

## City and County of San Francisco

## Human Services Agency



London Breed, Mayor


Department of Human Services  
 Department of Disability and Aging Services  
 Office of Early Care and Education

Trent Rhorer, Executive Director

## MEMORANDUM

**TO:** DISABILITY AND AGING SERVICES COMMISSION

**THROUGH:** SHIREEN MCSPADDEN, EXECUTIVE DIRECTOR

**FROM:** CINDY KAUFFMAN, DEPUTY DIRECTOR  
 ESPERANZA ZAPIEN, ACTING DIRECTOR OF CONTRACTS 

**DATE:** NOVEMBER 4, 2020

**SUBJECT:** **NEW GRANTS:** MULTIPLE GRANTEES FOR NUTRITION SERVICES FOR OLDER ADULTS AND ADULTS WITH DISABILITIES (see table below)

**GRANT TERM:** 11/01/2020 – 06/30/2021

**GRANT AMOUNT:** See table below

<u>Funding source:</u>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
Funding:	\$6,256,879	\$1,102,574	\$5,479,405	\$1,283,873	\$14,122,731
Percentage:	49%	8%	43%		100%

The Department of Disability and Aging Services (DAS) requests authorization to enter into new grant agreements with multiple providers for the provision of nutrition services to older adults and adults with disabilities in a combined amount of \$12,838,858. The term of the grants/contracts will be from November 1, 2020 to June 30, 2021. The total of the new grant amounts plus a 10% contingency will not exceed \$14,122,731. The funding amounts are detailed in the tables below (pages 3-7).

## Background

Nutrition is one of the major determinants of successful aging. Food is not only critical to one's physiological well-being but also contributes to social, cultural, and psychological quality of life. Title III of the Older Americans Act authorizes the provision of Elderly Nutrition Programs (ENP). ENP assists older adults in gaining access to nutrition, and other disease prevention and health promotion services. DAS Office of Community Partnerships (OCP), through multiple community affiliations, provides Elderly Nutrition Programs throughout the City and through many of the same community partnerships offers nutrition programming to adults with

disabilities. Nutrition programming for older adults and adults with disabilities promote general health and well-being 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. They also aim to foster socialization and offer participants the opportunity to create informal support networks. Nutrition services for older adults and adults with disabilities include congregate and home delivered meal programs.

## Services to be provided

Grantees will provide congregate, modified congregate, and/or a home delivered meal program. Each of the programs will offer nutritious meals, nutrition education, and nutrition risk screening. The meals provided by the grantees will meet nutritional standards by incorporating the Dietary Guidelines for Americans and provide a minimum of one-third of the Dietary Reference Intakes (DRIs). The meals will be prepared in accordance with nutrition and food service standards set forth by California Retail Food Code (CRFC), Title 22 Regulations, California Department of Aging, and DAS OCP. Grantees may also provide nutrition compliance, nutrition counseling, and home delivered meal assessments.

- **Congregate Meal Program and Modified Congregate Meal Program:** Congregate and modified congregate meal programs provide meals meeting nutritional standards and may include breakfast, lunch, or dinner meals. Both types of congregate programs include nutrition education and nutrition risk screening and give participants the opportunity to contribute to the meal cost.

A congregate meal program delivers nutrition services in a group setting providing opportunities for participants to socialize with one another. A modified congregate meal program offers meals to go instead of in a group setting.

DAS OCP with guidance from federal, state, and local agencies established a modified congregate meal program due to the current Coronavirus pandemic (COVID-19). The modified congregate meal program reduces the risk of community spread of COVID-19 and minimizes older adults and adults with disabilities exposure to the virus by providing meals to go.

- **Home-Delivered Meal Program:** A nutrition program that delivers meals meeting nutritional standards to eligible individuals living in the City and County of San Francisco. The program requires an initial home delivered meal assessment, an annual comprehensive assessment, and quarterly re-assessment of the participant. The quantity of meals delivered to each individual per week depends on their unique needs as determined by the assessments. The program also includes nutrition education and nutrition risk screening and gives participants the opportunity to contribute to the meal cost.
- **Nutrition Compliance and Quality Assurance (NCQA):** NCQA is a requirement of congregate, congregate modified and home delivered meal programs. NCQA includes quarterly monitoring of a grantee's food service production and meal service to ensure state

and local food safety and sanitation requirements. NCQA also includes nutrition education, in-service training, home delivered meal assessments, and nutrition counseling.

A grantee may meet the NCQA requirements by providing them and identifying them in a NCQA budget, through an independent nutritionist contractor, and/or through another DAS OCP nutrition partner with a grant agreement to provide NCQA services.

- **Citywide Nutrition Counseling and Education:** The provision of nutrition counseling services and nutrition education by a registered dietitian (RD) to consumers enrolled in a congregate, congregate modified and/or home delivered meal program who are determined to be at nutritional risk.
- **Emergency Home-Delivered Meal Program:** A nutrition program that delivers meals to eligible consumers living in the City and County of San Francisco who have an urgent or temporary need for nutrition support in the community. The emergency home-delivered meal program provides meals meeting nutritional standards to consumers within two to five days of a request and the provision of meals does not exceed sixty days.

## Grant amount

- **Congregate Meal Program and Modified Congregate Meal Program for Older Adults**

Agency	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Centro Latino de San Francisco Inc.	\$599,379	\$59,937	\$659,316
Episcopal Community Services of San Francisco Inc.	\$155,651	\$15,565	\$171,216
Glide Foundation	\$141,203	\$14,120	\$155,323
Kimochi Inc.	\$530,073	\$53,007	\$583,080
On Lok Day Services	\$295,590	\$29,559	\$325,149
Self Help for the Elderly	\$1,433,764	\$143,376	\$1,577,140
Self Help for the Elderly-Champs	\$181,200	\$18,120	\$199,320
<b>Total</b>	<b>\$3,336,860</b>	<b>\$333,684</b>	<b>\$3,670,544</b>

- **Nutrition Compliance and Quality Assurance (NCQA) for Congregate Meal Program and Modified Congregate Meal Program for Older Adults**

Agency	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Candice Tang	\$13,000	\$1,300	\$14,300
Glide Foundation	\$5,785	\$578	\$6,363
Kimochi Inc.	\$4,522	\$452	\$4,974
On Lok Day Services	\$11,873	\$1,187	\$13,060
Self Help for the Elderly	\$35,780	\$3,578	\$39,358
<b>Total</b>	<b>\$70,960</b>	<b>\$7,095</b>	<b>\$78,055</b>

- **Congregate Meal Program and Modified Congregate Meal Program for Adults with Disabilities**

Agency	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Centro Latino de San Francisco Inc.	\$183,352	\$18,335	\$201,687
Episcopal Community Services of San Francisco Inc.	\$22,704	\$2,270	\$24,974
Glide Foundation	\$38,670	\$3,867	\$42,537
Self Help for the Elderly	\$10,488	\$1,048	\$11,536
<b>Total</b>	<b>\$255,214</b>	<b>\$25,520</b>	<b>\$280,734</b>

- **Home-Delivered Meal Program for Older Adults**

Agency	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Centro Latino de San Francisco Inc.	\$200,146	\$20,014	\$220,160
Jewish Family and Children's Services	\$53,723	\$5,372	\$59,095
Kimochi Inc.	\$221,720	\$22,172	\$243,892

Meals on Wheels	\$4,681,299	\$468,129	\$5,149,428
On Lok Day Services	\$759,662	\$75,966	\$835,628
Self Help for the Elderly	\$714,400	\$71,440	\$785,840
<b>Total</b>	<b>\$6,630,950</b>	<b>\$663,093</b>	<b>\$7,294,043</b>

- **Nutrition Compliance and Quality Assurance (NCQA) for Home-Delivered Meal Program for Older Adults**

Agency	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Candice Tang	\$13,100	\$1,310	\$14,410
Centro Latino de San Francisco Inc.	\$19,584	\$1,958	\$21,542
Jewish Family And Children's Services	\$9,003	\$900	\$9,903
Kimochi Inc.	\$39,799	\$3,979	\$43,778
Meals on Wheels	\$628,155	\$62,815	\$690,971
On Lok Day Services	\$106,398	\$10,639	\$117,037
Self Help for the Elderly	\$104,089	\$10,408	\$114,497
<b>Total</b>	<b>\$920,129</b>	<b>\$92,009</b>	<b>\$1,012,138</b>

- **Home-Delivered Meal Program for Adults with Disabilities**

Agency	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Meals on Wheels	\$918,084	\$91,808	\$1,009,892
Self Help for the Elderly	\$234,670	\$23,467	\$258,137
<b>Total</b>	<b>\$1,152,754</b>	<b>\$115,275</b>	<b>\$1,268,029</b>

- **Citywide Nutrition Counseling and Education**

Agency	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Leah's Pantry- Congregate	\$65,414	\$6,541	\$71,955
Leah's Pantry- Home Delivered Meal	\$13,030	\$1,303	\$14,333
<b>Total</b>	<b>\$78,444</b>	<b>\$7,844</b>	<b>\$86,288</b>

- **Emergency Home-Delivered Meal Program**

Agency	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Meals on Wheels	\$154,379	\$15,437	\$169,816
<b>Total</b>	<b>\$154,379</b>	<b>\$15,437</b>	<b>\$169,816</b>

- **Home-Delivered Meals for Adults with Disabilities Assessment**

Agency	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Institute on Aging	\$239,168	\$23,916	\$263,084
<b>Total</b>	<b>\$239,168</b>	<b>\$23,916</b>	<b>\$263,084</b>

### **Grand Total**

Program	11/01/20 – 06/30/21 grant amount	10% contingency	Not-To-Exceed
Citywide Nutrition Counseling and Education	\$78,444	\$7,844	\$86,288
Congregate Meal Program and Modified Congregate Meal Program for Adults with Disabilities	\$255,214	\$25,520	\$280,734
Congregate Meal Program and Modified Congregate Meal Program for Older Adults	\$3,336,860	\$333,684	\$3,670,544
Emergency Home-Delivered Meal Program	\$154,379	\$15,437	\$169,816
Home-Delivered Meal Program for Adults with Disabilities	\$1,152,754	\$115,275	\$1,268,029

Home-Delivered Meal Program for Older Adults	\$6,630,950	\$663,093	\$7,294,043
Home-Delivered Meals for Adults with Disabilities Assessment	\$239,168	\$23,916	\$263,084
Nutrition Compliance and Quality Assurance (NCQA) for Congregate Meal Program and Modified Congregate Meal Program for Older Adults	\$70,960	\$7,095	\$78,055
Nutrition Compliance and Quality Assurance (NCQA) for Home-Delivered Meal Program for Older Adults	\$920,129	\$92,009	\$1,012,138
<b>Total</b>	<b>\$12,838,858</b>	<b>\$1,283,873</b>	<b>\$14,122,731</b>

## Selection

Grantees were selected through RFP #715 issued in January 2017.

## Funding

These grants will be funded through a combination of Federal, State, and County funds.

## ATTACHMENTS

- **Congregate Meal Program and Modified Congregate Meal Program**

Centro Latino de San Francisco Inc.

Appendix A – Services to be Provided

Appendix B – Budget

Episcopal Community Services of San Francisco Inc.

Appendix A – Services to be Provided

Appendix B – Budget

Glide Foundation

Appendix A – Services to be Provided

Appendix B – Budget

Kimochi Inc.

Appendix A – Services to be Provided

Appendix B – Budget

On Lok Day Services

Appendix A – Services to be Provided

Appendix B – Budget

Self Help for the Elderly

Appendix A – Services to be Provided

Appendix B – Budget

Appendix B1 – Champs Budget

- **Nutrition Compliance and Quality Assurance (NCQA) for Congregate Meal Program and Modified Congregate Meal Program for Older Adults**

Candice Tang

Appendix B – Budget

Glide Foundation

Appendix B – Budget

Kimochi Inc.

Appendix B – Budget

On Lok Day Services

Appendix B – Budget

Self Help for the Elderly

Appendix B – Budget

- **Congregate Meal Program and Modified Congregate Meal Program for Adults with Disabilities**

Centro Latino de San Francisco Inc.

Appendix A – Services to be Provided

Appendix B – Budget

Episcopal Community Services of San Francisco Inc.

Appendix A – Services to be Provided

Appendix B – Budget

Glide Foundation

Appendix A – Services to be Provided

Appendix B – Budget

Self Help for the Elderly

Appendix A – Services to be Provided

Appendix B – Budget

- **Home-Delivered Meal Program for Older Adults**

Centro Latino de San Francisco Inc.

Appendix A – Services to be Provided

Appendix B – Budget



Jewish Family and Children's Services  
Appendix A – Services to be Provided  
Appendix B – Budget

Kimochi Inc.  
Appendix A – Services to be Provided  
Appendix B – Budget

Meals on Wheels  
Appendix A – Services to be Provided  
Appendix B – Budget

On Lok Day Services  
Appendix A – Services to be Provided  
Appendix B – Budget

Self Help for the Elderly  
Appendix A – Services to be Provided  
Appendix B – Budget

- **Nutrition Compliance and Quality Assurance (NCQA) for Home-Delivered Meal Program for Older Adults**

Candice Tang  
Appendix B – Budget

Centro Latino de San Francisco Inc.  
Appendix B – Budget

Jewish Family And Children's Services  
Appendix B – Budget

Kimochi Inc.  
Appendix B – Budget

Meals on Wheels  
Appendix B – Budget

On Lok Day Services  
Appendix B – Budget

Self Help for the Elderly  
Appendix B – Budget

- **Home-Delivered Meal Program for Adults with Disabilities**

Meals on Wheels  
Appendix A – Services to be Provided  
Appendix B – Budget

Self Help for the Elderly  
Appendix A – Services to be Provided  
Appendix B – Budget

- **Citywide Nutrition Counseling and Education**

- Leah's Pantry

- Appendix A – Services to be Provided

- Appendix B – Budget, Congregate

- Appendix B1 – Budget, Home Delivered Meal

- **Emergency Home-Delivered Meal Program**

- Meals on Wheels

- Appendix A – Services to be Provided

- Appendix B – Budget

- **Home-Delivered Meal for Older Adults Assessment**

- Institute on Aging

- Appendix A – Services to be Provided

- Appendix B – Budget

## **Appendix A - Services to be Provided**

### **Candice Tang, RD**

#### Nutrition Compliance and Quality Assurance Services for Congregate and Home-Delivered Nutrition Programs

November 1, 2020– June 30, 2021

### **I. Purpose**

The purpose of this contract is to secure the services of a Registered Dietitian (RD) to provide nutrition compliance and quality assurance (NCQA) services for DAS assigned community-based nutrition partners who provide congregate, modified congregate and/or home-delivered nutrition programs. Nutrition compliance ensures that the provision of services meet nutrition and food service standards set forth by federal, state, and local requirements. Quality assurance activities support community-based nutrition partners to meet the needs of older adults and adults with disabilities who participate in congregate, modified congregate and home-delivered nutrition programs.

### **II. Definitions**

Contractor	Candice Tang, RD.
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
CDA	California Department of Aging
City	City and County of San Francisco, a municipal corporation.
Congregate Nutrition Program	A program that provides nutrition services in a group setting with an opportunity to socialize with other participants. Nutrition services include, but are not limited to, the provision of meals meeting nutritional standards, nutrition education, and nutrition risk screening. The program gives all participants the opportunity to contribute to the meal cost.

Congregate Meals	Meals that meet nutritional standards by incorporating the Dietary Guidelines for Americans (DGA) and providing a minimum of one-third of the Dietary Reference Intakes (DRIs). The procurement, preparation, service, and delivery of meals are included as part of the meal provision by the Contractor and must meet state and local food safety and sanitation requirements.
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 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.
DAS	Department of Disability and Aging Services.
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 (HHS) and the U.S. Department of Agriculture (USDA). <a href="https://health.gov/dietaryguidelines/">https://health.gov/dietaryguidelines/</a>
Dietary Reference Intakes (DRI)	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations. <a href="https://www.nal.usda.gov/fnic/dietary-reference-intakes">https://www.nal.usda.gov/fnic/dietary-reference-intakes</a>
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.

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.
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, monitoring and documenting practices, and taking corrective actions when failure to meet critical limits is detected.
Home-Delivered Nutrition Program	A program that provides nutrition services to frail, homebound, or isolated individuals who are age 60 and over and/or adults with disabilities who are unable to leave their home because of an illness or disability, or are otherwise isolated, lack a support network, and have no safe, healthy alternative for meals. Program participants live in the City and County of San Francisco. Services include, but are not limited to, nutrition education and nutrition risk screening, and healthy meals delivered to the consumers' home. The program requires an initial assessment, an annual comprehensive assessment, and quarterly re-assessment of the consumer. The program gives all participants the opportunity to contribute to the meal cost.
Menu Requirements	Meals provided through congregate and home delivered meal programs shall comply with the current Dietary Guidelines for Americans (DGA) and provide to each participant following: (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 contractor 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 contractor 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.
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 Analysis	An evaluation conducted by a registered dietitian (RD) that includes a nutrient analysis of the meals offered through the nutrition program. The purpose of the nutrient analysis is to determine if daily meals and weekly menus comply with the regulatory nutritional standards. At a minimum, the analysis will include calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, vitamin A, vitamin C, vitamin D, and vitamin B12. When utilizing a computerized menu analysis, the contractor will analyze meals on a weekly basis for a minimum of two (2) weeks. Meals shall meet no less than one-third of the DRI for all calculated nutrients daily, or as specified in the DAS OCP policy memorandum.
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 contractor will provide meals to go and the meals offered may be hot, chilled, or frozen. The contractor 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

Nutrition Education	Informing consumers about current nutrition facts and information, which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. Dietetic students, interns, or technicians may provide nutrition education when an RD has provided input, reviewed, and approved the content of nutrition education. (Title 22 CCR, s 7638.11)
OCP	Office of Community Partnerships.
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. A Registered Dietitian shall be covered by professional liability insurance either individually (if a consultant) or through the contractor.
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> ).
Title 22 Regulations	Refers to Barclay’s official California Code of Regulations. Title 22 Social Security, Division 1.8. California Department of Aging. Chapter 4 (1) Title III Programs – program and service provider requirements. Article 5. Title III C- Elderly Nutrition Program.

### III. Description of Services and Program Requirements

1. Contractor will provide nutrition compliance and quality assurance (NCQA) services for DAS OCP funded community-based organizations who offer congregate, modified congregate and/or home-delivered nutrition programs. DAS

- OCP will advise the contractor on which community-based nutrition partners require NCQA services during the contract term.
2. Contractor will have a signed agreement, prior to service delivery, with each of the nutrition partners who receive NCQA services from the contractor. The agreements will clarify the expectations and responsibilities between the contractor and the nutrition partner. The contractor will share a copy with DAS OCP.
  3. Contractor will support the assigned nutrition partners to ensure their policies and procedures related to congregate, modified congregate and home-delivered nutrition programs 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.
  4. Contractor will provide NCQA service units, which include, but are not limited to menu planning and development, nutrient analysis, HACCP central kitchen and food service monitoring, congregate site monitoring, home-delivered route monitoring, nutrition education, and in-service training for nutrition program staff. DAS OCP will communicate the minimum NCQA service unit allocation for each of the nutrition partner(s).
  5. Contractor will work with the assigned nutrition partners and submit to DAS OCP on behalf of the nutrition partners for review and approval a cycle menu with a corresponding analysis of nutrients. The submitted menu should be at minimum, a five-week cycle menu. The contractor must submit the menu at least one month in advance of its use.
  6. Contractor will work with assigned nutrition partners to review, approve, and document menu substitutions in advance of their use.
  7. Contractor will provide technical assistance and in-service training in addition to the quarterly scheduled in-service training for staff and volunteers to address any findings that result from a central kitchen and food service monitoring, congregate site monitoring, and/or home-delivered route monitoring. Contractor will document, schedule, and conduct in-service trainings in a timely manner when there are monitoring findings.
  8. Contractor will review and approve the assigned nutrition partners' quarterly in-service trainings for nutrition program staff (e.g. food service and delivery workers) and volunteers to ensure they meet applicable standards set forth by California Retail Food Code (CRFC), Title 22 Regulations, CDA, and DAS OCP.
  9. Contractor will provide and/or review and approve the assigned nutrition partners' quarterly nutrition education curriculum and schedule. If the contractor is providing nutrition education for a modified congregate meal program, the nutrition education may be in the form of written communication, over the phone, through virtual platforms, or other methods approved by DAS OCP.
  10. Contractor will meet with DAS OCP on a quarterly basis. DAS OCP and the contractor shall mutually agree upon the date and time of the meetings.

#### **IV. Service Objectives**

1. Contractor will provide the nutrition compliance and quality assurance units of services as indicated in Appendix B.



**V. Outcome Objectives**

1. Nutrition partners rate the quality of the NCQA services provided as excellent or good. Target: 100%.
2. Nutrition partners report that the NCQA services provided support the provision of quality programming. Target: 75%
3. Nutrition partners report that the nutrition education provided meets the needs of program participants. Target: 75%

Based on survey of all of the assigned nutrition partners.

**VI. Reporting Requirements**

1. Contractor will enter monthly reports and metrics into the CARBON database system by the 15th of the following month that includes the following information:
  - Number and description of the NCQA units provided
2. Contractor will submit HACCP monitoring reports of the production kitchen, congregate sites and/or HDM routes to DAS OCP once per quarter. Quarterly Reports due Oct. 15; Jan. 15; April 15; and June 15.
3. Contractor shall develop and deliver ad hoc reports as requested by SF-HSA, DAS, and OCP.
4. Contractor will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis. The contractor will maintain evidence of staff completion of this training.
5. Contractor shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.
6. Contractor will assure that services delivered are consistent with professional standards for this service.
7. 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.
8. 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:

<b>Designated Community Focal Points</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
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
DAAS Benefits and Services Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Sarah Chan  
 Nutritionist  
 DAS OCP  
 email: Sarah.Chan@sfgov.org

and

Steve Kim  
 Contract Manager  
 HSA OCM  
 email: Steve.Kim@sfgov.org

	A	B	C	D	E
1	Appendix B, Page 1				
2	Document Date:				
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Contractor Name:		Term		
6	Candice Tang, RD		October 1, 2020 to June 30, 2021		
7	(Check One) New <input type="checkbox"/> Renew <input checked="" type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	<b>Program: Nutrition Compliance for ENP- Indicate HDM or Congregate</b>		<b>REVENUE Cost Allocation:</b>		
10	Budget Reference Page No.(s)	Year 1	H.S.A.-DAS	Non-HSA-DAS	Total Revenue
11	<b>Program Term</b>	11/1/2020-06/30/2021			11/1/2020-06/30/2021
12	<b>Expenditures</b>				
13	<b>Nutrition Education</b>				
14	Salaries & Benefits	\$540	\$540		\$540
15	Operating Expense	\$210	\$210		\$210
16	Subtotal Direct	\$750	\$750		\$750
17	Indirect Percentage				
18	Indirect Expense				
19	<b>Total Nutrition Education</b>	<b>\$750</b>	<b>\$750</b>		<b>\$750</b>
20	<b>Nutrition Counseling</b>				
21	Salaries & Benefits				
22	Operating Expense				
23	Subtotal Direct				
24	Indirect Percentage				
25	Indirect Expense				
26	<b>Total Nutrition Counseling</b>				
27	<b>HACCP Kitchen Monitoring</b>				
28	Salaries & Benefits	\$3,240	\$3,240		\$3,240
29	Operating Expense	\$360	\$360		\$360
30	Subtotal Direct	\$3,600	\$3,600		\$3,600
31	Indirect Percentage				
32	Indirect Expense				
33	<b>Total HACCP Kitchen Monitoring</b>	<b>\$3,600</b>	<b>\$3,600</b>		<b>\$3,600</b>
34	<b>Site/Route Monitoring</b>				
35	Salaries & Benefits	\$5,400	\$5,400		\$5,400
36	Operating Expense	\$1,100	\$1,100		\$1,100
37	Subtotal Direct	\$6,500	\$6,500		\$6,500
38	Indirect Percentage				
39	Indirect Expense				
40	<b>Total Site/Route Monitoring</b>	<b>\$6,500</b>	<b>\$6,500</b>		<b>\$6,500</b>
41	<b>Menu Planning</b>				
42	Salaries & Benefits	\$1,080	\$1,080		\$1,080
43	Operating Expense	\$320	\$320		\$320
44	Subtotal Direct	\$1,400	\$1,400		\$1,400
45	Indirect Percentage				
46	Indirect Expense				
47	<b>Total Menu Planning</b>	<b>\$1,400</b>	<b>\$1,400</b>		<b>\$1,400</b>
48	<b>HDM Assessments</b>				
49	Salaries & Benefits				
50	Operating Expense				
51	Subtotal Direct				
52	Indirect Percentage				
53	Indirect Expense				
54	<b>Total HDM Assessments</b>				
55	<b>Other Nutrition Compliance</b>				
56	Salaries & Benefits	\$540	\$540		\$540
57	Operating Expense	\$210	\$210		\$210
58	Subtotal Direct	\$750	\$750		\$750
59	Indirect Percentage				
60	Indirect Expense				
61	<b>Total Other Nutrition Compliance</b>	<b>\$750</b>	<b>\$750</b>		<b>\$750</b>
62	<b>GRAND Total Expenditures</b>	<b>\$13,000</b>	<b>\$13,000</b>		<b>\$13,000</b>
63	<b>HSA Revenues</b>				
64					
65					
66	<b>TOTAL HSA REVENUES</b>				
67	<b>Other Non-H.S.A.-DAS Revenues</b>				
68					
69					
70					
71	<b>TOTAL OTHER REVENUES</b>				
72	Full Time Equivalent (FTE)				
74	Prepared by: Candice Tang, RD		Telephone Nc 415-812-512; Date 10/8/2020		
75	HSA-CO Review Signature: _____				
76	HSA #1				Document Date:

	A	B	C	D	E	F	G	H	I	
1	Appendix B, Page 2									
2	Document Date:									
3										
4	Program: Nutrition Compliance for ENP- Ir Congregate									
5	(Same as Line 9 on HSA #1)									
6										
7	Nutrition Education Salaries & Benefits Detail									
8	TERM:									
9	October 1, 2020 to June 30, 2021									
10							11/1/2020-06/30/2021			
11	Agency Totals		For HSA Program			For HSA Program	REVENUE Cost Allocation:		Total Revenue	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS			
13	Candice Tang, RD	\$90,000	30%	2%	1%	\$540	\$540		\$540	
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30	TOTALS	\$90,000	30%	2%	1%	\$540	\$540		\$540	
31										
32	FRINGE BENEFIT RATE									
33	EMPLOYEE FRINGE BENEFITS									
34										
35										
36	TOTAL SALARIES & BENEFITS	\$90,000				\$540	\$540		\$540	
37	TOTAL SALARIES & BENEFITS for H.S.A Program	#REF!								
38	HSA #2								Document Date:	

	A	B	C	D	E	F	G	H	I
1									Appendix B, Page 3
2									Document Date:
3									
4	Program: Nutrition Compliance for ENP- Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	Nutrition Education Operating Expense Detail								
8	TERM:								
9	October 1, 2020 to June 30, 2021								
10									
11		Year 1	REVENUE Cost Allocation:		TOTAL REVENUE				
		11/1/2020-			11/1/2020-				
		06/30/2021	H.S.A.-DAS	Non-HSA-	06/30/2021				
12	<u>Expenditure Category</u>			DAS					
13	Rental of Property	\$90	\$90		\$90				
14	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$15	\$15		\$15				
15	Office Supplies, Postage	\$10	\$10		\$10				
16	Building Maintenance Supplies and Repair	\$16	\$16		\$16				
17	Printing and Reproduction	\$15	\$15		\$15				
18	Insurance	\$8	\$8		\$8				
19	Staff Training								
20	Staff Travel	\$21	\$21		\$21				
21	Small Equipment (under \$5,000/item)	\$35	\$35		\$35				
22	Rental of Equipment								
23									
24	SUBCONTRACTORS Descriptive Title								
25	a								
26	b								
27	c								
28	d								
29	e								
30	OTHER								
31	z								
32	y								
33	x								
34	w								
35	v								
36									
37	TOTAL OPERATING EXPENSE	\$210	\$210		\$210				
38	TOTAL OPERATING EXPENSE	\$210							
39	HSA #3								Document Date:

	A	B	C	D	E	F	G	H	I	
1	Appendix B, Page 6									
2	Document Date:									
3										
4	Program: Nutrition Compliance for Congregate									
5	(Same as Line 9 on HSA #1)									
6										
7	HACCP Kitchen Monitoring Salaries & Benefits Detail									
8	TERM:									
9	October 1, 2020 to June 30, 2021									
10						11/1/2020-06/30/2021		11/1/2020-06/30/2021		
11	Agency Totals		Program			Program		REVENUE Cost Allocation:		Revenue
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS		
13	Candice Tang, RD	\$90,000	20%	18%	4%	\$3,240	\$3,240		\$3,240	
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30	TOTALS	\$90,000	0.20	18%	4%	\$3,240	\$3,240		\$3,240	
31										
32	FRINGE BENEFIT RATE									
33	EMPLOYEE FRINGE BENEFITS									
34										
35										
36	TOTAL SALARIES & BENEFITS	\$90,000				\$3,240	\$3,240		\$3,240	
37	TOTAL SALARIES & BENEFITS for H.S.A Program	\$3,240								
38	HSA #6								Document Date:	

	A	B	C	D	E	F	G	H	I
1									Appendix B, Page
2									Document Date:
3									
4	Program: Nutrition Compliance for ENP- Indi Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	HACCP Kitchen Monitoring Operating Expense Detail								
8									
9	TERM:								
10	October 1, 2020 to June 30, 2021								
11									
12			Year 1						TOTAL REVENUE
			11/1/2020-						11/1/2020-
			06/30/2021						06/30/2021
13	<u>Expenditure Category</u>								
14	Rental of Property		\$110		\$110				\$110
15	Utilities(Elec, Water, Gas, Phone, Scavenger)		\$35		\$35				\$35
16	Office Supplies, Postage		\$20		\$20				\$20
17	Building Maintenance Supplies and Repair		\$66		\$66				\$66
18	Printing and Reproduction		\$30		\$30				\$30
19	Insurance		\$23		\$23				\$23
20	Staff Training								
21	Staff Travel		\$47		\$47				\$47
22	Small Equipment (under \$5,000/item)		\$29		\$29				\$29
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	a								
27	b								
28	c								
29	d								
30	e								
31	OTHER								
32	z								
33	y								
34	x								
35	w								
36	v								
37									
38	TOTAL OPERATING EXPENSE		\$360		\$360				\$360
39	TOTAL OPERATING EXPENSE		\$360						
40									
41	HSA #7								Document Date:

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 8								
2	Document Date:								
3									
4	Program: Nutrition Compliance for Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	Site or Route Monitoring Salaries & Benefits Detail								
8	TERM:								
9	October 1, 2020 to June 30, 2021								
10						11/1/2020-06/30/2021			11/1/2020-06/30/2021
11	Agency Totals		For HSA Program		For HSA Program	REVENUE Cost Allocation:		Total Revenue	
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS	
13	Candice Tang, RD	\$90,000	40%	15%	6%	\$5,400	\$5,400		\$5,400
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30	TOTALS	\$90,000	40%	15%	6%	\$5,400	\$5,400		\$5,400
31									
32	FRINGE BENEFIT RATE								
33	EMPLOYEE FRINGE BENEFITS								
34									
35									
36	TOTAL SALARIES & BENEFITS	\$90,000				\$5,400	\$5,400		\$5,400
37	TOTAL SALARIES & BENEFITS for HAS Program	\$5,400							
38	HSA #8								Document Date:



	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 9								
2	Document Date:								
3									
4	Program: Nutrition Compliance for ENP- Indi Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	Site or Route Monitoring Operating Expense Detail								
8									
9	TERM:								
10	October 1, 2020 to June 30, 2021								
11									
12		Year 1	REVENUE Cost Allocation:				TOTAL		
13	<u>Expenditure Category</u>	11/1/2020-06/30/2021	H.S.A.-DAS	Non-HSA-DAS			REVENUE	11/1/2020-06/30/2021	
14	Rental of Property	\$60	\$60				\$60		
15	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$65	\$65				\$65		
16	Office Supplies, Postage	\$20	\$20				\$20		
17	Building Maintenance Supplies and Repair	\$66	\$66				\$66		
18	Printing and Reproduction	\$30	\$30				\$30		
19	Insurance	\$123	\$123				\$123		
20	Staff Training	\$47	\$47				\$47		
21	Staff Travel	\$600	\$600				\$600		
22	Small Equipment (under \$5,000/item)	\$89	\$89				\$89		
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	a								
27	b								
28	c								
29	d								
30	e								
31	OTHER								
32	z								
33	y								
34	x								
35	w								
36	v								
37									
38	<b>TOTAL OPERATING EXPENSE</b>	<b>\$1,100</b>	<b>\$1,100</b>				<b>\$1,100</b>		
39	TOTAL OPERATING EXPENSE	\$1,100							
40									
41	HSA #9							Document Date:	

	A	B	C	D	E	F	G	H	I
1									Appendix B, Pa
2									Document Date
3									
4	Program: Nutrition Compliance for ENP- Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	Menu Planning Salaries & Benefits Detail								
8	TERM:								
9	October 1, 2020 to June 30, 2021								
10						11/1/2020-06/30/2021			11/1/2020-06/30/2021
11	Agency Totals		For HSA Program		or HSA Progra	REVENUE Cost Allocation:		Total Revenue	
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS	
13	Candice Tang, RD	\$90,000	15%	8%	1%	\$1,080	\$1,080		\$1,080
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30	TOTALS	\$90,000	15%	8%	1%	\$1,080	\$1,080		\$1,080
31									
32	FRINGE BENEFIT RATE								
33	EMPLOYEE FRINGE BENEFITS								
34									
35									
36	TOTAL SALARIES & BENEFITS	\$90,000				\$1,080	\$1,080		\$1,080
37	TOTAL SALARIES & BENEFITS for H.S.A Program	\$1,080							
38	HSA #10								Document Date:

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 11								
2	Document Date:								
3									
4	Program: Nutrition Compliance for ENP- Indi Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	Menu Planning Operating Expense Detail								
8									
9	<b>TERM:</b>								
10	October 1, 2020 to June 30, 2021								
11									
12		Year 1	REVENUE Cost Allocation:				TOTAL		
13	<u>Expenditure Category</u>	11/1/2020-06/30/2021		H.S.A.-DAS	Non-HSA-DAS		REVENUE		
14	Rental of Property	\$120 #	\$120				11/1/2020-06/30/2021		\$120
15	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$35	\$35						\$35
16	Office Supplies, Postage	\$40	\$40						\$40
17	Building Maintenance Supplies and Repair	\$20	\$20						\$20
18	Printing and Reproduction	\$36	\$36						\$36
19	Insurance	\$10	\$10						\$10
20	Staff Training								
21	Staff Travel	\$20	\$20						\$20
22	Small Equipment (under \$5,000/item)	\$39	\$39						\$39
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	a								
27	b								
28	c								
29	d								
30	e								
31	OTHER								
32	z								
33	y								
34	x								
35	w								
36	v								
37									
38	<b>TOTAL OPERATING EXPENSE</b>	<b>\$320</b>	<b>\$320</b>						<b>\$320</b>
39	TOTAL OPERATING EXPENSE	\$320							
40									
41	HSA #11								Document Date:

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 14								
2	Document Date:								
3									
4	Program: Nutrition Compliance for ENP- Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	Other Nutrition Compliance Salaries & Benefits Detail								
8	TERM:								
9	October 1, 2020 to June 30, 2021								
10						11/1/2020-06/30/2021			11/1/2020-06/30/2021
11	Agency Totals		For HSA Program		For HSA Program	REVENUE Cost Allocation:		Total Revenue	
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS	
13	Candice Tang, RD	\$90,000	20%	3%	1%	\$540	\$540		\$540
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30	TOTALS	\$90,000	20%	3%	1%	\$540	\$540		\$540
31									
32	FRINGE BENEFIT RATE								
33	EMPLOYEE FRINGE BENEFITS								
34									
35									
36	<b>TOTAL SALARIES &amp; BENEFITS</b>	\$90,000				\$540	\$540		\$540
37	TOTAL SALARIES & BENEFITS for H.S.A Program	\$540							
38	HSA #14	Document Date:							

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 15								
2	Document Date:								
3									
4	Program: Nutrition Compliance for ENP- Indicate Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	Other Nutrition Compliance Operating Expense Detail								
8									
9	TERM:								
10	October 1, 2020 to June 30, 2021								
11									
12		Year 1	REVENUE Cost Allocation:		TOTAL REVENUE				
13	<u>Expenditure Category</u>	11/1/2020-06/30/2021	H.S.A.-DAS	Non-HSA-DAS	11/1/2020-06/30/2021				
14	Rental of Property								
15	Utilities(Elec, Water, Gas, Phone, Scavenger)								
16	Office Supplies, Postage	\$30	\$30		\$30				
17	Building Maintenance Supplies and Repair								
18	Printing and Reproduction	\$10	\$10		\$10				
19	Insurance								
20	Staff Training								
21	Staff Travel	\$170	\$170		\$170				
22	Small Equipment (over \$500 but under \$5,000/item)								
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	a								
27	b								
28	c								
29	d								
30	e								
31	OTHER								
32	z								
33	y								
34	x								
35	w								
36	v								
37									
38	<b>TOTAL OPERATING EXPENSE</b>	<b>\$210</b>	<b>\$210</b>		<b>\$210</b>				
39	TOTAL OPERATING EXPENSE	\$210							
40									
41	HSA #15				Document Date:				

**Appendix A - Services to be Provided**  
**Glide Foundation**  
 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	Glide Foundation
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.
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.
Congregate Nutrition Program	A program that provides nutrition services in a group setting with an opportunity to socialize with other participants. Nutrition services include, but are not limited to, the provision of meals meeting nutritional standards, nutrition education, and nutrition risk screening. The program gives all participants the opportunity to contribute to the meal cost.

Congregate Meals	Meals that meet nutritional standards by incorporating the Dietary Guidelines for Americans (DGA) and providing a minimum of one-third of the Dietary Reference Intakes (DRIs). The procurement, preparation, service, and delivery of meals are included as part of the meal provision by the grantee and must meet state and local food safety and sanitation requirements.
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 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.
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.
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 (HHS) and the U.S. Department of Agriculture (USDA). <a href="https://health.gov/dietaryguidelines/">https://health.gov/dietaryguidelines/</a>
Dietary Reference Intakes (DRI)	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations. <a href="https://www.nal.usda.gov/fnic/dietary-reference-intakes">https://www.nal.usda.gov/fnic/dietary-reference-intakes</a>

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.
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.
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, monitoring and documenting practices, and taking corrective actions when failure to meet critical limits is detected.
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 Analysis	An evaluation conducted by a registered dietitian (RD) that includes a nutrient analysis of the meals offered through the nutrition program. The purpose of the nutrient analysis is to determine if daily meals and weekly menus comply with the regulatory nutritional standards. At a minimum, the analysis will include calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, vitamin A, vitamin C, vitamin D, and vitamin B12. When utilizing a computerized menu analysis, the grantee will analyze meals on a weekly basis for a minimum of two (2) weeks. Meals shall meet no less than one-third of the DRI for all calculated nutrients daily, or as specified in the DAS OCP policy memorandum.



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.
Nutrition Counseling	Provision of individualized advice and guidance to consumers who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses. A registered dietitian provides the advice and guidance in accordance with Sections 2585 and 2586, Business and Professions Code and offers options and methods for improving nutritional status.
Nutrition Education	Informing consumers about current nutrition facts and information, which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. Dietetic students, interns, or technicians may provide nutrition education when a RD has provided input, reviewed, and approved the content of nutrition education. (Title 22 CCR, s 7638.11)
Nutrition Screening	A screening used to evaluate the nutritional risk status of individuals enrolled in congregate 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.
OCP	Office of Community Partnerships.

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. A Registered Dietitian shall be covered by professional liability insurance either individually (if a consultant) or through the grantee.
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> ).
Title 22 Regulations	Refers to Barclay’s official California Code of Regulations. Title 22 Social Security, Division 1.8. California Department of Aging. Chapter 4 (1) Title III Programs – program and service provider requirements. Article 5. Title III C- Elderly Nutrition Program.
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.

Grantee shall additionally target services to members of one or more of the following groups identified as demonstrating the greatest economic and social need:

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) or older, 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:

<b>Table A</b>	<b>FY 20/21</b>
Number of Unduplicated Consumers (UDC)	400
Number of Meals	35,180

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

## **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 congregate 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:

<b>Designated Community Focal Points</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
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
DAAS Benefits and Services 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

Patrick Garcia  
 Contract Manager  
 HSA OCM  
 email: Patrick.Garcia@SFgov.org

## **I. 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	B	C	D	E
1	Appendix B, Page 1				
2	Document Date: 10/14/20				
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Contractor Name:		Term		
6	Board of Trustees of the Glide Foundation		November 1, 2020 to June 30, 2021		
7	(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	<b>Program: Nutrition Compliance for ENP- Indicate HDM or Congregate</b>	<b>REVENUE Cost Allocation:</b>			
10	Budget Reference Page No.(s)	Year 1	H.S.A.-DAS	Non-HSA-DAS	<b>Total Revenue</b>
11	<b>Program Term</b>	11/1/2020-06/30/2021			11/1/2020-06/30/2021
12	<b>Expenditures</b>				
13	<b>Nutrition Education</b>				
14	Salaries & Benefits				
15	Operating Expense	\$687	\$687		\$687
16	Subtotal Direct	\$687	\$687		\$687
17	Indirect Percentage				
18	Indirect Expense				
19	<b>Total Nutrition Education</b>	<b>\$687</b>	<b>\$687</b>		<b>\$687</b>
20	<b>Nutrition Counseling</b>				
21	Salaries & Benefits				
22	Operating Expense				
23	Subtotal Direct				
24	Indirect Percentage				
25	Indirect Expense				
26	<b>Total Nutrition Counseling</b>				
27	<b>HACCP Kitchen Monitoring</b>				
28	Salaries & Benefits				
29	Operating Expense	\$1,752	\$1,752		\$1,752
30	Subtotal Direct	\$1,752	\$1,752		\$1,752
31	Indirect Percentage				
32	Indirect Expense				
33	<b>Total HACCP Kitchen Monitoring</b>	<b>\$1,752</b>	<b>\$1,752</b>		<b>\$1,752</b>
34	<b>Site/Route Monitoring</b>				
35	Salaries & Benefits				
36	Operating Expense	\$1,135	\$1,135		\$1,135
37	Subtotal Direct	\$1,135	\$1,135		\$1,135
38	Indirect Percentage				
39	Indirect Expense				
40	<b>Total Site/Route Monitoring</b>	<b>\$1,135</b>	<b>\$1,135</b>		<b>\$1,135</b>
41	<b>Menu Planning</b>				
42	Salaries & Benefits				
43	Operating Expense	\$1,435	\$1,435		\$1,435
44	Subtotal Direct	\$1,435	\$1,435		\$1,435
45	Indirect Percentage				
46	Indirect Expense				
47	<b>Total Menu Planning</b>	<b>\$1,435</b>	<b>\$1,435</b>		<b>\$1,435</b>
48	<b>HDM Assessments</b>				
49	Salaries & Benefits				
50	Operating Expense				
51	Subtotal Direct				
52	Indirect Percentage				
53	Indirect Expense				
54	<b>Total HDM Assessments</b>				
55	<b>Other Nutrition Compliance</b>				
56	Salaries & Benefits				
57	Operating Expense	\$776	\$776		\$776
58	Subtotal Direct	\$776	\$776		\$776
59	Indirect Percentage				
60	Indirect Expense				
61	<b>Total Other Nutrition Compliance</b>	<b>\$776</b>	<b>\$776</b>		<b>\$776</b>
62	<b>GRAND Total Expenditures</b>	<b>\$5,785</b>	<b>\$5,785</b>		<b>\$5,785</b>
63	<b>HSA Revenues</b>				
64					
65					
66	<b>TOTAL HSA REVENUES</b>				
67	<b>Other Non-H.S.A.-DAS Revenues</b>				
68					
69					
70					
71	<b>TOTAL OTHER REVENUES</b>				
72	Full Time Equivalent (FTE)				
74	Prepared by: Charles Simms	Telephone No.: 415-674- Date: 10/4/20			
75	HSA-CO Review Signature: _____				
76	HSA #1	Document Date: 10/14/20			

	A	B	C	D	E	F	G	H	I
1									Appendix B, Page 3
2									Document Date: 10/14/
3									
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Nutrition Education Operating Expense Detail</b>								
8	<b>TERM:</b>								
9	November 1, 2020 to June 30, 2021								
10									
11		Year 1	REVENUE Cost Allocation:				TOTAL REVENUE		
		11/1/2020-	Non-HSA-				11/1/2020-		
		06/30/2021	H.S.A.-DAS	DAS			06/30/2021		
12	<u>Expenditure Category</u>								
13	Rental of Property								
14	Utilities(Elec, Water, Gas, Phone, Scavenger)								
15	Office Supplies, Postage								
16	Building Maintenance Supplies and Repair								
17	Printing and Reproduction								
18	Insurance								
19	Staff Training								
20	Staff Travel								
21	Small Equipment (under \$5,000/item)								
22	Rental of Equipment								
23									
24	SUBCONTRACTORS Descriptive Title								
25	Consultant/Cathy Huang	\$687	\$687				\$687		
26	b								
27	c								
28	d								
29	e								
30	OTHER								
31	z								
32	y								
33	x								
34	w								
35	v								
36									
37	TOTAL OPERATING EXPENSE	\$687	\$687				\$687		
38	TOTAL OPERATING EXPENSE	\$687							
39	<b>HSA #3</b>								Document Date: 10/14/

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page								
2	Document Date: 10/1								
3									
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>HACCP Kitchen Monitoring Operating Expense Detail</b>								
8									
9	<b>TERM:</b>								
10	November 1, 2020 to June 30, 2021								
11									
12			Year 1						TOTAL REVENUE
13	<u>Expenditure Category</u>		11/1/2020-06/30/2021			REVENUE Cost Allocation:			11/1/2020-06/30/2021
14	Rental of Property					H.S.A.-DAS	Non-HSA-DAS		
15	Utilities(Elec, Water, Gas, Phone, Scavenger)								
16	Office Supplies, Postage								
17	Building Maintenance Supplies and Repair								
18	Printing and Reproduction								
19	Insurance								
20	Staff Training								
21	Staff Travel								
22	Small Equipment (under \$5,000/item)								
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	Consultant/Cathy Huang		\$1,752			\$1,752			\$1,752
27	b								
28	c								
29	d								
30	e								
31	OTHER								
32	z								
33	y								
34	x								
35	w								
36	v								
37									
38	TOTAL OPERATING EXPENSE		\$1,752			\$1,752			\$1,752
39	TOTAL OPERATING EXPENSE		\$1,752						
40									
41	<b>HSA #7</b>								Document Date: 10/1

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 9								
2	Document Date: 10/14/20								
3									
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Site or Route Monitoring Operating Expense Detail</b>								
8									
9	<b>TERM:</b>								
10	November 1, 2020 to June 30, 2021								
11									
12		Year 1							TOTAL
13	<u>Expenditure Category</u>	11/1/2020- 06/30/2021		REVENUE Cost Allocation:					REVENUE
14	Rental of Property			H.S.A.-DAS	Non-HSA- DAS				11/1/2020- 06/30/2021
15	Utilities(Elec, Water, Gas, Phone, Scavenger)								
16	Office Supplies, Postage								
17	Building Maintenance Supplies and Repair								
18	Printing and Reproduction								
19	Insurance								
20	Staff Training								
21	Staff Travel								
22	Small Equipment (under \$5,000/item)								
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	Consultant/Cathy Huang	\$1,135		\$1,135					\$1,135
27	b								
28	c								
29	d								
30	e								
31	OTHER								
32	z								
33	y								
34	x								
35	w								
36	v								
37									
38	<b>TOTAL OPERATING EXPENSE</b>	<b>\$1,135</b>		<b>\$1,135</b>					<b>\$1,135</b>
39	TOTAL OPERATING EXPENSE	\$1,135							
40									
41	<b>HSA #9</b>								Document Date: 10/14/20

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 11								
2	Document Date: 10/14/20								
3									
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Menu Planning Operating Expense Detail</b>								
8									
9	<b>TERM:</b>								
10	November 1, 2020 to June 30, 2021								
11									
12		Year 1	REVENUE Cost Allocation:				TOTAL		
		11/1/2020-		H.S.A.-DAS	Non-HSA-		REVENUE		
		06/30/2021		DAS	DAS		11/1/2020-		
13	<u>Expenditure Category</u>						06/30/2021		
14	Rental of Property								
15	Utilities(Elec, Water, Gas, Phone, Scavenger)								
16	Office Supplies, Postage								
17	Building Maintenance Supplies and Repair								
18	Printing and Reproduction								
19	Insurance								
20	Staff Training								
21	Staff Travel								
22	Small Equipment (under \$5,000/item)								
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	Consultant/Cathy Huang	\$1,435		\$1,435			\$1,435		
27	b								
28	c								
29	d								
30	e								
31	OTHER								
32	z								
33	y								
34	x								
35	w								
36	v								
37									
38	<b>TOTAL OPERATING EXPENSE</b>	<b>\$1,435</b>		<b>\$1,435</b>			<b>\$1,435</b>		
39	TOTAL OPERATING EXPENSE	\$1,435							
40									
41	<b>HSA #11</b>								Document Date: 10/14/20

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 15								
2	Document Date: 10/14/20								
3									
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Other Nutrition Compliance Operating Expense Detail</b>								
8									
9	<b>TERM:</b>								
10	November 1, 2020 to June 30, 2021								
11									
12		Year 1	REVENUE Cost Allocation:		TOTAL REVENUE				
13	<u>Expenditure Category</u>	11/1/2020-06/30/2021	H.S.A.-DAS	Non-HSA-DAS	11/1/2020-06/30/2021				
14	Rental of Property								
15	Utilities(Elec, Water, Gas, Phone, Scavenger)								
16	Office Supplies, Postage								
17	Building Maintenance Supplies and Repair								
18	Printing and Reproduction								
19	Insurance								
20	Staff Training								
21	Staff Travel								
22	Small Equipment (over \$500 but under \$5,000/item)								
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	Consultant/Cathy Huang: In-Service Training to S	\$776	\$776		\$776				
27	b								
28	c								
29	d								
30	e								
31	OTHER								
32	z								
33	y								
34	x								
35	w								
36	v								
37									
38	<b>TOTAL OPERATING EXPENSE</b>	<b>\$776</b>	<b>\$776</b>		<b>\$776</b>				
39	TOTAL OPERATING EXPENSE	\$776							
40									
41	<b>HSA #15</b>								Document Date: 10/14/20

**Appendix A - Services to be Provided**  
**Kimochi Inc.**  
 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	Kimochi Inc.
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.
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.
Congregate Nutrition Program	A program that provides nutrition services in a group setting with an opportunity to socialize with other participants. Nutrition services include, but are not limited to, the provision of meals meeting nutritional standards, nutrition education, and nutrition risk screening. The program gives all participants the opportunity to contribute to the meal cost.

Congregate Meals	Meals that meet nutritional standards by incorporating the Dietary Guidelines for Americans (DGA) and providing a minimum of one-third of the Dietary Reference Intakes (DRIs). The procurement, preparation, service, and delivery of meals are included as part of the meal provision by the grantee and must meet state and local food safety and sanitation requirements.
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 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.
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.
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 (HHS) and the U.S. Department of Agriculture (USDA). <a href="https://health.gov/dietaryguidelines/">https://health.gov/dietaryguidelines/</a>
Dietary Reference Intakes (DRI)	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations. <a href="https://www.nal.usda.gov/fnic/dietary-reference-intakes">https://www.nal.usda.gov/fnic/dietary-reference-intakes</a>



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.
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.
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, monitoring and documenting practices, and taking corrective actions when failure to meet critical limits is detected.
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 Analysis	An evaluation conducted by a registered dietitian (RD) that includes a nutrient analysis of the meals offered through the nutrition program. The purpose of the nutrient analysis is to determine if daily meals and weekly menus comply with the regulatory nutritional standards. At a minimum, the analysis will include calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, vitamin A, vitamin C, vitamin D, and vitamin B12. When utilizing a computerized menu analysis, the grantee will analyze meals on a weekly basis for a minimum of two (2) weeks. Meals shall meet no less than one-third of the DRI for all calculated nutrients daily, or as specified in the DAS OCP policy memorandum.

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.
Nutrition Counseling	Provision of individualized advice and guidance to consumers who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses. A registered dietitian provides the advice and guidance in accordance with Sections 2585 and 2586, Business and Professions Code and offers options and methods for improving nutritional status.
Nutrition Education	Informing consumers about current nutrition facts and information, which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. Dietetic students, interns, or technicians may provide nutrition education when a RD has provided input, reviewed, and approved the content of nutrition education. (Title 22 CCR, s 7638.11)
Nutrition Screening	A screening used to evaluate the nutritional risk status of individuals enrolled in congregate 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.
OCP	Office of Community Partnerships.

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. A Registered Dietitian shall be covered by professional liability insurance either individually (if a consultant) or through the grantee.
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> ).
Title 22 Regulations	Refers to Barclay’s official California Code of Regulations. Title 22 Social Security, Division 1.8. California Department of Aging. Chapter 4 (1) Title III Programs – program and service provider requirements. Article 5. Title III C- Elderly Nutrition Program.
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.

Grantee shall additionally target services to members of one or more of the following groups identified as demonstrating the greatest economic and social need:

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) or older, 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:

<b>Table A</b>	<b>FY 20/21</b>
Number of Unduplicated Consumers (UDC)	920
Number of Meals	58,400

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

## **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 congregate 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
DAAS Benefits and Services Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Sarah Chan  
 Nutritionist  
 DAS OCP  
 email: [Sarah.Chan@sfgov.org](mailto:Sarah.Chan@sfgov.org)

and

Ella Lee  
 Contract Manager  
 HSA OCM  
 email: [Ella.Lee@sfgov.org](mailto:Ella.Lee@sfgov.org)

## I. 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	B	C	D	M
9	<b>Program: Nutrition Compliance for ENP-Congregate</b>	<b>REVENUE Cost Allocation:</b>			
10	Budget Reference Page No.(s)	<b>Year 1</b>	H.S.A.-DAS	Non-HSA-DAS	<b>Total Revenue</b>
11	<b>Program Term</b>	11/1/2020 - 6/30/21			
12	<b>Expenditures</b>				
13	<b>Nutrition Education</b>				
14	Salaries & Benefits	\$904	\$904		\$904
15	Operating Expense				
16	Subtotal Direct	\$904	\$904		\$904
17	Indirect Percentage				
18	Indirect Expense				
19	<b>Total Nutrition Education</b>	<b>\$904</b>	<b>\$904</b>		<b>\$904</b>
26	<b>Total Nutrition Counseling</b>				
27	<b>HACCP Kitchen Monitoring</b>				
28	Salaries & Benefits	\$1,315	\$1,315		\$1,315
29	Operating Expense				
30	Subtotal Direct	\$1,315	\$1,315		\$1,315
31	Indirect Percentage				
32	Indirect Expense				
33	<b>Total HACCP Kitchen Monitoring</b>	<b>\$1,315</b>	<b>\$1,315</b>		<b>\$1,315</b>
34	<b>Site/Route Monitoring</b>				
35	Salaries & Benefits	\$1,904	\$1,904		\$1,904
36	Operating Expense				
37	Subtotal Direct	\$1,904	\$1,904		\$1,904
38	Indirect Percentage				
39	Indirect Expense				
40	<b>Total Site/Route Monitoring</b>	<b>\$1,904</b>	<b>\$1,904</b>		<b>\$1,904</b>
41	<b>Menu Planning</b>				
42	Salaries & Benefits	\$400	\$400		\$400
43	Operating Expense				
44	Subtotal Direct	\$400	\$400		\$400
45	Indirect Percentage				
46	Indirect Expense				
47	<b>Total Menu Planning</b>	<b>\$400</b>	<b>\$400</b>		<b>\$400</b>
48	<b>HDM Assessments</b>				
49	Salaries & Benefits				
50	Operating Expense				
51	Subtotal Direct				
52	Indirect Percentage				
53	Indirect Expense				
54	<b>Total HDM Assessments</b>				
61	<b>Total Other Nutrition Compliance</b>				
62	<b>GRAND Total Expenditures</b>	<b>\$4,522</b>	<b>\$4,522</b>		<b>\$4,522</b>
63	HSA Revenues	\$4,522			\$4,522
64					
65					
66	<b>TOTAL HSA REVENUES</b>	<b>\$4,522</b>			<b>\$4,522</b>
67	<b>Other Non-H.S.A.-DAS Revenues</b>				
68					
69					
70					
71	<b>TOTAL OTHER REVENUES</b>				
72	Full Time Equivalent (FTE)				
74	Prepared by: Rod Valdepenas	Telephone No.: (415) 931-2294		Date: 10/14/20	
75	HSA-CO Review Signature:	_____			
76	<b>HSA #1</b>				

Kimochi, Inc.  
 Program: Nutrition Compliance for ENP- Congregate

**Menu Planning Salaries & Benefits Detail**

**TERM:**  
 Nov. 1, 2020 to June 30, 2021

POSITION TITLE	11/1/2020 - 6/30/21				11/1/2020 - 6/30/21		Total Revenue
	Agency Totals	For HSA Program			For HSA Program	REVENUE Cost Allocation:	
	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS
Nutrition Asst. Coordinator	\$ 41,600.00	1.00	1%	0.96%	\$400	\$400	
<b>TOTALS</b>	<b>\$41,600</b>	<b>100%</b>	<b>1%</b>	<b>1%</b>	<b>\$400</b>	<b>\$400</b>	<b>\$400</b>
FRINGE BENEFIT RATE							
EMPLOYEE FRINGE BENEFITS							
<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$41,600</b>				<b>\$400</b>	<b>\$400</b>	<b>\$400</b>
TOTAL SALARIES & BENEFITS for H.S.A Program x3yrs	\$400						

**HSA #10**



Kimochi, Inc.  
 Program: Nutrition Compliance for ENP- Congregate

**Kitchen Monitoring Salaries & Benefits Detail**

TERM:  
 Nov. 1, 2020 to June 30, 2021

POSITION TITLE	Agency Totals				For HSA Program		11/1/2020 - 6/30/21	ENUE Cost Allocation:		Total Revenue
	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS			
Nutrition Asst. Coordinator	\$ 41,600.00	1.00	3%	3%	\$1,315	\$1,315		\$1,315		
<b>TOTALS</b>	\$41,600	1.00	0.03	0.03	\$1,315	\$1,315		\$1,315		
FRINGE BENEFIT RATE										
EMPLOYEE FRINGE BENEFITS										
<b>TOTAL SALARIES &amp; BENEFITS</b>	\$41,600				\$1,315	\$1,315		\$1,315		
TOTAL SALARIES & BENEFITS for H.S.A Program x3yrs	\$1,315									

HSA #6



**Appendix A - Services to be Provided**  
**On Lok Day Services**  
 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	On Lok Day Services
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.
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.
Congregate Nutrition Program	A program that provides nutrition services in a group setting with an opportunity to socialize with other participants. Nutrition services include, but are not limited to, the provision of meals meeting nutritional standards, nutrition education, and nutrition risk screening. The program gives all participants the opportunity to contribute to the meal cost.

Congregate Meals	Meals that meet nutritional standards by incorporating the Dietary Guidelines for Americans (DGA) and providing a minimum of one-third of the Dietary Reference Intakes (DRIs). The procurement, preparation, service, and delivery of meals are included as part of the meal provision by the grantee and must meet state and local food safety and sanitation requirements.
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 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.
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.
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 (HHS) and the U.S. Department of Agriculture (USDA). <a href="https://health.gov/dietaryguidelines/">https://health.gov/dietaryguidelines/</a>
Dietary Reference Intakes (DRI)	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations. <a href="https://www.nal.usda.gov/fnic/dietary-reference-intakes">https://www.nal.usda.gov/fnic/dietary-reference-intakes</a>



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.
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.
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, monitoring and documenting practices, and taking corrective actions when failure to meet critical limits is detected.
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 Analysis	An evaluation conducted by a registered dietitian (RD) that includes a nutrient analysis of the meals offered through the nutrition program. The purpose of the nutrient analysis is to determine if daily meals and weekly menus comply with the regulatory nutritional standards. At a minimum, the analysis will include calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, vitamin A, vitamin C, vitamin D, and vitamin B12. When utilizing a computerized menu analysis, the grantee will analyze meals on a weekly basis for a minimum of two (2) weeks. Meals shall meet no less than one-third of the DRI for all calculated nutrients daily, or as specified in the DAS OCP policy memorandum.

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.
Nutrition Counseling	Provision of individualized advice and guidance to consumers who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses. A registered dietitian provides the advice and guidance in accordance with Sections 2585 and 2586, Business and Professions Code and offers options and methods for improving nutritional status.
Nutrition Education	Informing consumers about current nutrition facts and information, which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. Dietetic students, interns, or technicians may provide nutrition education when a RD has provided input, reviewed, and approved the content of nutrition education. (Title 22 CCR, s 7638.11)
Nutrition Screening	A screening used to evaluate the nutritional risk status of individuals enrolled in congregate 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.
OCP	Office of Community Partnerships.

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. A Registered Dietitian shall be covered by professional liability insurance either individually (if a consultant) or through the grantee.
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> ).
Title 22 Regulations	Refers to Barclay’s official California Code of Regulations. Title 22 Social Security, Division 1.8. California Department of Aging. Chapter 4 (1) Title III Programs – program and service provider requirements. Article 5. Title III C- Elderly Nutrition Program.
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.

Grantee shall additionally target services to members of one or more of the following groups identified as demonstrating the greatest economic and social need:

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) or older, 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:

<b>Table A</b>	<b>FY 20/21</b>
Number of Unduplicated Consumers (UDC)	731
Number of Meals	39,286

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

## **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 congregate 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:

<b>Designated Community Focal Points</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
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
DAAS Benefits and Services Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Lauren McCasland  
 Nutritionist  
 DAS OCP  
 email: lauren.mccasland@sfgov.org

and

Patrick Garcia  
 Contract Manager  
 HSA OCM  
 email: patrick.garcia@sfgov.org

## **I. 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	B	C	D	E
1	Appendix B, Page 1				
2	Document Date: 10/12/20				
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Contractor Name:			Term	
6	On Lok Day Services			November 1, 2020 to June 30, 2021	
7	(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	<b>Program: Nutrition Compliance for ENP- Congregate</b>			<b>REVENUE Cost Allocation:</b>	
10	Budget Reference Page No.(s)	Year 1	H.S.A.-DAS	Non-HSA-DAS	<b>Total Revenue</b>
11	<b>Program Term</b>	11/1/2020-06/30/2021			11/1/2020-06/30/2021
12	<b>Expenditures</b>				
13	<b>Nutrition Education</b>				
14	Salaries & Benefits				
15	Operating Expense	\$4,050	\$2,484	\$1,566	\$4,050
16	Subtotal Direct	\$4,050	\$2,484	\$1,566	\$4,050
17	Indirect Percentage	5.5%	9.0%	5.5%	
18	Indirect Expense	\$224	\$224		\$224
19	<b>Total Nutrition Education</b>	<b>\$4,274</b>	<b>\$2,708</b>	<b>\$1,566</b>	<b>\$4,274</b>
20	<b>Nutrition Counseling</b>				
21	Salaries & Benefits				
22	Operating Expense				
23	Subtotal Direct				
24	Indirect Percentage				
25	Indirect Expense				
26	<b>Total Nutrition Counseling</b>				
27	<b>HACCP Kitchen Monitoring</b>				
28	Salaries & Benefits				
29	Operating Expense	\$2,700	\$2,339	\$361	\$2,700
30	Subtotal Direct	\$2,700	\$2,339	\$361	\$2,700
31	Indirect Percentage	7.8%	9.0%	7.8%	
32	Indirect Expense	\$211	\$211		\$211
33	<b>Total HACCP Kitchen Monitoring</b>	<b>\$2,911</b>	<b>\$2,550</b>	<b>\$361</b>	<b>\$2,911</b>
34	<b>Site/Route Monitoring</b>				
35	Salaries & Benefits				
36	Operating Expense	\$5,400	\$4,711	\$689	\$5,400
37	Subtotal Direct	\$5,400	\$4,711	\$689	\$5,400
38	Indirect Percentage	7.9%	9.0%	7.9%	
39	Indirect Expense	\$424	\$424		\$424
40	<b>Total Site/Route Monitoring</b>	<b>\$5,824</b>	<b>\$5,135</b>	<b>\$689</b>	<b>\$5,824</b>
41	<b>Menu Planning</b>				
42	Salaries & Benefits				
43	Operating Expense	\$1,500	\$945	\$555	\$1,500
44	Subtotal Direct	\$1,500	\$945	\$555	\$1,500
45	Indirect Percentage	5.7%	9.0%	5.7%	
46	Indirect Expense	\$85	\$85		\$85
47	<b>Total Menu Planning</b>	<b>\$1,585</b>	<b>\$1,030</b>	<b>\$555</b>	<b>\$1,585</b>
48	<b>HDM Assessments</b>				
49	Salaries & Benefits				
50	Operating Expense				
51	Subtotal Direct				
52	Indirect Percentage				
53	Indirect Expense				
54	<b>Total HDM Assessments</b>				
55	<b>Other Nutrition Compliance</b>				
56	Salaries & Benefits				
57	Operating Expense	\$1,575	\$412	\$1,163	\$1,575
58	Subtotal Direct	\$1,575	\$412	\$1,163	\$1,575
59	Indirect Percentage	2.4%	9.0%	2.4%	
60	Indirect Expense	\$38	\$38		\$38
61	<b>Total Other Nutrition Compliance</b>	<b>\$1,613</b>	<b>\$450</b>	<b>\$1,163</b>	<b>\$1,613</b>
62	<b>GRAND Total Expenditures</b>	<b>\$16,207</b>	<b>\$11,873</b>	<b>\$4,334</b>	<b>\$16,207</b>
63	<b>HSA Revenues</b>	\$11,873	\$11,873		\$11,873
64					
65					
66	<b>TOTAL HSA REVENUES</b>	<b>\$11,873</b>			<b>\$11,873</b>
67	<b>Other Non-H.S.A.-DAS Revenues</b>	\$4,334		\$4,334	\$4,334
68					
69					
70					
71	<b>TOTAL OTHER REVENUES</b>	<b>\$4,334</b>			<b>\$4,334</b>
72	Full Time Equivalent (FTE)				
74	Prepared by: Meko Ma		Telephone No.: (628) 208-8546		Date 10/12/20
75	HSA-CO Review Signature: _____				
76	HSA #1				Document Date: 10/12/20

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 3								
2	Document Date: 10/12/20								
3									
4	Program: Nutrition Compliance for ENP- Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Nutrition Education Operating Expense Detail</b>								
8	<b>TERM:</b>								
9	November 1, 2020 to June 30, 2021								
10									
11		Year 1	REVENUE Cost Allocation:		TOTAL REVENUE				
		11/1/2020-		Non-HSA-	11/1/2020-				
		06/30/2021	H.S.A.-DAS	DAS	06/30/2021				
12	<u>Expenditure Category</u>								
13	Rental of Property								
14	Utilities(Elec, Water, Gas, Phone, Scavenger)								
15	Office Supplies, Postage								
16	Building Maintenance Supplies and Repair								
17	Printing and Reproduction								
18	Insurance								
19	Staff Training								
20	Staff Travel								
21	Small Equipment (under \$5,000/item)								
22	Rental of Equipment								
23									
24	SUBCONTRACTORS Descriptive Title								
25	Registered Dietician	\$4,050	\$2,484	\$1,566	\$4,050				
26									
27									
28									
29									
30	OTHER								
31									
32									
33									
34									
35									
36									
37	TOTAL OPERATING EXPENSE	\$4,050	\$2,484	\$1,566	\$4,050				
38	TOTAL OPERATING EXPENSE	\$4,050							
39	<b>HSA #3</b>								Document Date: 10/12/20

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 7								
2	Document Date: 10/12/20								
3									
4	Program: Nutrition Compliance for ENP- Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>HACCP Kitchen Monitoring Operating Expense Detail</b>								
8									
9	<b>TERM:</b>								
10	November 1, 2020 to June 30, 2021								
11									
12		Year 1							TOTAL REVENUE
13	<u>Expenditure Category</u>	11/1/2020-06/30/2021							11/1/2020-06/30/2021
14	Rental of Property								
15	Utilities(Elec, Water, Gas, Phone, Scavenger)								
16	Office Supplies, Postage								
17	Building Maintenance Supplies and Repair								
18	Printing and Reproduction								
19	Insurance								
20	Staff Training								
21	Staff Travel								
22	Small Equipment (under \$5,000/item)								
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	Registered Dietician	\$2,700			\$ 2,339		\$361		\$2,700
27									
28									
29									
30									
31	OTHER								
32									
33									
34									
35									
36									
37									
38	TOTAL OPERATING EXPENSE	\$2,700			\$2,339		\$361		\$2,700
39	TOTAL OPERATING EXPENSE	\$2,700							
40									
41	<b>HSA #7</b>								Document Date: 10/12/20

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 9								
2	Document Date: 10/12/20								
3									
4	Program: Nutrition Compliance for ENP- Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Site or Route Monitoring Operating Expense Detail</b>								
8									
9	<b>TERM:</b>								
10	November 1, 2020 to June 30, 2021								
11									
12		Year 1							TOTAL
13	<u>Expenditure Category</u>	11/1/2020-06/30/2021							REVENUE
14	Rental of Property								11/1/2020-06/30/2021
15	Utilities(Elec, Water, Gas, Phone, Scavenger)								
16	Office Supplies, Postage								
17	Building Maintenance Supplies and Repair								
18	Printing and Reproduction								
19	Insurance								
20	Staff Training								
21	Staff Travel								
22	Small Equipment (under \$5,000/item)								
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	Registered Dietician	\$5,400			\$4,711		\$689		\$5,400
27									
28									
29									
30									
31	OTHER								
32									
33									
34									
35									
36									
37									
38	<b>TOTAL OPERATING EXPENSE</b>	<b>\$5,400</b>			<b>\$4,711</b>		<b>\$689</b>		<b>\$5,400</b>
39	TOTAL OPERATING EXPENSE	\$5,400							
40									
41	<b>HSA #9</b>								Document Date: 10/12/20

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 11								
2	Document Date: 10/12/20								
3									
4	Program: Nutrition Compliance for ENP- Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Menu Planning Operating Expense Detail</b>								
8									
9	<b>TERM:</b>								
10	November 1, 2020 to June 30, 2021								
11									
12		Year 1	REVENUE Cost Allocation:				TOTAL		
		11/1/2020- 06/30/2021	H.S.A.-DAS	Non-HSA- DAS			REVENUE		
13	<u>Expenditure Category</u>						11/1/2020- 06/30/2021		
14	Rental of Property								
15	Utilities(Elec, Water, Gas, Phone, Scavenger)								
16	Office Supplies, Postage								
17	Building Maintenance Supplies and Repair								
18	Printing and Reproduction								
19	Insurance								
20	Staff Training								
21	Staff Travel								
22	Small Equipment (under \$5,000/item)								
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	Registered Dietician	\$1,500	\$945	\$555			\$1,500		
27									
28									
29									
30									
31	OTHER								
32									
33									
34									
35									
36									
37									
38	<b>TOTAL OPERATING EXPENSE</b>	<b>\$1,500</b>	<b>\$945</b>	<b>\$555</b>			<b>\$1,500</b>		
39	TOTAL OPERATING EXPENSE	\$1,500							
40									
41	<b>HSA #11</b>								Document Date: 10/12/20

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 15								
2	Document Date: 10/12/20								
3									
4	Program: Nutrition Compliance for ENP- Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Other Nutrition Compliance Operating Expense Detail</b>								
8									
9	<b>TERM:</b>								
10	November 1, 2020 to June 30, 2021								
11									
12		Year 1							TOTAL REVENUE
13	<u>Expenditure Category</u>	11/1/2020-06/30/2021							11/1/2020-06/30/2021
14	Rental of Property								
15	Utilities(Elec, Water, Gas, Phone, Scavenger)								
16	Office Supplies, Postage								
17	Building Maintenance Supplies and Repair								
18	Printing and Reproduction								
19	Insurance								
20	Staff Training								
21	Staff Travel								
22	Small Equipment (over \$500 but under \$5,000/item)								
23	Rental of Equipment								
24									
25	SUBCONTRACTORS Descriptive Title								
26	Registered Dietician	\$1,575			\$412		\$1,163		\$1,575
27									
28									
29									
30									
31	OTHER								
32									
33									
34									
35									
36									
37									
38	<b>TOTAL OPERATING EXPENSE</b>	<b>\$1,575</b>			<b>\$412</b>		<b>\$1,163</b>		<b>\$1,575</b>
39	TOTAL OPERATING EXPENSE	\$1,575							
40									
41	<b>HSA #15</b>								Document Date: 10/12/20

**Appendix A - 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.
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.
Congregate Nutrition Program	A program that provides nutrition services in a group setting with an opportunity to socialize with other participants. Nutrition services include, but are not limited to, the provision of meals meeting nutritional standards, nutrition education, and nutrition risk screening. The program gives all participants the opportunity to contribute to the meal cost.



Congregate Meals	Meals that meet nutritional standards by incorporating the Dietary Guidelines for Americans (DGA) and providing a minimum of one-third of the Dietary Reference Intakes (DRIs). The procurement, preparation, service, and delivery of meals are included as part of the meal provision by the grantee and must meet state and local food safety and sanitation requirements.
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 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.
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.
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 (HHS) and the U.S. Department of Agriculture (USDA). <a href="https://health.gov/dietaryguidelines/">https://health.gov/dietaryguidelines/</a>
Dietary Reference Intakes (DRI)	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations. <a href="https://www.nal.usda.gov/fnic/dietary-reference-intakes">https://www.nal.usda.gov/fnic/dietary-reference-intakes</a>

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.
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.
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, monitoring and documenting practices, and taking corrective actions when failure to meet critical limits is detected.
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 Analysis	An evaluation conducted by a registered dietitian (RD) that includes a nutrient analysis of the meals offered through the nutrition program. The purpose of the nutrient analysis is to determine if daily meals and weekly menus comply with the regulatory nutritional standards. At a minimum, the analysis will include calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, vitamin A, vitamin C, vitamin D, and vitamin B12. When utilizing a computerized menu analysis, the grantee will analyze meals on a weekly basis for a minimum of two (2) weeks. Meals shall meet no less than one-third of the DRI for all calculated nutrients daily, or as specified in the DAS OCP policy memorandum.

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.
Nutrition Counseling	Provision of individualized advice and guidance to consumers who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses. A registered dietitian provides the advice and guidance in accordance with Sections 2585 and 2586, Business and Professions Code and offers options and methods for improving nutritional status.
Nutrition Education	Informing consumers about current nutrition facts and information, which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. Dietetic students, interns, or technicians may provide nutrition education when a RD has provided input, reviewed, and approved the content of nutrition education. (Title 22 CCR, s 7638.11)
Nutrition Screening	A screening used to evaluate the nutritional risk status of individuals enrolled in congregate 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.
OCP	Office of Community Partnerships.

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. A Registered Dietitian shall be covered by professional liability insurance either individually (if a consultant) or through the grantee.
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> ).
Title 22 Regulations	Refers to Barclay’s official California Code of Regulations. Title 22 Social Security, Division 1.8. California Department of Aging. Chapter 4 (1) Title III Programs – program and service provider requirements. Article 5. Title III C- Elderly Nutrition Program.
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.

Grantee shall additionally target services to members of one or more of the following groups identified as demonstrating the greatest economic and social need:

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) or older, 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:

<b><u>Table A</u></b> 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

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

## 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:



<b>Designated Community Focal Points</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
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
DAAS Benefits and Services 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

## **I. 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	B	C	D	E
1	Appendix B, Page 1				
2	Document Date: 10/19/2020				
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Contractor Name:		Term		
6	Self-Help for the Elderly		November 1, 2020 to June 30, 2021		
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	<b>Program: Nutrition Compliance for ENP- Indicate HDM or Congregate</b>	<b>REVENUE Cost Allocation:</b>			
10	Budget Reference Page No.(s)	Year 1	H.S.A.-DAS	Non-HSA-DAS	<b>Total Revenue</b>
11	<b>Program Term</b>	11/1/2020-06/30/2021			11/1/2020-06/30/2021
12	<b>Expenditures</b>				
13	<b>Nutrition Education</b>				
14	Salaries & Benefits	\$4,813	\$4,315	\$498	\$4,813
15	Operating Expense				
16	Subtotal Direct	\$4,813	\$4,315	\$498	\$4,813
17	Indirect Percentage	10.0%	10.0%	10.0%	10%
18	Indirect Expense	\$481	\$431	\$50	\$481
19	<b>Total Nutrition Education</b>	<b>\$5,294</b>	<b>\$4,746</b>	<b>\$548</b>	<b>\$5,294</b>
20	<b>Nutrition Counseling</b>				
21	Salaries & Benefits				
22	Operating Expense				
23	Subtotal Direct				
24	Indirect Percentage				
25	Indirect Expense				
26	<b>Total Nutrition Counseling</b>				
27	<b>HACCP Kitchen Monitoring</b>				
28	Salaries & Benefits	\$7,000	\$6,734	\$266	\$7,000
29	Operating Expense				
30	Subtotal Direct	\$7,000	\$6,734	\$266	\$7,000
31	Indirect Percentage	10.0%	10.0%	10.0%	
32	Indirect Expense	\$700	\$673	\$27	\$700
33	<b>Total HACCP Kitchen Monitoring</b>	<b>\$7,700</b>	<b>\$7,408</b>	<b>\$293</b>	<b>\$7,700</b>
34	<b>Site/Route Monitoring</b>				
35	Salaries & Benefits	\$19,250	\$18,394	\$356	\$19,250
36	Operating Expense				
37	Subtotal Direct	\$19,250	\$18,394	\$356	\$19,250
38	Indirect Percentage	10.0%	10.0%	10.0%	
39	Indirect Expense	\$1,925	\$1,839	\$36	\$1,925
40	<b>Total Site/Route Monitoring</b>	<b>\$21,175</b>	<b>\$20,233</b>	<b>\$392</b>	<b>\$21,175</b>
41	<b>Menu Planning</b>				
42	Salaries & Benefits	\$2,188	\$1,966	\$221	\$2,188
43	Operating Expense				
44	Subtotal Direct	\$2,188	\$1,966	\$221	\$2,188
45	Indirect Percentage	10.0%	10.0%	10.0%	
46	Indirect Expense	\$219	\$197	\$22	\$219
47	<b>Total Menu Planning</b>	<b>\$2,406</b>	<b>\$2,162</b>	<b>\$243</b>	<b>\$2,406</b>
48	<b>HDM Assessments</b>				
49	Salaries & Benefits				
50	Operating Expense				
51	Subtotal Direct				
52	Indirect Percentage				
53	Indirect Expense				
54	<b>Total HDM Assessments</b>				
55	<b>Other Nutrition Compliance</b>				
56	Salaries & Benefits	\$1,313	\$1,119	\$194	\$1,313
57	Operating Expense				
58	Subtotal Direct	\$1,313	\$1,119	\$194	\$1,313
59	Indirect Percentage	10.0%	10.0%	10.0%	
60	Indirect Expense	\$131	\$112	\$19	\$131
61	<b>Total Other Nutrition Compliance</b>	<b>\$1,444</b>	<b>\$1,231</b>	<b>\$213</b>	<b>\$1,444</b>
62	<b>GRAND Total Expenditures</b>	<b>\$38,019</b>	<b>\$35,780</b>	<b>\$1,689</b>	<b>\$38,019</b>
63	<b>HSA Revenues</b>				
64					
65					
66	<b>TOTAL HSA REVENUES</b>				
67	<b>Other Non-H.S.A.-DAS Revenues</b>				
68					
69					
70					
71	<b>TOTAL OTHER REVENUES</b>				
72	Full Time Equivalent (FTE)				
74	Prepared by: Leny Nair	Telephone No.: 415-672-; Date 10/16/2020			
75	HSA-CO Review Signature: _____				
76	HSA #1				Document Date: 10/19/202

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1	Appendix B, Page 2									
2	Document Date: 10/19/2020									
3										
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate									
5	(Same as Line 9 on HSA #1)									
6										
7	<b>Nutrition Education Salaries &amp; Benefits Detail</b>									
8	TERM:									
9	November 1, 2020 to June 30, 2021									
10							11/1/2020-06/30/2021			
11							For HSA Program	REVENUE Cost Allocation:		Total Revenue
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS		
13	RD	\$70,000	100%	100%	6%	\$3,850	\$3,452	\$398	\$3,850	
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30	TOTALS	\$70,000	100%	100%	6%	\$3,850	\$3,452	\$398	\$3,850	
31										
32	FRINGE BENEFIT RATE	25%								
33	EMPLOYEE FRINGE BENEFITS	\$17,500				\$963	\$863	\$100	\$963	
34										
35										
36	TOTAL SALARIES & BENEFITS	\$87,500				\$4,813	\$4,315	\$498	\$4,813	
37	TOTAL SALARIES & BENEFITS for H.S.A Program	#REF!								
38	HSA #2									Document Date: 10/19/2020

	A	B	C	D	E	F	G	H	I	
1	Appendix B, Page 6									
2	Document Date: 10/19/2020									
3										
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate									
5	(Same as Line 9 on HSA #1)									
6										
7	<b>HACCP Kitchen Monitoring Salaries &amp; Benefits Detail</b>									
8	<b>TERM:</b>									
9	November 1, 2020 to June 30, 2021									
10						11/1/2020-06/30/2021				11/1/2020-06/30/2021
11			Agency Totals		Program		Program	REVENUE Cost Allocation:		Revenue
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS		
13	RD-Tiffany	\$70,000	100%	100%	8%	\$5,600	\$5,387	\$213		\$5,600
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30	TOTALS	\$70,000	1.00	100%	8%	\$5,600	\$5,387	\$213		\$5,600
31										
32	FRINGE BENEFIT RATE	25%								
33	EMPLOYEE FRINGE BENEFITS	\$17,500				\$1,400	\$1,347	\$53		\$1,400
34										
35										
36	TOTAL SALARIES & BENEFITS	\$87,500				\$7,000	\$6,734	\$266		\$7,001
37	TOTAL SALARIES & BENEFITS for H.S.A Program	\$7,000								
38	HSA #6									

Document Date: 10/19/2020

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1	Appendix B, Page 8									
2	Document Date: 10/19/2020									
3										
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate									
5	(Same as Line 9 on HSA #1)									
6										
7	<b>Site or Route Monitoring Salaries &amp; Benefits Detail</b>									
8	TERM:									
9	November 1, 2020 to June 30, 2021									
10							11/1/2020-06/30/2021			11/1/2020-06/30/2021
11	Agency Totals		For HSA Program			For HSA Program	REVENUE Cost Allocation:		Total Revenue	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjust ed FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS			
13	RD-Tiffany	\$70,000	100%	100%	22%	\$15,400	\$14,715	\$285	\$15,000	
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30	TOTALS	\$70,000	100%	100%	22%	\$15,400	\$14,715	\$285	\$15,000	
31										
32	FRINGE BENEFIT RATE	25%								
33	EMPLOYEE FRINGE BENEFITS	\$17,500				\$3,850	\$3,679	\$71	\$3,750	
34										
35										
36	TOTAL SALARIES & BENEFITS	\$87,500				\$19,250	\$18,394	\$356	\$18,750	
37	TOTAL SALARIES & BENEFITS for HAS Program	\$19,250								
38	<b>HSA #8</b>	<b>Document Date: 10/19/2020</b>								

	A	B	C	D	E	F	G	H	I
1	Appendix B, Pa								
2	Document Date								
3									
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Menu Planning Salaries &amp; Benefits Detail</b>								
8	TERM:								
9	November 1, 2020 to June 30, 2021								
10						11/1/2020-06/30/2021			11/1/2020-06/30/2021
11	Agency Totals		For HSA Program		For HSA Program	REVENUE Cost Allocation		Total Revenue	
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS	
13	RD-Tiffany	\$70,000	100%	100%	3%	\$1,750	\$1,573	\$177	\$1,750
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30	TOTALS	\$70,000	100%	100%	3%	\$1,750	\$1,573	\$177	\$1,750
31									
32	FRINGE BENEFIT RATE	25%							
33	EMPLOYEE FRINGE BENEFITS	\$17,500				\$438	\$393	\$44	\$438
34									
35									
36	TOTAL SALARIES & BENEFITS	\$87,500				\$2,188	\$1,966	\$221	\$2,187
37	TOTAL SALARIES & BENEFITS for H.S.A Program	\$2,188							
38	<b>HSA #10</b> <span style="float: right;">Document Date:</span>								

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1	Appendix B, Page 14								
2	Document Date: 10/19/2020								
3									
4	Program: Nutrition Compliance for ENP- Indicate HDM or Congregate								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Other Nutrition Compliance Salaries &amp; Benefits Detail</b>								
8	<b>TERM:</b>								
9	November 1, 2020 to June 30, 2021								
10						11/1/2020-06/30/2021			11/1/2020-06/30/2021
11		Agency Totals		For HSA Program		For HSA Program	REVENUE Cost Allocation:		Total Revenue
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAS	Non-HSA-DAS	
13	RD-Tiffany	\$70,000	100%	100%	2%	\$1,050	\$895	\$155	\$1,050
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30	TOTALS	\$70,000	100%	100%	2%	\$1,050	\$895	\$155	\$1,050
31									
32	FRINGE BENEFIT RATE	25%							
33	EMPLOYEE FRINGE BENEFITS	\$17,500				\$263	\$224	\$39	\$262
34									
35									
36	<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$87,500</b>				<b>\$1,313</b>	<b>\$1,119</b>	<b>\$194</b>	<b>\$1,312</b>
37	TOTAL SALARIES & BENEFITS for H.S.A Program	\$1,313							
38	<b>HSA #14</b>	Document Date: 10/19/2020							