



DAAA NUTRITION SERVICES RFP APPLICATION GUIDE

The Nutrition Services Request for Proposals (RFP) process is to ensure that a fair and objective method is used for acquiring vendors to provide services for older persons and their caregivers with the public funds administered by Detroit Area Agency on Aging.

This RFP, however, does not commit DAAA to award a contract, to pay any cost incurred in the preparation of an application in response to this request, or to procure a contract for services or supplies.

DAAA reserves the right to accept or reject any or all proposals received as a result of the request, to negotiate with all qualified sources, or to cancel, in part or in its entirety, this RFP if it is in the best interest of this planning and service area. Further, all requested funds are subject to reduction based upon final award selections.

Funding is dependent upon the continuing availability of Older Americans Act.

Budget development should reflect reasonable costs to implement the program or service proposed. In the case of an ongoing project, the applicant's existing financial commitment must be maintained during the period of Area Agency support. For new contracts, the local match is 10% for the first year for both State and Federal funds. In the second year of ongoing funding, the local match requirement is 15%, or the maintenance of effort level.

In addition, all proposals should have outcomes that are measurable and consistent with the service standards developed by the Michigan Aging, Community Living, and Support Bureau (ACLS). These standards are available through the Detroit Area Agency on Aging.



Once a contract is issued to an applicant, that organization becomes fully responsible for administration of the program and activity and expenditures of awarded funds according to Federal and State Regulations and other policies or regulations. Each organization will be liable for any disallowed expenditures of funds and should discuss in the proposal how disallowed costs will be repaid to DAAA by the contractor, from non-Older Americans Act.

Applicants that do NOT meet the minimum eligibility criteria will NOT be considered.

CRITERIA FOR ACCEPTANCE AND REVIEW OF APPLICATIONS

The utilization of the DAAA format is required.

All applications submitted to DAAA for Federal, State, and/or County funding must meet the following basic criteria if an application is to be considered:

The applicant must have been existence for a minimum of three (3) years. Any public, private non-profit, or for-profit corporation (pursuant to P.A. 284 of 1972), which is incorporated in accordance with State statutes and authorized to conduct business in the State of Michigan is eligible to apply.

All applicants, including current and previous contractors, must submit proof of incorporation with this proposal, with the exception of local units of governments.

The applicant must be financially viable as demonstrated by having a positive fund balance or retained earnings (as demonstrated by a financial report with balance sheet showing a positive fund balance or retained earnings).

The applicant must demonstrate that they are current in all local, state and federal taxes.

- Applications must be typed.



- Full proposals are required to be submitted and approved by the authorized party who is responsible for signing, if awarded.

Proposals must be uploaded to DAAA ShareFile Portal by Friday January 9, 2026. Access to the portal will be provided by emailing prior to deadline contractmgt@daaa1a.org (Late applications will be rejected.)

Proposals must address published nutrition programs only, as included and described in this RFP.

All required documentation requested in the application and listed on the application checklist must be included with the proposal.

A copy of the insurance certificates, audit finding information, certified audit (or unaudited financial statements), IRS Form 941 with proof of payment, IRS Form 990 or 1120, Articles of Incorporation, 501 c (3) notification letter, and the agency annual report are required.

The applicant is required to submit a completed budget with application.

Authorized personnel must sign the application and all required forms.

Please Follow This Order of Application for submission:

Face Sheet

- Full name and contact information for the applicant.
- Incorporation – Organization has existed for at least three years business/ incorporated and/or LLC.
- Financial viability (Previous year audit and balanced financial statements).
- Income Tax Paid or Approved Payment Plan with Internal Revenue Service.
- Selection of Program(s) of Interest

For each program, please provide a narrative for each nutrition program service to be provided.



Program Narrative

- Vision for innovation and how it aligns with DAAA Nutrition Services.
- Organizational capability statement with similar projects.
- Credentials of critical staff
- Statement of Need
- Program Description
- Implementation plan (work plan) with goals and objectives and action steps.
- Project Management and staffing
- Contractual Service Affiliation Agreement

Proposed Budget

- Unit Cost sheets by program (service category) and any local match to be provided to support the program(s).

Financial Management

- Provide previous year's audit and balanced financial statements.
- Income Tax Paid or Approved Payment Plan with Internal Revenue Service.

Operational Capacity

- Willingness to sign:
 - Business Associate Agreement
 - Conflict of Interest Agreement
- Participate in ICHAT background/Sex offender
- Office of Inspector General screening
- Maintenance of Insurance at appropriate levels

Applicants must request access to Citrix ShareFile by 5:00pm January 8, 2026, 5:00pm Eastern Daylight Time (EST) the day before the grant application is due.

Application must be submitted by January 9, 2025, 11:59pm EST



The Detroit Area Agency on Aging FYs 2027-2029 Nutrition Services General Cover Face Sheet- Agency Profile		
Applicant Name:		
Applicant Federal ID:	Unique Entity #:	
Executive Director:	Email Address:	
Financial Director:	Email Address:	
Program Coordinator:	Email Address:	
Business Address:		
City:	State:	Zip code:
Phone Number:		
Alternative Number:		
In business for at least three years:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Incorporation Date:
Financial Viability: As demonstrated by a positive fund balance or retained earnings per financial report	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current on Taxes: If not, is there a plan in place with the IRS?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Organization:		
Minority-Owned:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Female-Owned:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult with Disability -Owned	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please mark all programs for which your organization will be applying with an 'X'		
<input type="checkbox"/>	Congregate Meals Program	
<input type="checkbox"/>	Home Delivered Meals Program	
<input type="checkbox"/>	Holiday Meals Program	
<input type="checkbox"/>	Oral Nutrition Services Program	



	Shelf Stable Meals Program
	Culturally Specific Meals
	Medically Tailored Meals Program

SECTION I

Company Profile	Provide a brief description of the company's background, mission, length of operations, experience providing nutrition services.

Financial Management	Provide a brief description of the company's financial management. Please include any recent audit findings.

Organizational Administration	Does your organization have a board of directors? Note membership, frequency of meetings and any standing committees of the Board.
-------------------------------	--

--

Client Grievance Procedures	Describe the agency's client grievance procedures, and how clients will be made aware of these procedures.

SECTION II

Program Narrative	Answer
1. Vision for innovation and how it aligns with DAAA Nutrition Services	
2. Organizational capability statement with similar projects.	
3. Credentials of critical staff <ul style="list-style-type: none"> Executive Director Financial Director Program Coordinator 	
4. Statement of Need	
5. Program Description	
6. Implementation plan	
7. Project Management and staffing	
8. Contractual Service Affiliation Agreement	



Section III

Please use the DAAA Nutrition Services RFP Budget Sheet Forms to develop meals program cost analysis to detail the proposed budget. Save and upload as a PDF with application package. Use the Budget Summary Form below for overall cost per program. Enter N/A where applicable.

BUDGET SUMMARY DOCUMENT: THE APPLICANT GUARANTEED PRICE PER MEAL	
1. Total Number of Daily Chilled/Frozen_Home -Delivered Monday through Friday. Cost Per Meal Unit	
	\$
2. Total Number of Frozen 5-Meal Pack Delivered Weekly. Cost Per Meal Unit	
	\$
3. Total Number of Shelf-Stable 5-Meal Pack Delive least annually. Cost Per Meal Unit	
	\$
4. Total Number of ONS Meals in two 12-meal case Delivered Monthly. Cost Per Meal Unit	
	\$
5. Total Number of Diabetic ONS In12-two 12-meal Delivered Monthly. Cost Per Meal Unit	
	\$
6. Total Number of Congregate Delivered Hot/Cold Bulk daily as per schedule to potentially 24 sites Cost Per Meal Unit	
	\$
7. Total Number of Holiday Meals Delivered annually Cost Per Meal Unit	
	\$
8. Total Number of Culturally Specific Meals Delivered Daily. Cost Per Meal Unit	
	\$
9. Number of Medically Tailored Meals Delivered	



Daily. Cost Per Meal Unit	\$
The number of units in each category (daily, monthly, annually) represents an average per serving period.	



Section IV

**Please review and acknowledge willingness to adhere to the following policies and procedures.
Refer to “Become an DAAA Partner”, Nutrition Services RFP to view entire documents.**



Serving Detroit, Hamtramck,
Harper Woods, Highland Park
and the Five Grosse Pointes

DETROIT AREA AGENCY ON AGING CONFLICT OF INTEREST DISCLOSURE AND SURVEY

I, _____ is identified as follows:

Name: _____

Type of Entity: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company

Address: _____

City _____ State / Zip _____ :

Telephone / FAX _____

Social Security or Federal Employer
Identification Number: _____

Independent Contractor (including all of its owners, officers, directors and managers) (collectively, "I") certifies to the best of my knowledge that my responses to questions contained in the Conflict of Interest Survey ("Survey") attached to this Independent Contractor Conflict Of Interest Disclosure ("Disclosure") are true, correct and complete, and that I have disclosed all interests which may be construed as dual to and/or actually or potentially in conflict with the interests of the Detroit Area Agency on Aging ("DAAA"). I agree to complete and execute a new Survey and Disclosure annually and as more often as the DAAA CEO may require. I agree to promptly notify the DAAA CEO of all facts and circumstances, including my acquisition of any interest, which may cause, constitute or present an actual or apparent conflict of interest with the DAAA.

I will promptly disclose to the DAAA CEO the receipt or acceptance, directly or indirectly, by me or any member of my family, from any Purchaser, Supplier or Competitor of the DAAA (all as defined on the Survey) any compensation, remuneration, gift, loan, entertainment or other item or benefit having a total or annual value in excess of One Hundred Dollars (\$100.00). I agree to immediately report in writing, to the DAAA CEO, every offer by any Purchaser, Supplier or Competitor of the DAAA the receipt or acceptance of which by me, or by any member of my family, would require disclosure under this paragraph.

I agree that I will hold in the strictest confidence and will not use for my personal benefit or for the benefit of any entity other than the DAAA, any information discussed, distributed or otherwise made known or available to me by the DAAA. I further agree to execute and abide by the terms of such Confidentiality Agreements as the DAAA may from time to time require.

Authorized Signature: _____

Printed Name: _____

Title: _____ Date: _____

I agree to sign this policy

Yes ☐ No ☐

SECTION B: BUSINESS ASSOCIATE AGREEMENT – HIPAA

This Business Associate Agreement is entered into as of _____, 20____ ("Effective Date"),
by and between the Detroit Area Agency on Aging ("Covered Entity") and: _____
_____("Business Associate").

Agency Name

WITNESSETH:

WHEREAS, Covered Entity has entered, or will enter into an agreement (the "Underlying Agreement")
with Business Associate, whereby Business Associate has agreed to provide certain services to Covered
Entity.

WHEREAS, to provide such services to the Covered Entity, Business Associate must have access to certain
protected health information ("Protected Health Information" or "PHI"), as defined in the Standards for
Privacy of Individually identifiable Health Information (the "Privacy Standards") set forth by the U.S.
Department of Health and Human Services ("HHS") pursuant to the Health Insurance Portability and
Accountability Act of 1996, ("HIPAA") and amended by the Health Information Technology for Economic
and Clinical Health Act ("HITECH Act"), part of the American Recovery and Reinvestment Act of 2009
("ARRA") and the Genetic Information Nondiscrimination Act of 2008 ("GINA");

WHEREAS, to comply with the requirements of the Privacy Standards, HIPAA, and HITECH, Covered
Entity must enter into this Business Associate Agreement with Business Associate.

WHEREAS, the provisions of this Agreement shall override, supersede, and control over any conflicting
provision of the Underlying Agreement, provided that all non-conflicting provisions of the Underlying
Agreement shall remain in full force and effect.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter contained,
and other good and valuable consideration, the receipt and sufficiency of which are hereby
acknowledged, and intending to be legally bound hereby, the parties hereto agree as follows:

I. Definitions

All capitalized terms in this Business Associate Agreement that are not defined by this Business Associate
Agreement have the meaning ascribed to them by 45 C.F.R. Parts 160-164 or in the HITECH Act.

(a) Breach. "Breach" shall have the same meaning as the term "Breach" in 45 CFR § 164.402.

(b) Electronic Protected Health Information. "Electronic Protected Health Information" shall have the same
meaning as the term "electronic protected health information" in 45 CFR §160.103.

(c) Individual. "Individual" shall have the same meaning as the term "individual" in 45 CFR §160.103 and shall
include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).

I agree to sign this policy Yes ☐ No ☐

ICHAT

ICHAT allows the search of public criminal history record information maintained by the Michigan State Police, Criminal Justice Information Center. All felonies and serious misdemeanors that are punishable over 93 days are required to be reported to the state repository by law enforcement agencies, prosecutors, and courts in all 83 Michigan counties. Suppressed records and warrant information are not available through ICHAT. Also not included are federal records, tribal records, traffic records, juvenile records, local misdemeanors, and criminal history from other states. A search for a record that may be in another state requires that you correspond with that state directly.

I agree to sign this policy Yes ☐ No ☐

Office of Inspector (OIG) General Screening

OIG has the authority to exclude individuals and entities from Federally funded health care programs for a variety of reasons, including a conviction for Medicare or Medicaid fraud. Those that are excluded can receive no payment from Federal health care programs for any items or services they furnish, order, or prescribe. This includes those that provide health benefits funded directly or indirectly by the United States (other than the Federal Employees Health Benefits Plan).

I agree to sign this policy Yes ☐ No ☐



Section V

Attachments

Attach the following documents to complete application.

1. Insurance Certificate and/or listing of Insurances with coverage levels
2. Organizational Chart
3. Certified audit report or unaudited financial statement report
4. Any audit findings in last 5 years
5. IRS Form 941 with proof of payment
6. IRS tax return (i.e., Form 990 or 1120
7. Articles of Incorporation
8. Agency 501 c(3) Notification Letter
9. Independent Contractor Agreement
10. Management/Program Staff Resumes or job description
11. Client Rights & Grievances
12. Information Technology use for program implementation
13. Information Technology Cyber Security Policy

DAAA Nutrition RFP Score Guide		
SUBJECT	CRITERIA	POINTS

ELIGIBILITY CRITERIA	<ul style="list-style-type: none"> • The applicant may be a private, for-profit, or non-profit organization. • The applicant must have been in existence for a minimum of three (3) years. • The applicant must be financially viable as demonstrated by having a positive fund balance or retained earnings. • The applicant must show they are current in all local, state, and federal taxes. 	
MANAGEMENT CAPACITY	<ul style="list-style-type: none"> • Résumés of relevant employees are attached to application <ol style="list-style-type: none"> a. Food Service Director b. Registered Dietitian c. Production Manager d. Driver Supervisor e. Regional Manager • The vendor has /will have the proper personnel in place to fulfill contract requirements • The vendor uses technology to effectively engage with relevant entities • The vendor's technology system is properly secured 	10
FINANCIAL VIABILITY	<ul style="list-style-type: none"> • Financial records/ accounting of industry standards and clearly understood • Stable primary funding stream • Diverse funding stream • The vendor provided records available for financial review • The vendor has assets as stated and available for review • The vendor has well-kept records of board and management meetings • Policies and procedures are established and accessible. • No legal issues in the past five (5) years • No negative audit and/ or findings in the past 5 years 	10
FACILITY, STAFFING AND TRANSPORTATION	<ul style="list-style-type: none"> • Vendor meets minimum production capacity and mechanism for delivery of approximately 2,500 home-delivered meals and 800 congregate meals per day. • Vendor's facility has storage capacity for a minimum of 10,000 self-stable meals for delivery 2 times per year, 8,400 liquid meals per month, and minimally 1500 up to 6,000 holiday meals during four holidays. 	45

	<ul style="list-style-type: none"> • Vendor has the proper vehicles to transport and deliver meals at the proper temperatures. • Vendor has emergency preparedness plans in place. • Vendor has the staff to adequately prepare meals in an efficient and prompt manner to meet the needs of the DAAA and clients' expectations • Vendor has provided the required driver to participant ratio in proposal. • Vendor uses software/technology to effectively manage meal delivery • Vendor's plan for effective delivery is well presented • Vendor plan to manage missed meals is satisfactory 	
MEAL VARIETY	<ul style="list-style-type: none"> • The vendor gave a 6-week sample menu • The menu shows a meal plan with diverse proteins • The menu shows a meal plan with diverse fruits • The menu shows a meal plan with diverse vegetables • The vendor offered Vegan/Vegetarian options • The vendor offered breakfast options if needed • The vendor offered dinner options if needed • Vendor presented culturally- appropriate meal options • The vendor offered 'unique' meal options 	14
MEAL QUALITY	<ul style="list-style-type: none"> • The vendor shared source information for foods • The vendor provided local source information for at minimum 30% of meats • The vendor provided local source information for at minimum 30% of fruits and vegetables 	6
MEAL COST	<ul style="list-style-type: none"> • The cost per meal is feasible based on the previous year's cost per meal and other environmental and fiscal factors. 	5
IMPLEMENTATION PLAN	<ul style="list-style-type: none"> • Goals/objectives are well defined • The vendor named some potential barriers or issues • The vendor has an effective communication plan for all stakeholders • The vendor shows an openness for feedback • The vendor has an evaluation tool • Provider has an grievance plan for client missed meals. 	10
Total		100