include the cost of raw food. This also includes food purchased with NSIP funds.

b. Labor Costs - Food Preparation: Include the costs of all involved labor, including, but not limited to, food preparation; cooking, and portioning bulk foods; and delivery of food to the site of service. Fringe benefits are also included.
c. Equipment Costs: Include the costs of such capital items as ranges, dishwashers, trucks and vans, steam tables, freezers, etc.
d. Utility Costs: Include the costs of space and related utility costs incurred for food preparation, including equipment operation costs and costs for maintenance and repair.
e. All Other Costs: Include the non-labor costs of transporting food, food storage, insurance, and general liability. Also includes the costs of serving supplies, disposables, cleaning materials, and all non-capital items used ·in the preparation of food. (Paper goods, disposables, eating and serving utensils, detergents and other cleaning supplies and equipment)
f. Delivery Costs: All costs associated with the delivery of the food, including, but not limited to, transporting to a central area and costs associated with delivering the meal to the individual consumer.

For each of the categories on which you are applying (congregate, home delivered, frozen, and emergency), provide the following information:

	Congregate	**Home Delivered (Hot)**	**Frozen/ Emergency/ Shelf Stable**
Food Cost:			
Labor Cost:			
Equipment Cost:			
Utility Cost:			
All Other Cost:			
Delivery Cost (if applicable):			
Total Cost per meal (Unit Cost Rate/meal):			

AUTHORIZATION FOR SUBMISSION

Legal Name of Applicant Agency

Submits this application as part of its response to the Request for Proposals solicited by the AAAD. This application and all materials provided in response to the RFP will become part of any contract should the Applicant's proposal be selected.

Governing Entity Information

Executive Director Name:

Email:

Chairman Name:

Email:

The Executive Director, governing body Chairman, or CEO listed above has authorized my signature on behalf of the organization/agency for submission of this application.
I affirm that I am duly authorized to execute this document on behalf of the organization. My typed name below constitutes my electronic signature.

Printed Name:

Authorized Representative Title:

Date:

Attachment 1

SCOPE OF WORK

APPLICANT AGENCY: _____

(*All services may not be available within each Area Agency on Aging and Disability. If you have questions about particular service availability, please contact the AAAD.)*

A. SUMMARY OF DIRECT SERVICE ACTIVITIES ***Check services to be provided:***

OLDER AMERICANS ACT -Title III	**OPTIONS PROGRAM**
☐ Congregate Meal	☐ Home Delivered Meal (Hot)
☐ Emergency/Frozen/Shelf Stable Meal	☐ Emergency/Frozen/Shelf Stable Meal
☐ Home Delivered Meal (Hot)	

PROVISION OF SERVICE

A. SERVICE AVAILABILITY:
   Days of Service:

   Hours of Service Availability:

   If the applicant agency has multiple offices, please attach a list to the application.

B. NAME OF SUB-CONTRACTOR (if any):
   Mailing Address:

   Phone Number: Email:

   (For each additional sub-contractor, attach listing with above information)

C. QUALITY OF SERVICE: The Provider shall deliver quality services to eligible consumers using an established quality assurance process to assess and maintain service standards.

D. TRAINING: The Provider will attend meetings or workshops sponsored by the Agency and the Tennessee Department of Disability and Aging, where appropriate and indicated.

E. SPECIAL CONTRACT CONDITIONS:
   1. Attach a schedule of approved holiday closings.
   2. Caregiver Training Only: Attach a training curriculum that includes class/session objectives along with a copy of the proposed training schedule for the twelve-month period.

Note: The scope of work for delivery of agreed upon services is a part of the contract and must be attached to both the Provider and the AAAD copy of the contract.

SERVICE DELIVERY AREA(S)

Southeast TN Counties:
☐ Bledsoe
☐ Bradley
☐ Grundy
☐ Hamilton
☐ Marion
☐ McMinn
☐ Meigs
☐ Polk
☐ Rhea
☐ Bledsoe

Comments:

This Section is completed by Area Agency Staff only.

RFPA EVALUATION AND SCORING

Applicant Name: _____ Date: _____

Name of Individual Scoring Application: _____

RFPA Requirement	Points Possible	Points Earned	Comments
Minority or Women Owned Business	2		
Documentation of all required licenses to provide services	1		
Organizational information provided	1		
Record of accurate and timely billing	1-3		Fiscal staff can provide documentation of record
Staff Adequacy (as measured by missed visit track record)	1		Sufficient trained staff available (credentialed)
Record of accurate reporting	1		QA /HCBS Staff can provide documentation
Customer Satisfaction rate has been measured and documentation that 80% or more of consumers are satisfied with services	2		
Organization has been providing services to consumers for more than 1 year	1-3		1 point per year up to 3 years
Multiple county proposal	1 point per county		1 point per county covered in district
Organization has the capacity to reach all areas of the county they are proposing to serve	1		
Proposal would fill existing gap in services	3		
Only RFPA to fill an existing gap in services	5		
Cost to provide services is less than the maximum allowable rate	5		
Capacity to maintain food temperatures	3		
Total			