



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

MEMORANDUM

Department of Benefits
and Family Support

Department of Disability
and Aging Services

Office of Early Care
and Education

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

TO:

DISABILITY AND AGING SERVICES COMMISSION

THROUGH:

SHIREEN MCSPADDEN, EXECUTIVE DIRECTOR

FROM:

CINDY KAUFFMAN, DEPUTY DIRECTOR
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS

DS
EL

DATE:

MAY 5, 2021

SUBJECT:

**GRANT MODIFICATION: SELF-HELP FOR THE
ELDERLY FOR THE CONGREGATE NUTRITION
PROGRAM FOR OLDER ADULTS, ELDERLY
NUTRITION PROGRAM (ENP)**

Current	Modification	Revised	Contingency	Total
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GRANT TERM:

11/1/20- 6/30/21	5/1/21- 6/30/21	11/1/20- 6/30/21
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**GRANT
AMOUNT:**

\$1,568,582	\$239,180	\$1,807,762	\$180,776	\$1,988,538
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**ANNUAL
AMOUNT:**

FY 20-21
\$1,807,762

**FUNDING
SOURCE:**

County	State	Federal	Contingency	Total
\$95,585		\$143,595	\$23,918	\$263,098

**MODIFICATION
FUNDING:**

PERCENTAGE:

40%		60%		100%
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London Breed
Mayor

Trent Rhorer
Executive Director

The Department of Disability and Aging Services (DAS) requests authorization to modify the existing grant agreement with Self-Help for the Elderly for the period of May 1, 2021 to June 30, 2021, in an additional amount of \$239,180, plus a 10% contingency for a total amount not to exceed \$1,988,538. The purpose of this modification is to provide congregate meal program and modified congregate meal program for older adults.

Background

Adequate nutrition is critical to an individual's physiological well-being and contributes to social, cultural, and psychological quality of life. It is one of the major determinants of health and successful aging. Title III of the Older Americans Act authorizes the provision of elderly nutrition programs (ENP) which provide access to healthy, culturally appropriate foods and meals. ENP supports the general health and well-being of older adults by reducing hunger, food insecurity, and malnutrition. Nutrition programs provide access to coordinated food and nutrition services that are essential in maintaining independence, functional ability, disease management, and quality of life.

DAS through multiple community partnerships provides congregate nutrition services throughout the City. With the guidance from federal, state, and local agencies and in collaboration with community partners, DAS established modified congregate nutrition services due to the current Coronavirus pandemic (COVID-19). Modified congregate meal programs reduce the risk of community spread of COVID-19 and minimize a congregate meal participant's exposure to the virus by providing meals to go. Self Help for the Elderly is one of the community partners funded by DAS to provide a modified nutrition services for older adults.

Services to be provided

Self Help for the Elderly is currently providing modified congregate nutrition services for older adults at eight meal sites. The congregate meal program offers nutritious Chinese cuisine meals to participants Monday through Saturday. The meals adhere to the current Dietary Guidelines for Americans (DGA), provide a minimum of one-third of the Dietary Reference Intakes (DRIs), and meet state and local food safety and sanitation requirements.

In addition to providing healthy meals, Self Help for the Elderly continues to offer nutrition education and conduct health screenings that include a nutrition risk screening, food security screening, and a well-being and social isolation screening.

Grant Modification

The purpose of the grant modification is to provide additional funding that will enable Self Help for the Elderly to continue offering meals at all of their existing congregate meal sites through the end of the fiscal year and meet the ongoing demand of modified congregate nutrition services in the City. Self Help for the Elderly will use the additional funding to provide 31,680 more meals for a total amount of 225,785 congregate meals for older adults between November 1, 2020 and June 30, 2021.

Selection

Grantee was selected through RFP #715 issued in January 2017. Due to the COVID-19 emergency, these grants were initially extended through October 2020 through an emergency process. New grant was put into place from 11/1/20 to 6/30/21 to allow for a new procurement to be issued as the current procurement expires on 6/30/21.

Funding

This grant will be funded through a combination of Federal and Dignity funds.

ATTACHMENTS

Appendix A1 – Services to be Provided

Appendix B1 – Budget

Appendix A1 - Services to be Provided
Self Help for the Elderly
 Congregate Nutrition Program for Older Adults
 Elderly Nutrition Program (ENP)

November 1, 2020 – June 30, 2021

I. Purpose

The purpose of this grant is to provide a congregate and/or modified congregate nutrition program for older adults living in the City and County of San Francisco. Congregate nutrition programs include the provision of nutritious meals, nutrition education, and nutrition risk screening. The program supports independent community living by promoting better health through nutrition and serves as an access point for other home and community-based services. It also aims to encourage socialization when the grantee provides services in a group or congregate setting.

II. Definitions

Grantee	Self Help for the Elderly
Adult with a Disability	A person 18-59 years of age living with a disability
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.
CARBON	Contracts Administration, Reporting, and Billing On-line System.
CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.
Congregate Nutrition Services	The procurement, preparation, transporting and serving of meals that meet nutrition requirements to eligible consumers in a group setting. Congregate nutrition services also includes nutrition education, health promotion, and nutrition risk screening.

COVID-19	A disease caused by the coronavirus SARS-CoV-2. The symptoms of COVID-19 include cough, fever, and shortness of breath. Doctors and researchers continue to learn more about the disease, so information about symptoms, prevention, and treatment may change as more data becomes available.
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. A consumer with a score of six or higher on the DETERMINE Checklist is considered at high nutritional risk. http://www.dhs.gov/vi/home/documents/DetermineNutritionChecklist.pdf
Dietary Guidelines for Americans (DGA)	Evidence-based food and beverage recommendations for Americans ages 2 and older that aim to promote health, prevent chronic disease, and help people reach and maintain a healthy weight. Published jointly every 5 years by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture.
Dietary Reference Intakes (DRI)	Nutrient reference values published by the Institute of Medicine that represent the most current scientific knowledge on nutrient needs of healthy populations.
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
ENP	Elderly Nutrition Program - Title III C1 and C2. A program that provides nutrition services, as authorized by the Older Americans Act of 1965, as amended, and is provided in accordance with the provision of CCR Title 22, Chapter 4, Article 5, Sec. 7630.

Frail	An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individuals or others. (CCR Title 22 Sec. 7119)
HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)
LGBTQ+	An acronym/term used to refer to persons who self-identify as non - heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Low-Income	Having income at or below 100% of the federal poverty line as defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. Eligibility for program enrollment and/or participation is not means tested. Consumers self-report income status.
Menu Planning and Nutrient Analysis	The development of a menu cycle that adheres to DAS OCP and CDA menu standards and the nutrition requirements of meals. A Registered Dietician conducts the nutrient analysis, and the analysis will demonstrate adherence to the menu standards and nutrition requirements of the meals.
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.

Modified Congregate Nutrition Program	A program that provides nutrition services that include, but are not limited to, the provision of meals meeting nutritional standards, nutrition education, and nutrition risk screening. Due to the COVID-19 pandemic, the provision of meal nutrition services will not be in a congregate setting. The grantee will provide meals to go and the meals offered may be hot, chilled, or frozen. The grantee may provide nutrition risk screening and nutrition education over the phone, through virtual platforms, through written communications, or other methods approved by DAS. The program gives all participants the opportunity to contribute to the meal cost.
NCQA	Nutrition Compliance and Quality Assurance are components of congregare and home-delivered nutrition services that are programmatically required and include, but are not limited to, actions that ensure food safety, certify menu compliance, provide nutrition education, confirm consumer eligibility, and assess consumers' physiological, socioeconomic, and psychological well-being as well as need for nutrition and other supportive services. NCQA also includes nutrition counseling performed by a registered dietitian, when feasible and appropriate.
Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code. (CCR Title 22 Sec. 7630)
Nutrition Education	Informing recipients of congregare and home-delivered meals about current nutrition facts and information, which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. (CCR Title 22 Sec. 7630 & 7638.11)
Nutrition Requirements of Meals	Each meal provided through congregare and home-delivered meal programs shall adhere to the current Dietary Guidelines for Americans (DGA) and provide a minimum of one-third of the Dietary Reference Intakes (DRI). (CCR Title 22 Sec. 7638.5)
Nutrition Screening	A screening used to evaluate the nutritional risk status of individuals enrolled in congregare or home-delivered meal programs. The screening utilizes the DETERMINE Checklist and identifies individuals at moderate nutritional risk, at high nutritional risk, and those not at nutritional risk.

Nutrition Services	The procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes. (CCR Title 22 Sec. 7630)
OCP	Office of Community Partnerships, a unit within the Department of Disability and Aging Services
OCM	Office of Contract Management, San Francisco Human Services Agency.
Older Adult	Person who is 60 years of age or older; used interchangeably with the term “senior”
Registered Dietitian (RD) Registered Dietitian Nutritionist (RDN)	Registered Dietitian or 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.
SF-HSA	Human Services Agency of the City and County of San Francisco.
Senior	Person who is 60 years of age or older; used interchangeably with the “older adult”
SOGI	Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i> 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 (<i>Chapter 104, Sections 104.1 through 104.9</i>).
Unduplicated Consumer (UDC)	An individual who participates in the congregate nutrition program and the grantee reflects consumer participation in CA-GetCare through program enrollment.

III. Target Population

The target population is older adults living in the City and County of San Francisco with the greatest economic and social need. Grantee shall additionally target services to members of one or more of the following groups:

1. Low income
2. Limited or no English speaking proficiency
3. Minority populations

4. Frail
5. LGBTQ+

IV. Eligibility for Services

1. An older adult, defined as an individual age sixty, (60) or older.
2. Spouse or domestic partner of an older adult enrolled in the program.
3. An individual under the age of sixty (60), with a disability who resides in housing facilities occupied primarily by older adults at which the congregate nutrition program is located.
4. An individual with a disability who resides at home with and accompanies an older adult who participates in the program.
5. A volunteer under the age of sixty, (60) who helps in the congregate nutrition program if doing so will not deprive an older adult of a meal.

V. Location and Time of Services

The grantee will provide a congregate and/or modified congregate nutrition program in the City and County of San Francisco. The grantee determines the location(s) and service time(s) for the congregate nutrition program with prior approval from DAS OCP.

VI. Description of Services and Program Requirements

1. Grantee will develop and maintain nutrition policies and procedures that are in compliance with and meet the nutrition and food service standards set forth by California Retail Food Code (CRFC), Title 22 Regulations, CDA, and DAS OCP.
2. Grantee will provide a congregate nutrition program for older adults. The provision of the congregate nutrition program will include the following:
 - a. Enrollment of consumers in the program and the provision of congregate meals to those consumers as indicated in Table A below and in the various neighborhoods and/or districts as indicated in the DAS OCP approved site chart.
 - b. Provision of congregate meals that meet nutritional standards by adhering to the current DGA and offering a minimum of one-third of the DRIs if the grantee provides one meal per day. If the grantee provides two meals per day, the meals must contain at least two-thirds of the DRIs. The grantee may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs.
3. Grantee will conduct a nutrition screening using the DETERMINE Checklist, a food security screening, and a well-being and social isolation screening annually for each consumer and document individual responses in CA-GetCare within one month of obtaining the responses. The grantee will refer clients screened at high nutritional risk to DAS OCP funded nutrition counseling services through CA-GetCare.
4. Grantee will provide nutrition education to consumers participating in the congregate nutrition program at least quarterly. The total units of nutrition education will be, at minimum, as shown on the DAS OCP approved site chart. The grantee will report in

CA-GetCare the number of nutrition education units provided in the applicable month. One unit of nutrition education is one consumer observing the nutrition education presentation. If the grantee is providing a modified congregate meal program, the nutrition education may be over the phone, through virtual platforms, through written communications, or other methods approved by DAS OCP.

5. Grantee will post at each meal site a notice that informs consumers about the suggested voluntary contribution for a meal and a guest fee for individuals who are not eligible to enroll as a consumer in the congregate meal program. The grantee's board of directors must approve the suggested contribution and guest fee per meal. The grantee will ensure its policy and procedures for the suggested meal contribution and guest fee comply with DAS OCP policy memoranda.
6. Grantee will ensure that the procurement, preparation, service, and delivery of meals at the central kitchen and/or caterer kitchen and all congregate meal sites meet state and local food, sanitation, health and safety requirements.
7. Grantee will have a qualified manager on staff who conducts the day-to-day management and administrative functions of the nutrition program. The grantee will ensure the manager on staff possess a food safety manager certification and has the required qualifications as described in Title 22 Regulations and DAS OCP policy memoranda.
8. 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.
9. Grantee will ensure that a registered dietitian (RD) conducts and documents an on-site HACCP safety and sanitation monitoring of the production kitchen at least once per quarter and a minimum of four times during the fiscal year. HACCP monitoring will include, but is not limited to the review of quarterly congregate site monitoring reports.
10. Grantee will ensure that a registered dietitian (RD) or qualified staff conducts and documents on-site HACCP safety and sanitation monitoring of each congregate site at least once per quarter and at minimum of four times per fiscal year for each congregate site.
11. Grantee will provide quarterly in-service trainings for nutrition program staff (e.g. food service and delivery workers) as described in Title 22 Regulations and DAS OCP policy memoranda. Grantee will also provide the in service trainings as part of a new employee and/or volunteer orientation process and additional in-service trainings as needed to address any HACCP monitoring findings and/or to reinforce best food safety and sanitation practices as needed. Grantee will document, schedule, and conduct in-service trainings in a timely manner when there are monitoring findings. A registered dietitian (RD) must review and approve an annual in-service training plan and the training curriculum for nutrition program staff.
12. Grantee will submit for review and approval by DAS OCP, at least one month in advance of use, a minimum of a five-week cycle menu with the required corresponding nutrient analysis completed by their staff or consultant RD. The grantee may seek approval to submit a cycle menu with fewer weeks. DAS OCP will review requests for exceptions and approve if appropriate.
13. Grantee will ensure that the RD on staff or consultant RD reviews and approves menu substitutions in advance of their use and that staff documents the substitutions made.
14. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS OCP. The grantee will share with DAS OCP by March 15 each grant

year or on a mutually agreed upon date between DAS OCP and the grantee. At minimum, the completed number of surveys per meal site shall be a sample size of at the average number of meals served daily.

15. Grantee will ensure there is a sufficient number of qualified staff, paid and volunteer, with the appropriate education, experience, and cultural competency to carry out the requirements of the program and deliver quality services to meet the needs of the consumers.
16. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP, and share the information with their staff and volunteers

VII. Service Objectives

1. Grantee will enroll at minimum the number of unduplicated consumers and provide the units of service detailed in Table A below:

<u>Table A</u> FY 20/21	Congregate	CHAMPSS	Total
Number of Unduplicated Consumers (UDC)	2,710	1,150	3,860
Number of Meals	184,800	20,000	204,800
Reallocation from CHAMPSS & HDM AWD	9,305	-5440	
Modification	31,680		
Revised Number of Meals	225,785	14,560	240,345

VIII. Outcome Objectives

1. Clients report increased consumption of fruits, vegetables, and/or whole grains. Target: 75%.
2. Clients feel less worried about getting enough food to meet their needs. Target: 85%.
3. Clients rate the quality of meals they received as excellent or good. Target: 85%.
4. Clients feel a greater sense of connection to their community. Target: 85%.
5. Clients feel safe and welcomed by program staff. Target: 85%.

Based on a consumer survey and a sample size equal to greater than the average number of daily meals served by the grantee.

IX. Reporting and Other Requirements

1. Grantee will enroll eligible consumers into the program funded through this grant agreement by entering the consumer data obtained from consumers using the DAS OCP approved congregare intake form, which includes the annual nutrition risk

screening, the well-being and social isolation screening, and the food security screening into the CA-GetCare database in accordance to DAS OCP policy memorandum.

2. Grantee will enter into the CA-GetCare Service Unit section all service objectives by the 5th working day of the month for the preceding month.
3. Grantee will enter monthly reports and metrics into the CARBON database system by the 15th of the following month that includes the following information:
 - Number of unduplicated consumers served
 - Number of meals prepared and served
 - Number nutrition compliance units provided
4. Grantee will submit HACCP monitoring reports of the production kitchen and congregate sites to DAS OCP once per quarter. Quarterly reports due Oct. 15; Jan. 15; April 15; and June 15.
5. Grantee will enter the annual outcome objective metrics identified in Section VIII of the Appendix A in the CARBON database by the 15th of the month following the end of the program year.
6. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to SF-HSA no later than July 31 each grant year. The grantee must submit the report in the CARBON system.
7. Grantee shall develop and deliver bi-annual summary reports of SOGI data collected in the year as requested by SF-HSA, DAS, and OCP. The due dates for submitting the bi-annual summary reports are July 10 and January 10.
8. Grantee shall develop and deliver ad hoc reports as requested by SF-HSA, DAS, and OCP.
9. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis. The grantee will maintain evidence of staff completion of this training.
10. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.
11. Grantee will develop a grievance policy consistent with DAS OCP policy memorandum.
12. Grantee will assure that services delivered are consistent with professional standards for this service.
13. Pursuant to California Department of Aging Requirement, Grantor reserves the right to reduce funding available for this contract in the event that actual costs are below funding levels initially budgeted for the delivery of services.
14. Through the Older Americans Act Area Plan development process, the City of San Francisco identifies “Focal Points” which are designed to help older adults connect to services throughout the City. These Focal Points are:

Designated Community Focal Points		
Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	5600 3rd St, San Francisco, 94124	415-647-5353
OMI Senior Center (CCCYO)	65 Beverly St, San Francisco, 94132	415-335-5558
Richmond Senior Center (GGSS)	6221 Geary Blvd, San Francisco, 94121	415-404-2938
30th Street Senior Center (On Lok)	225 30th St, San Francisco, 94131	415-550-2221
Openhouse	1800 Market St, San Francisco, 94102	415-347-8509
SF Senior Center (SFSC)	481 O'Farrell St, San Francisco, 94102	415-202-2983
Aquatic Park Senior Center (SFSC)	890 Beach St, San Francisco, 94109	415-202-2983
South Sunset Senior Center (SHE)	2601 40th Ave , San Francisco, 94116	415-566-2845
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center (SHE)	777 Stockton St, San Francisco, 94108	415-438-9804
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

15. For assistance with reporting and contract requirements, please contact:

Tiffany Kearney
Lead Nutritionist
DAS OCP
email: Tiffany.Kearney@SFgov.org

and

Tahir Shaikh
Contract Manager
HSA OCM
email: Tahir.Shaikh@SFgov.org

X. Monitoring Activities

1. Nutrition Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on CA-GetCare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; evidence of provision of the California Department of Aging (CDA) Security Awareness training to staff; program operation, which includes a review of a written policies and procedures manual of all DAS OCP funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a board of directors list and whether services are provided appropriately according to Sections VI and VII, the log of service units which are based on the hours of scheduled activities; sign-in sheets of

consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool; translation and social services are based on staff hours.

2. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, 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 the Personnel Manual, Emergency Operations Plan, compliance with the Americans with Disabilities Act, subcontracts, MOUs, the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	F	G	H	I
1	BUDGET FORMS			Appendix B1, pg. 1	
2				4/6/2021	
3	HUMAN SERVICES AGENCY - DEPARTMENT OF DISABILITY AND AGING SERVICES				
4	BUDGET PROPOSAL FORMS				
5	Grantee's Name: SELF-HELP FOR THE ELDERLY			Grant Term	
6	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>				
7	Effective Date of Mod: 11/1/2020	No. of Mod:	11/1/20 to 6/30/21		
8	Program: Enter 1 Prog ONLY (e.g. Cong-ENP, HDM-ENP, Cong-AWD, or HDM-AWD)	Congregate ENP	Modification 5/1/2021	TOTAL	Average cost/meal
9	Annual # Meals Contracted	194,105	31,680	225,785	
10	Program Term	11/1/20-6/30/21	5/1/21 to 6/30/21	11/1/20 to 6/30/21	
11	DAS Expenditures				
12	Salaries & Benefits	\$527,131	\$67,694	\$594,825	\$2.63
13	Operating Expense	\$863,696	\$149,881	\$1,013,577	\$4.49
14	Subtotal	\$1,390,827	\$217,575	\$1,608,402	\$7.12
15	Indirect Percentage (max 10%)	10%	10%	10%	
16	Indirect Cost (Line 15 X Line 14, check Gen.Guidance regarding indirect exclusion)	\$139,232	\$21,605	\$160,837	\$0.71
17	Capital Expenditure				
18	COVID OTO	\$38,523		\$38,523	\$0.17
19	TOTAL DAS EXPENDITURES	\$1,568,582	\$239,180	\$1,807,762	\$7.84
20					
21	Non-DAS Expenditures				
22	Salaries & Benefits	\$264,114	(\$10,032)	\$254,082	\$1.13
23	Operating Expense	\$330,251	\$23,423	\$353,674	\$1.57
24	Capital Expenditure				
25	TOTAL Non-DAS EXPENDITURES	\$594,365	\$13,391	\$607,756	\$2.69
26					
27	TOTAL DAS & Non-DAS EXPENDITURES	\$2,162,947	\$252,571	\$2,415,518	\$10.53
28					
29	HSA-DAS Revenues				
30	Meals	\$1,568,582	\$239,180	\$1,807,762	
31					
32					
33					
34	TOTAL HSA-DAS REVENUES	\$1,568,582	\$239,180	\$1,807,762	
35	PER MEAL COST, HSA-DAS	7.88	7.55	7.84	
36	PER MEAL COST with COVID OTO, HSA-DAS	\$8.08	\$7.55	\$8.01	
37	Non-DAS Revenues				
38	Project Income	180,470	25,247	\$205,717	\$0.91
39	Agency Cash - Fundraising	\$320,567		\$320,567	\$1.42
40	Agency In-Kind Volunteer	\$25,000		\$50,000	\$0.22
41	Nutrition Compliance Revenues				
42					
43	TOTAL NON HSA-DAS REVENUES	\$526,037	\$25,247	\$576,284	
44	PER MEAL COST, NON HSA-DAS	\$2.71	\$0.80	\$2.55	
45	TOTAL REVENUES	\$2,094,619	\$264,427	\$2,359,046	
46	PER BAG COST, TOTAL	\$10.79	\$8.35	\$10.45	
47	Full Time Equivalent (FTE)				
49	Prepared by: Leny Nair			Date: 4/6/21	
50	HSA-CO Review Signature:				
51	HSA #1				

	A	B	C	D	E	F	K	L	M
1	Grantee's Name: SELF-HELP FOR THE ELDERLY								Appendix B1,
2	Program Name:								4/6/21
3	Congregate ENP								
4									
5	Salaries & Benefits Detail								TOTAL
6									
7									
8	H.S.A-DAS	Agency Totals		For DAS Nutrition			11/1/20-6/30/21	5/21/21-6/30/21	11/1/20 to 6/30/21
9		Annual Full Time Salary for FTE	Total % FTE	% Nutr Prog (b)	Adjusted Nutr FTE			5/1/21 to 6/30/21	Budgeted Salary
10	Admin Coordinator	\$41,496	100%	47%	47%		\$19,365		\$19,365
11	Center Coordinator	\$39,520	100%	40%	40%		\$11,344	\$4,461	\$15,805
12	Center Coordinator	\$39,520	100%	40%	40%		\$12,765	\$3,043	\$15,808
13	Center Coordinator	\$39,520	100%	40%	40%		\$15,808		\$15,808
14	Center Coordinator	\$39,520	100%	32%	32%		\$12,515		\$12,515
15	Center Coordinator	\$39,520	100%	30%	30%		\$11,856		\$11,856
16	Center Coordinator	\$39,520	100%	53%	53%		\$20,814		\$20,814
17	Center Coordinator	\$39,520	100%	67%	67%		\$26,346		\$26,346
18	Center Coordinator	\$39,520	100%	40%	40%		\$15,808		\$15,808
19	Center Coordinator	\$39,520	100%	37%	37%		\$14,491		\$14,491
20	Center Coordinator Sup	\$46,800	100%	40%	40%		\$18,720		\$18,720
21	Center Coordinator Sup	\$46,800	100%	37%	37%		\$17,160		\$17,160
22	Director of Nutrition	\$92,700	100%	17%	17%		\$12,794	\$2,657	\$15,451
23	MS Worker	\$35,464	100%	46%	46%		\$16,314		\$16,314
24	MS Worker	\$35,464	100%	67%	67%		\$23,642		\$23,642
25	MS Worker	\$35,464	100%	46%	46%		\$16,314		\$16,314
26	MS Worker	\$35,464	100%	37%	37%		\$13,003		\$13,003
27	MS Worker	\$35,464	100%	51%	51%		\$17,968		\$17,968
28	MS Worker	\$35,464	100%	46%	46%		\$16,314		\$16,314
29	MS Worker	\$35,464	100%	55%	55%		\$19,623		\$19,623
30	Program	\$35,464	100%	25%	25%		\$8,984		\$8,984
31	Program Asst	\$35,464	100%	33%	33%		\$11,822		\$11,822
32	Program Asst	\$43,680	100%	15%	15%		\$6,698		\$6,698
33	Program Asst	\$41,600	100%	30%	30%		\$12,480		\$12,480
34	Program Asst	\$41,600	100%	40%	40%		\$3,827	\$12,813	\$16,640
35	HD Supervisor	\$40,560	100%	30%	30%		\$12,168		\$12,168
36	Driver	\$38,480	100%	29%	29%		\$2,596	\$8,691	\$11,287
37	Nutrition Manager	\$72,100	100%	33%	33%		\$4,800	\$19,233	\$24,033
38									
39									
40									
41									
42									
43	TOTALS	\$ 1,180,672	2800%	1056%	1056%		\$396,339	\$50,898	\$447,237
44									
45	FRINGE BENEFIT RATE	33%							
46	EMPLOYEE FRINGE BENEFITS	\$ 389,622					\$130,792	\$16,796	\$147,588
47									
48									
49	TOTAL DAS SALARIES & BENEFITS	\$ 1,570,294					\$527,131	\$67,694	\$594,825
50									
51									
52	Non - DAS	Agency Totals		For DAS Meal			TOTAL		

	A	B	C	D	E	F	K	L	M
	POSITION TITLE and NAME	Annual Full Time Salary for FTE	Total % FTE (a)	% Nutr Prog (b)	Adjusted Nutr FTE				Budgeted Salary
53									
54	HD Worker-XueQun	\$35,464	100%	17%	17%		\$5,893		\$5,893
55	HD Worker-Yingna	\$35,464	100%	23%	23%		\$8,015		\$8,015
56	HD Worker-Jiaping	\$35,464	100%	20%	20%		\$7,072		\$7,072
57	HD Worker-Kam Yuen	\$35,464	100%	100%	41%		\$9,665		\$9,665
58	HD Worker-Xiaohua	\$35,464	100%	100%	37%		\$8,722		\$8,722
59	HD Worker-Rui Juan	\$35,464	100%	100%	21%		\$4,950		\$4,950
60	HD Supervisor-Yemei	\$39,000	100%	100%	45%				
61	Driver-Futak	\$38,480	100%	100%	44%		\$8,175	(\$8,175)	(\$0)
62	Driver-Ping	\$38,480	100%	100%	44%		\$10,771	\$517	\$11,288
63	Driver-Qihui	\$38,480	100%	100%	44%		\$11,288		\$11,288
64	Driver-YongWen	\$36,400	100%	100%	15%		\$3,640		\$3,640
65	Driver-Tin hou	\$36,400	100%	100%	26%		\$6,310		\$6,310
66	Driver-Kuangfu	\$38,480	100%	100%	30%		\$7,696		\$7,696
67	Driver-Yinghua	\$36,400	100%	100%	36%		\$8,392		\$8,392
68	Driver-Foo	\$36,400	100%	100%	26%				
69	Driver-Wayland	\$36,400	100%	100%	14%				
70	Driver-Sie The	\$36,400	100%	100%	44%		\$10,313		\$10,313
71	Driver-Rong	\$36,400	100%	100%	24%		\$5,599		\$5,599
72	Driver-Xiaoyan	\$36,400	100%	100%	41%		\$9,665		\$9,665
73	MS Worker-Jin Ye	\$35,464	100%	100%	49%		\$11,551		\$11,551
74	MS Worker-Shuqing	\$35,464	100%	100%	83%		\$19,448		\$19,448
75	MS Worker-Kam Sing	\$35,464	100%	100%	83%		\$19,448		\$19,448
76	Meal site & kitchen volunteers						\$25,000		\$25,000
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92	TOTAL NON-DAS	\$ 590,512	1600%	1600%	645%		\$201,613	(\$7,658)	\$193,955
93									
94	FRINGE BENEFIT RATE	31.0%							
95	EMPLOYEE FRINGE BENEFITS	\$ 183,059					\$62,501	(\$2,374)	\$60,127
96									
97									
98	TOTAL Non-DAS SALARIES & BENEFITS	\$ 773,571					\$264,114	(\$10,032)	\$254,082
99									
100	TOTAL DAS & Non-DAS SALARIES & BENEFITS	\$ 2,343,864					\$791,245	\$57,663	\$848,907
101	HSA #2								

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	A	B	C	D	I	J	K
1	Grantee's Name: SELF-HELP FOR						Appendix B1, page
2	Program Name:						4/6/21
3	Congregate ENP						
4	Operating Expense Detail						
7	H.S.A-DAS	Annual #Meals Contracted:	31,680		TOTAL		
8	<u>Expenditure Category</u>	Term:	11/1/20-6/30/21	Modification- 5/1/21-6/30/21	11/1/20 to 6/30/21		
9	Rental of Property		\$20,820		\$20,820		
10	Utilities(Elec, Water, Gas, Phone, Scavenger)		\$11,150	\$3,850	\$15,000		
11	Office Supplies, Postage						
12	Building Maintenance Supplies and Repair		\$3,650	\$3,850	\$7,500		
13	FOOD COSTS						
14	Raw Food	<i>per meal</i> \$ 0.10	\$19,423	\$3,156	\$22,579		
15	Cong Food Svc Supplies	<i>per meal</i> \$ 0.10	\$19,423	\$3,156	\$22,579		
16	HDM Food Svc Supplies	<i>per meal</i> \$ -					
17	Catered Meals	<i>per meal</i> \$ 4.00	\$776,906	\$126,234	\$903,140		
18	CONSULTANT/SUBCONTRACTOR Descriptive Title						
19	Registered Dietitian						
20							
21	OTHER COSTS:						
22	Insurance		\$1,380	\$4,620	\$6,000		
23	Staff Training & Travel		\$115	\$385	\$500		
24	Rental of Equipment						
25	Small equipment & Supplies						
26	Auto - Fuel & Insurance		\$9,329	\$4,630	\$13,959		
27	Repair/Maintenance						
28	Taxes & Licenses		\$1,000		\$1,000		
29	Recruitment		\$500		\$500		
30	TOTAL DAS OPERATING EXPENSE		\$863,696	\$149,881	\$1,013,577		
32	Non-DAS						TOTAL
33	<u>Expenditure Category</u>						
34	Rental of Property		\$24,308		\$24,308		
35	Utilities(Elec, Water, Gas, Phone, Scavenger)		\$ 23,210	\$(3,850)	\$19,360		
36	Office Supplies, Postage		\$4,700		\$4,700		
37	Building Maintenance Supplies and Repair		\$11,950	\$(3,850)	\$8,100		
38	FOOD COSTS						
39	Raw Food	<i>per meal</i> \$ 0.10	\$19,423	\$3,156	\$22,579		
40	Cong Food Svc Supplies	<i>per meal</i> \$ 0.10	\$19,423	\$3,156	\$22,579		
41	HDM Food Svc Supplies	<i>per meal</i> \$ -					
42	Catered Meals	<i>per meal</i> \$ 1.00	\$194,227	\$31,558	\$225,785		
43	CONSULTANT/SUBCONTRACTOR Descriptive Title						
44	Registered Dietitian						
45							
46	OTHER COSTS:						
47	Insurance		\$15,850	\$(3,850)	\$12,000		
48	Staff Training & Travel		\$500		\$500		
49	Rental of Equipment		\$3,625		\$3,625		
50	Bank Charges		\$400		\$400		
51	Small equipment & Supplies		\$500		\$500		
52	Auto - Fuel & Insurance		\$9,135	\$(2,898)	\$6,237		
53	Repair/Maintenance		\$3,000		\$3,000		
54							
56	TOTAL Non-DAS OPERATING EXPENSE		\$330,251	\$23,423	\$353,674		

	A	B	C	D	I	J	K
58	TOTAL DAS & Non-DAS OPERATING EXPENSE				\$1,193,947	\$173,305	\$1,367,251
63	HSA #3		Form Rev. 12/22/16				

	A	B	C	D
1	Grantee	Self-Help for the Elderly	Appendix B1, Page 4	
2	Program	Congregate Meal	Document Date:	4/6/21
3	Congregate ENP			
4				
5	COVID OTO Expenditure Detail			
6				TOTAL
7	H.S.A-DAS		11/1/20 to 6/30/21	11/1/20 to 6/30/21
8	No.	ITEM/DESCRIPTION		
9	1,045	32 oz Containers, 150/case @ \$30/case	\$31,350	\$31,350
10	152	T-shirt Bags, 1000 case	\$3,040	\$3,040
11	48	Food Service Gloves	\$4,133	\$4,133
12				
13				
14				
15				
16				
17	TOTAL DAS-COVID OTO COST		\$38,523	\$38,523
18				
19	HSA #4 Form Rev. 12/22/16			
20				
21	Allocation Methodology: <i>(If you have multiple programs, describe how you allocate among sha</i>			
22	Indicate DAS and non-DAS-OCP funding above.			
23	NOTE: Green highlighted cells have formulas that link data to Budget Summary page			
24	Equipment is defined as \$5000 or more a unit			
25	NOTE: Cells with formulas are protected to avoid accidental changes. To unprotect, go to Toolbar, "Revi			
26				
27				
28				