



# SAN FRANCISCO HUMAN SERVICES AGENCY

Department of Benefits and Family Support

Department of Disability and Aging Services

P.O. Box 7988  
San Francisco, CA  
94120-7988  
[www.SFHSA.org](http://www.SFHSA.org)

## MEMORANDUM

<b>TO:</b>	DISABILITY AND AGING SERVICES COMMISSION
<b>THROUGH:</b>	KELLY DEARMAN, EXECUTIVE DIRECTOR
<b>FROM:</b>	CINDY KAUFFMAN, DEPUTY DIRECTOR ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS
<b>DATE:</b>	FEBRUARY 7, 2024
<b>SUBJECT:</b>	<b>GRANT MODIFICATION: MULTIPLE GRANTEES (NON-PROFIT) FOR PROVISION OF NUTRITION SERVICES</b>
<b>GRANT TERM:</b>	Please see tables on pages 3-6
<b>GRANT AMOUNT:</b>	Please see tables on pages 3-6

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The Department of Disability and Aging Services (DAS) requests authorization to modify the existing grant agreements with multiple providers during the period of February 1, 2024 through June 30, 2025, in the additional amount of \$3,521,363 plus a 10% contingency for a revised total amount not to exceed \$26,711,741. The purpose of these modifications is to provide additional funding to DAS nutrition grantees that will allow them to continue to keep stride with the increased need for nutrition support in the community successfully and to add funding for the FY23-24 Cost of Doing Business (CODB) adjustment.



**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director

### Background

DAS is a state-designated Area Agency on Aging (AAA) under the federal Older Americans Act (OAA) of 1965 as amended. As an Area Agency on Aging, DAS provides community-based nutrition services that support the health and well-being of older adults and adults with disabilities living in the City and County of San Francisco. DAS nutrition services play a critical role in addressing nutrition insecurity for older adults and adults with disabilities by providing consistent and reliable access to healthy, safe, and affordable food.

DAS nutrition services includes prepared meals, groceries, nutrition education and counseling. DAS offers these services through a network of community partners who have expertise in providing nutrition support for older adults and adults with disabilities. DAS nutrition services are provided at congregate meal sites, delivered to clients' homes, offered in-person, and on virtual platforms. Services are designed to meet the needs of clients as fully as possible.



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The nutrition services programming provided by DAS is supported through federal and state funding DAS receives as an Area Agency on Aging, and by local government funding.

DAS has received additional federal and state funding for nutrition services and is allocating these funds along with one time only dignity fund savings from fiscal year 2023 to community partners who are providing services above their current contracted service levels. Because some of the funding received is one time only, the amount of funding allocated to individual nutrition partners' grants may vary between this fiscal year and next fiscal year. DAS has based the allocation of funding the nutrition partners' service level projections for this fiscal year and fiscal year 2025 to the extent able with the current resources available, as well as the priorities set forth in DAS's Area Plan and the 2022 Dignity Fund Community Needs Assessment.

### **Services to be Provided**

Grantees will provide culturally responsive nutrition services. The services will include one or more of the following: congregate nutrition services, home-delivered meal services, and home-delivered grocery services.

Grantees will provide services 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 Office of Community Partnerships (OCP). Grantees will adhere to nutritional standards by incorporating the Dietary Guidelines for Americans.

### **Congregate Nutrition Services:**

Grantees provide meals at a congregate dining site. Grantee may also offer meals to-go but may not offer to-go meals exclusively. Grantees may provide breakfast, lunch, and/or dinner meals. Grantees screen participants for food security and nutrition risk. Grantees provide nutrition education and access to other DAS services. Congregate nutrition service programming also gives participants the opportunity to contribute to the meal cost.

Nutrition Compliance and Quality Assurance (NCQA): NCQA is a required component of congregate nutrition services. NCQA includes quarterly monitoring of a grantee's food service production and meal service to ensure compliance with state and local food safety and sanitation requirements. NCQA also includes nutrition education, in-service training, and nutrition counseling.

- **Home-Delivered Meal (HDM) Nutrition Services:**

Grantees deliver meals to eligible individuals living in San Francisco. HDM nutrition services also include an initial home-delivered meal assessment, an annual comprehensive assessment, and quarterly re-



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assessments of the participant. Meals may be hot, chilled, or frozen. The type of meal and quantity delivered to participants depends on their unique needs as determined by the assessments. Grantees provide nutrition education and access to other DAS services. HDM nutrition service programming also gives participants the opportunity to contribute to the meal cost.

Nutrition Compliance and Quality Assurance (NCQA): NCQA is a required component of HDM nutrition services. NCQA includes quarterly monitoring of a grantee's food service production and meal delivery to ensure compliance with state and local food safety and sanitation requirements. NCQA also includes nutrition education, in-service training, and home-delivered meal assessments.

- **Home-Delivered Grocery (HDG) Services:**

Grantees deliver supplemental groceries to eligible individuals living in San Francisco. The delivery of groceries may be weekly or twice a month by trained staff, paid or volunteer. Grantees screen participants for food security and nutrition risk and provide referrals as needed.

### **Modification**

Please refer to the Appendix A and budgets for each of the grantees for more details.

#### **Bayview Senior Center - Congregate Nutrition Services for Older Adults**

	FY 21-22	FY 22-23	FY 23-24	FY 24-25	Total
Current	\$2,047,772	\$2,090,968	\$1,026,274	\$1,026,274	\$6,191,288
Modification			\$987,644	\$535,616	\$1,523,260
Revised	\$2,047,772	\$2,090,968	\$2,013,918	\$1,561,890	\$7,714,548
				10% contingency	\$771,455
				Not-to-Exceed	\$8,486,003

#### **Bayview Senior Center - Congregate Nutrition Services for Adults with Disabilities**

	FY 21-22	FY 22-23	FY 23-24	FY 24-25	Total
Current	\$205,392	\$228,837	\$199,026	\$199,026	\$832,281
Modification			\$97,667	\$32,719	\$130,386
Revised	\$205,392	\$228,837	\$296,693	\$231,745	\$962,667
				10% contingency	\$96,267
				Not-to-Exceed	\$1,058,934



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**Centro Latino de San Francisco - Congregate Nutrition Services for Adults with Disabilities**

	FY 21-22	FY 22-23	FY 23-24	FY 24-25	Total
Current	\$195,548	\$240,483	\$214,337	\$214,337	\$864,705
Modification			\$45,089	\$45,089	\$90,178
Revised	\$195,548	\$240,483	\$259,426	\$259,426	\$954,883
10% contingency					\$95,488
Not-to-Exceed					\$1,050,371

**Golden Gate Senior Services - Home-Delivered Groceries Services**

	FY 21-22	FY 22-23	FY 23-24	FY 24-25	Total
Current	\$278,062	\$285,628	\$285,628	\$196,706	\$1,046,024
Modification			\$7,376	\$96,298	\$103,674
Revised	\$278,062	\$285,628	\$293,004	\$293,004	\$1,149,698
10% contingency					\$114,970
Not-to-Exceed					\$1,264,668

**Project Open Hand - Congregate Nutrition Services for Adults with Disabilities**

	FY 21-22	FY 22-23	FY 23-24	FY 24-25	Total
Current	\$458,917	\$456,462	\$476,461	\$476,461	\$1,868,301
Modification			\$142,489	\$87,655	\$230,144
Revised	\$458,917	\$456,462	\$618,950	\$564,116	\$2,098,445
10% contingency					\$209,845
Not-to-Exceed					\$2,308,290

**Russian American Community Services - Congregate Nutrition Services for Adults with Disabilities**

	FY 21-22	FY 22-23	FY 23-24	FY 24-25	Total
Current	\$25,030	\$34,083	\$19,633	\$19,633	\$98,379
Modification			\$19,381	\$19,381	\$38,762
Revised	\$25,030	\$34,083	\$39,014	\$39,014	\$137,141
10% contingency					\$13,714
Not-to-Exceed					\$150,855



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**Self-Help for the Elderly - Home-Delivered Meal Nutrition Services for Older Adults\***

	FY 21-22	FY 22-23	FY 23-24	FY 24-25	Total
Current	\$2,473,499	\$3,048,613	\$1,848,632	\$1,848,632	\$9,219,376
Modification			\$808,142	\$441,032	\$1,249,174
Revised	\$2,473,499	\$3,048,613	\$2,656,774	\$2,289,664	\$10,468,550
				10% contingency	\$1,046,855
				Not-to-Exceed	\$11,515,405

\* Requires Board of Supervisors approval

**Self-Help for the Elderly - Congregate Nutrition Services at Geneva Community Center**

	FY 21-22*	FY 22-23	FY 23-24	FY 24-25	Total
Current	\$82,360	\$290,386	\$134,469	\$134,469	\$641,684
Modification			\$98,440	\$57,345	\$155,785
Revised	\$82,360	\$290,386	\$232,909	\$191,814	\$797,469
				10% contingency	\$79,747
				Not-to-Exceed	\$877,216

\* Grant starts on March 1, 2022

**Total**

	Modification	Revised	Contingency	Not-to-Exceed
Bayview Senior Center - Congregate Nutrition Services for Older Adults	\$1,523,260	\$7,714,548	\$771,455	\$8,486,003
Bayview Senior Center - Congregate Nutrition Services for Adults with Disabilities	\$130,386	\$962,667	\$96,267	\$1,058,934
Centro Latino de San Francisco - Congregate Nutrition Services for Adults with Disabilities	\$90,178	\$954,883	\$95,488	\$1,050,371



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	Modification	Revised	Contingency	Not-to-Exceed
Golden Gate Senior Services - Home-Delivered Groceries Services	\$103,674	\$1,149,698	\$114,970	\$1,264,668
Project Open Hand - Congregate Nutrition Services for Adults with Disabilities	\$230,144	\$2,098,445	\$209,845	\$2,308,290
Russian American Community Services - Congregate Nutrition Services for Adults with Disabilities	\$38,762	\$137,141	\$13,714	\$150,855
Self-Help for the Elderly - Home-Delivered Meal Nutrition Services for Older Adults	\$1,249,174	\$10,468,550	\$1,046,855	\$11,515,405
Self-Help for the Elderly - Congregate Nutrition Services at Geneva Community Center	\$155,785	\$797,469	\$79,747	\$877,216
<b>Total</b>	<b>\$3,521,363</b>	<b>\$24,283,401</b>	<b>\$2,428,340</b>	<b>\$26,711,741</b>

### **Selection**

Grantees were selected through RFP #920 issued in March 2021 except for the following grants:

Self-Help for the Elderly was selected for the Congregate Nutrition Services at Geneva Community Center through RFP #959 issued in December 2021.

Golden Gate Senior Services was selected for the Home Delivered Groceries Services through RFP #938 issued in April 2021

### **Funding**

Funding for the Nutrition Services grants is provided through a combination of federal and state funds, and city and county general funds. In particular, the modification in this memo includes 26% federal funds, 29% state funds, and 45% local fund.



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**ATTACHMENTS**

Bayview Senior Center - Congregate Nutrition Services for Older Adults

- Appendix A-3, Scope of Services
- Appendix B-3, Budget

Bayview Senior Center - Congregate Nutrition Services for Adults with Disabilities

- Appendix A-2, Scope of Services
- Appendix B-2, Budget

Centro Latino de San Francisco - Congregate Nutrition Services for Adults with Disabilities

- Appendix A-3, Scope of Services
- Appendix B-3, Budget

Golden Gate Senior Services - Home-Delivered Groceries Services

- Appendix A-3, Scope of Services
- Appendix B-3, Budget

Project Open Hand - Congregate Nutrition Services for Adults with Disabilities

- Appendix A-1, Scope of Services
- Appendix B-1, Budget

Russian American Community Services - Congregate Nutrition Services for Adults with Disabilities

- Appendix A-4, Scope of Services
- Appendix B-4, Budget

Self-Help for the Elderly - Home-Delivered Meal Nutrition Services for Older Adults

- Appendix A-3, Scope of Services
- Appendix B-3, Budget

Self-Help for the Elderly - Congregate Nutrition Services at Geneva Community Center

- Appendix A-3, Scope of Services
- Appendix B-3, Budget

**Appendix A-3 - Services to be Provided**  
**Bayview Hunters Point Multipurpose Senior Services**  
 Congregate Nutrition Services for Older Adults

July 1, 2021 – June 30, 2025

**I. Purpose**

The purpose of this grant is to provide congregate nutrition services for older adults living in the City and County of San Francisco. Congregate nutrition services include the provision of nutritious meals, nutrition education, and nutrition risk screening. Congregate nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition and reduced isolation, and serve as an access point for other home and community-based services.

**II. Definitions**

Grantee	Bayview Hunters Point Multipurpose Senior Services (BHPMSS)
Adult with a Disability	A person 18-59 years of age living with a disability.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-line System.
CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.



Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
Congregate Nutrition Services	The procurement, preparation, transporting and serving of meals that meet nutrition requirements to eligible consumers in a group setting. Congregate nutrition services also include nutrition education, health promotion, and nutrition risk screening.
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of congregate and home-delivered meal nutrition services participants. <a href="http://www.dhs.gov/vi/home/documents/DetermineNutritionChecklist.pdf">http://www.dhs.gov/vi/home/documents/DetermineNutritionChecklist.pdf</a>
DGA/Dietary Guidelines for Americans	Evidence-based food and beverage recommendations for Americans ages two (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).
DRI/ Dietary Reference Intakes	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations.
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)

LGBTQ+	An acronym/term used to refer to persons who self-identify as non -heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
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 enrollment and/or participation is not means tested. Consumers self-report income status.
Menu Planning and Analysis	The development of a menu cycle that adheres to DAS OCP and CDA menu standards and the nutrition requirements of meals. A Registered Dietitian conducts the menu analysis, and the analysis will demonstrate adherence to the menu standards and nutrition requirements of the meals. (CDA Program Memo 12-17 as amended)
NCQA	Nutrition Compliance and Quality Assurance are components of congregate and home-delivered nutrition services that are programmatically required and include, but are not limited to, actions that ensure food safety, certify menu compliance, provide nutrition education, confirm consumer eligibility, and assess consumers' physiological, socioeconomic, and psychological well-being as well as need for nutrition and other supportive services. NCQA also includes nutrition counseling performed by a registered dietitian, when feasible and appropriate.
Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code. (CCR Title 22 Sec. 7630)

Nutrition Education Session	An intervention targeting participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian. (CDA Program Memo 21-23)
Nutrition Requirements of Meals	Each meal provided through congregate and home-delivered nutrition services shall adhere to the current Dietary Guidelines for Americans (DGA) and provide a minimum of one-third of the Dietary Reference Intakes (DRI). (CCR Title 22 Sec. 7638.5)
Nutrition Screening	Completion of a nutrition screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994. (CCR Title 22 Sec. 7630)
Nutrition Services	The procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes. (CCR Title 22 Sec. 7630)
OCP	Office of Community Partnerships.
OCM	Office of Contract Management, San Francisco Human Services Agency.
OCNP	Older Californians Nutrition Program (previously known as Elderly Nutrition Program, ENP) - Title III C1 and C2. A program that provides nutrition services, as authorized by the Older Americans Act of 1965, as amended, and is provided in accordance with the provision of CCR Title 22, Chapter 4, Article 5, Sec. 7630.
Older Adult	A 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.
Senior	A person who is 60 years of age or older; used interchangeably with the term “older adult”.
SF DAS GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service objectives, run reports, etc.
SF-HSA	Human Services Agency of the City and County of San Francisco.
Socially Isolated	Having few social relationships and few people to interact with regularly.
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> ).
To-Go Meal	A meal provided by the congregate nutrition service grantee that is picked up or delivered and consumed off-site by an eligible consumer.
Unduplicated Consumer (UDC)	An individual who participates in congregate nutrition services and their participation is reflected in SF DAS GetCare by the grantee.

### III. Target Populations

This program is designed to serve all ethnicities and populations, with focused expertise to promote unique cultural needs, which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English- speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

#### **IV. Eligibility for Services**

1. A person who is 60 years of age or older (older adult).
2. The spouse or domestic partner of an older adult, regardless of age.
3. A person with a disability, under the age of 60 who resides in housing facilities occupied primarily by older adults at which congregate nutrition services are provided.
4. A disabled individual who resides at home with and accompanies an older adult who participates in the program.

#### **V. Location and Time of Services**

The grantee will provide congregate nutrition services in the City and County of San Francisco. The grantee, with approval from DAS OCP, will determine the location(s) and time(s) for the provision of congregate nutrition services.

#### **VI. Description of Services and Program Requirements**

1. Grantee will develop and maintain nutrition policies and procedures that meet the nutrition and food service standards set forth by California Retail Food Code (CRFC), CCR Title 22, CDA OCNP, and DAS OCP.
2. Grantee will provide congregate nutrition services for older adults. The provision of services 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. If the grantee provides three meals per day, the meals must contain 100% of the DRIs. The grantee may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs.
  - c. Annual nutrition screenings for each consumer and documentation of individual responses in SF DAS GetCare within one month of obtaining them. Required screenings include a nutritional risk screening using the DETERMINE Checklist and a food security screening. The grantee will refer clients screened at high nutritional risk to the DAS funded citywide nutrition counseling and education program.
3. Grantee may provide to-go meals for older adults through their congregate nutrition service program. To-go meals may only be provided as an additional service option for consumers. The grantee may not replace the conventional style of congregate nutrition services (i.e., meals consumed on site and in a group setting) with a to-go meal service model exclusively.

4. Grantee may offer planned person-to-person interactions for consumers receiving to-go meals however, these interactions are not required to provide to-go meals. The availability of person-to-person interactions and a consumer's decision to participate will determine how the grantee reports the meal to DAS and in SF DAS GetCare. The grantee may provide to-go meals using one of the following models of service:
  - a. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee organizes in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. The grantee must document and track the consumer's intent to participate in the organized activity. The grantee is not responsible for ensuring that the consumer attends the organized activity. If a consumer declines participation in the grantee's organized activity all the time or most of the time (e.g., three out of five days or four out of seven days), additional documentation is required and described in number five (5) below.
  - b. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee does not organize in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. This service model also requires the additional documentation described in number five (5) below.
  - c. The grantee's provision of to-go meals uses service model 4a. and 4b.
5. The additional documentation required if the grantee provides to-go meals without offering person to person interactions or if the consumer declines participation in the grantee's organized activity all the time or most of the time is the following:
  - a. The grantee will conduct an initial assessment that confirms a consumer's need for to-go meals without organized in-person or virtual interaction by reason of illness or disability, or otherwise isolated. The term "otherwise isolated" may be interpreted as isolation related to not being comfortable with dining in a group setting. The initial assessment must be completed within two (2) weeks from the start of service. The initial assessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the initial assessment must be completed in the consumer's home by the grantee.
  - b. The grantee will conduct quarterly reassessments that confirm a consumer's continued need for to-go meals without organized in-person or virtual interaction. The quarterly reassessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the grantee must complete quarterly reassessments in the consumer's home every other quarter. (i.e., initial assessment conducted in the home; quarter 2 reassessment over the phone; quarter 3 reassessment conducted in the home; quarter 4 reassessment over the phone; quarter 5 reassessment in the home, quarter 6 reassessment over the phone, etc.).

6. Grantee will provide consumers who receive to-go meals the following information, at minimum: safe food handling instructions for the meal, reheating instructions if applicable, voluntary contribution policy and collection procedures, grievance policy, and information on how to request assistance, if needed. If the meals are delivered, the grantee will provide a meal delivery schedule and a copy of the approved cycle menu.
7. 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 congregate nutrition services. 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.
8. Grantee shall serve and package meals in compliance with the City's Food Service Waste Reduction Ordinance (2007) and Single-Use Foodware Plastics Toxics and Litter Reduction Ordinance (2019).
9. Grantee will conduct Nutrition Compliance-Quality Assurance (NCQA) as follows:
  - a. 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 menu analysis. The registered dietitian (RD) on staff or consultant RD must participate in menu planning and complete the corresponding nutrient analysis. The grantee may seek approval to submit a cycle menu with fewer weeks. DAS OCP will review requests for exceptions and approve if appropriate.
  - b. Document menu substitutions. The RD on staff or consultant RD must review and approve menu substitutions in advance of their use.
  - c. Provide a nutrition education session at least once per quarter and a minimum of four (4) times during the fiscal year to consumers participating in services. The grantee may deliver a session in person or via video, audio, online, or the distribution of hardcopy materials. The grantee must report nutrition education sessions in SF DAS GetCare and include the estimated number of participants.
  - d. Conduct and document an on-site HACCP safety and sanitation monitoring of the production kitchen at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff or consultant RD must conduct and document the results of the HACCP safety and sanitation monitoring. HACCP monitoring must also include, but is not limited to the review of quarterly congregate site monitoring reports.
  - e. Conduct and document an on-site HACCP safety and sanitation monitoring of each congregate meal site at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff, consultant RD, or a qualified staff member must conduct and document the results of the HACCP safety and sanitation monitoring for each site.
  - f. Provide orientation and training to all new staff, paid and volunteers, to perform their assigned responsibilities and tasks as described in the CCR Title 22 Regulations Sec. 7636.5. Training, at a minimum, shall include: (1) Food safety, prevention of foodborne illness, and HACCP principles. (2) Accident

- prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
- g. Provide in-service training for nutrition program staff (e.g. food service and delivery workers) at least once per quarter and a minimum four (4) times during the fiscal year as described in the CCR-Title 22 Regulations Sec. 7636.5 and DAS OCP policy memoranda. The grantee will also 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.
  - h. If to-go meals are delivered by the grantee the following additional NCQA activities are required:
    - i. Conduct end-of-route home-delivered meal temperature checks every other week per route to ensure the meals maintain temperatures that meet food safety standards during the timeframe of the route. The grantee will document and keep on file the temperatures for quarterly review by a registered dietitian (RD).
    - ii. Monitor the food safety and sanitation of the home-delivered meal routes including but not limited to the packing, transporting, and delivery of meals. A qualified staff member, trained by a food safety manager or RD, may monitor routes, and document and submit the results to the agency within two weeks of the monitoring. The grantee will monitor each home-delivered meal route, at minimum, two (2) times per year.
10. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS OCP. The grantee will share the survey results 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 the average number of meals served daily.
  11. 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 the CCR Title 22 Regulations Sec. 7636.3 and DAS OCP policy memoranda.
  12. Grantee will ensure there is enough 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.
  13. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP and share the information with their staff and volunteers as needed.
  14. Grantee shall follow guidance or instructions from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments related to the provision of services in the community. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest



requirements. The grantee shall follow the requirements with the intent to maximize the health and safety of their staff and clients receiving services

15. Grantee will have knowledge of the DAS Benefits and Resource Hub services and will make referrals based on clients' needs.

## 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 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>
Number of Unduplicated Consumers (UDC)	1,700	1,200	1,200	1,200
Modification 1	+400	0	0	0
Revised	2,100	1,200	1,200	1,200
Modification 2		+630	+216	+216
Revised		1,830	1,416	1,416
Modification 3		+330	+0	+0
Revised		2,160	1,416	1,416
Modification 4		+80	0	0
Revised		2,240	1,416	1,416
Modification 5			+500	+250
Revised			1,916	1,666
Number of Meals (UOS)	163,081	62,655	62,655	62,655
Modification 1	+68,500	+24,563	0	0
Revised	231,581	87,218	62,655	62,655
Modification 2		+79,385	+47,801	+47,801
Revised		166,603	110,456	110,456
Modification 3		+46,000	+0	+0
Revised		212,603	110,456	110,456
Modification 4		+8,735	0	0
Revised		221,338	110,456	110,456
Modification 5			+107,821	+58,473
Revised			218,277	168,929

## VIII. Outcome Objectives

1. Consumers report increased consumption of fruits, vegetables, and/or whole grains. Target: 75%.
2. Consumers feel less worried about getting enough food to meet their needs. Target: 85%.

3. Consumers rate the quality of meals they received as excellent or good. Target: 85%.
4. Consumers feel a greater sense of connection to their community. Target: 85%.
5. Consumers feel safe and welcomed by program staff. Target: 85%.

Based on a consumer survey and a sample size equal to or 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, and the food security screening into the SF DAS GetCare database in accordance to DAS OCP policy memorandum.
2. Grantee will enter into the SF DAS GetCare Service Unit section all service objectives by the 5th working day of the month for the preceding month. Grantee will ensure meal reporting in SF DAS GetCare accurately reflects the type of meal service provided (i.e., congregate meal and to-go meal).
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 and adults with disabilities connect to services throughout the City. These Focal Points are:

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509
Downtown SF Senior Center	481 O’Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Leah Walton  
 Nutritionist  
 DAS OCP  
 email: leah.walton@sfgov.org

and

Krystal Rogers  
 Contract Manager  
 HSA OCM  
 email: krystal.rogers@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 SF DAS 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
BY PROGRAM**

Bayview Hunters Point Multipurpose Senior Services

(Please enter agency name here)

(Check One) New  Renewal  Modification  x

If modification, Effective Date of Mod. 2/7/24 N 3

Program: ENP

Budget Reference Page No.(s)	Revised	Revised	Original	Modification	Revised	Original	Modification	Revised	Total
Program Term	FY 21/22	FY 22/23		FY 23/24			Fy 24/25		
<b>Annual # Meals Contracted</b>	231,581	220,569	110,456	107,821	218,277	110,456	58,473	168,929	839,356
<b>DAS Expenditures</b>									
Salaries & Benefits	\$799,896	\$795,946	\$452,252	\$395,153	\$847,405	\$452,252	\$216,358	\$668,610	\$3,111,857
Operating Expenses	\$1,042,882	\$1,041,132	\$467,685	\$502,703	\$970,388	\$467,685	\$270,564	\$738,249	\$3,792,651
<b>Subtotal</b>	<b>\$1,842,778</b>	<b>\$1,837,078</b>	<b>\$919,937</b>	<b>\$897,856</b>	<b>\$1,817,793</b>	<b>\$919,937</b>	<b>\$486,922</b>	<b>\$1,406,859</b>	<b>\$6,904,508</b>
Indirect Percentage (%)	10.00%	10.00%	6.00%	10.00%	10.00%	6.00%	10.00%	10.00%	
Indirect Cost	\$184,277	\$183,708	\$91,994	\$89,787	\$181,781	\$91,994	\$48,693	\$140,687	\$690,457
Capital/Subcontractor Expenditures	\$6,375	\$55,840							\$62,215
NCQA Expenditures	\$14,342	\$14,342	\$14,342		\$14,342	\$14,342		\$14,342	\$57,368
<b>Total DAS Expenditures</b>	<b>\$2,047,772</b>	<b>\$2,090,968</b>	<b>\$1,026,274</b>	<b>\$987,644</b>	<b>\$2,013,918</b>	<b>\$1,026,274</b>	<b>\$535,616</b>	<b>\$1,561,890</b>	<b>\$7,714,548</b>
<b>Non DAS Expenditures</b>									
Salaries & Benefits	\$86,325	\$54,148	\$54,148		\$54,148	\$54,148		\$54,148	\$248,769
Operating Expenses	\$16,308	\$21,786	\$21,786		\$21,786	\$21,786		\$21,786	\$97,186
Capital/Subcontractor Expenditures									
NCQA Expenditures									
<b>Total Non DAS Expenditures</b>	<b>\$102,633</b>	<b>\$75,934</b>	<b>\$75,934</b>		<b>\$75,934</b>	<b>\$75,934</b>		<b>\$75,934</b>	<b>\$345,955</b>
<b>TOTAL DAS AND NON DAS EXPEDITURES</b>	<b>\$2,150,405</b>	<b>\$2,166,902</b>	<b>\$1,102,208</b>	<b>\$987,644</b>	<b>\$2,089,852</b>	<b>\$1,102,208</b>	<b>\$535,616</b>	<b>\$1,637,824</b>	<b>\$3,387,228</b>
<b>DAS Revenues</b>									
Meals- General Fund	\$2,033,430	\$2,076,627	\$1,011,932	\$987,644	\$1,999,576	\$1,011,932	\$535,616	\$1,547,548	\$7,657,181
Meals- State Fund									
Meals- Federal Fund									
NCQA Fund	\$14,342	\$14,342	\$14,342		\$14,342	\$14,342		\$14,342	\$57,368
<b>Total DAS Revenue</b>	<b>\$2,047,772</b>	<b>\$2,090,968</b>	<b>\$1,026,274</b>	<b>\$987,644</b>	<b>\$2,013,918</b>	<b>\$1,026,274</b>	<b>\$535,616</b>	<b>\$1,561,890</b>	<b>\$7,714,548</b>
PER MEAL COST, DAS	\$8.75	\$9.16	\$9.16	\$9.16	\$9.16	\$9.16	\$9.16	\$9.16	\$9.12
PER MEAL COST (with NCQA), DAS	\$8.84	\$9.47	\$9.47		\$9.22	\$8.72		\$9.24	\$9.00
<b>Non DAS Revenues</b>									
Project Income	\$18,922	\$10,922	\$10,922		\$10,922	\$10,922		\$10,922	\$51,688
Agency Cash- Fundraising	\$10,619	\$11,426	\$11,426		\$11,426	\$11,426		\$11,426	\$60,417
Agency In-kind Volunteer	\$56,784	\$47,320	\$47,320		\$47,320	\$47,320		\$47,320	\$198,744
Food Bank Donation	\$16,308	\$6,266	\$6,266		\$6,266	\$6,266		\$6,266	\$35,106
<b>Total Non DAS Revenue</b>	<b>\$102,633</b>	<b>\$75,934</b>	<b>\$75,934</b>		<b>\$75,934</b>	<b>\$75,934</b>		<b>\$75,934</b>	<b>\$345,955</b>
PER MEAL COST, Non DAS	\$0		\$1			\$1			\$0
PER MEAL COST (with NCQA), Non DAS	\$0	\$0	\$1			\$1		\$0	\$0
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$2,150,405</b>	<b>\$2,166,902</b>	<b>\$1,102,208</b>	<b>\$987,644</b>	<b>\$2,089,852</b>	<b>\$1,102,208</b>	<b>\$535,616</b>	<b>\$1,637,824</b>	<b>\$3,387,228</b>
PER MEAL COST, Total	\$9	\$9	\$10	\$9	\$9	\$10		\$9	\$10
PER MEAL COST (with NCQA), Total	\$9	\$10	\$10		\$9	\$10		\$10	\$9
Full Time Equivalent (FTE)			19.21			19.21			76.85

Prepared by:

Date: 5/10/18

HSA-CO Review Signature:

HSA #1

10/25/2016



Program:ENP  
(Same as Line 11 on HSA #1)

Appendix B-3, Page 3  
Document Date: February 2024

Operating Expense Detail											
Annual # Meals Contracted	Revised	Revised	Original	Modification	Revised	Original	Modification	Revised	Total		
	FY 21/22	FY 22/23	FY 23/24	FY 23/24	FY 23/24	FY 24/25	FY 24/25	FY 24/25			
	231,581	220,569	110,456	107,821	218,277	110,456	58,473	168,929	839,356		
<b>DAS Operating Expenses</b>											
<i>Expenditure Category</i>											
Rental of Property	\$5,760	\$5,760	\$5,760		\$5,760	\$5,760		\$5,760	\$23,040		
Utilities (Elec, Water, Gas, Phone, Garbage)	\$33,175	\$39,358	\$18,175	\$21,183	\$39,358	\$18,175	\$11,183	\$29,358	\$141,249		
Office Supplies, Postage	\$4,900	\$2,400	\$2,400		\$2,400	\$2,400		\$2,400	\$12,100		
Building Maintenance Supplies and Repair	\$25,155	\$27,885	\$7,385	\$19,267	\$26,652	\$7,385	\$9,267	\$16,652	\$96,344		
Printing and Reproduction											
Insurance	\$11,546	\$12,491	\$8,696	\$3,795	\$12,491	\$8,696	\$1,950	\$10,646	\$47,174		
Staff Training	\$4,000								\$4,000		
Staff Travel-(Local & Out of Town)											
Rental of Equipment											
<i>Food Cost</i>											
Raw Food <i>per meal</i> \$3.00	\$3.65	\$0.50	\$845,271	\$767,484	\$365,572	\$393,547	\$759,119	\$365,572	\$213,427	\$578,999	\$2,950,873
Cong Food Svc Supplies <i>per meal</i> \$0.20	\$0.30	\$0.50	\$69,474	\$107,153	\$52,096	\$53,911	\$106,007	\$417,668	\$29,237	\$81,333	\$363,967
Catered Meals <i>per meal</i>								\$52,096			
<i>Consultant</i>											
Consultant A											
<i>Other</i>											
DMV Registration	\$1,881	\$2,881	\$1,881	\$1,000	\$2,881	\$1,881	\$500	\$2,381	\$10,024		
Gas and Car Rental	\$11,720	\$15,720	\$5,720	\$5,000	\$10,720	\$5,720	\$2,500	\$8,220	\$46,380		
Small Equipment	\$30,000	\$20,000		\$5,000	\$5,000		\$2,500	\$2,500	\$57,500		
Contract Services		\$40,000							\$40,000		
<b>Total DAS Operating Expenses</b>	<b>\$1,042,882</b>	<b>\$1,041,132</b>	<b>\$467,685</b>	<b>\$502,703</b>	<b>\$970,388</b>	<b>\$467,685</b>	<b>\$270,564</b>	<b>\$738,249</b>	<b>\$3,792,651</b>		
<b>Non DAS Operating Expenses</b>											
<i>Expenditure Category</i>											
Rental of Property											
Utilities (Elec, Water, Gas, Phone, Garbage)											
Office Supplies, Postage											
Building Maintenance Supplies and Repair		\$4,800	\$4,800		\$4,800	\$4,800		\$4,800	\$14,400		
Printing and Reproduction											
Insurance											
Staff Training		\$4,000	\$4,000		\$4,000	\$4,000		\$4,000	\$12,000		
Staff Travel-(Local & Out of Town)											
Rental of Equipment											
<i>Food Cost</i>											
Raw Food <i>per meal</i> \$0.10		\$16,308	\$6,266	\$6,266	\$6,266	\$6,266		\$6,266	\$35,106		
Cong Food Svc Supplies <i>per meal</i>											
Catered Meals <i>per meal</i>											
<i>Consultant</i>											
Consultant A											
<i>Other</i>											
Small Equipment and supplies		\$3,840	\$3,840		\$3,840	\$3,840		\$3,840	\$11,520		
Car Repair		\$2,880	\$2,880		\$2,880	\$2,880		\$2,880	\$8,640		
<b>Total Non DAS Operating Expenses</b>	<b>\$16,308</b>	<b>\$21,786</b>	<b>\$21,786</b>		<b>\$21,786</b>	<b>\$21,786</b>		<b>\$21,786</b>	<b>\$81,666</b>		
<b>Total DAS and Non DAS Operating Expenses</b>	<b>\$1,059,190</b>	<b>\$259,349</b>	<b>\$259,349</b>		<b>\$259,349</b>	<b>\$489,471</b>		<b>\$760,035</b>	<b>\$2,337,923</b>		

HSA #3

10/25/2016

Program:ENP  
 (Same as Line 11 on HSA #1)

Appendix B-3, Page 4  
 Document Date: February 2024

**Capital & Subcontractor Expenditure Detail**

DAS Capital Expenditure Equipment (Qty)	Revised	Revised			
	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
Food Sealer	\$6,375				\$6,375
Ford Transit connect		\$38,000			\$38,000
Multiple Mobile Carts		\$1,425			\$1,425
Smallwares & Serving Equipment		\$4,153			\$4,153
Steam tables		\$2,300			\$2,300
Steel Work Tables		\$1,960			\$1,960
Cabinets		\$8,002			\$8,002
<b>Total Equipment Cost</b>	<b>\$6,375</b>	<b>\$55,840</b>			<b>\$62,215</b>
<u>Remodeling</u>			FY 23/24	FY 24/25	Total
<b>Total Remodeling Cost</b>					
<u>Subcontractor</u>			FY 23/24	FY 24/25	Total
<b>Total Subcontractor Cost</b>					
<b>Total DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$6,375</b>	<b>\$55,840</b>			<b>\$62,215</b>
<b>Non DAS Capital Expenditure</b>					
<u>Equipment (Qty)</u>			FY 23/24	FY 24/25	Total
<b>Total Equipment Cost</b>					
<u>Remodeling</u>			FY 23/24	FY 24/25	Total
<b>Total Remodeling Cost</b>					
<u>Subcontractor</u>			FY 23/24	FY 24/25	Total
<b>Total Subcontractor Cost</b>					
<b>Total Non DAS Capital &amp; Subcontractor Expenditure</b>					
<b>Total DAS and Non DAS Capital &amp; Subcontractor Expenditure</b>					

HSA #4

10/25/2016



Program:ENP  
 (Same as Line 11 on HSA #1)

Appendix B-3, Page 5  
 Document Date: February 2024

**NCQA Expenditure Detail**

<b>DAS NCQA Expenditure</b>							
	Unit price	Unit	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
Menu planning and nutrition analysis	\$739.00 /set	2.00	\$1,478	\$1,478	\$1,478	\$1,478	\$5,912
Kitchen and food service monitoring	\$688.00	8.00	\$5,504	\$5,504	\$5,504	\$5,504	\$22,016
Congregate site monitoring	\$264.00	16.00	\$4,224	\$4,224	\$4,224	\$4,224	\$16,896
Nutrition education	\$112.00	16.00	\$1,792	\$1,792	\$1,792	\$1,792	\$7,168
Nutrition counseling (optional)	/hour						
In-service training	\$112.00 /training	12.00	\$1,344	\$1,344	\$1,344	\$1,344	\$5,376
<b>Total DAS NCQA Expenditure</b>			<b>\$14,342</b>	<b>\$14,342</b>	<b>\$14,342</b>	<b>\$14,342</b>	<b>\$57,368</b>
<b>Non DAS NCQA Expenditure</b>							
	Unit price	Unit	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
Menu planning and nutrition analysis	/set	2.00					
Kitchen and food service monitoring		8.00					
Congregate site monitoring		16.00					
Nutrition education							
Nutrition counseling (optional)	/hour						
In-service training	/training	12.00					
<b>Total Non DAS NCQA Expenditure</b>							
<b>Total DAS and Non DAS NCQA Expenditure</b>			<b>\$14,342</b>	<b>\$14,342</b>	<b>\$14,342</b>	<b>\$14,342</b>	<b>\$57,368</b>

HSA #4

10/25/2016

**Appendix A-2 - Services to be Provided**  
**Bayview Hunters Point Multipurpose Senior Services**  
 Congregate Nutrition Services for Adults with Disabilities

July 1, 2021 – June 30, 2025

**I. Purpose**

The purpose of this grant is to provide congregate nutrition services for adults with disabilities living in the City and County of San Francisco. Congregate nutrition services include the provision of nutritious meals, nutrition education, and nutrition risk screening. Congregate nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition, and reduced isolation, and serve as an access point for other home and community-based services.

**II. Definitions**

Grantee	Bayview Hunters Point Multipurpose Senior Services (BHMPSS)
Adult with a Disability	A person 18-59 years of age living with a disability.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-line System.
CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.

Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
Congregate Nutrition Services	The procurement, preparation, transporting and serving of meals that meet nutrition requirements to eligible consumers in a group setting. Congregate nutrition services also include nutrition education, health promotion, and nutrition risk screening
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of congregate and home-delivered meal nutrition services participants. <a href="http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf">http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf</a>
DGA/Dietary Guidelines for Americans	Evidence-based food and beverage recommendations for Americans ages two (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).
DRI/ Dietary Reference Intakes	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations.
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)

LGBTQ+	An acronym/term used to refer to persons who self-identify as non -heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
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 enrollment and/or participation is not means tested. Consumers self-report income status.
Menu Planning and Analysis	The development of a menu cycle that adheres to DAS OCP and CDA menu standards and the nutrition requirements of meals. A Registered Dietitian conducts the menu analysis, and the analysis will demonstrate adherence to the menu standards and nutrition requirements of the meals. (CDA Program Memo 12-17 as amended)
NCQA	Nutrition Compliance and Quality Assurance are components of congregate and home-delivered nutrition services that are programmatically required and include, but are not limited to, actions that ensure food safety, certify menu compliance, provide nutrition education, confirm consumer eligibility, and assess consumers' physiological, socioeconomic, and psychological well-being as well as need for nutrition and other supportive services. NCQA also includes nutrition counseling performed by a registered dietitian, when feasible and appropriate.
Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code. (CCR Title 22 Sec. 7630)

Nutrition Education Session	An intervention targeting participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian. (CDA Program Memo 21-23)
Nutrition Requirements of Meals	Each meal provided through congregate and home-delivered nutrition services shall adhere to the current <a href="#">Dietary Guidelines for Americans</a> (DGA) and provide a minimum of one-third of the <a href="#">Dietary Reference Intakes</a> (DRI). (CCR Title 22 Sec. 7638.5)
Nutrition Screening	Completion of a nutrition screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994. (CCR Title 22 Sec. 7630)
Nutrition Services	The procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes. (CCR Title 22 Sec. 7630)
OCP	Office of Community Partnerships.
OCM	Office of Contract Management, San Francisco Human Services Agency.
Registered Dietitian (RD)/ Registered Dietitian Nutritionist (RDN)	Registered Dietitian or Registered Dietitian Nutritionist: An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration.
SF DAS 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.
SF-HSA	Human Services Agency of the City and County of San Francisco.

Socially Isolated	Having few social relationships and few people to interact with regularly.
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> ).
To-Go Meal	A meal provided by the congregate nutrition service grantee that is picked up or delivered and consumed off-site by an eligible consumer.
Unduplicated Consumer (UDC)	An individual who participates in congregate nutrition services and their participation is reflected in SF DAS GetCare by the grantee.

### III. Target Populations

This program is designed to serve all ethnicities and populations, with focused expertise to promote unique cultural needs which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English- speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

### IV. Eligibility for Services

1. A person who is an adult with a disability.
2. A spouse or domestic partner accompanying an eligible adult with a disability at the meal program regardless of age. A spouse or domestic partner is as defined by law and/or as in chapter 12B of the San Francisco Administrative Code.

### V. Location and Time of Services

The grantee will provide congregate nutrition services in the City and County of San Francisco. The grantee, with approval from DAS OCP, will determine the location(s) and time(s) for the provision of congregate nutrition services.

### VI. Description of Services and Program Requirements

1. Grantee will develop and maintain nutrition policies and procedures that meet the nutrition and food service standards set forth by California Retail Food Code (CRFC), CCR Title 22, CDA, and DAS OCP.
2. Grantee will provide congregate nutrition services for adults with disabilities. The provision of services 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. If the grantee provides three meals per day, the meals must contain 100% of the DRIs. The grantee may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs.
  - c. Annual nutrition screenings for each consumer and documentation of individual responses in SF DAS GetCare within one month of obtaining them. Required screenings include a nutritional risk screening using the DETERMINE Checklist and a food security screening. The grantee will refer clients screened at high nutritional risk to the DAS funded citywide nutrition counseling and education program.
3. Grantee may provide to-go meals for adults with disabilities through their congregate nutrition service program. To-go meals may only be provided as an additional service option for consumers. The grantee may not replace the conventional style of congregate nutrition services (i.e., meals consumed on site and in a group setting) with a to-go meal service model exclusively.
4. Grantee may offer planned person-to-person interactions for consumers receiving to-go meals however, these interactions are not required to provide to-go meals. The availability of person-to-person interactions and a consumer's decision to participate will determine how the grantee reports the meal to DAS and in SF DAS GetCare. The grantee may provide to-go meals using one of the following models of service:
  - a. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee organizes in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. The grantee must document and track the consumer's intent to participate in the organized activity. The grantee is not responsible for ensuring that the consumer attends the organized activity. If a consumer declines participation in the grantee's organized activity all the time or most of the time (e.g., three out of five days or four out of seven days), additional documentation is required and described in number five (5) below.
  - b. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee

does not organize in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. This service model also requires the additional documentation described in number five (5) below.

- c. The grantee's provision of to-go meals uses service model 4a. and 4b.
5. The additional documentation required if the grantee provides to-go meals without offering person to person interactions or if the consumer declines participation in the grantee's organized activity all the time or most of the time is the following:
  - a. The grantee will conduct an initial assessment that confirms a consumer's need for to-go meals without organized in-person or virtual interaction by reason of illness or disability, or otherwise isolated. The term "otherwise isolated" may be interpreted as isolation related to not being comfortable with dining in a group setting. The initial assessment must be completed within two (2) weeks from the start of service. The initial assessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the initial assessment must be completed in the consumer's home by the grantee.
  - b. The grantee will conduct quarterly reassessments that confirm a consumer's continued need for to-go meals without organized in-person or virtual interaction. The quarterly reassessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the grantee must complete quarterly reassessments in the consumer's home every other quarter. (i.e., initial assessment conducted in the home; quarter 2 reassessment over the phone; quarter 3 reassessment conducted in the home; quarter 4 reassessment over the phone; quarter 5 reassessment in the home, quarter 6 reassessment over the phone, etc.).
6. Grantee will provide consumers who receive to-go meals the following information, at minimum: safe food handling instructions for the meal, reheating instructions if applicable, voluntary contribution policy and collection procedures, grievance policy, and information on how to request assistance, if needed. If the meals are delivered, the grantee will provide a meal delivery schedule and a copy of the approved cycle menu.
7. 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 congregate nutrition services. 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.
8. Grantee shall serve and package meals in compliance with the City's Food Service Waste Reduction Ordinance (2007) and Single-Use Foodware Plastics Toxics and Litter Reduction Ordinance (2019).
9. Grantee will conduct Nutrition Compliance-Quality Assurance (NCQA) as follows:
  - a. 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



menu analysis. The registered dietitian (RD) on staff or consultant RD must participate in menu planning and complete the corresponding nutrient analysis. The grantee may seek approval to submit a cycle menu with fewer weeks. DAS OCP will review requests for exceptions and approve if appropriate.

- b. Document menu substitutions. The RD on staff or consultant RD must review and approve menu substitutions in advance of their use.
- c. Provide a nutrition education session at least once per quarter and a minimum of four (4) times during the fiscal year to consumers participating in services. The grantee may deliver a session in person or via video, audio, online, or the distribution of hardcopy materials. The grantee must report nutrition education sessions in SF DAS GetCare and include the estimated number of participants.
- d. Conduct and document an on-site HACCP safety and sanitation monitoring of the production kitchen at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff or consultant RD must conduct and document the results of the HACCP safety and sanitation monitoring. HACCP monitoring must also include, but is not limited to the review of quarterly congregate site monitoring reports.
- e. Conduct and document an on-site HACCP safety and sanitation monitoring of each congregate meal site at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff, consultant RD, or a qualified staff member must conduct and document the results of the HACCP safety and sanitation monitoring for each site.
- f. Provide orientation and training to all new staff, paid and volunteers, to perform their assigned responsibilities and tasks as described in the CCR Title 22 Regulations Sec. 7636.5. Training, at a minimum, shall include:
  - (1) Food safety, prevention of foodborne illness, and HACCP principles.
  - (2) Accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
- g. Provide in-service training for nutrition program staff (e.g. food service and delivery workers) at least once per quarter and a minimum four (4) times during the fiscal year as described in the CCR-Title 22 Regulations Sec. 7636.5 and DAS OCP policy memoranda. The grantee will also 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.
- h. If to-go meals are delivered by the grantee the following additional NCQA activities are required:
  - i. Conduct end-of-route home-delivered meal temperature checks every other week per route to ensure the meals maintain temperatures that meet food safety standards during the timeframe of the route. The grantee will document and keep on file the temperatures for quarterly review by a registered dietitian (RD).

- ii. Monitor the food safety and sanitation of the home-delivered meal routes including but not limited to the packing, transporting, and delivery of meals. A qualified staff member, trained by a food safety manager or RD, may monitor routes, and document and submit the results to the agency within two weeks of the monitoring. The grantee will monitor each home-delivered meal route, at minimum, two (2) times per year.
10. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS OCP. The grantee will share the survey results 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 the average number of meals served daily.
  11. 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 the CCR Title 22 Regulations Sec. 7636.3 and DAS OCP policy memoranda.
  12. Grantee will ensure there is enough 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.
  13. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP and share the information with their staff and volunteers as needed.
  14. Grantee shall follow guidance or instructions from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments related to the provision of services in the community. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. The grantee shall follow the requirements with the intent to maximize the health and safety of their staff and clients receiving services
  15. Grantee will have knowledge of the DAS Benefits and Resource Hub services and will make referrals based on clients' needs.

**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 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>
Number of Unduplicated Consumers (UDC)	240	150	150	150
Modification 1	0	0	0	0

Revised	240	150	150	150
Modification 2		+35	+35	+35
Revised		185	185	185
Modification 3		0	0	0
Revised		185	185	185
Modification 4			+15	+10
Revised			200	195
Number of Meals (UOS)	22,397	9,972	9,972	9,972
Modification 1	+1,000	0	0	0
Revised	23,397	9,972	9,972	9,972
Modification 2		+12,095	+12,095	+12,095
Revised		22,067	22,067	22,067
Modification 3		2,000	0	0
Revised		24,067	22,067	22,067
Modification 4			+10,322	+3,232
Revised			32,389	25,299

### VIII. Outcome Objectives

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

Based on a consumer survey and a sample size equal to or 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 and the food security screening, into the SF DAS GetCare database in accordance to DAS OCP policy memorandum.
2. Grantee will enter into the SF DAS GetCare Service Unit section all service objectives by the 5th working day of the month for the preceding month. Grantee will ensure meal reporting in SF DAS GetCare accurately reflects the type of meal service provided (i.e., congregate meal and to-go meal).
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 and adults with disabilities connect to services throughout the City. These Focal Points are:

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509

Downtown SF Senior Center	481 O'Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Leah Walton  
Nutritionist  
DAS OCP  
email: [leah.walton@sfgov.org](mailto:leah.walton@sfgov.org)

and

Krystal Rogers  
Contract Manager  
HSA OCM  
email: [krystal.rogers@sfgov.org](mailto:krystal.rogers@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 SF DAS 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
BY PROGRAM**

Bayview Hunters Point Multipurpose Senior Services  
(Please enter agency name here)

(Check One) New  Renewal  Modification   
If modification, Effective Date of Mod. 2/7/24 No. of Mod. 2

Program: AWD

Budget Reference Page No.(s)	Revised	Revised	Original	Modification	Revised	Original	Modification	Revised	Total	Average cost/meal
Program Term	FY 21/22	FY 22/23	FY 23/24			FY 24/25			Total	
<b>Annual # Meals Contracted</b>	22,397	25,372	22,067	10,322	32,389	22,067	3,232	25,299	105,457	
<b>DAS Expenditures</b>										
Salaries & Benefits	\$106,377	\$103,265	\$89,096	\$44,143	\$133,239	\$ 89,096	\$15,065	\$104,161	\$447,042	\$4.24
Operating Expenses	\$86,327	\$112,617	\$98,662	\$47,995	\$146,657	\$ 98,662	\$15,801	\$114,463	\$480,064	\$4.36
<b>Subtotal</b>	<b>\$192,704</b>	<b>\$215,882</b>	<b>\$187,758</b>	<b>\$92,138</b>	<b>\$279,896</b>	<b>\$ 187,758</b>	<b>\$30,866</b>	<b>\$218,624</b>	<b>\$907,106</b>	<b>\$8.60</b>
Indirect Percentage (%)	6.00%	6.00%	6.00%	6.00%	6.00%	6.00%	6.00%	6.00%		
Indirect Cost	\$11,563	\$12,953	\$11,266	\$5,529	\$16,795	\$ 11,266	\$1,853	\$13,119	\$54,430	\$0.52
Capital/Subcontractor Expenditures	\$1,125								\$1,125	\$0.01
<b>Total DAS Expenditures</b>	<b>\$205,392</b>	<b>\$228,837</b>	<b>\$199,026</b>	<b>\$97,667</b>	<b>\$296,693</b>	<b>\$ 199,026</b>	<b>\$32,719</b>	<b>\$231,745</b>	<b>\$962,667</b>	<b>\$9.13</b>
<b>Non DAS Expenditures</b>										
Salaries & Benefits	\$11,869	\$6,144	\$6,144		\$6,144	\$ 6,144		\$6,144	\$30,301	\$0.29
Operating Expenses	\$4,374	\$3,131	\$3,131		\$3,131	\$ 3,131		\$3,131	\$13,767	\$0.13
Capital/Subcontractor Expenditures										
NCQA Expenditures										
<b>Total Non DAS Expenditures</b>	<b>\$16,243</b>	<b>\$9,275</b>	<b>\$9,275</b>		<b>\$9,275</b>	<b>\$ 9,275</b>		<b>\$9,275</b>	<b>\$44,068</b>	<b>\$0.42</b>
<b>TOTAL DAS AND NON DAS EXPENDITURES</b>	<b>\$221,635</b>	<b>\$238,112</b>	<b>\$208,299</b>	<b>\$97,667</b>	<b>\$305,968</b>	<b>\$ 208,299</b>	<b>\$32,719</b>	<b>\$241,020</b>	<b>\$1,006,735</b>	<b>\$9.55</b>
<b>DAS Revenues</b>										
Meals- General Fund	\$205,392	\$228,837	\$199,026	\$97,667	\$296,693	\$ 199,026	\$32,719	\$231,745	\$962,667	\$ 9.13
Meals- State Fund										\$ -
Meals- Federal Fund										\$ -
										\$ -
										\$ -
										\$ -
<b>Total DAS Revenue</b>	<b>\$205,392</b>	<b>\$228,837</b>	<b>\$199,026</b>	<b>\$97,667</b>	<b>\$296,693</b>	<b>\$ 199,026</b>	<b>\$32,719</b>	<b>\$231,745</b>	<b>\$962,667</b>	<b>\$ 9.13</b>
PER MEAL COST, DAS	9.17	\$9.02	26.56	24.87	9.16	26.56	24.87	9.16	\$37	
PER MEAL COST (with NCQA), DAS	\$9	\$9	8.50		9.16	8.50		9.16	\$37	
<b>Non DAS Revenues</b>										
Project Income	\$2,102	\$1,102	\$1,102		\$1,102	\$ 1,102		\$1,102	\$5,408	\$ 0.05
Agency Cash- Fundraising	\$4,093	\$1,971	\$1,971		\$1,971	\$ 1,971		\$1,971	\$10,006	\$ 0.09
Agency In-kind Volunteer	\$7,808	\$5,205	\$5,205		\$5,205	\$ 5,205		\$5,205	\$23,423	\$ 0.22
Food Bank Donation	\$2,240	\$997	\$997		\$997	\$ 997		\$997	\$5,231	\$ 0.05
										\$ -
										\$ -
NCQA Revenue										\$ -
<b>Total Non DAS Revenue</b>	<b>\$16,243</b>	<b>\$9,275</b>	<b>\$9,275</b>		<b>\$9,275</b>	<b>\$ 9,275</b>		<b>\$9,275</b>	<b>\$44,068</b>	<b>\$ 0.42</b>
PER MEAL COST, Non DAS	\$1	\$0	\$1		\$ 1	\$ 1		\$1	\$2	
PER MEAL COST (with NCQA), Non DAS	\$1	\$0	\$1		\$ 1	\$ 1		\$1	\$2	
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$221,635</b>	<b>\$238,112</b>	<b>\$208,299</b>	<b>\$97,667</b>	<b>\$305,968</b>	<b>\$ 208,299</b>	<b>\$32,719</b>	<b>\$241,020</b>	<b>\$1,006,735</b>	<b>\$ 9.55</b>
PER MEAL COST, Total	\$10	\$9	\$9		\$9	\$ 9		\$10	\$38	
PER MEAL COST (with NCQA), Total	\$10	\$9	\$9		\$9	\$ 9		\$10	\$38	
Full Time Equivalent (FTE)			17.41			17.41				
Prepared by:										Date: 5/10/18
HSA-CO Review Signature:										
HSA #1										10/25/2016

Program: AWD  
(Same as Line 11 on HSA #1)

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Document Date: February 2024

**Salaries & Benefits Detail**

DAS Salaries & Benefits	Agency Totals				Adjusted FTE Fy 23-24	FY 21/22	FY 22/23	FY 23-24			FY24/25			Total Budgeted Salary
	Annual Full Time Salary for FTE	Annual Full Time Salary for FTE FY 22-23	Annual Full Time Salary for FTE FY 23-24			Revised	Revised	Original	Modification	Revised	Original	Modification	Revised	
Executive Chef	\$87,552	\$94,896	\$96,704	0.12	\$9,920	\$10,439	\$9,920	\$1,924	\$11,844	\$9,920		\$9,920	\$42,123	
Food Service Coordinator	\$58,240	\$63,120	\$65,666	0.12	\$6,598	\$6,943	\$6,221	\$1,658	\$7,879	\$6,221		\$6,221	\$27,641	
Cook	\$52,000		\$43,264	0.12	\$6,292			\$5,191	\$5,191				\$11,483	
Kitchen Assistant/Maintenance	\$45,760	\$51,446	\$53,498	0.12	\$5,185	\$5,659	\$5,185	\$1,234	\$6,419	\$5,185	\$308	\$5,493	\$22,756	
WASC Site Manager	\$45,760	\$41,954	\$39,520	0.12	\$5,185	\$4,615	\$4,195	\$547	\$4,742	\$4,195	\$136	\$4,331	\$18,873	
Cook	\$47,840	\$48,162	\$50,107	0.05	\$5,420			\$2,508	\$2,508		\$375	\$375	\$8,303	
Food Service Assistant	\$36,400	\$40,500	\$45,760	0.12	\$3,093	\$4,050	\$4,050	\$1,441	\$5,491	\$4,050	\$1,110	\$5,160	\$17,794	
Food Service Assistant	\$41,600	\$45,973	\$47,798	0.12	\$5,136	\$5,180	\$4,597	\$1,138	\$5,735	\$4,597	\$284	\$4,881	\$20,932	
Rosa Parks Site Manager	\$37,440	\$41,595	\$42,120	0.12	\$1,856	\$2,079	\$2,079	\$2,975	\$5,054	\$2,079	\$743	\$2,822	\$11,811	
Dr Davis Site Manager	\$39,520	\$43,784	\$45,531	0.12	\$4,477	\$4,816	\$4,378	\$1,085	\$5,463	\$4,378	\$271	\$4,649	\$19,405	
Food Service Assistant	\$39,520	\$45,973	\$47,798	0.12	\$4,948	\$5,557	\$4,597	\$1,138	\$5,735	\$4,597	\$285	\$4,882	\$21,122	
Driver	\$36,400	\$40,500	\$42,120	0.12	\$4,124	\$2,000		\$5,054	\$5,054		\$1,263	\$1,263	\$12,441	
Driver	\$44,440	\$50,352	\$52,374	0.12	\$5,535	\$5,539	\$5,035	\$1,250	\$6,285	\$5,035	\$312	\$5,347	\$22,706	
Kitchen Assistant/ Maintenance	\$36,400	\$38,311	\$45,760	0.12	\$2,002	\$3,831	\$3,831	\$1,660	\$5,491	\$3,831	\$1,390	\$5,221	\$16,545	
Cook		\$38,314	\$74,880	0.12		\$6,186	\$3,831	\$5,154	\$8,985	\$3,831	\$4,860	\$8,691	\$23,862	
Kitchen Assistant/Maintenance	\$54,080	\$65,676	\$46,342	0.12	\$6,051	\$8,424	\$6,567	(\$1,005)	\$5,562	\$6,567		\$6,567	\$26,604	
Food Service Assistants	\$36,400	\$40,500	\$42,120	0.12	\$6,006	\$4,117	\$4,050	\$1,004	\$5,054	\$4,050	\$251	\$4,301	\$19,478	
<b>Totals</b>	<b>\$739,352</b>	<b>\$791,056</b>	<b>\$883,362</b>	<b>0.12</b>	<b>\$81,828</b>	<b>\$79,435</b>	<b>\$68,536</b>	<b>\$33,956</b>	<b>\$102,492</b>	<b>\$68,536</b>	<b>\$11,588</b>	<b>\$80,124</b>	<b>\$343,879</b>	
Fringe Benefits Rate	30.00%													
Employee Fringe Benefits	\$221,806				\$24,549	\$23,830	\$20,560	\$10,187	\$30,747	\$20,560	\$3,477	\$24,037	\$103,163	
<b>Total DAS Salaries and Benefits</b>	<b>\$961,158</b>				<b>\$106,377</b>	<b>\$103,265</b>	<b>\$89,096</b>	<b>\$44,143</b>	<b>\$133,239</b>	<b>\$89,096</b>	<b>\$15,065</b>	<b>\$104,161</b>	<b>\$447,042</b>	
<b>Non DAS Salaries &amp; Benefits</b>	<b>Agency Totals</b>													
Position Title	Annual Full Time Salary for FTE												Total Budgeted Salary	
driver	\$36,400												\$2,402	
Date entry	\$52,520						\$722			\$722			\$2,888	
Volunteers	\$36,400						\$4,004			\$4,004			\$18,018	
<b>Totals</b>	<b>\$125,320</b>						<b>\$4,726</b>			<b>\$4,726</b>			<b>\$23,308</b>	
Fringe Benefits Rate	30.00%													
Employee Fringe Benefits	\$37,596						\$1,418			\$1,418			\$6,993	
<b>Total Non DAS Salaries and Benefits</b>	<b>\$162,916</b>						<b>\$6,144</b>			<b>\$6,144</b>			<b>\$30,301</b>	
<b>Total DAS and Non DAS Salaries and Benefits</b>	<b>\$1,124,074</b>						<b>\$48,469</b>			<b>\$48,469</b>			<b>\$256,088</b>	

HSA #2

10/25/2016



Program: AWD  
(Same as Line 11 on HSA #1)

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Document Date: February 2024

**Operating Expense Detail**

	Revised	Revised	Original	Modification	Revised	Original	Modification	Revised	Total
	FY 21/22	FY 22/23		FY 23/24		FY 24/25	Fy 24/25	FY 24/25	
	23,397	25,372	22,067	10,322	32,389	22,067	3,232	25,299	106,457
<b>DAS Operating Expenses</b>									
<u>Expenditure Category</u>									
Rental of Property	\$648	\$648	\$648	\$242	\$890	\$648	\$242	890	3,076
Utilities (Elec, Water, Gas, Phone, Garbage)	\$3,874	\$4,430	\$4,430	\$1,200	\$5,630	\$4,430	\$300	4,730	18,664
Office Supplies, Postage	\$330	\$330	\$330	\$200	\$530	\$330		330	1,520
Building Maintenance Supplies and Repair	\$1,769	\$3,976	\$3,276	\$1,338	\$4,614	\$3,276	\$300	3,576	13,935
Printing and Reproduction									
Insurance	\$1,313	\$1,230	\$1,030	\$500	\$1,530	\$1,030		1,030	5,103
Staff Training									
Staff Travel-(Local & Out of Town)									
Rental of Equipment									
<b>Food Cost</b>									
Raw Food <i>per meal</i>	\$3.45	\$3.65							
Cong Food Svc Supplies <i>per meal</i>	\$0.50								
Catered Meals <i>per meal</i>									
	\$71,361	\$87,533	\$76,131	\$38,971	\$115,102	\$31,788	\$13,092	89,223	363,219
	\$5,849	\$12,687	\$11,034	\$5,162	\$16,196	\$2,692	\$1,617	12,651	47,383
<u>Consultant</u>									
Consultant A									
<b>Other</b>									
DMV Registration	\$259	\$259	\$259		\$259	\$259		259	1,036
Gas and Car Rental	\$924	\$1,524	\$1,524	\$382	\$1,906	\$1,524	\$250	1,774	6,128
<b>Total DAS Operating Expenses</b>	<b>\$86,327</b>	<b>\$112,617</b>	<b>\$98,662</b>	<b>\$47,995</b>	<b>\$146,657</b>	<b>\$98,662</b>	<b>\$15,801</b>	<b>114,463</b>	<b>460,064</b>
<b>Non DAS Operating Expenses</b>									
<u>Expenditure Category</u>									
Rental of Property									
Utilities (Elec, Water, Gas, Phone, Garbage)									
Office Supplies, Postage									
Building Maintenance Supplies and Repair	\$660	\$660	\$660		\$660	\$660		660	2,640
Printing and Reproduction									
Insurance									
Staff Training	\$550	\$550	\$550		\$550	\$550		550	2,200
Staff Travel-(Local & Out of Town)									
Rental of Equipment									
<b>Food Cost</b>									
Raw Food <i>per meal</i>	\$2,240	\$997	\$997		\$997	\$997		997	5,231
Cong Food Svc Supplies <i>per meal</i>									
Catered Meals <i>per meal</i>									
<u>Consultant</u>									
<b>Other</b>									
Small Equipment and supplies	\$528	\$528	\$528		\$528	\$528		528	2,112
Car Repair	\$396	\$396	\$396		\$396	\$396		396	1,584
<b>Total Non DAS Operating Expenses</b>	<b>\$4,374</b>	<b>\$3,131</b>	<b>\$3,131</b>		<b>\$3,131</b>	<b>\$3,131</b>		<b>3,131</b>	<b>13,767</b>
<b>Total DAS and Non DAS Operating Expenses</b>		<b>\$40,767</b>	<b>\$40,767</b>		<b>\$40,767</b>	<b>\$40,767</b>		<b>\$40,767</b>	<b>122,301</b>

HSA #3

10/25/2016

Program: AWD  
 (Same as Line 11 on HSA #1)

Appendix B-2, Page 4  
 Document Date: February 2024

**Capital & Subcontractor Expenditure Detail**

DAS Capital Expenditure	Revised				Total
	F21/22	F22/23	F23/24	F24/25	
<u>Equipment (Qty)</u>					
	\$1,125				
Total Equipment Cost					
<u>Remodeling</u>	F21/22	F22/23	F23/24	F24/25	
Total Remodeling Cost					
<u>Subcontractor</u>	F21/22	F22/23	F23/24	F24/25	
Total Subcontractor Cost					
<b>Total DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$1,125</b>				<b>\$1,125</b>
<b>Non DAS Capital Expenditure</b>					
<u>Equipment (Qty)</u>	F21/22	F22/23	F23/24	F24/25	
Total Equipment Cost					
<u>Remodeling</u>	F21/22	F22/23	F23/24	F24/25	
Total Remodeling Cost					
<u>Subcontractor</u>	F21/22	F22/23	F23/24	F24/25	
Total Subcontractor Cost					
<b>Total Non DAS Capital &amp; Subcontractor Expenditure</b>					<b>\$1,125</b>
<b>Total DAS and Non DAS Capital &amp; Subcontractor Expenditure</b>					<b>\$1,125</b>
<b>HSA #4</b>					<b>10/25/2016</b>

**Appendix A-3 - Services to be Provided**  
**Centro Latino de San Francisco**  
 Congregate Nutrition Services for Adults with Disabilities

July 1, 2021 – June 30, 2025  
 Modification: February 7, 2024

**I. Purpose**

The purpose of this grant is to provide congregate nutrition services for adults with disabilities living in the City and County of San Francisco. Congregate nutrition services include the provision of nutritious meals, nutrition education, and nutrition risk screening. Congregate nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition, and reduced isolation, and serve as an access point for other home and community-based services.

**II. Definitions**

Grantee	Centro Latino de San Francisco
Adult with a Disability	A person 18-59 years of age living with a disability.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-line System.
CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.

Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
Congregate Nutrition Services	The procurement, preparation, transporting and serving of meals that meet nutrition requirements to eligible consumers in a group setting. Congregate nutrition services also include nutrition education, health promotion, and nutrition risk screening
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of congregate and home-delivered meal nutrition services participants. <a href="http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf">http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf</a>
DGA/Dietary Guidelines for Americans	Evidence-based food and beverage recommendations for Americans ages two (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).
DRI/ Dietary Reference Intakes	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations.
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)

HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)
LGBTQ+	An acronym/term used to refer to persons who self-identify as non -heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
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 enrollment and/or participation is not means tested. Consumers self-report income status.
Menu Planning and Analysis	The development of a menu cycle that adheres to DAS OCP and CDA menu standards and the nutrition requirements of meals. A Registered Dietitian conducts the menu analysis, and the analysis will demonstrate adherence to the menu standards and nutrition requirements of the meals. (CDA Program Memo 12-17 as amended)
NCQA	Nutrition Compliance and Quality Assurance are components of congregate and home-delivered nutrition services that are programmatically required and include, but are not limited to, actions that ensure food safety, certify menu compliance, provide nutrition education, confirm consumer eligibility, and assess consumers' physiological, socioeconomic, and psychological well-being as well as need for nutrition and other supportive services. NCQA also includes nutrition counseling performed by a registered dietitian, when feasible and appropriate.
Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code. (CCR Title 22 Sec. 7630)

Nutrition Education Session	An intervention targeting participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian. (CDA Program Memo 21-23)
Nutrition Requirements of Meals	Each meal provided through congregate and home-delivered nutrition services shall adhere to the current <a href="#">Dietary Guidelines for Americans</a> (DGA) and provide a minimum of one-third of the <a href="#">Dietary Reference Intakes</a> (DRI). (CCR Title 22 Sec. 7638.5)
Nutrition Screening	Completion of a nutrition screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994. (CCR Title 22 Sec. 7630)
Nutrition Services	The procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes. (CCR Title 22 Sec. 7630)
OCP	Office of Community Partnerships.
OCM	Office of Contract Management, San Francisco Human Services Agency.
Registered Dietitian (RD)/ Registered Dietitian Nutritionist (RDN)	Registered Dietitian or Registered Dietitian Nutritionist: An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration.
SF DAS 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.
SF-HSA	Human Services Agency of the City and County of San Francisco.

Socially Isolated	Having few social relationships and few people to interact with regularly.
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> ).
To-Go Meal	A meal provided by the congregate nutrition service grantee that is picked up or delivered and consumed off-site by an eligible consumer.
Unduplicated Consumer (UDC)	An individual who participates in congregate nutrition services and their participation is reflected in SF DAS GetCare by the grantee.

### III. Target Populations

This program is designed to serve all ethnicities and populations, with focused expertise to promote unique cultural needs which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English- speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

### IV. Eligibility for Services

1. A person who is an adult with a disability.
2. A spouse or domestic partner accompanying an eligible adult with a disability at the meal program regardless of age. A spouse or domestic partner is as defined by law and/or as in chapter 12B of the San Francisco Administrative Code.

### V. Location and Time of Services

The grantee will provide congregate nutrition services in the City and County of San Francisco. The grantee, with approval from DAS OCP, will determine the location(s) and time(s) for the provision of congregate nutrition services.

## VI. Description of Services and Program Requirements

1. Grantee will develop and maintain nutrition policies and procedures that meet the nutrition and food service standards set forth by California Retail Food Code (CRFC), CCR Title 22, CDA, and DAS OCP.
2. Grantee will provide congregate nutrition services for adults with disabilities. The provision of services 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. If the grantee provides three meals per day, the meals must contain 100% of the DRIs. The grantee may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs.
  - c. Annual nutrition screenings for each consumer and documentation of individual responses in SF DAS GetCare within one month of obtaining them. Required screenings include a nutritional risk screening using the DETERMINE Checklist and a food security screening. The grantee will refer clients screened at high nutritional risk to the DAS funded citywide nutrition counseling and education program.
3. Grantee may provide to-go meals for adults with disabilities through their congregate nutrition service program. To-go meals may only be provided as an additional service option for consumers. The grantee may not replace the conventional style of congregate nutrition services (i.e., meals consumed on site and in a group setting) with a to-go meal service model exclusively.
4. Grantee may offer planned person-to-person interactions for consumers receiving to-go meals however, these interactions are not required to provide to-go meals. The availability of person-to-person interactions and a consumer's decision to participate will determine how the grantee reports the meal to DAS and in SF DAS GetCare. The grantee may provide to-go meals using one of the following models of service:
  - a. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee organizes in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. The grantee must document and track the consumer's intent to participate in the organized activity. The grantee is not responsible for ensuring that the consumer attends the organized activity. If a consumer declines participation in the grantee's organized activity all the time or most of the time (e.g., three out of five days or four out of seven days), additional documentation is required and described in number five (5) below.



- b. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee does not organize in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. This service model also requires the additional documentation described in number five (5) below.
    - c. The grantee's provision of to-go meals uses service model 4a. and 4b.
- 5. The additional documentation required if the grantee provides to-go meals without offering person to person interactions or if the consumer declines participation in the grantee's organized activity all the time or most of the time is the following:
  - a. The grantee will conduct an initial assessment that confirms a consumer's need for to-go meals without organized in-person or virtual interaction by reason of illness or disability, or otherwise isolated. The term "otherwise isolated" may be interpreted as isolation related to not being comfortable with dining in a group setting. The initial assessment must be completed within two (2) weeks from the start of service. The initial assessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the initial assessment must be completed in the consumer's home by the grantee.
  - b. The grantee will conduct quarterly reassessments that confirm a consumer's continued need for to-go meals without organized in-person or virtual interaction. The quarterly reassessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the grantee must complete quarterly reassessments in the consumer's home every other quarter. (i.e., initial assessment conducted in the home; quarter 2 reassessment over the phone; quarter 3 reassessment conducted in the home; quarter 4 reassessment over the phone; quarter 5 reassessment in the home, quarter 6 reassessment over the phone, etc.).
- 6. Grantee will provide consumers who receive to-go meals the following information, at minimum: safe food handling instructions for the meal, reheating instructions if applicable, voluntary contribution policy and collection procedures, grievance policy, and information on how to request assistance, if needed. If the meals are delivered, the grantee will provide a meal delivery schedule and a copy of the approved cycle menu.
- 7. 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 congregate nutrition services. 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.
- 8. Grantee shall serve and package meals in compliance with the City's Food Service Waste Reduction Ordinance (2007) and Single-Use Foodware Plastics Toxics and Litter Reduction Ordinance (2019).

9. Grantee will conduct Nutrition Compliance-Quality Assurance (NCQA) as follows:
  - a. 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 menu analysis. The registered dietitian (RD) on staff or consultant RD must participate in menu planning and complete the corresponding nutrient analysis. The grantee may seek approval to submit a cycle menu with fewer weeks. DAS OCP will review requests for exceptions and approve if appropriate.
  - b. Document menu substitutions. The RD on staff or consultant RD must review and approve menu substitutions in advance of their use.
  - c. Provide a nutrition education session at least once per quarter and a minimum of four (4) times during the fiscal year to consumers participating in services. The grantee may deliver a session in person or via video, audio, online, or the distribution of hardcopy materials. The grantee must report nutrition education sessions in SF DAS GetCare and include the estimated number of participants.
  - d. Conduct and document an on-site HACCP safety and sanitation monitoring of the production kitchen at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff or consultant RD must conduct and document the results of the HACCP safety and sanitation monitoring. HACCP monitoring must also include, but is not limited to the review of quarterly congregate site monitoring reports.
  - e. Conduct and document an on-site HACCP safety and sanitation monitoring of each congregate meal site at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff, consultant RD, or a qualified staff member must conduct and document the results of the HACCP safety and sanitation monitoring for each site.
  - f. Provide orientation and training to all new staff, paid and volunteers, to perform their assigned responsibilities and tasks as described in the CCR Title 22 Regulations Sec. 7636.5. Training, at a minimum, shall include:
    - (1) Food safety, prevention of foodborne illness, and HACCP principles.
    - (2) Accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
  - g. Provide in-service training for nutrition program staff (e.g. food service and delivery workers) at least once per quarter and a minimum four (4) times during the fiscal year as described in the CCR-Title 22 Regulations Sec. 7636.5 and DAS OCP policy memoranda. The grantee will also 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.
  - h. If to-go meals are delivered by the grantee the following additional NCQA activities are required:
    - i. Conduct end-of-route home-delivered meal temperature checks every other week per route to ensure the meals maintain temperatures that

- meet food safety standards during the timeframe of the route. The grantee will document and keep on file the temperatures for quarterly review by a registered dietitian (RD).
- ii. Monitor the food safety and sanitation of the home-delivered meal routes including but not limited to the packing, transporting, and delivery of meals. A qualified staff member, trained by a food safety manager or RD, may monitor routes, and document and submit the results to the agency within two weeks of the monitoring. The grantee will monitor each home-delivered meal route, at minimum, two (2) times per year.
10. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS OCP. The grantee will share the survey results 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 the average number of meals served daily.
  11. 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 the CCR Title 22 Regulations Sec. 7636.3 and DAS OCP policy memoranda.
  12. Grantee will ensure there is enough 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.
  13. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP and share the information with their staff and volunteers as needed.
  14. Grantee shall follow guidance or instructions from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments related to the provision of services in the community. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. The grantee shall follow the requirements with the intent to maximize the health and safety of their staff and clients receiving services
  15. Grantee will have knowledge of the DAS Benefits and Resource Hub services and will make referrals based on clients' needs.

## **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 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>
<b>Number of Unduplicated Consumers (UDC)</b>	271	170	170	170
Modification 1	0	0	0	0
Modification 2	0	20	20	20
Modification 3	0	42	0	0
<b>Modification 4</b>	<b>0</b>	<b>0</b>	<b>+ 25</b>	<b>+ 25</b>
<b>Revised UDC</b>	<b>271</b>	<b>232</b>	<b>215</b>	<b>215</b>
<b>Number of Lunch/Dinner Meals</b>	21,239	13,359	13,359	13,359
Modification 1	0	0	0	0
Modification 2	0	9,203	9,203	9,203
Modification 3	0	1,987	0	0
<b>Modification 4</b>	<b>0</b>	<b>0</b>	<b>+ 3,035</b>	<b>+ 3,035</b>
<b>Revised Number of Lunch/Dinner Meals</b>	<b>21,239</b>	<b>24,549</b>	<b>25,597</b>	<b>25,597</b>
Number of Breakfast Meals	0	0	0	0
Modification 1	3,182	3,182	3,182	3,182
Modification 2, 3 & 4	0	0	0	0
<b>Revised Number of Breakfast Meals</b>	<b>3,182</b>	<b>3,182</b>	<b>3,182</b>	<b>3,182</b>
Number of Supplemental Bags of Groceries	0	0	0	0
Modification 1	1,170	1,170	1,170	1,170
Modification 2, 3 & 4	0	0	0	0
<b>Revised Number of Supplemental Bags of Groceries</b>	<b>1,170</b>	<b>1,170</b>	<b>1,170</b>	<b>1,170</b>

### VIII. Outcome Objectives

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

Based on a consumer survey and a sample size equal to or 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 and the food security screening, into the SF DAS GetCare database in accordance to DAS OCP policy memorandum.
2. Grantee will enter into the SF DAS GetCare Service Unit section all service objectives by the 5th working day of the month for the preceding month. Grantee will ensure meal reporting in SF DAS GetCare accurately reflects the type of meal service provided (i.e., congregate meal and to-go meal).
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 and adults with disabilities connect to services throughout the City. These Focal Points are:

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509
Downtown SF Senior Center	481 O’Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Tiffany Dang  
 Nutritionist  
 DAS OCP  
 email: [tiffany.dang@sfgov.org](mailto:tiffany.dang@sfgov.org)

and

Tahir Shaikh  
 Contract Manager  
 HSA OCM  
 email: [tahir.shaikh@sfgov.org](mailto:tahir.shaikh@sfgov.org)

## X. Monitoring Activities

1. **Nutrition Program Monitoring:** Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on SF DAS 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
BY PROGRAM**

Name  
**Centro Latino de San Francisco**

(Check One) New \_\_\_ Renewal \_\_\_ Modification X \_\_\_  
If modification, Effective Date of Mod. No. of Mod.

**Program: Congregate meals for ( ) older adults or (X) adults with disabilities**

Budget Reference Page No.(s)											Total	Average cost/meal
Program Term	FY 21/22	FY22/23	FY23/24	CODB FY 23/24	Modification	Total FY23/24	FY24/25	CODB FY24/25	Modification	Total FY24/25	FY 21/25	
<b>Annual # Meals Contracted</b>	21,239	24,526	22,562		3,035	25,597	22,562		3,035	25,597	94,995	
<b>DAS Expenditures</b>												
Salaries & Benefits	\$108,439	\$117,030	\$110,220	\$8,038		\$118,258	\$110,220	\$8,038		\$118,258	\$461,986	\$4.86
Operating Expenses	\$45,843	\$81,782	\$62,446		\$37,051	\$99,497	\$62,446		\$37,051	\$99,497	\$326,619	\$3.44
<b>Subtotal</b>	<b>\$154,282</b>	<b>\$198,812</b>	<b>\$172,666</b>	<b>\$8,038</b>		<b>\$217,755</b>	<b>\$172,666</b>	<b>\$8,038</b>		<b>\$217,755</b>	<b>\$788,604</b>	<b>\$8.30</b>
Indirect Percentage (%)												10%
Indirect Cost	\$14,733	\$16,588	\$16,588			\$16,588	\$16,588			\$16,588	\$64,497	\$0.68
Capital/Subcontractor Expenditures	\$1,450										\$1,450	\$0.02
Grocery/Breakfast Modification	\$25,083	\$25,083	\$25,083			\$25,083	\$25,083			\$25,083	\$100,332	
<b>Total DAS Expenditures</b>	<b>\$195,548</b>	<b>\$240,483</b>	<b>\$214,337</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$259,426</b>	<b>\$214,337</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$259,426</b>	<b>\$954,883</b>	<b>\$10.05</b>
Federal (97.036)	\$5,868	\$7,214	\$6,430			\$6,430	\$6,430			\$6,430	\$25,942	\$0.27
State												
Local	\$189,680	\$233,269	\$207,907	\$8,038	\$37,051	\$258,648	\$207,907	\$8,038	\$37,051	\$258,648	\$940,245	
<b>Total DAS Expenditures</b>	<b>\$195,548</b>	<b>\$240,483</b>	<b>\$214,337</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$259,426</b>	<b>\$214,337</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$259,426</b>	<b>\$954,883</b>	
<b>Non DAS Expenditures</b>												
Salaries & Benefits	\$18,375	\$5,911	\$5,911			\$5,911	\$5,911			\$5,911	\$36,108	\$0.38
Operating Expenses	\$11,807	\$840	\$840			\$840	\$840			\$840	\$14,327	\$0.15
Capital/Subcontractor Expenditures											\$0	\$0.00
NCQA Expenditures											\$0	\$0.00
<b>Total Non DAS Expenditures</b>	<b>\$30,182</b>	<b>\$6,751</b>	<b>\$6,751</b>			<b>\$6,751</b>	<b>\$6,751</b>			<b>\$6,751</b>	<b>\$50,435</b>	<b>\$0.53</b>
<b>TOTAL DAS AND NON DAS EXPEDITURES</b>	<b>\$225,730</b>	<b>\$247,234</b>	<b>\$221,088</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$266,177</b>	<b>\$221,088</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$266,177</b>	<b>\$1,005,318</b>	<b>\$10.58</b>
<b>DAS Revenues</b>												
Meals- General Fund	\$169,014	\$210,041	\$183,895		\$37,051	\$220,946	\$183,895		\$37,051	\$220,946	\$720,699	\$7.59
Meals- State Fund											\$0	\$0.00
Meals- Federal Fund											\$0	\$0.00
OTO	\$1,450										\$0	\$0.00
NCQA Fund											\$0	\$0.00
CODB		\$5,359	\$5,359	\$8,038		\$13,397	\$5,359	\$8,038		\$13,397	\$32,163	
Grocery/Breakfast Modification	\$25,083	\$25,083	\$25,083			\$25,083	\$25,083			\$25,083	\$100,332	
<b>Total DAS Revenue</b>	<b>\$195,547</b>	<b>\$240,483</b>	<b>\$214,337</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$259,426</b>	<b>\$214,337</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$259,426</b>	<b>\$954,883</b>	<b>\$10.05</b>
PER MEAL COST, DAS	\$8.02	\$8.78	\$8.39			\$9.16	\$8.39			\$9.16	\$9.00	
PER MEAL COST (with NCQA), DAS	\$8.02	\$8.78	\$8.15			\$8.15	\$8.15			\$8.15	\$9.00	
<b>Non DAS Revenues</b>												
Project Income		\$840	\$840			\$840	\$840			\$840	\$9,299	\$0.10
Agency Cash- Fundraising											\$0	\$0.00
Agency In-kind Volunteer		\$5,911	\$5,911			\$5,911	\$5,911			\$5,911	\$41,136	\$0.43
<b>Total Non DAS Revenue</b>	<b>\$30,182</b>	<b>\$6,751</b>	<b>\$6,751</b>			<b>\$6,751</b>	<b>\$6,751</b>			<b>\$6,751</b>	<b>\$50,435</b>	<b>\$0.53</b>
PER MEAL COST, Non DAS											\$0.53	
PER MEAL COST (with NCQA), Non DAS											\$0.53	
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$225,729</b>	<b>\$247,234</b>	<b>\$221,088</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$266,177</b>	<b>\$221,088</b>	<b>\$8,038</b>	<b>\$37,051</b>	<b>\$266,177</b>	<b>\$1,005,318</b>	<b>\$10.58</b>
PER MEAL COST, Total											\$9.53	
PER MEAL COST (with NCQA), Total											\$9.53	
Full Time Equivalent (FTE)												4.42

Prepared by: Victor de la Rocha, Controller (469) 247-7836

Date: 11/21/2022

HSA-CO Review Signature:

HSA #1

10/25/2016



Program: Congregate meals for ( ) older adults or (X) adults with disabilities  
 (Same as Line 11 on HSA #1)

Appendix B-3, Page 2  
 Document Date: 11/21/2022

Position Title	Agency Totals			HSA Program			FY 21/22	FY 22/23	FY 23/24	COBB FY 23/24	Total FY23/24	FY24/25	COBB FY24/25	Total FY24/25	Budgeted Salary
	Annual Full Time Salary for FTE	Total FTE	Modification (additional funding)	Annual Full Time Salary for FTE FY 22-23	% FTE funded by HSA (Max 100%)	Adjusted FTE									
Nutrition Sites & Programs Manager	\$54,080	0.05	\$4,160	\$58,240	100.00%	0.05	\$2,889	\$6,309.90	\$6,309.90		\$6,309.90	\$6,309.90		\$6,309.90	\$21,819
Nutritionist	\$52,000	0.12	(\$52,000)	\$0.00	100.00%	0.12	\$6,227				\$0.00			\$0.00	\$8,227
Head Cook	\$45,760	0.12	\$2,080	\$47,840	100.00%	0.12	\$5,923	\$7,714.80	\$7,714.80	\$281.39	\$7,996.19	\$7,714.80	\$281.39	\$7,996.19	\$29,330
Cook	\$41,600	0.08	\$2,080	\$43,680	100.00%	0.08	\$3,332	\$6,157.80	\$5,796.00		\$5,796.00	\$5,796.00		\$5,796.00	\$20,720
Site Manager Star Hotel/Cook	\$43,680	0.12	\$4,160	\$47,840	100.00%	0.12	\$5,200	\$5,145.95	\$5,145.95	\$280.24	\$5,426.19	\$5,145.95	\$280.24	\$5,426.19	\$21,198
Cook	\$41,600	0.14	\$0	\$41,600	100.00%	0.14	\$6,188	\$6,481.20	\$6,240.00		\$6,240.00	\$6,240.00		\$6,240.00	\$24,908
Meal Server	\$47,440	0.06	(\$2,240)	\$45,200	100.00%	0.06	\$6,895	\$4,160.00	\$4,160.00		\$4,160.00	\$4,160.00		\$4,160.00	\$19,375
Food Prep & Meal Server	\$37,440	0.10	\$0	\$37,440	100.00%	0.10	\$3,991	\$4,154.40	\$3,672.00		\$3,672.00	\$3,672.00		\$3,672.00	\$14,917
Cook			\$43,680	\$43,680				\$1,912.80	\$1,912.80		\$1,912.80	\$1,912.80		\$1,912.80	\$5,738
Food Prep	\$39,520	0.06	\$0	\$39,520	100.00%	0.06	\$3,119	\$5,016.00	\$5,016.00		\$5,016.00	\$5,016.00		\$5,016.00	\$18,167
Janitor	\$39,520	0.05	\$0	\$39,520	100.00%	0.05	\$2,084	\$1,887.00	\$1,887.00		\$1,887.00	\$1,887.00		\$1,887.00	\$7,745
Dishwasher/Janitor	\$39,520	0.11	\$2,080	\$41,600	100.00%	0.11	\$4,387	\$5,165.40	\$5,165.40		\$5,165.40	\$5,165.40		\$5,165.40	\$19,863
Driver & Vehicle Servicer			\$41,600	\$41,600				\$3,432.00	\$3,432.00		\$3,432.00	\$3,432.00		\$3,432.00	\$10,296
Driver & Food Purchaser	\$39,520	0.02	\$4,160	\$43,680	100.00%	0.02	\$987	\$1,624.05	\$1,624.05		\$1,624.05	\$1,624.05		\$1,624.05	\$5,869
Driver & Maintenance			\$41,600	\$41,600				\$4,645.80	\$4,645.80	\$5,828.01	\$10,473.81	\$4,645.80	\$5,828.01	\$10,473.81	\$25,593
Site Manager MNC	\$39,520	0.07	\$1,040	\$40,560	100.00%	0.07	\$2,838	\$2,951.54	\$2,951.54		\$2,951.54	\$2,951.54		\$2,951.54	\$11,693
Site Manager VC & Food prep	\$37,440	0.17	\$14,560	\$52,000	100.00%	0.17	\$6,307	\$11,466.00	\$11,466.00		\$11,466.00	\$11,466.00		\$11,466.00	\$40,705
Site Manager Ed Lee & Food Purchaser	\$39,520	0.19	\$2,080	\$41,600	100.00%	0.19	\$7,568	\$4,680.00	\$4,680.00		\$4,680.00	\$4,680.00		\$4,680.00	\$21,608
Site Manager L.Mayores & Activities Facilitator	\$37,440	0.04	\$2,080	\$39,520	100.00%	0.04	\$1,880	\$1,416.90	\$1,416.90		\$1,416.90	\$1,416.90		\$1,416.90	\$5,911
Site Manager VA & Assist. Social Worker	\$43,680	0.15	(\$2,080)	\$41,600	100.00%	0.15	\$8,228	\$1,248.00	\$1,248.00	\$919.67	\$2,167.67	\$1,248.00	\$919.67	\$2,167.67	\$13,811
Site Manager Mirna Lee & Food Prep				\$41,600	100.00%	0.67		\$4,824.00			\$0.00			\$0.00	\$0
Social Worker/Resource Specialist	\$62,400	0.07	(\$6,240)	\$56,160	100.00%	0.07	\$4,307	\$2,291.83	\$2,291.83		\$2,291.83	\$2,291.83		\$2,291.83	\$11,182
Social Worker/Activities Facilitator	\$62,400	0.14	(\$14,560)	\$47,840	100.00%	0.14	\$8,669	\$4,065.00	\$4,065.00		\$4,065.00	\$4,065.00		\$4,065.00	\$20,884
Executive Director	\$80,350	0.06	(\$7,150)	\$73,200	100.00%	0.06	\$5,048	\$4,794.90	\$4,794.90		\$4,794.90	\$4,794.90		\$4,794.90	\$19,433
Totals	\$335,790	0.89	\$717,730	\$1,053,520.00	700.00%	1.36	\$95,457	\$1,015,545	\$95,638	\$7,309	\$102,946	\$95,638	\$7,309	\$102,946	\$402,893
Fringe Benefits Rate	14%	15.25%													\$0
Employee Fringe Benefits	\$45,687						\$12,982	\$15,485	\$14,584	\$729	\$15,313	\$14,584	\$729	\$15,313	\$59,000
															\$0
<b>Total DAS Salaries and Benefits</b>	\$381,457						\$108,439	\$117,030	\$110,220	\$8,038	\$118,258	\$110,220	\$8,038	\$118,258	\$461,985
<b>Non DAS Salaries &amp; Benefits</b>															
Position Title	Agency Totals			HSA Program			Revised Budget 23/24	Revised Budget 24/25	Original Budget FY 24/25	FY 21/25					
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary										
Food Packer/Meal Server	\$38,834	0.05		100.00%	0.05	\$0	\$0	\$0	\$0	\$2,039					
Food Packer/Meal Server	\$38,834	0.05		100.00%	0.05	\$0	\$1,292	\$1,292	\$1,292	\$5,885					
Food Packer/Meal Server	\$38,834	0.14		100.00%	0.14	\$0	\$0	\$0	\$0	\$5,437					
Food Packer/Meal Server (Saturdays)	\$38,834	0.01		100.00%	0.01	\$0	\$0	\$0	\$0	\$544					
Food Packer/Site Manager	\$38,834	0.09		100.00%	0.09	\$2,137	\$2,137	\$2,137	\$2,137	\$9,809					
Meal Delivery	\$38,834	0.07		100.00%	0.07	\$1,710	\$1,710	\$1,710	\$1,710	\$7,848					
Totals	\$233,002	0.42		600.00%	0.42	\$5,129	\$5,129	\$5,129	\$5,129	\$31,562					
Fringe Benefits Rate	13.60%	15.25%								\$0					
Employee Fringe Benefits	\$31,688					\$782	\$782	\$782	\$782	\$4,547					
<b>Total Non DAS Salaries and Benefits</b>	\$264,690					\$5,911	\$5,911	\$5,911	\$5,911	\$36,109					
<b>Total DAS and Non DAS Salaries and Benefits</b>	\$646,146					\$108,439	\$116,132	\$116,132	\$124,170	\$116,132	\$124,170	\$116,132	\$124,170	\$498,094	
HSA #2															10/26/2016

Program: Congregate meals for ( ) older adults or (X) adults with disabilities  
 (Same as Line 11 on HSA #1)

Appendix B-3, Page 3  
 Document Date: 11/21/2022

**Operating Expense Detail**

Annual # Meals Contracted	FY 21/22	FY 22/23	FY 23/24	Modification (additional)	CODB FY 23/24	Modification	Total 23/24	FY 24/25	Modification (additional)	CODB FY 23/24	Modification	Revised Budget 24/25	FY 21/25	
		24,526		9,203		3,035	25,597		9,203		3,035	25,597	73,796	
<b>DAS Operating Expenses</b>														
<i>Expenditure Category</i>														
Rental of Property														
Utilities (Elec, Water, Gas, Phone, Garbage)	\$2,147	\$1,500	\$1,702			\$2,350	\$2,350	\$1,702			\$2,350	\$2,350	\$6,847	
Office Supplies, Postage	\$1,709	\$1,149	\$1,076			\$250	\$1,399	\$1,076			\$250	\$1,399	\$5,656	
Building Maintenance Supplies and Repair		\$7,721				\$1,885	\$5,825	\$0			\$1,885	\$5,825	\$15,590	
Printing and Reproduction														
Insurance	\$1,435		\$903					\$903					\$1,435	
Staff Training														
Staff Travel-(Local & Out of Town)														
Rental of Equipment														
<i>Food Cost</i>														
Raw Food	per meal	\$1.50	\$2.82											
Cong Food Svc Supplies	per meal	\$0.24	\$0.54											
Catered Meals	per meal	\$0.00	\$0.00											
Consultant														
Consultant - A						\$750	\$750				\$750	\$750	\$1,500	
Other														
Salaries		\$371	\$233					\$233					\$371	
Auto - Fuel, Insurance & Misc.		\$3,225	\$3,186	\$2,028			\$3,186	\$2,028				\$3,186	\$12,783	
<b>Total DAS Operating Expenses</b>		<b>\$45,843</b>	<b>\$81,782</b>	<b>\$29,187</b>	<b>\$33,259</b>		<b>\$37,051</b>	<b>\$99,497</b>	<b>\$29,187</b>	<b>\$33,259</b>		<b>\$37,051</b>	<b>\$99,497</b>	<b>\$326,619</b>
<b>Non DAS Operating Expenses</b>														
<i>Expenditure Category</i>														
Rental of Property														
Food Cost														
Raw Food	per meal	\$0.28					\$664					\$664	\$7,836	
Cong Food Svc Supplies	per meal	\$0.04					\$176					\$176	\$1,463	
<b>Total Non DAS Operating Expenses</b>							<b>\$840</b>					<b>\$840</b>	<b>\$14,327</b>	
<b>Total DAS and Non DAS Operating Expenses</b>		<b>\$45,843</b>	<b>\$72,303</b>	<b>\$27,619</b>			<b>\$37,051</b>	<b>\$100,337</b>	<b>\$26,672</b>			<b>\$37,051</b>	<b>\$100,337</b>	<b>\$340,946</b>
HSA #3													10292916	

0

(Same as Line 11 on HSA #1)

**Capital & Subcontractor Expenditure Detail**

**DAS Capital Expenditure**

Total

<u>Equipment (Qty)</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 21/25
Walk-In refrigerator insulation panels	\$1,450				\$1,450
					\$0
<b>Total Equipment Cost</b>	<b>\$1,450</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,450</b>

<b>Total DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$1,450</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,450</b>
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**Non DAS Capital Expenditure**

<b>Total Non DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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<b>Total DAS and Non DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$1,450</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,450</b>
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**HSA #4** **1/0/1900**

**APPENDIX A-3 –Services to be Provided**  
**Golden Gate Senior Services**  
Home-Delivered Grocery Program

July 1, 2021 to June 30, 2025

**I. Purpose**

The purpose of this grant is to provide a home-delivered grocery (HDG) program for older adults and adults with disabilities living in the City and County of San Francisco. A HDG program facilitates the delivery of supplemental groceries to the home of eligible individuals. The program mitigates the risk of food insecurity, promotes the consumption of healthful foods, and provides access to additional nutrition and wellness services that enhance the wellbeing and safety of older adults and adults with disabilities living in the community.

**II. Definitions**

Grantee	Golden Gate Senior Services
Activity Scheduling	An optional component of a HDG program that offers scheduled activities for consumers enrolled in the program. Activities may include educational presentations, workshops, trainings, cultural events, social events, exercise classes, arts and crafts classes, discussion groups, sports activities, support groups, field trips, and any other group activity that brings people together for education or wellness purposes that help consumers maintain/enhance their level of functioning. One service unit of activity scheduling is one hour of a scheduled activity, sponsored by the grantee.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
Adult with a Disability	A person 18-59 years of age living with a disability.
CARBON	Contracts Administration, Reporting and Billing On Line System.
City	City and County of San Francisco, a municipal corporation.
Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq.,

	California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of HDG services participants. <a href="http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf">http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf</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. (CCR Title 22 Sec. 7630)
Food Assistance Program	A DAS nutrition program that offers supplemental groceries consisting of nutritious foods to older adults and adults with disabilities. The supplemental groceries consist of food adequate to provide seven (7) meals for a single person household. The distribution of supplemental groceries is weekly or every other week and occurs at food pantry sites and through community-based organizations.
Food Pantry	Distribution locations throughout the City that provide supplemental groceries consisting of nutritious foods for low-income older adults and adults with disabilities in need of additional nutrition resources.
Food Security Screening	A screening used to determine if an individual is experiencing food insecurity. It consists of two components: (1) a 2-item questionnaire that is a validated shortened version of the USDA's Household Food Security Survey Module designed to assess an individual's food security and (2) food program utilization questionnaire.
Home-Delivered Grocery Program/ HDG Program	The procurement, preparation, transporting, and delivery of groceries to eligible consumers. Home-delivered grocery services also include initial and annual consumer edibility review, outreach, and nutrition and food security screening.
HDG Volunteer	An adult volunteer screened and trained by the grantee to deliver groceries to an older adult and/or adult with disability enrolled in HDG services.
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.

Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
Low-Income	Having income at or below 200% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
Nutrition Screening	Completion of a nutrition screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994. (CCR Title 22 Sec. 7630)
OCM	Office of Contract Management, Human Services Agency.
OCP	Office of Community Partnerships, a unit within the Department of Disability and Aging Services
Older Adult	Person who is 60 years of age or older; used interchangeably with "senior".
Outreach	A required component of the HDG program. One unit of outreach is one hour dedicated to conducting formal outreach efforts and/or providing services to engage consumers. Examples of this may include working with a community collaborative group, designing and implementing an outreach plan for an underserved area, problem-solving certain barriers to service, e.g. safety issues, transportation needs, etc.
Proxy	A person designated by the consumer enrolled in HDG services who picks-up the supplemental bag of groceries from the grantee on the consumer's behalf and delivers it to them.
Senior	Person who is 60 years or older, used interchangeably with "older adult".
SF DAS GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service objectives, run reports, etc.
SFHSA	Human Services Agency of the City and County of San Francisco
Social Services	An optional component of a HDG program that provides consumers with one-to-one assistance to address concerns and/or resolve problems. Assistance may include information and referral, form/application completion, home visits, medical escort services, and emotional support by phone or in person. One service unit of social services is the provision of one hour of one-to-one assistance by the grantee.
Socially Isolated	Having few social relationships and few people to interact with regularly.

SOGI	Sexual Orientation and Gender Identity; Ordinance No. 159-16 amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (Chapter 104, Sections 104.1 through 104.9).
Unduplicated Consumer (UDC)	An individual who participates in the HDG program and the grantee reflects consumer participation in SF DAS GetCare through program enrollment.

### III. Target Populations

This program is designed to serve all ethnicities and populations, with focused expertise to promote unique cultural needs, which have been identified as demonstrating the greatest economic and social need:

- A. Persons with low income
- B. Persons who are socially isolated
- C. Persons with limited English- speaking proficiency
- D. Persons from communities of color
- E. Persons who identify as LGBTQ+
- F. Persons at risk of institutionalization

### IV. Eligibility For Services

- A. A resident of San Francisco
- B. A person who is an older adult or an adult with a disability
- C. A person who reports having an income at or below 200% of the federal poverty line
- D. A person who reports having a condition that prevents the individual from standing in a food pantry line
- E. A person who has demonstrated need for supplemental groceries due to food insecurity and is not receiving two (2) home-delivered meals from a DAS funded nutrition partner
- F. A person who has capacity or help to store and handle delivered groceries
- G. A person who is able to prepare food at home or has a caregiver who can prepare food.

### V. Location and Time of Services

The grantee will provide a home-delivered grocery program in the City and County of San Francisco. The grantee determines the service and delivery times for the home-delivered program with prior approval from DAS OCP.

### VI. Description of Services and Program Requirements

- A. Grantee will develop and maintain HDG program policies and procedures that are in compliance with and meet the standards set forth by California Retail Food Code (CRFC), and DAS OCP.
- B. Grantee will form an agreement with the DAS Food Assistance Program grantee, currently the San Francisco Marin Food Bank (SF-MFB) to obtain groceries for eligible consumers and distribute them to those consumers by providing home-delivered grocery services. The delivery of groceries will be weekly or twice a month

- by trained staff, paid or volunteer. The frequency of delivery will be determined in partnership with the SF-MFB, DAS OCP, and the grantee.
- C. Grantee will operate all aspects of home-delivered grocery services (i.e. food handling, packing, and distribution) in accordance with standards set forth by California Retail Food Code (CRFC) and local regulations (i.e. Environmental Health Division of the San Francisco Department of Public Health), and DAS OCP Policy Memorandum.
  - D. Grantee will track and record the provision of home-delivered groceries, which includes administering a DAS OCP approved intake form and inputting consumer data in SF DAS GetCare.
  - E. Grantee will conduct annual screenings for consumers enrolled in home-delivered grocery services including but not limited to a nutrition screening using the DETERMINE checklist and a food security screening, and document individual responses in SF DAS GetCare within one month of obtaining the responses.
  - F. Grantee will confirm and document consumers' eligibility upon enrollment and annually thereafter.
  - G. Grantee will have qualified staff who conducts the management and administrative functions for home-delivered grocery services including the training and coordination of delivery staff and volunteers. Training will include cultural competency, food safety, and elder abuse awareness.
  - H. Grantee will ensure there is a sufficient number of qualified staff, paid and/or 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.
  - I. Grantee will conduct program outreach and marketing for the HDG program to the target population. Outreach strategies may include activities such as disseminating materials at community meetings and other group settings or special events/fairs, announcements in bulletins, electronic bulletins, and other mass media.
  - J. Grantee will arrange for the availability of home delivered groceries to participants during a major disaster where feasible and appropriate.
  - K. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS-OCP. The grantee will share the survey results with DAS OCP by March 15 each grant year or on a mutually agreed upon date between OCP and the grantee. At minimum, the completed number of surveys shall be a sample size of at least forty percent (40%) of the unduplicated consumer enrollment at the time the grantee administers the survey.
  - L. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP, and share the information with their staff and volunteers.
  - M. Grantee will organize and implement social services and scheduled activities to connect the participants to other neighbors, services, and/or organizations in the community if included as a deliverable under service objectives.

## **VII. Service Objectives**

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 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>
# Unduplicated Consumers (UDC)	233	160	160	160
Modification 1		+73	+73	0
Revised		233	233	160
Modification 2			+17	+17
Revised			250	177
Modification 3				+73
Revised				250
# HDG Bags Delivered (UOS)	8,746	7,200	7,200	7,200
Modification 1		+3,300	+3,300	0
Revised		10,500	10,500	7,200
Modification 2			+100	+100
Revised			10,600	7,300
Modification 3				+3,300
Revised				10,600
# Outreach Hours (UOS)	240	160	160	160
Modification 1		+40	+40	0
Revised		200	200	160
Modification 2			0	0
Revised			200	160
Modification 3				+40
Revised				200
# Social Service Hours (UOS)	396	312	312	312
Modification 1		+124	+124	0
Revised		436	436	312
Modification 2			0	0
Revised			436	312
Modification 3				+124
Revised				436
# Scheduled Activity Hours (UOS)	336	336	336	336
Modification 1		+64	+64	+64
Revised		400	400	400
Modification 2			-400	-400
Revised			0	0

**VIII. Outcome Objectives**

- A. Consumers report feeling less worried about getting enough food to meet their needs. Target: 85%.
- B. Consumers report feeling healthier. Target:85%
- C. Consumers report increased consumption of fruits, vegetables, and/or whole grains. Target: 75%.
- D. Consumers rate the quality of services they received as excellent or good. Target: 80%
- E. Based on a consumer survey and a sample size of at least forty percent (40%) of the unduplicated consumer enrollment at the time the survey is administered.

**IX. Reporting and Other Requirements**

- A. Grantee will enroll eligible consumers annually into the program funded through this grant agreement by entering the consumer data obtained from consumers using the DAS approved HDG intake form, which includes the food security screening, into the SF DAS GetCare database in accordance to DAS OCP policy memorandum.
- B. Grantee will enter into the SF DAS GetCare Service Unit section all Service Objectives by the 5th working day of the month for the preceding month.
- C. Grantee will enter monthly reports and metrics into the CARBON database system by the 15th of the following month that includes all the Service Objectives in section VII
- D. Grantee will enter the annual outcome objective metrics identified in Section VIII of the Appendix A in the CARBON database by the 15<sup>th</sup> of the month following the end of the program year.
- E. Grantee shall develop and deliver bi-annual summary reports of SOGI data collected in the year as requested by SFHSA, DAS, and OCP. The due dates for submitting the bi-annual summary reports are July 10 and January 10.
- F. Grantee shall develop/deliver ad hoc reports as requested by SFHSA, DAS & OCP.
- G. Grantee program staff and HDG volunteers will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis. The grantee will maintain evidence of staff/HDG volunteer completion of this training.
- H. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.
- I. Grantee will develop a grievance policy consistent with DAS OCP policy memorandum.
- J. Grantee will assure that services delivered are consistent with professional standards for this service.
- K. 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.
- L. 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:

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750

30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Ctr	65 Laguna St, San Francisco, 94102	415-347-8509
Downtown SF Senior Center	481 O'Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Ctr SF	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Leah Walton  
 Nutritionist  
 DAS OCP  
 Email: [leah.walton@sfgov.org](mailto:leah.walton@sfgov.org)

Jennifer Grant  
 Contract Manager  
 SFHSA OCM  
 Email: [jennifer.grant@sfgov.org](mailto:jennifer.grant@sfgov.org)

## X. Monitoring Activities

- A. 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 SF DAS GetCare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff and volunteers regarding the Elder Abuse Reporting; evidence of provision of the California Department of Aging (CDA) Security Awareness training to staff and HDG volunteers; 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.
- B. 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
BY PROGRAM**

Grantee Name: Golden Gate Senior Services

(Check One) New  Renewal  Modification  (CODB Revision)  
If modification, Effective Date of Mod. 2/7/24 Mod. # 2

Program: Home-delivered groceries

Program Term	FY 21/22	FY 22/23	FY 23/24			FY 24/25			Total
<b>Annual # Bags Contracted</b>	8,746	10,500	10,500	100	10,600	7,200	3,400	10,600	40,446
			Budget	Modification	Revised	Budget	Modification	Revised	
<b>DAS Expenditures</b>									
Salaries & Benefits	\$104,019	\$108,876	\$107,796	\$2,856	\$110,652	\$80,315	\$29,072	\$109,387	\$432,934
Operating Expenses	\$16,035	\$10,815	\$11,894	\$351	\$12,245	\$5,974	\$7,536	\$13,510	\$52,605
<b>Subtotal</b>	\$120,054	\$119,691	\$119,690	\$3,207	\$122,897	\$86,289	\$36,608	\$122,897	\$485,539
Indirect Percentage (15%)	15.00%	15.00%	15.00%			15.00%			15.00%
Indirect Cost	\$18,008	\$17,953	\$17,954	\$481	\$18,435	\$12,943	\$5,492	\$18,435	\$72,831
Capital/Subcontractor Expenditures	\$140,000	\$147,984	\$147,984	\$3,688	\$151,672	\$97,474	\$54,198	\$151,672	\$591,328
<b>Total DAS Expenditures</b>	<b>\$278,062</b>	<b>\$285,628</b>	<b>\$285,628</b>	<b>\$7,376</b>	<b>\$293,004</b>	<b>\$196,706</b>	<b>\$96,298</b>	<b>\$293,004</b>	<b>\$1,149,698</b>
<b>DAS Revenues</b>									
General Fund	\$266,766	\$177,844	\$177,844		\$177,844	\$177,844		\$177,844	\$800,298
MCO	\$452	\$452	\$452		\$452	\$452		\$452	\$1,808
CODBs	\$10,844	\$18,410	\$18,410	\$7,376	\$25,786	\$18,410	\$7,376	\$25,786	\$80,826
OTO		\$88,922	\$88,922		\$88,922		\$88,922	\$88,922	\$266,766
<b>Total DAS Revenue</b>	<b>\$278,062</b>	<b>\$285,628</b>	<b>\$285,628</b>	<b>\$7,376</b>	<b>\$293,004</b>	<b>\$196,706</b>	<b>\$96,298</b>	<b>\$293,004</b>	<b>\$1,149,698</b>
PER BAG DELIVERY COST, DAS	\$31.79	\$27.20	\$27.20		\$27.64	\$27.32		\$27.64	\$28.43
<b>Non DAS Revenues</b>									
Project Income									
Agency Cash- Fundraising									
Agency In-kind Volunteer									
<b>Total Non DAS Revenue</b>									
PER MEAL COST, Non DAS									
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$278,062</b>	<b>\$285,628</b>	<b>\$285,628</b>	<b>\$7,376</b>	<b>\$293,004</b>	<b>\$196,706</b>	<b>\$96,298</b>	<b>\$293,004</b>	<b>\$1,149,698</b>
PER BAG DELIVERY COST, Total	\$31.79	\$27.20	\$27.20	\$0.44	\$27.64	\$27.32	\$0.32	\$27.64	\$28.43
Full Time Equivalent (FTE)	1.65	1.65			1.65			1.65	6.62
Prepared by: Kaleda Walling									
<b>HSA #1</b>									
									<b>10/25/2016</b>

Grantee Name: Golden Gate Senior Services		Salaries & Benefits Detail																								
Program: Home-delivered groceries		Agency Totals		HSA Program		FY 21/22	FY 22/23	Agency Totals		HSA Program		FY 23/24		Agency Totals		HSA Program		FY 24/25		Total						
Position Title	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE				Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Modification	Revised	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Modification	Revised	Budgeted Salary				
Program Director	\$83,200	0.55	100.00%	0.55	\$45,780	\$45,690	\$90,854	0.55	100.00%	0.55	\$47,950	\$2,380	\$49,070	\$90,854	1.00	65.00%	0.55	\$27,169	\$22,801	\$49,970		\$191,560				
Bilingual Program & Resource Manager	\$62,400	0.75	100.00%	0.38	\$23,400	\$46,800	\$62,400	0.17	75.00%	0.13	\$7,920		\$7,920										\$78,120			
Program manager (2023.09.01 - )							\$68,640	0.50	100.00%	0.50	\$34,320		\$34,320		\$71,219	0.80	75.00%	0.60	\$41,184	\$1,547	\$42,731		\$77,051			
Programs and Services Manager	\$57,200	0.10	100.00%	0.10	\$5,992																		\$5,992			
Bilingual Center Coordinator	\$52,000	0.25	100.00%	0.25	\$13,000																		\$13,000			
Totals	\$254,800	1.65	400.00%	1.28	\$88,152	\$92,690	\$221,894	1.22	275.00%	1.18	\$89,830	\$2,380	\$92,210	\$162,073	1.80	130.00%	1.15	\$68,353	\$24,348	\$92,701			\$365,723			
Fringe Benefits Rate	18.00%							20.00%				20.00%			17.50%								18.00%			
Employee Fringe Benefits	\$45,864				\$15,867	\$16,216	\$44,379				\$17,966	\$476	\$18,442	\$28,363									\$11,962	\$4,724	\$16,686	\$67,211
<b>Total DAS Salaries and Benefits</b>	<b>\$300,664</b>				<b>\$104,019</b>	<b>\$108,906</b>	<b>\$266,273</b>				<b>\$107,796</b>	<b>\$2,856</b>	<b>\$110,652</b>	<b>\$190,436</b>									<b>\$80,315</b>	<b>\$29,072</b>	<b>\$109,387</b>	<b>\$432,934</b>

HSA #2

10/29/2016

Grantee Name: Golden Gate Senior Services		Appendix B-3, Page 3							
Program: Home-delivered groceries		Document Date: February 2024							
Operating Expense Detail									
	FY 21/22	FY 22/23	FY 23/24			FY 24/25			Total
Annual # Meals Contracted	8,746	10,500	10,500	100	10,600	7,200	3,400	10,600	40,446
			Budget	Modification	Revised	Budget	Modification	Revised	
<b>DAS Operating Expenses</b>									
<u>Expenditure Category</u>									
Rental of Property									
Utilities (Elec, Water, Gas, Phone, Garbage)	\$928	\$700	\$700		\$700	\$700		\$700	\$3,028
Office Supplies, Postage	\$1,051	\$195	\$509		\$509	\$1,554	\$720	\$2,274	\$4,029
Building Maintenance Supplies and Repair									
Printing and Reproduction			\$3,500		\$3,500		\$3,500	\$3,500	\$7,000
Insurance									
Staff Training									
Staff Travel-(Local & Out of Town)									
Rental of Equipment									
<u>Supplemental grocery Cost</u>									
Food <i>per bag</i>									
<u>Consultant</u>									
<u>Other</u>									
IT Web Support		\$457	\$856		\$856		\$856	\$856	\$2,169
Programs & Events	\$13,356	\$9,120	\$3,829	\$351	\$4,180	\$3,720	\$460	\$4,180	\$30,836
Staff/Vol Training & Appreciation	\$700	\$343	\$1,000		\$1,000		\$500	\$500	\$2,543
Translation			\$1,500		\$1,500		\$1,500	\$1,500	\$3,000
<b>Total DAS Operating Expenses</b>	<b>\$16,035</b>	<b>\$10,815</b>	\$11,894	\$351	<b>\$12,245</b>	\$5,974	\$7,536	<b>\$13,510</b>	<b>\$52,605</b>
HSA #3									10/25/2016

Grantee Name: Golden Gate Senior Services  
 Program: Home-delivered groceries

Document Date: February 2024

**Capital & Subcontractor Expenditure Detail**

**DAS Capital Expenditure**

Equipment (Qty)	FY 21/22	FY 22/23	FY 23/24			FY 24/25			Total
			Budget	Modification	Revised	Budget	Modification	Revised	
Total Equipment Cost									
Remodeling			Budget	Modification	Revised	Budget	Modification	Revised	
Total Remodeling Cost									
Subcontractor			Budget	Modification	Revised	Budget	Modification	Revised	
The Richmond Neighborhood Center (Refer to App B-3 for subcontractor budget)	\$140,000	\$147,984	\$147,984	\$3,688	\$151,672	\$97,474	\$54,198	\$151,672	\$591,328
Total Subcontractor Cost	<b>\$140,000</b>	<b>\$147,984</b>	\$147,984	\$3,688	<b>\$151,672</b>	\$97,474	\$54,198	<b>\$151,672</b>	<b>\$591,328</b>
<b>Total DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$140,000</b>	<b>\$147,984</b>	\$147,984	\$3,688	<b>\$151,672</b>	\$97,474	\$54,198	<b>\$151,672</b>	<b>\$591,328</b>

HSA #4

10/25/2016



**Appendix A-1 - Services to be Provided**  
**Project Open Hand**  
 Congregate Nutrition Services for Adults with Disabilities

July 1, 2021 – June 30, 2025

**I. Purpose**

The purpose of this grant is to provide congregate nutrition services for adults with disabilities living in the City and County of San Francisco. Congregate nutrition services include the provision of nutritious meals, nutrition education, and nutrition risk screening. Congregate nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition, and reduced isolation, and serve as an access point for other home and community-based services.

**II. Definitions**

Grantee	Project Open Hand
Adult with a Disability	A person 18-59 years of age living with a disability.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-line System.
CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.

Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
Congregate Nutrition Services	The procurement, preparation, transporting and serving of meals that meet nutrition requirements to eligible consumers in a group setting. Congregate nutrition services also include nutrition education, health promotion, and nutrition risk screening
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of congregate and home-delivered meal nutrition services participants. <a href="http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf">http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf</a>
DGA/Dietary Guidelines for Americans	Evidence-based food and beverage recommendations for Americans ages two (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).
DRI/ Dietary Reference Intakes	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations.
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)

LGBTQ+	An acronym/term used to refer to persons who self-identify as non -heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
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 enrollment and/or participation is not means tested. Consumers self-report income status.
Menu Planning and Analysis	The development of a menu cycle that adheres to DAS OCP and CDA menu standards and the nutrition requirements of meals. A Registered Dietitian conducts the menu analysis, and the analysis will demonstrate adherence to the menu standards and nutrition requirements of the meals. (CDA Program Memo 12-17 as amended)
NCQA	Nutrition Compliance and Quality Assurance are components of congregate and home-delivered nutrition services that are programmatically required and include, but are not limited to, actions that ensure food safety, certify menu compliance, provide nutrition education, confirm consumer eligibility, and assess consumers' physiological, socioeconomic, and psychological well-being as well as need for nutrition and other supportive services. NCQA also includes nutrition counseling performed by a registered dietitian, when feasible and appropriate.
Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code. (CCR Title 22 Sec. 7630)

Nutrition Education Session	An intervention targeting participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian. (CDA Program Memo 21-23)
Nutrition Requirements of Meals	Each meal provided through congregate and home-delivered nutrition services shall adhere to the current <a href="#">Dietary Guidelines for Americans</a> (DGA) and provide a minimum of one-third of the <a href="#">Dietary Reference Intakes</a> (DRI). (CCR Title 22 Sec. 7638.5)
Nutrition Screening	Completion of a nutrition screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994. (CCR Title 22 Sec. 7630)
Nutrition Services	The procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes. (CCR Title 22 Sec. 7630)
OCP	Office of Community Partnerships.
OCM	Office of Contract Management, San Francisco Human Services Agency.
Registered Dietitian (RD)/ Registered Dietitian Nutritionist (RDN)	Registered Dietitian or Registered Dietitian Nutritionist: An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration.
SF DAS 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.
SF-HSA	Human Services Agency of the City and County of San Francisco.

Socially Isolated	Having few social relationships and few people to interact with regularly.
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> ).
To-Go Meal	A meal provided by the congregate nutrition service grantee that is picked up or delivered and consumed off-site by an eligible consumer.
Unduplicated Consumer (UDC)	An individual who participates in congregate nutrition services and their participation is reflected in SF DAS GetCare by the grantee.

### III. Target Populations

This program is designed to serve all ethnicities and populations, with focused expertise to promote unique cultural needs which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English- speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

### IV. Eligibility for Services

1. A person who is an adult with a disability.
2. A spouse or domestic partner accompanying an eligible adult with a disability at the meal program regardless of age. A spouse or domestic partner is as defined by law and/or as in chapter 12B of the San Francisco Administrative Code.

### V. Location and Time of Services

The grantee will provide congregate nutrition services in the City and County of San Francisco. The grantee, with approval from DAS OCP, will determine the location(s) and time(s) for the provision of congregate nutrition services.

### VI. Description of Services and Program Requirements

1. Grantee will develop and maintain nutrition policies and procedures that meet the nutrition and food service standards set forth by California Retail Food Code (CRFC), CCR Title 22, CDA, and DAS OCP.
2. Grantee will provide congregate nutrition services for adults with disabilities. The provision of services 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. If the grantee provides three meals per day, the meals must contain 100% of the DRIs. The grantee may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs.
  - c. Annual nutrition screenings for each consumer and documentation of individual responses in SF DAS GetCare within one month of obtaining them. Required screenings include a nutritional risk screening using the DETERMINE Checklist and a food security screening. The grantee will refer clients screened at high nutritional risk to the DAS funded citywide nutrition counseling and education program.
3. Grantee may provide to-go meals for adults with disabilities through their congregate nutrition service program. To-go meals may only be provided as an additional service option for consumers. The grantee may not replace the conventional style of congregate nutrition services (i.e., meals consumed on site and in a group setting) with a to-go meal service model exclusively.
4. Grantee may offer planned person-to-person interactions for consumers receiving to-go meals however, these interactions are not required to provide to-go meals. The availability of person-to-person interactions and a consumer's decision to participate will determine how the grantee reports the meal to DAS and in SF DAS GetCare. The grantee may provide to-go meals using one of the following models of service:
  - a. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee organizes in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. The grantee must document and track the consumer's intent to participate in the organized activity. The grantee is not responsible for ensuring that the consumer attends the organized activity. If a consumer declines participation in the grantee's organized activity all the time or most of the time (e.g., three out of five days or four out of seven days), additional documentation is required and described in number five (5) below.
  - b. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee

does not organize in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. This service model also requires the additional documentation described in number five (5) below.

- c. The grantee's provision of to-go meals uses service model 4a. and 4b.
5. The additional documentation required if the grantee provides to-go meals without offering person to person interactions or if the consumer declines participation in the grantee's organized activity all the time or most of the time is the following:
  - a. The grantee will conduct an initial assessment that confirms a consumer's need for to-go meals without organized in-person or virtual interaction by reason of illness or disability, or otherwise isolated. The term "otherwise isolated" may be interpreted as isolation related to not being comfortable with dining in a group setting. The initial assessment must be completed within two (2) weeks from the start of service. The initial assessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the initial assessment must be completed in the consumer's home by the grantee.
  - b. The grantee will conduct quarterly reassessments that confirm a consumer's continued need for to-go meals without organized in-person or virtual interaction. The quarterly reassessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the grantee must complete quarterly reassessments in the consumer's home every other quarter. (i.e., initial assessment conducted in the home; quarter 2 reassessment over the phone; quarter 3 reassessment conducted in the home; quarter 4 reassessment over the phone; quarter 5 reassessment in the home, quarter 6 reassessment over the phone, etc.).
6. Grantee will provide consumers who receive to-go meals the following information, at minimum: safe food handling instructions for the meal, reheating instructions if applicable, voluntary contribution policy and collection procedures, grievance policy, and information on how to request assistance, if needed. If the meals are delivered, the grantee will provide a meal delivery schedule and a copy of the approved cycle menu.
7. 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 congregate nutrition services. 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.
8. Grantee shall serve and package meals in compliance with the City's Food Service Waste Reduction Ordinance (2007) and Single-Use Foodware Plastics Toxics and Litter Reduction Ordinance (2019).
9. Grantee will conduct Nutrition Compliance-Quality Assurance (NCQA) as follows:
  - a. 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

menu analysis. The registered dietitian (RD) on staff or consultant RD must participate in menu planning and complete the corresponding nutrient analysis. The grantee may seek approval to submit a cycle menu with fewer weeks. DAS OCP will review requests for exceptions and approve if appropriate.

- b. Document menu substitutions. The RD on staff or consultant RD must review and approve menu substitutions in advance of their use.
- c. Provide a nutrition education session at least once per quarter and a minimum of four (4) times during the fiscal year to consumers participating in services. The grantee may deliver a session in person or via video, audio, online, or the distribution of hardcopy materials. The grantee must report nutrition education sessions in SF DAS GetCare and include the estimated number of participants.
- d. Conduct and document an on-site HACCP safety and sanitation monitoring of the production kitchen at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff or consultant RD must conduct and document the results of the HACCP safety and sanitation monitoring. HACCP monitoring must also include, but is not limited to the review of quarterly congregate site monitoring reports.
- e. Conduct and document an on-site HACCP safety and sanitation monitoring of each congregate meal site at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff, consultant RD, or a qualified staff member must conduct and document the results of the HACCP safety and sanitation monitoring for each site.
- f. Provide orientation and training to all new staff, paid and volunteers, to perform their assigned responsibilities and tasks as described in the CCR Title 22 Regulations Sec. 7636.5. Training, at a minimum, shall include:
  - (1) Food safety, prevention of foodborne illness, and HACCP principles.
  - (2) Accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
- g. Provide in-service training for nutrition program staff (e.g. food service and delivery workers) at least once per quarter and a minimum four (4) times during the fiscal year as described in the CCR-Title 22 Regulations Sec. 7636.5 and DAS OCP policy memoranda. The grantee will also 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.
- h. If to-go meals are delivered by the grantee the following additional NCQA activities are required:
  - i. Conduct end-of-route home-delivered meal temperature checks every other week per route to ensure the meals maintain temperatures that meet food safety standards during the timeframe of the route. The grantee will document and keep on file the temperatures for quarterly review by a registered dietitian (RD).



- ii. Monitor the food safety and sanitation of the home-delivered meal routes including but not limited to the packing, transporting, and delivery of meals. A qualified staff member, trained by a food safety manager or RD, may monitor routes, and document and submit the results to the agency within two weeks of the monitoring. The grantee will monitor each home-delivered meal route, at minimum, two (2) times per year.
10. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS OCP. The grantee will share the survey results 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 the average number of meals served daily.
  11. 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 the CCR Title 22 Regulations Sec. 7636.3 and DAS OCP policy memoranda.
  12. Grantee will ensure there is enough 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.
  13. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP and share the information with their staff and volunteers as needed.
  14. Grantee shall follow guidance or instructions from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments related to the provision of services in the community. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. The grantee shall follow the requirements with the intent to maximize the health and safety of their staff and clients receiving services
  15. Grantee will have knowledge of the DAS Benefits and Resource Hub services and will make referrals based on clients' needs.

**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 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>
Number of Unduplicated Consumers (UDC)	870	725	725	725
Modification 1		-100	0	0

Revised		625	725	725
Modification 2			+49	+27
Revised			774	752
Number of Meals (UOS)	57,560	47,982	47,982	47,982
Modification 1		-2014	0	0
Revised		45,968	47,982	47,982
Modification 2			+12,099	+6,776
Revised			60,081	54,758

### VIII. Outcome Objectives

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

Based on a consumer survey and a sample size equal to or 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 and the food security screening, into the SF DAS GetCare database in accordance to DAS OCP policy memorandum.
2. Grantee will enter into the SF DAS GetCare Service Unit section all service objectives by the 5th working day of the month for the preceding month. Grantee will ensure meal reporting in SF DAS GetCare accurately reflects the type of meal service provided (i.e., congregate meal and to-go meal).
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 and adults with disabilities connect to services throughout the City. These Focal Points are:

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509
Downtown SF Senior Center	481 O’Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Leah Walton  
Nutritionist, DAS OCP  
email: [leah.walton@sfgov.org](mailto:leah.walton@sfgov.org)

and

Tara Alvarez  
Contract Manager, HSA OCM  
email: [tara.alvarez@sfgov.org](mailto:tara.alvarez@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 SF DAS 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
BY PROGRAM**

Name											
PROJECT OPEN HAND											
(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>	17,867	12,550	-	17,867	7,308	-					
If modification, Effective Date of Mod. 2/7/24	No. of Mod. 1	\$ 124,622		\$ 69,788							
<b>Program: Congregate meals for ( ) older adults or (X) adults with disabilities</b>											
Budget Reference Page No.(s)			Original	COBD	Add'l Funding	Total	Original	COBD	Add'l Funding	Total	
Program Term	FY 21/22	FY 22/23	FY 23/24	FY 23/24	FY 23/24	FY 23/24	FY 24/25	FY 24/25	FY 24/25	FY 24/25	Total
<b>Annual # Meals Contracted</b>	48,361	45,968	47,982		12,099	108,063	47,982		6,776	102,740	305,132
<b>DAS Expenditures</b>											
Salaries & Benefits	\$286,676	\$317,397	\$332,315	\$1,062	\$40,644	\$374,021	\$332,315	\$1,062	\$31,690	\$365,067	\$1,343,161
Operating Expenses	\$129,065	\$97,568	\$100,831	\$15,180	\$72,647	\$188,658	\$100,831	\$15,180	\$31,752	\$147,763	\$563,053
<b>Subtotal</b>	<b>\$415,741</b>	<b>\$414,965</b>	<b>\$433,146</b>	<b>\$16,242</b>	<b>\$113,291</b>	<b>\$562,679</b>	<b>\$433,146</b>	<b>\$16,242</b>	<b>\$63,442</b>	<b>\$512,829</b>	<b>\$1,906,214</b>
Indirect Percentage (%)	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Indirect Cost	\$41,575	\$41,497	\$43,315	\$1,625	\$11,330	\$56,270	\$43,315	\$1,625	\$6,345	\$51,285	\$190,631
Capital/Subcontractor Expenditures	\$1,600										\$1,600
<b>Total DAS Expenditures</b>	<b>\$458,917</b>	<b>\$456,462</b>	<b>\$476,461</b>	<b>\$17,867</b>	<b>\$124,622</b>	<b>\$618,950</b>	<b>\$476,461</b>	<b>\$17,867</b>	<b>\$69,788</b>	<b>\$564,116</b>	<b>\$2,098,445</b>
<b>Non DAS Expenditures</b>											
Salaries & Benefits	\$142,556	\$47,744	\$93,113	(\$13,617)	(\$40,644)	\$38,852	\$93,113	(\$13,617)	(\$22,964)	\$56,532	\$285,684
Operating Expenses	\$164,652	\$203,943	\$203,943	\$19,599	(\$72,647)	\$150,895	\$203,943	\$19,599	(\$31,752)	\$191,790	\$711,279
Capital/Subcontractor Expenditures											
NCQA Expenditures											
<b>Total Non DAS Expenditures</b>	<b>\$307,207</b>	<b>\$251,687</b>	<b>\$297,056</b>	<b>\$5,982</b>	<b>(\$113,291)</b>	<b>\$189,747</b>	<b>\$297,056</b>	<b>\$5,982</b>	<b>(\$54,716)</b>	<b>\$248,322</b>	<b>\$996,963</b>
<b>TOTAL DAS AND NON DAS EXPEDITURES</b>	<b>\$766,124</b>	<b>\$708,149</b>	<b>\$773,517</b>	<b>\$23,849</b>	<b>\$11,331</b>	<b>\$808,697</b>	<b>\$773,517</b>	<b>\$23,849</b>	<b>\$15,072</b>	<b>\$812,438</b>	<b>\$3,095,408</b>
<b>DAS Revenues</b>											
Meals- General Fund	\$458,917	\$456,462	\$476,461		\$124,622	\$601,083	\$476,461		\$69,788	\$546,249	\$2,062,710
Meals- State Fund											
Meals- Federal Fund											
COBD				\$17,867		\$17,867		\$17,867		\$17,867	\$35,734
<b>Total DAS Revenue</b>	<b>\$458,917</b>	<b>\$456,462</b>	<b>\$476,461</b>	<b>\$17,867</b>	<b>\$124,622</b>	<b>\$618,950</b>	<b>\$476,461</b>	<b>\$17,867</b>	<b>\$69,788</b>	<b>\$564,116</b>	<b>\$2,098,444</b>
PER MEAL COST, DAS	\$9.46	\$9.93	\$9.93			\$9.93	\$9.55			\$9.55	\$6.88
PER MEAL COST (with NCQA), DAS	\$9.49	\$9.93	\$9.93			\$9.93	\$9.55			\$9.55	\$6.88
<b>Non DAS Revenues</b>											
Project Income											
Agency Cash- Fundraising	\$191,099	\$135,579	\$180,947	\$5,982	(\$113,291)	\$73,638	\$180,947	\$5,982	(\$54,716)	\$132,213	\$532,529
Agency In-kind Volunteer	\$22,604	\$22,604	\$22,604			\$22,604	\$22,604			\$22,604	\$90,418
Agency Property	\$93,504	\$93,504	\$93,504			\$93,504	\$93,504			\$93,504	\$374,016
NCQA Revenue											
<b>Total Non DAS Revenue</b>	<b>\$307,207</b>	<b>\$251,687</b>	<b>\$297,056</b>	<b>\$5,982</b>	<b>(\$113,291)</b>	<b>\$189,747</b>	<b>\$297,056</b>	<b>\$5,982</b>	<b>(\$54,716)</b>	<b>\$248,322</b>	<b>\$996,963</b>
PER MEAL COST, Non DAS	\$6.35	\$5.48	\$6.19			\$6.19	\$8.90			\$8.90	\$3.27
PER MEAL COST (with NCQA), Non DAS	\$6.35	\$5.48	\$6.19			\$6.19	\$8.90			\$8.90	\$3.27
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$766,124</b>	<b>\$708,149</b>	<b>\$773,517</b>	<b>\$23,849</b>	<b>\$11,331</b>	<b>\$808,697</b>	<b>\$773,516</b>			<b>\$812,437</b>	<b>\$3,095,407</b>
PER MEAL COST, Total	\$15.81	\$15.41	\$16.12			\$16.12	\$18.45			\$18.45	\$10.15
PER MEAL COST (with NCQA), Total	\$15.84	\$15.41	\$16.12			\$16.12	\$18.45			\$18.45	\$10.15
Full Time Equivalent (FTE)							13.65				54.59
Prepared by:											Date: 06/21/22
HSA-CO Review Signature:											
HSA #1											10/25/2016





Program: Congregate meals for ( ) older adults or (X) adults with disabilities  
 (Same as Line 11 on HSA #1)

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 Document Date: 2/7/2024

**Capital & Subcontractor Expenditure Detail**

**DAS Capital Expenditure**

<u>Equipment (Qty)</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
16 Electric Cambros \$1,000/ea + \$4,000 for electrical upgrade to power units ~8% used for this program \$20,000 x 8% = \$1,600	\$1,600				\$1,600
<b>Total Equipment Cost</b>	<b>\$1,600</b>				<b>\$1,600</b>

<u>Remodeling</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
<b>Total Remodeling Cost</b>					

<u>Subcontractor</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
<b>Total Subcontractor Cost</b>					

<b>Total DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$1,600</b>				<b>\$1,600</b>
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**Non DAS Capital Expenditure**

<u>Equipment (Qty)</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
<b>Total Equipment Cost</b>					

<u>Remodeling</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
<b>Total Remodeling Cost</b>					

<u>Subcontractor</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
<b>Total Subcontractor Cost</b>					

<b>Total Non DAS Capital &amp; Subcontractor Expenditure</b>					
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<b>Total DAS and Non DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$1,600</b>				<b>\$1,600</b>
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HSA #4 10/25/2016



**Appendix A-4 - Services to be Provided**  
**Russian American Community Services**  
 Congregate Nutrition Services for Adults with Disabilities

July 1, 2021 – June 30, 2025

**I. Purpose**

The purpose of this grant is to provide congregate nutrition services for adults with disabilities living in the City and County of San Francisco. Congregate nutrition services include the provision of nutritious meals, nutrition education, and nutrition risk screening. Congregate nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition, and reduced isolation, and serve as an access point for other home and community-based services.

**II. Definitions**

Grantee	Russian American Community Services
Adult with a Disability	A person 18-59 years of age living with a disability.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-line System.
CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.

Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
Congregate Nutrition Services	The procurement, preparation, transporting and serving of meals that meet nutrition requirements to eligible consumers in a group setting. Congregate nutrition services also include nutrition education, health promotion, and nutrition risk screening
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of congregate and home-delivered meal nutrition services participants. <a href="http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf">http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf</a>
DGA/Dietary Guidelines for Americans	Evidence-based food and beverage recommendations for Americans ages two (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).
DRI/ Dietary Reference Intakes	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations.
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)

HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)
LGBTQ+	An acronym/term used to refer to persons who self-identify as non -heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
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 enrollment and/or participation is not means tested. Consumers self-report income status.
Menu Planning and Analysis	The development of a menu cycle that adheres to DAS OCP and CDA menu standards and the nutrition requirements of meals. A Registered Dietitian conducts the menu analysis, and the analysis will demonstrate adherence to the menu standards and nutrition requirements of the meals. (CDA Program Memo 12-17 as amended)
NCQA	Nutrition Compliance and Quality Assurance are components of congregate and home-delivered nutrition services that are programmatically required and include, but are not limited to, actions that ensure food safety, certify menu compliance, provide nutrition education, confirm consumer eligibility, and assess consumers' physiological, socioeconomic, and psychological well-being as well as need for nutrition and other supportive services. NCQA also includes nutrition counseling performed by a registered dietitian, when feasible and appropriate.
Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code. (CCR Title 22 Sec. 7630)

Nutrition Education Session	An intervention targeting participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian. (CDA Program Memo 21-23)
Nutrition Requirements of Meals	Each meal provided through congregate and home-delivered nutrition services shall adhere to the current <a href="#">Dietary Guidelines for Americans</a> (DGA) and provide a minimum of one-third of the <a href="#">Dietary Reference Intakes</a> (DRI). (CCR Title 22 Sec. 7638.5)
Nutrition Screening	Completion of a nutrition screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994. (CCR Title 22 Sec. 7630)
Nutrition Services	The procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes. (CCR Title 22 Sec. 7630)
OCP	Office of Community Partnerships.
OCM	Office of Contract Management, San Francisco Human Services Agency.
Registered Dietitian (RD)/ Registered Dietitian Nutritionist (RDN)	Registered Dietitian or Registered Dietitian Nutritionist: An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration.
SF DAS 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.
SF-HSA	Human Services Agency of the City and County of San Francisco.

Socially Isolated	Having few social relationships and few people to interact with regularly.
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> ).
To-Go Meal	A meal provided by the congregate nutrition service grantee that is picked up or delivered and consumed off-site by an eligible consumer.
Unduplicated Consumer (UDC)	An individual who participates in congregate nutrition services and their participation is reflected in SF DAS GetCare by the grantee.

### III. Target Populations

This program is designed to serve all ethnicities and populations, with focused expertise to promote unique cultural needs which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English- speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

### IV. Eligibility for Services

1. A person who is an adult with a disability.
2. A spouse or domestic partner accompanying an eligible adult with a disability at the meal program regardless of age. A spouse or domestic partner is as defined by law and/or as in chapter 12B of the San Francisco Administrative Code.

### V. Location and Time of Services

The grantee will provide congregate nutrition services in the City and County of San Francisco. The grantee, with approval from DAS OCP, will determine the location(s) and time(s) for the provision of congregate nutrition services.

## VI. Description of Services and Program Requirements

1. Grantee will develop and maintain nutrition policies and procedures that meet the nutrition and food service standards set forth by California Retail Food Code (CRFC), CCR Title 22, CDA, and DAS OCP.
2. Grantee will provide congregate nutrition services for adults with disabilities. The provision of services 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. If the grantee provides three meals per day, the meals must contain 100% of the DRIs. The grantee may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs.
  - c. Annual nutrition screenings for each consumer and documentation of individual responses in SF DAS GetCare within one month of obtaining them. Required screenings include a nutritional risk screening using the DETERMINE Checklist and a food security screening. The grantee will refer clients screened at high nutritional risk to the DAS funded citywide nutrition counseling and education program.
3. Grantee may provide to-go meals for adults with disabilities through their congregate nutrition service program. To-go meals may only be provided as an additional service option for consumers. The grantee may not replace the conventional style of congregate nutrition services (i.e., meals consumed on site and in a group setting) with a to-go meal service model exclusively.
4. Grantee may offer planned person-to-person interactions for consumers receiving to-go meals however, these interactions are not required to provide to-go meals. The availability of person-to-person interactions and a consumer's decision to participate will determine how the grantee reports the meal to DAS and in SF DAS GetCare. The grantee may provide to-go meals using one of the following models of service:
  - a. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee organizes in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. The grantee must document and track the consumer's intent to participate in the organized activity. The grantee is not responsible for ensuring that the consumer attends the organized activity. If a consumer declines participation in the grantee's organized activity all the time or most of the time (e.g., three out of five days or four out of seven days), additional documentation is required and described in number five (5) below.

- b. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee does not organize in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. This service model also requires the additional documentation described in number five (5) below.
    - c. The grantee's provision of to-go meals uses service model 4a. and 4b.
- 5. The additional documentation required if the grantee provides to-go meals without offering person to person interactions or if the consumer declines participation in the grantee's organized activity all the time or most of the time is the following:
  - a. The grantee will conduct an initial assessment that confirms a consumer's need for to-go meals without organized in-person or virtual interaction by reason of illness or disability, or otherwise isolated. The term "otherwise isolated" may be interpreted as isolation related to not being comfortable with dining in a group setting. The initial assessment must be completed within two (2) weeks from the start of service. The initial assessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the initial assessment must be completed in the consumer's home by the grantee.
  - b. The grantee will conduct quarterly reassessments that confirm a consumer's continued need for to-go meals without organized in-person or virtual interaction. The quarterly reassessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the grantee must complete quarterly reassessments in the consumer's home every other quarter. (i.e., initial assessment conducted in the home; quarter 2 reassessment over the phone; quarter 3 reassessment conducted in the home; quarter 4 reassessment over the phone; quarter 5 reassessment in the home, quarter 6 reassessment over the phone, etc.).
- 6. Grantee will provide consumers who receive to-go meals the following information, at minimum: safe food handling instructions for the meal, reheating instructions if applicable, voluntary contribution policy and collection procedures, grievance policy, and information on how to request assistance, if needed. If the meals are delivered, the grantee will provide a meal delivery schedule and a copy of the approved cycle menu.
- 7. 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 congregate nutrition services. 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.
- 8. Grantee shall serve and package meals in compliance with the City's Food Service Waste Reduction Ordinance (2007) and Single-Use Foodware Plastics Toxics and Litter Reduction Ordinance (2019).

9. Grantee will conduct Nutrition Compliance-Quality Assurance (NCQA) as follows:
  - a. 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 menu analysis. The registered dietitian (RD) on staff or consultant RD must participate in menu planning and complete the corresponding nutrient analysis. The grantee may seek approval to submit a cycle menu with fewer weeks. DAS OCP will review requests for exceptions and approve if appropriate.
  - b. Document menu substitutions. The RD on staff or consultant RD must review and approve menu substitutions in advance of their use.
  - c. Provide a nutrition education session at least once per quarter and a minimum of four (4) times during the fiscal year to consumers participating in services. The grantee may deliver a session in person or via video, audio, online, or the distribution of hardcopy materials. The grantee must report nutrition education sessions in SF DAS GetCare and include the estimated number of participants.
  - d. Conduct and document an on-site HACCP safety and sanitation monitoring of the production kitchen at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff or consultant RD must conduct and document the results of the HACCP safety and sanitation monitoring. HACCP monitoring must also include, but is not limited to the review of quarterly congregate site monitoring reports.
  - e. Conduct and document an on-site HACCP safety and sanitation monitoring of each congregate meal site at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff, consultant RD, or a qualified staff member must conduct and document the results of the HACCP safety and sanitation monitoring for each site.
  - f. Provide orientation and training to all new staff, paid and volunteers, to perform their assigned responsibilities and tasks as described in the CCR Title 22 Regulations Sec. 7636.5. Training, at a minimum, shall include:
    - (1) Food safety, prevention of foodborne illness, and HACCP principles.
    - (2) Accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
  - g. Provide in-service training for nutrition program staff (e.g. food service and delivery workers) at least once per quarter and a minimum four (4) times during the fiscal year as described in the CCR-Title 22 Regulations Sec. 7636.5 and DAS OCP policy memoranda. The grantee will also 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.
  - h. If to-go meals are delivered by the grantee the following additional NCQA activities are required:
    - i. Conduct end-of-route home-delivered meal temperature checks every other week per route to ensure the meals maintain temperatures that



- meet food safety standards during the timeframe of the route. The grantee will document and keep on file the temperatures for quarterly review by a registered dietitian (RD).
- ii. Monitor the food safety and sanitation of the home-delivered meal routes including but not limited to the packing, transporting, and delivery of meals. A qualified staff member, trained by a food safety manager or RD, may monitor routes, and document and submit the results to the agency within two weeks of the monitoring. The grantee will monitor each home-delivered meal route, at minimum, two (2) times per year.
10. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS OCP. The grantee will share the survey results 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 the average number of meals served daily.
  11. 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 the CCR Title 22 Regulations Sec. 7636.3 and DAS OCP policy memoranda.
  12. Grantee will ensure there is enough 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.
  13. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP and share the information with their staff and volunteers as needed.
  14. Grantee shall follow guidance or instructions from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments related to the provision of services in the community. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. The grantee shall follow the requirements with the intent to maximize the health and safety of their staff and clients receiving services
  15. Grantee will have knowledge of the DAS Benefits and Resource Hub services and will make referrals based on clients' needs.

## **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 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>
Number of Unduplicated Consumers (UDC)	8	8	8	8
Modification 1	0	1	1	1
Modification 2	0	0	0	0
<b>Modification 3</b>	0	0	<b>1</b>	<b>1</b>
<b>Revised UDC</b>	8	9	<b>10</b>	<b>10</b>
Number of Meals	2,346	1,420	1,420	1,420
Modification 1	607	848	848	848
Modification 2	0	1,669	0	0
<b>Modification 3</b>	0	0	<b>1,722</b>	<b>1,722</b>
<b>Revised Number of Meals</b>	2,953	3,937	<b>3,990</b>	<b>3,990</b>

### VIII. Outcome Objectives

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

Based on a consumer survey and a sample size equal to or 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 and the food security screening, into the SF DAS GetCare database in accordance to DAS OCP policy memorandum.
2. Grantee will enter into the SF DAS GetCare Service Unit section all service objectives by the 5th working day of the month for the preceding month. Grantee will ensure meal reporting in SF DAS GetCare accurately reflects the type of meal service provided (i.e., congregate meal and to-go meal).
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.

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509
Downtown SF Senior Center	481 O'Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845

West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

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 and adults with disabilities connect to services throughout the City. These Focal Points are:

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

Tiffany Dang  
Nutritionist  
DAS OCP  
email: [tiffany.dang@sfgov.org](mailto:tiffany.dang@sfgov.org)

and

Tara Alvarez  
Contract Manager  
HSA OCM  
email: [tara.alvarez@sfgov.org](mailto:tara.alvarez@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 SF DAS 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
BY PROGRAM**

Name

Russian American Community Services

(Check One) New  Renewal  Modification  \_\_\_\_\_

If modification, Effective Date of Mod. 2/7/2024 No. of Mod. 4

**disabilities**

Budget Reference Page No.(s)

Program Term	FY 21/22	FY 22/23	FY 23/24	Modification	Revised	FY 24/25	Modification	Revised	Total
<b>Annual # Meals Contracted</b>	<b>2,953</b>	<b>3,937</b>	<b>2,268</b>	<b>1,722</b>	<b>3,990</b>	<b>2,268</b>	<b>1,722</b>	<b>3,990</b>	<b>14,870</b>
<b>DAS Expenditures</b>									
Salaries & Benefits	\$10,550	\$7,027	\$7,027	\$7,101	\$14,128	\$7,027	\$7,101	\$14,128	\$45,834
Operating Expenses	\$12,806	\$25,831	\$11,897	\$11,183	\$23,080	\$11,897	\$11,183	\$23,080	\$84,797
<b>Subtotal</b>	<b>\$23,356</b>	<b>\$32,858</b>	<b>\$18,924</b>	<b>\$18,284</b>	<b>\$37,208</b>	<b>\$18,924</b>	<b>\$18,284</b>	<b>\$37,208</b>	<b>\$130,631</b>
Indirect Percentage (%)	6.00%	3.70%	3.70%	6.00%	6.00%	3.70%	6.00%	6.00%	5.43%
Indirect Cost	\$1,417	\$1,225	\$709	\$1,097	\$1,806	\$709	\$1,097	\$1,806	\$6,253
Capital/Subcontractor Expenditures	\$257								\$257
<b>Total DAS Expenditures</b>	<b>\$25,030</b>	<b>\$34,083</b>	<b>\$19,633</b>	<b>\$19,381</b>	<b>\$39,014</b>	<b>\$19,633</b>	<b>\$19,381</b>	<b>\$39,014</b>	<b>\$137,141</b>
<b>Non DAS Expenditures</b>									
Salaries & Benefits									
Operating Expenses									
Capital/Subcontractor Expenditures									
NCQA Expenditures									
<b>Total Non DAS Expenditures</b>									
<b>TOTAL DAS AND NON DAS EXPEDITURES</b>	<b>\$25,030</b>	<b>\$34,083</b>	<b>\$19,633</b>	<b>\$19,381</b>	<b>\$39,014</b>	<b>\$19,633</b>	<b>\$19,381</b>	<b>\$39,014</b>	<b>\$137,141</b>
<b>DAS Revenues</b>									
Meals - General Fund	\$17,043	\$25,711	\$11,261	\$18,645	\$29,906	\$11,261	\$18,645	\$29,906	\$102,566
CODB 21/22	\$686	\$686	\$686		\$686	\$686		\$686	\$2,744
OTO - Supplies	\$257	\$0	\$0		\$0	\$0		\$0	\$257
OTO - Meals	\$7,044	\$0	\$0		\$0	\$0		\$0	\$7,044
Ongoing Mayor's Funding for Meals	\$0	\$7,208	\$7,208		\$7,208	\$7,208		\$7,208	\$21,624
CODB 22/23		\$478	\$478		\$478	\$478		\$478	\$1,434
CODB 23/24				\$736	\$736		\$736	\$736	\$0
<b>Total DAS Revenue</b>	<b>\$25,030</b>	<b>\$34,083</b>	<b>\$19,633</b>	<b>\$19,381</b>	<b>\$39,014</b>	<b>\$19,633</b>	<b>\$19,381</b>	<b>\$39,014</b>	<b>\$137,141</b>
PER MEAL COST, DAS	\$8.39	\$8.66	\$8.66		\$9.78	\$8.66		\$9.78	
PER MEAL COST (with NCQA), DAS	\$8.48	\$8.66	\$8.66			\$8.66			
<b>Non DAS Revenues</b>									
Project Income									\$0
Agency Cash- Fundraising									\$0
Agency In-kind Volunteer									\$0
<b>Total Non DAS Revenue</b>	<b>\$0</b>								<b>\$0</b>
PER MEAL COST (with NCQA), Non DAS	\$0								\$0
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$25,030</b>	<b>\$34,083</b>	<b>\$19,633</b>			<b>\$19,633</b>			<b>\$59,113</b>
PER MEAL COST (with NCQA), Total	\$8.48	\$8.66	\$8.66			\$8.66			\$0.00
Full Time Equivalent (FTE)	0.16								0.66
Prepared by:									Document Date: Fe
HSA-CO Review Signature:									
HSA #1									11/11/2022

Program: Congregate meals for ( ) older adults or (x) adults with disabilities  
**Russian American Community Services**

Appendix B-4, Page 2  
 Document Date: February 7, 2024

Salaries & Benefits Detail													
Agency Totals		HSA Program		FY 21/22	FY 22/23	FY 23/24	Modification	Total	FY 24/25	Modification	Total	Total	
Position Title	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
	\$35,600	0.16	100.00%	0.16	\$8,776	\$5,869	\$5,869	\$5,869	\$11,738	\$5,869	\$5,869	\$11,738	\$38,121
Substitute kitchen labor													
Totals	\$35,600	0.16	100.00%	0.16	\$8,776	\$5,869	\$5,869	\$5,869	\$11,738	\$5,869	\$5,869	\$11,738	\$38,121
Fringe Benefits Rate	20.00%							21%			21%		
Employee Fringe Benefits	\$7,120				\$1,774	\$1,158	\$1,158	\$1,232	\$2,348	\$1,158	\$1,232	\$2,348	\$7,627
<b>Total DAS Salaries and Benefits</b>	\$42,720				\$10,550	\$7,027	\$7,027	\$7,101	\$14,086	\$7,027	\$7,101	\$14,086	\$45,748
Agency Totals		HSA Program		FY 21/22	FY 22/23	FY 23/24	Modification	Total	FY 24/25	Modification	Total	Total	
Position Title	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	
Totals													
Fringe Benefits Rate	0.00%												
Employee Fringe Benefits	\$0												
<b>Total Non DAS Salaries and Benefits</b>	\$0												
<b>Total DAS and Non DAS Salaries and Benefits</b>	\$42,720				\$7,027	\$7,027	\$7,027	\$14,054	\$7,027	\$7,027	\$21,081	\$21,081	\$35,135
HSA #2													10/25/2016





**Russian American Community Services**

**Capital & Subcontractor Expenditure Detail**

**DAS Capital Expenditure**

<u>Equipment/Supplies</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
Packing supplies for meals to go. (HCBS Eligible)	\$257				\$257
<b>Total Equipment Cost</b>	<b>\$257</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$257</b>
<u>Remodeling</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
<b>Total Remodeling Cost</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<u>Subcontractor</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
<b>Total Subcontractor Cost</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$257</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$257</b>

**Non DAS Capital Expenditure**

<u>Equipment (Qty)</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	
<b>Total Equipment Cost</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<u>Remodeling</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	
<b>Total Remodeling Cost</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<u>Subcontractor</u>	FY 21/22	FY 22/23	FY 23/24	FY 24/25	
<b>Total Subcontractor Cost</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Non DAS Capital &amp; Subcontractor Expenditure</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>Total DAS and Non DAS Capital &amp; Subcontractor Expenditure</b>			<b>\$0</b>	<b>\$0</b>	<b>\$257</b>
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**Appendix A-3– Services to be Provided**  
**Self Help for the Elderly**  
Home-Delivered Nutrition Services for Older Adults

July 1, 2021 - June 30, 2025  
Modification: February 7, 2024

**I. Purpose**

The purpose of this grant is to provide home-delivered nutrition services for older adults living in the City and County of San Francisco. Home-delivered nutrition services include the provision of nutritious meals, nutrition education, and nutrition risk screening. Home-delivered nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition and reduced isolation, and serve as an access point for other home and community-based services.

**II. Definitions**

Grantee	Self Help for the Elderly
Adult with a Disability	A person 18-59 years of age living with a disability.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-line System.
CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation

Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of congregate and home-delivered meal nutrition services participants. <a href="http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf">http://www.dhs.gov.vi/home/documents/DetermineNutritionChecklist.pdf</a>
DGA/ Dietary Guidelines for Americans	Evidence-based food and beverage recommendations for Americans ages two (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).
DRI/ Dietary Reference Intakes	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations.
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)

Home-Delivered Nutrition Services/HDM Nutrition Services	The procurement, preparation, transporting and delivery of meals that meet nutrition requirements to eligible consumers who are homebound by reason of illness, disability, or are otherwise isolated, and have no safe, healthy alternative for meals. Home-delivered nutrition services also include initial assessments, annual assessments, and reassessments of consumer eligibility, nutrition education, health promotion, and nutrition risk screening.
HDM Nutrition Services Assessment (Initial and Annual)	An assessment conducted by a qualified staff member in the home of an individual within two weeks of beginning meal service and annually thereafter that documents the need for service and the type of meal appropriate for the participant in their living environment. The assessment covers physiological, socioeconomic, and psychological factors including acute or chronic disease, syndromes or conditions, family/support system and functional ability including activities of daily living (ADL) and instrumental activities of daily living (IADL) which contribute to an individual's need for meals and other related services. (CCR Title 22 Sec. 7638.3)
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.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
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 participation is not means tested. Consumers self-report income status.
Menu Planning and Nutrient Analysis	The development of a menu cycle that adheres to DAS OCP and CDA menu standards and the nutrition requirements of meals. A Registered Dietitian conducts the menu analysis, and the analysis will demonstrate adherence to the menu standards and nutrition requirements of the meals. (CDA Program Memo 12-17 as amended)

Modified Diet	A menu approved by a registered dietitian (RD) that meets the current DGA and adjusts the typical home-delivered meal components to control the intake of certain foods, food textures, and/or nutrients to meet the dietary needs of individuals. Examples include, but are not limited to, low sodium diet, diabetic diet, and mechanical soft diets.
NCQA	Nutrition Compliance and Quality Assurance are components of congregate and home-delivered nutrition services that are programmatically required and include, but are not limited to, actions that ensure food safety, certify menu compliance, provide nutrition education, confirm consumer eligibility, and assess consumers' physiological, socioeconomic, and psychological well-being as well as need for nutrition and other supportive services. NCQA also includes nutrition counseling performed by a registered dietitian, when feasible and appropriate.
Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code. (CCR Title 22 Sec. 7630)
Nutrition Education Session	An intervention targeting participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian. (CDA Program Memo 21-23)
Nutrition Requirements of Meals	Each meal provided through congregate and home-delivered nutrition services shall adhere to the current Dietary Guidelines for Americans (DGA) and provide a minimum of one-third of the Dietary Reference Intakes (DRI). (CCR Title 22 Sec. 7638.5)
Nutrition Screening	Completion of a nutrition screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994. (CCR Title 22 Sec. 7630)

Nutrition Services	The procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes. (CCR Title 22 Sec. 7630)
OCP	Office of Community Partnerships.
OCM	Office of Contract Management, San Francisco Human Services Agency.
OCNP	Older Californians Nutrition Program (previously known as Elderly Nutrition Program, ENP) - Title III C1 and C2. A program that provides nutrition services, as authorized by the Older Americans Act of 1965, as amended, and is provided in accordance with the provision of CCR Title 22, Chapter 4, Article 5, Sec. 7630.
Older Adult	A person who is 60 years of age or older, used interchangeably with the term “senior”.
Reassessment	A reassessment conducted quarterly by qualified staff that documents the need for service. Such reassessment shall be done in the home of the participant at least every six months. (CCR Title 22 Sec. 7638.3) Initial and annual assessments count towards the quarterly reassessment requirement.
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.
Senior	A person who is 60 years of age or older, used interchangeably with the term “older adult”.
SF DAS 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.
SF-HSA	Human Services Agency of the City and County of San Francisco.
Socially Isolated	Having few social relationships and few people to interact with regularly.

SOGI	Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i> amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve ( <i>Chapter 104, Sections 104.1 through 104.9</i> ).
Unduplicated Consumer (UDC)	An individual who receives home-delivered nutrition services and their participation is reflected in SF DAS GetCare by the grantee.

### III. Target Populations

This program is designed to serve all ethnicities and populations, with focused expertise to promote unique cultural needs which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English- Speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

### IV. Eligibility for Services

To participate in home-delivered nutrition services, an individual must meet one of the following criteria:

1. An older adult living in the City and County of San Francisco who is homebound due to illness or disability, or is otherwise isolated.
2. A spouse or domestic partner of an older adult enrolled in the program if an assessment by the grantee's social worker or assessment staff concludes that it is in the best interest of the enrolled older adult.
3. An individual with a disability who resides at home with an enrolled older adult, if an assessment by the grantee's social worker or assessment staff concludes that it is in the best interest of the enrolled older adult.

Grantee shall give priority to an eligible older adult.

### V. Location and Time of Services

The grantee will provide home-delivered nutrition services in the City and County of San Francisco. The grantee, with approval from DAS OCP, will determine the service and delivery times for the provision of home-delivered nutrition services.

### 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), CCR Title 22, CDA OCNP, and DAS OCP.

Policies and procedures shall also include consumer assessment and reassessment guidelines.

2. Grantee will provide home-delivered nutrition services for older adults and individuals who are determined eligible by the grantee. The provision of services will include the following:
  - i. Enrollment of consumers in home-delivered nutrition services and the delivery of 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.
  - ii. Provision of home-delivered 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. If the grantee provides three meals per day, the meals must contain 100% of the DRIs. The grantee may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs. Meals offered may be hot, chilled, or frozen, and be regular or modified meals as approved by DAS OCP.
  - iii. Annual nutrition screenings for each consumer and documentation of individual responses in SF DAS GetCare within one month of obtaining them. Required screenings include a nutritional risk screening using the DETERMINE Checklist and a food security screening. The grantee will refer clients screened at high nutritional risk to the DAS funded citywide nutrition counseling and education program.
3. Grantee will conduct Nutrition Compliance-Quality Assurance (NCQA) as follows:
  - i. 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 menu analysis. The registered dietitian (RD) on staff or consultant RD must participate in menu planning and complete the corresponding nutrient analysis. The grantee may seek approval to submit a cycle menu with fewer weeks. DAS OCP will review requests for exceptions and approve if appropriate.
  - ii. Document menu substitutions. The RD on staff or consultant RD must review and approve menu substitutions in advance of their use.
  - iii. Provide a nutrition education session at least once per quarter and a minimum of four (4) times during the fiscal year to consumers participating in services. The grantee may deliver a session in person or via video, audio, online, or the distribution of hardcopy materials. The grantee must report nutrition education sessions in SF DAS GetCare and include the estimated number of participants.
  - iv. Conduct end-of-route home-delivered meal temperature checks every other week per route to ensure the meals maintain temperatures that meet food safety standards during the timeframe of the route. The grantee will document, and keep on file the temperatures for quarterly review by the registered dietitian.
  - v. Monitor the food safety and sanitation of the HDM routes including but not limited to the packing, transporting, and delivery of meals. A qualified staff



member, trained by a food safety manager or RD, may monitor routes, and document and submit the results to the agency within two weeks of the monitoring. The grantee will monitor each HDM route, at minimum, two (2) times per year.

- vi. Conduct and document 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. The RD on staff or consultant RD must conduct and document the results of the HACCP safety and sanitation monitoring. HACCP monitoring must also include, but is not limited to the review of HDM route temperature checks and monitoring reports.
- vii. Provide orientation and training to all new staff, paid and volunteers, to perform their assigned responsibilities and tasks as described in the CCR Title 22 Regulations Sec. 7636.5. Training, at a minimum, shall include:
  - (1) Food safety, prevention of foodborne illness, and HACCP principles.
  - (2) Accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
- viii. In-service for nutrition program staff (e.g. food service and delivery workers) is provided at minimum once per quarter and four (4) times annually as described in the CCR-Title 22 Regulations Sec. 7636.5 and DAS OCP policy memoranda. The grantee will also 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.
- ix. Conduct initial in-home assessments by qualified staff to evaluate a consumer's eligibility for program enrollment within two weeks of starting meal service. During the assessment, the grantee will provide participants with a welcome packet and program information as described in DAS OCP policy memoranda. The welcome packet will include at minimum, the following information: a meal delivery schedule, sample menu, written instructions for handling and reheating meals, voluntary contribution policy and collection procedures, directions on how to request a change in meal delivery, grievance policy, and information on how to request assistance, if needed. The welcome packet at minimum must be available in the language of the majority of the program participants.
- x. Conduct in-home assessments annually to evaluate a consumer's eligibility for continued program enrollment. Qualified staff must complete the annual assessment, document the need for service, and evaluate function and ability as described in DAS OCP policy memoranda.
- xi. Conduct quarterly reassessments to determine a consumer's eligibility for continued program enrollment. The grantee shall conduct quarterly reassessments as described in DAS OCP policy memoranda. The grantee must conduct at least one quarterly assessment in the home of the consumer. A trained HDM program driver or volunteer may complete a quarterly reassessment in person or by phone.

4. Grantee will ensure the suggested voluntary contribution per meal complies with DAS OCP policy memoranda including an approval by the grantee’s board of directors.
5. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS OCP. The grantee will share the survey results with DAS OCP by March 15 each grant year or on a mutually agreed upon date between OCP and the grantee. At minimum, the completed number of surveys shall be a sample size of at least forty percent (40%) of the enrolled unduplicated consumer.
6. 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 possesses a food safety manager certification and has the required qualifications as described in CCR Title 22 Sec. 7636.3 and DAS OCP policy memoranda.
7. Grantee will ensure there is a sufficient number of qualified staff, paid and/or 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.
8. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP, and share the information with their staff and volunteers as needed.
9. Grantee shall follow guidance or instructions from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments related to the provision of services in the community. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. The grantee shall follow the requirements with the intent to maximize the health and safety of their staff and clients receiving services

**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>	FY 21/22	FY 22/23	FY 23/24	FY 24/25
<b>Number of Unduplicated Consumers (UDC)</b>	486	371	371	371
Modification 1	494	276	276	276
Modification 2	0	0	0	0
Modification 3		+405	+106	+106
Modification 4		0	0	0
<b>Modification 5</b>			<b>167</b>	<b>37</b>
<b>Revised UDC</b>	980	1,052	<b>920</b>	<b>790</b>

<b>Number of Meals</b>	146,000	111,361	111,361	111,361
Modification 1	70,361	36,818	36,818	36,818
Modification 2	-2,953	0	0	0
Modification 3		+92,971	+23,320	+23,320
Modification 4		+5,714	0	0
<b>Modification 5</b>			<b>+57,153</b>	<b>+25,352</b>
<b>Revised Number of Meals</b>	213,408	246,864	<b>228,652</b>	<b>196,851</b>

### VIII. Outcome Objectives

1. Consumers report increased consumption of fruits, vegetables, and/or whole grains. Target: 75%.
2. Consumers feel less worried about getting enough food to meet their needs. Target: 85%.
3. Consumers rate the quality of meals they received as excellent or good. Target: 85%.

Based on a consumer survey and a sample size of at least forty percent (40%) of the enrolled unduplicated consumer.

### 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 HDM intake form, which includes the annual nutrition risk screening and the food security screening, into the SF DAS GetCare database in accordance to DAS OCP policy memorandum.
2. Grantee will enter into the SF DAS GetCare Service Unit section all service objectives by the 5<sup>th</sup> working day of the month for the preceding month.
3. Grantee will enter monthly reports and metrics into the CARBON database system by the 15<sup>th</sup> of the following month that includes the following information:
  - Number of unduplicated consumers served
  - Number of meals prepared and delivered
  - 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 15<sup>th</sup> 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 HSA no later than July 31 each grant year. 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:

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509
Downtown SF Senior Center	481 O’Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Tiffany Kearney  
Program Analyst & Lead Nutritionist  
DAS OCP  
Tiffany.Kearney@sfgov.org

and

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

**X. Monitoring Activities**

1. Nutrition Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on SF DAS 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.

HUMAN SERVICES AGENCY BUDGET SUMMARY

BY PROGRAM

Name

SELF-HELP FOR THE ELDERLY

(Check One) New  Renewal  Modification

If modification, Effective Date of Mod. No. of Mod. 4

Program: Home-delivered meals for (X) older adults, ( ) adults with disabilities or ( ) emergency

Budget Reference Page No.(s)	Budget	Budget	Budget	Modification	Revised	Budget	Modification	Revised	Total
Program Term	FY 21/22	FY 22/23	FY 23/24	FY 23/24	FY 23/24	FY 24/25	FY 24/25	FY 24/25	
<b>Annual # Meals Contracted</b>	213,408	246,864	171,499	57,153	228,652	171,499	25,352	196,851	880,061
<b>DAS Expenditures</b>									
Salaries & Benefits	\$583,185	\$618,869	\$608,438	\$55,471	\$663,909	\$608,438		\$608,438	\$2,474,401
Operating Expenses	\$1,026,628	\$1,568,817	\$879,428	\$609,781	\$1,489,209	\$879,428	\$366,110	\$1,245,538	\$5,330,192
<b>Subtotal</b>	<b>\$1,609,813</b>	<b>\$2,187,686</b>	<b>\$1,487,866</b>	<b>\$665,252</b>	<b>\$2,153,118</b>	<b>\$1,487,866</b>	<b>\$366,110</b>	<b>\$1,853,976</b>	<b>\$7,804,593</b>
Indirect Percentage (%)									10.00%
Indirect Cost	\$160,981	\$218,768	\$148,786	\$66,525	\$215,311	\$148,786	\$36,611	\$185,397	\$780,457
Capital/Subcontractor Expenditures	\$456,528	\$353,300							\$809,828
NCQA Expenditures	\$246,177	\$288,859	\$211,980	\$76,365	\$288,345	\$211,980	\$38,311	\$250,291	\$1,073,672
<b>Total DAS Expenditures</b>	<b>\$2,473,499</b>	<b>\$3,048,613</b>	<b>\$1,848,632</b>	<b>\$808,142</b>	<b>\$2,656,774</b>	<b>\$1,848,632</b>	<b>\$441,032</b>	<b>\$2,289,664</b>	<b>\$10,468,550</b>
<b>Non DAS Expenditures</b>									
Salaries & Benefits	\$277,719	\$652,767	\$676,522	\$27,971	\$704,493	\$676,522	\$6,500	\$683,022	\$2,318,001
Operating Expenses	\$267,995	\$60,460	\$343,899	(\$52,497)	\$291,402	\$343,899	(\$37,488)	\$306,411	\$926,268
Capital/Subcontractor Expenditures				\$57,000	\$57,000				\$57,000
NCQA Expenditures									
<b>Total Non DAS Expenditures</b>	<b>\$545,714</b>	<b>\$713,227</b>	<b>\$1,020,421</b>	<b>\$32,474</b>	<b>\$1,052,895</b>	<b>\$1,020,421</b>	<b>(\$30,988)</b>	<b>\$989,433</b>	<b>\$3,301,269</b>
<b>TOTAL DAS AND NON DAS EXPEDITURES</b>	<b>\$3,019,213</b>	<b>\$3,761,840</b>	<b>\$2,869,053</b>	<b>\$840,616</b>	<b>\$3,709,669</b>	<b>\$2,869,053</b>	<b>\$410,044</b>	<b>\$3,279,097</b>	<b>\$13,769,819</b>
<b>DAS Revenues</b>									
Meals- General Fund	\$1,117,210	\$870,843	\$870,843		\$870,843	\$870,843		\$870,843	\$3,729,739
Meals- State Fund									
Meals- Federal Fund									
OTO	\$100,000								\$100,000
CODB 21/22	\$61,994	\$61,994	\$61,994		\$61,994	\$61,994		\$61,994	\$247,976
MCO 21/22	\$7,697	\$7,697	\$7,697		\$7,697	\$7,697		\$7,697	\$30,788
Dignity Fund & Allocation Plan 21/22	\$252,000	\$252,000	\$252,000		\$252,000	\$252,000		\$252,000	\$1,008,000
OTO Meals FY 21/22	\$331,893								\$331,893
OTO 3/17/22	\$199,656	\$174,300							\$373,956
Additional Meals FY22/23-FY24-25		\$58,746	\$58,746		\$58,746	\$58,746		\$58,746	\$176,238
OTO 6.24.22	\$156,872								\$156,872
NCQA Fund	\$246,177	\$143,329	\$143,329		\$143,329	\$143,329		\$143,329	\$676,164
CODB 4% FY22-23		\$59,168	\$59,168		\$59,168	\$59,168		\$59,168	\$177,504
Additional Meals FY22/23		\$784,675	\$206,155		\$206,155	\$206,155		\$206,155	\$1,196,985
NCQA Additional Funding FY 22/23		\$145,530	\$68,651		\$68,651	\$68,651		\$68,651	\$282,832
OTO FY 22/23		\$179,000							\$179,000
OTO FY 22/23; 23/24; 24/25		\$255,619	\$120,049		\$120,049	\$120,049		\$120,049	\$495,717
OTO FY22/23		\$55,712							\$55,712
OTO FY 23/24 Meals				\$659,224	\$659,224		\$341,128	\$341,128	\$1,000,352
CODB 3.5% FY 23/24				\$72,553	\$72,553		\$61,593	\$61,593	\$134,146
NCQA 23/24				\$76,365	\$76,365		\$38,311	\$38,311	\$114,676
<b>Total DAS Revenue</b>	<b>\$2,473,499</b>	<b>\$3,048,613</b>	<b>\$1,848,632</b>	<b>\$808,142</b>	<b>\$2,656,774</b>	<b>\$1,848,632</b>	<b>\$441,032</b>	<b>\$2,289,664</b>	<b>\$10,468,550</b>
PER MEAL COST, DAS	\$8.30	\$9.75	\$9.54	\$12.80	\$10.36	\$9.54	\$15.89	\$10.36	\$10.36
PER MEAL COST (with NCQA), DAS	\$11.59	\$12.35	\$10.78	\$14.14	\$11.62	\$10.78	\$17.40	\$11.63	\$11.90
<b>Non DAS Revenues</b>									
Project Income	\$35,272	\$17,216	\$20,580	\$20,000	\$40,580	\$20,567	\$20,000	\$40,567	\$133,635
Agency Cash- Fundraising	\$510,442	\$696,011	\$999,841	\$12,474	\$1,012,315	\$999,854	(\$57,488)	\$942,366	\$3,161,134
Agency In-kind Volunteer									
NCQA Revenue									
<b>Total Non DAS Revenue</b>	<b>\$545,714</b>	<b>\$713,227</b>	<b>\$1,020,421</b>	<b>\$32,474</b>	<b>\$1,052,895</b>	<b>\$1,020,421</b>	<b>(\$37,488)</b>	<b>\$982,933</b>	<b>\$3,294,769</b>
PER MEAL COST, Non DAS	\$3	\$3	\$6	\$1	\$5	\$6	(\$1)	\$5	\$4
PER MEAL COST (with NCQA), Non DAS	\$3	\$3	\$6	\$1	\$5	\$6	(\$1)	\$5	\$4
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$3,019,213</b>	<b>\$3,761,840</b>	<b>\$2,869,053</b>	<b>\$840,616</b>	<b>\$3,709,669</b>	<b>\$2,869,053</b>	<b>\$403,544</b>	<b>\$3,272,597</b>	<b>\$13,763,319</b>
PER MEAL COST, Total	\$11	\$13	\$15	\$13	\$15	\$15	\$14	\$15	\$14
PER MEAL COST (with NCQA), Total	\$14	\$15	\$17	\$15	\$16	\$17	\$16	\$17	\$16
Full Time Equivalent (FTE)									291.00
Prepared by: Leny Nair									Date: 1/25/2024
HSA-CO Review Signature:									
HSA #1									10/25/2016

Program: Home-delivered meals for ( X ) older adults, ( ) adults with disabilities or ( ) emergency  
 Appendix B-3, Page 2  
 (Same as Line 11 on HSA #1) 1/24/2024

**Salaries & Benefits Detail**

DAS Salaries & Benefits		Agency Totals		HSA Program		FY 21/22	FY 22/23	FY 23/24	FY 23/24	FY 23/24	FY 24/25	FY 24/25	FY 24/25	FY 24/25
Position Title	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Revised Budgeted Salary	Revised Budgeted Salary	Revised Budgeted Salary	OTO & CODB FY23/24	Revised Budgeted Salary	Revised Budgeted Salary	OTO & CODB FY23/24	OTO & CODB FY23/24	Revised Budgeted Salary	Budgeted Salary
Community Outreach Worker	\$45,760	1.00			\$9,152									\$9,152
Contracts Manager	\$62,395	1.00	40.00%	0.40	\$2,999	\$24,820	\$24,820	(\$24,820)			\$24,820	(\$24,820)		\$27,819
HDM Driver	\$45,760	1.00	77.00%	0.77	\$29,640	\$35,192	\$35,192	(\$35,192)			\$35,192		\$35,192	\$100,024
HDM Driver	\$42,800	1.00	50.00%	0.50	\$38,480	\$19,180	\$38,480	(\$13,996)	\$24,882	\$38,480			\$38,480	\$121,022
HDM Driver	\$42,800	1.00	47.00%	0.47	\$19,240	\$19,240	\$19,240	(\$3,634)	\$15,606	\$19,240			\$19,240	\$73,326
HDM Driver	\$41,498	1.00	48.00%	0.48	\$19,240	\$18,810	\$18,810	(\$7,866)	\$10,944	\$18,810			\$18,810	\$67,894
HDM Driver	\$40,144	1.00	47.00%	0.47	\$18,200	\$18,200	\$18,200	\$14,132	\$32,332	\$18,200			\$18,200	\$86,932
HDM Driver	\$40,146	1.00	40.00%	0.40	\$18,200	\$15,456	\$15,456	(\$7,101)	\$14,746	\$15,456			\$15,456	\$63,858
HDM Driver	\$42,800	1.00	32.00%	0.32	\$19,200	\$12,894	\$12,894	\$14,610	\$27,504	\$12,894			\$12,894	\$72,492
HDM Driver	\$38,230	1.00	29.00%	0.29		\$11,087								\$11,087
HDM Driver	\$401,445	1.00	22.50%	0.23		\$8,593								\$8,593
HDM Driver	\$40,144	1.00						\$20,502	\$20,502		\$20,502	\$20,502		\$41,004
HDM Driver	\$40,146	1.00						\$10,000	\$10,000		\$10,000	\$10,000		\$20,000
HDM Driver	\$40,146	1.00						\$15,284	\$15,284					\$15,284
HDM Manager	\$66,560	1.00	92.00%	0.92	\$2,496	\$48,807	\$48,807		\$48,807	\$48,807			\$48,807	\$148,917
HDM Program Assistant	\$47,840	1.00	1.00%	0.01	\$45,032	\$47,840	\$47,840	(\$5,292)	\$42,588	\$47,840			\$47,840	\$183,300
HDM Supervisor	\$45,760	1.00	91.00%	0.91	\$25,532	\$39,004	\$39,004	(\$1,450)	\$37,554	\$39,004			\$39,004	\$141,094
HDM Worker	\$40,144	1.00			\$17,732									\$17,732
HDM Worker	\$40,144	1.00	79.00%	0.79	\$17,732	\$30,024	\$17,732	(\$4,822)	\$12,910	\$17,732			\$17,732	\$78,298
HDM Worker	\$40,144	1.00	2.00%	0.02	\$17,732		\$827							\$18,559
HDM Worker	\$40,144	1.00			\$17,732									\$17,732
HDM Worker	\$40,144	1.00	69.00%	0.69	\$17,732	\$26,329	\$26,329	\$2,061	\$28,390	\$26,329			\$26,329	\$98,780
HDM Worker	\$40,144	1.00	68.00%	0.68	\$17,732	\$26,045	\$26,045		\$26,045	\$26,045			\$26,045	\$95,867
HDM Worker	\$40,144	1.00	70.00%	0.70	\$17,732	\$26,881	\$26,881		\$26,881	\$26,881			\$26,881	\$98,375
HDM Worker	\$41,061	1.00	51.00%	0.51	\$12,058	\$17,965	\$17,965	\$14,803	\$32,768	\$17,965			\$17,965	\$80,756
HDM Worker	\$40,144	1.00						\$20,864	\$20,864		\$20,864	\$20,864		\$41,728
HDM Worker	\$40,146	1.00						\$16,520	\$16,520					\$16,520
HDM Worker	\$40,146	1.00						\$20,168	\$20,168					\$20,168
HDM Worker	\$39,376	1.00						\$19,670	\$19,670					\$19,670
Nutrition Director	\$99,201	1.00	7.00%	0.07	\$10,118	\$6,921	\$6,921	\$12,078	\$19,000	\$6,921			\$6,921	\$40,900
Nutrition Manager	\$87,135	1.00	13.00%	0.13	\$18,128	\$11,333	\$11,333	(\$11,333)		\$11,333			\$11,333	\$40,794
Transportation Dispatcher	\$50,710	1.00	61.00%	0.61	\$17,438	\$30,938	\$30,938	(\$25,613)	\$5,325	\$30,938	(\$25,613)	\$5,325	\$59,026	
Totals	\$1,883,115	30.00	1036.50%	10.37	\$447,009	\$496,386	\$482,887	\$46,403	\$529,290	\$482,887	\$933	\$483,820	\$1,956,505	
Fringe Benefits Rate	30.00%				30%	25%	26%		25%	26%		26%		
Employee Fringe Benefits	\$564,935				\$136,176	\$122,483	\$125,551	\$9,068	\$134,619	\$125,551	(\$933)	\$124,618	\$517,896	
<b>Total DAS Salaries and Benefits</b>	\$2,448,050				\$583,185	\$618,869	\$608,438	\$55,471	\$663,909	\$608,438		\$608,438	\$2,474,401	
<b>Non DAS Salaries &amp; Benefits</b>		<b>Agency Totals</b>		<b>HSA Program</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 23/24</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 24/25</b>	<b>FY 24/25</b>	<b>Total</b>
Position Title	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Revised Budgeted Salary	Revised Budgeted Salary	Revised Budgeted Salary	OTO & CODB FY23/24	Revised Budgeted Salary	Revised Budgeted Salary	OTO & CODB FY23/24	Revised Budgeted Salary	Budgeted Salary	
HDM Driver	\$40,146	1.00	83.00%	0.83	\$4,810	\$31,913	\$31,913						\$100,549	
HDM Driver	\$36,400	1.00			\$4,550								\$4,550	
HDM Driver	\$40,146	1.00	67.00%	0.67	\$4,550	\$28,721	\$28,721	(\$13,507)	\$15,214	\$28,721			\$90,713	
HDM Driver	\$36,400	1.00			\$4,550								\$4,550	
HDM Driver	\$40,146	1.00	81.00%	0.81	\$4,433	\$31,154	\$31,154	\$984	\$32,038	\$31,154			\$31,154	\$97,895
HDM Worker	\$42,475	1.00	52.00%	0.52	\$4,680	\$20,835	\$20,835	\$16,165	\$37,000	\$20,835			\$20,835	\$67,185
HDM Worker	\$39,686	1.00	65.00%	0.65	\$4,680	\$25,729	\$25,729		\$25,729	\$25,729			\$25,729	\$81,867
HDM Program Assistant	\$41,060	1.00	99.00%	0.99	\$4,433	\$41,166	\$41,166		\$41,166	\$41,166			\$41,166	\$127,931
HDM Worker	\$41,060	1.00			\$4,433									\$4,433
Nutrition Director	\$92,700	1.00	10.00%	0.10	\$9,270	\$9,270	\$9,270		\$9,270	\$9,270			\$9,270	\$37,080
Contracts Manager	\$59,987	1.00			\$26,999									\$26,999
HDM Worker	\$36,067	1.00												
HDM Worker	\$36,067	1.00												
HDM Worker	\$36,067	1.00			\$10,002									\$10,002
HDM Worker	\$36,067	1.00	2.00%	0.02		\$827								\$827
HDM Worker	\$36,067	1.00												
HDM Worker	\$36,067	1.00												
HDM Worker	\$40,146	1.00						\$16,018	\$16,018					
HDM Worker	\$40,146	1.00												
HDM Program Assistant	\$47,840	1.00			\$45,760									\$45,760
Program Coordinator	\$51,813	1.00	28.00%	0.28	\$48,880	\$14,348	\$14,348		\$14,348	\$14,348			\$14,348	\$91,924
HDM Worker	\$38,230	0.75	57.00%	0.43	\$27,050	\$21,760	\$21,760	(\$8,810)	\$12,950	\$21,760			\$21,760	\$92,330
HDM Worker	\$38,230	1.00	58.00%	0.58		\$22,249	\$22,249		\$22,249	\$22,249			\$22,249	\$66,747
HDM Worker	\$38,230	1.00	24.00%	0.24		\$9,087	\$9,087	(\$2,021)	\$7,066	\$9,087			\$9,087	\$27,261
HDM Worker	\$38,230	1.00	20.00%	0.20		\$7,616	\$7,616		\$7,616	\$7,616			\$7,616	\$22,848
HDM Worker	\$38,230	1.00	51.00%	0.51		\$19,685	\$19,685	\$561	\$20,246	\$19,685			\$19,685	\$59,055
HDM Worker	\$38,230	1.00	16.00%	0.16		\$6,117	\$6,117		\$6,117	\$6,117			\$6,117	\$18,351
HDM Worker	\$38,230	1.00	66.00%	0.66		\$25,420	\$25,420	(\$10,674)	\$14,746	\$25,420			\$25,420	\$76,260
HDM Worker	\$38,230	1.00	68.00%	0.68		\$26,164	\$26,164	(\$11,978)	\$14,186	\$26,164			\$26,164	\$78,492
HDM Worker	\$40,146	1.00	17.00%	0.17		\$9,690	\$9,690		\$9,690	\$9,690			\$9,690	\$29,070
HDM Driver	\$40,146	1.00	46.00%	0.46		\$17,658	\$17,658		\$17,658	\$17,658			\$17,658	\$52,974
HDM Driver	\$40,146	1.00	70.00%	0.70		\$26,500	\$26,500		\$26,500	\$26,500			\$26,500	\$79,770
HDM Driver	\$40,146	1.00	50.00%	0.50		\$19,300	\$19,300	(\$1,524)	\$17,776	\$19,300			\$19,300	\$57,900
HDM Driver	\$38,230	1.00	17.00%	0.17		\$6,638	\$6,638		\$6,638	\$6,638			\$6,638	\$19,914
HDM Driver	\$42,600	1.00	38.00%	0.38		\$15,385	\$15,385	\$13,374	\$28,759	\$15,385			\$15,385	\$46,155
Program Assistant	\$44,784	1.00	47.00%	0.47		\$18,016	\$18,016	\$18,068	\$36,084	\$18,016			\$18,016	\$54,048
Registered Dietitian	\$104,000	1.00						\$6,500	\$6,500	\$6,500		\$6,500	\$13,000	
HDM Driver	\$40,146	1.00						\$4,915	\$4,915					\$4,915
HDM Driver	\$38,230	1.00	47.00%	0.47		\$18,126	\$18,126		\$18,126	\$18,126			\$18,126	\$54,378
HDM Driver	\$38,230	1.00	42.00%	0.42		\$16,064	\$16,064		\$16,064	\$16,064			\$16,064	\$48,192
HDM Driver	\$44,720	1.00	71.00%	0.71		\$31,541	\$31,541		\$31,541	\$31,541			\$31,541	\$94,623
HDM Driver	\$38,230	1.00							\$11,087	\$11,087			\$11,087	\$32,174
HDM Driver	\$38,230	1.00							\$8,593	\$8,593			\$8,593	\$17,186
Totals	\$1,877,857	42.75	1292.00%	12.78	\$213,630	\$518,069	\$536,922	\$27,971	\$564,893	\$536,922	\$6,500	\$543,422	\$1,805,543	
Fringe Benefits Rate	30.00%				30%	26%	26%		26%	26%		26%		
Employee Fringe Benefits	\$563,357													

Program: Home-delivered meals for ( X ) older adults, ( ) adults with disabilities or ( ) emergency  
 (Same as Line 11 on HSA #1)

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<b>Operating Expense Detail</b>									
Annual # Meals Contracted	OTO & CODB 23/2 Revised					OTO & CODB 23/2 Revised			Total
	FY 21/22	FY 22/23	FY 23/24	FY 23/24	FY 23/24	FY 24/25	FY 24/25	FY 24/25	
213,408	241,150	171,499	57,153	228,652	171,499	25,352	196,851	803,270	
<b>DAS Operating Expenses</b>									
<u>Expenditure Category</u>									
Rental of Property	\$573	\$36,327	\$42,000	\$44,223	\$86,223	\$42,000	\$9,773	\$51,773	\$174,896
Utilities (Elec, Water, Gas, Phone, Garbage)		\$486	\$486	\$15,914	\$16,400	\$486	\$14,000	\$14,486	\$31,372
Office Supplies, Postage									
Building Maintenance Supplies and Repair									
Printing and Reproduction									
Insurance (General & Auto)		\$4,000	\$4,000	\$15,827	\$19,827	\$4,000	\$15,827	\$19,827	\$43,654
Staff Training									
Staff Travel-(Local & Out of Town)									
Rental of Equipment									
<b>Food Cost</b>									
Raw Food <i>per meal \$0.28</i>	\$61,103	\$41,490	\$41,490	\$13,386	\$54,876	\$41,490	\$5,754	\$47,244	\$216,569
HDM Food Svc Supplies <i>per meal \$0.28</i>	\$61,103	\$45,945	\$45,945	\$56,948	\$102,893	\$45,945	\$42,638	\$88,583	\$304,459
Catered Meals <i>per meal \$5.20</i>	\$894,600	\$1,362,422	\$745,507	\$443,483	\$1,188,990	\$745,507	\$278,118	\$1,023,625	\$4,502,493
<b>Consultant</b>									
<b>Consultant A</b>									
<b>Other</b>									
Vehicle Expenses	\$9,249	\$27,500							\$36,749
Vehicle Repairs & Maint				\$20,000	\$20,000				\$20,000
<b>Total DAS Operating Expenses</b>	<b>\$1,026,628</b>	<b>\$1,518,170</b>	<b>\$879,428</b>	<b>\$609,781</b>	<b>\$1,489,209</b>	<b>\$879,428</b>	<b>\$366,110</b>	<b>\$1,245,538</b>	<b>\$5,330,192</b>
<b>Non DAS Operating Expenses</b>									
<u>Expenditure Category</u>									
Rental of Property	\$42,584	\$7,257	\$22,584	\$11,193	\$33,777	\$22,584	\$45,643	\$68,227	\$151,845
Utilities (Elec, Water, Gas, Phone, Garbage)	\$1,796	\$1,200	\$1,200		\$1,200	\$1,200		\$1,200	\$5,396
Office Supplies, Postage	\$892	\$500	\$500		\$500	\$500		\$500	\$2,392
Building Maintenance Supplies and Repair									
Printing and Reproduction				\$4,000	\$4,000				\$4,000
Insurance	\$7,923	\$23,572	\$23,572		\$23,572	\$23,572		\$23,572	\$78,639
Staff Training	\$250	\$250	\$250		\$250	\$250		\$250	\$1,000
Staff Travel-(Local & Out of Town)	\$250	\$250	\$250		\$250	\$250		\$250	\$1,000
Rental of Equipment									
<b>Food Cost</b>									
Raw Food <i>per meal</i>									
HDM Food Svc Supplies <i>per meal</i>									
Catered Meals <i>per meal \$0.80</i>	\$172,541		\$240,612	(\$57,690)	\$182,922	\$240,612	(\$83,131)	\$157,481	\$512,944
<b>Consultant</b>									
<b>Consultant A</b>									
<b>Other</b>									
Recruitment Exp	\$2,000	\$2,000	\$2,000		\$2,000	\$2,000		\$2,000	\$8,000
Auto & General Insurance	\$24,218	\$25,244	\$25,244		\$25,244	\$25,244		\$25,244	\$99,950
Vehicle Expenses	\$14,000	\$27,500	\$27,500	(\$10,000)	\$17,500	\$27,500		\$27,500	\$59,000
Bank Charges	\$187	\$187	\$187		\$187	\$187		\$187	\$748
Taxes & Fees	\$1,354								\$1,354
<b>Total Non DAS Operating Expenses</b>	<b>\$267,995</b>	<b>\$60,460</b>	<b>\$343,899</b>	<b>(\$52,497)</b>	<b>\$291,402</b>	<b>\$343,899</b>	<b>(\$37,488)</b>	<b>\$306,411</b>	<b>\$928,268</b>
<b>Total DAS and Non DAS Operating Expenses</b>	<b>\$1,294,623</b>	<b>\$1,578,630</b>	<b>\$1,223,327</b>	<b>\$557,284</b>	<b>\$1,780,611</b>	<b>\$1,223,327</b>	<b>\$328,622</b>	<b>\$1,551,949</b>	<b>\$6,258,460</b>
<b>HSA #3</b>									<b>10/25/2016</b>



Program: Home-delivered meals for ( X ) older adults, ( ) adults with disabilities or ( ) emergency (Same as Line 11 on HSA #1)		Appendix B-3, Page 4 1/24/2024			
<b>Capital &amp; Subcontractor Expenditure Detail</b>					
<b>DAS Capital Expenditure</b>		<b>OTO</b>			
Equipment (Qty)	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
TOYOTA SIENNA HYBRID (2 @ \$50,000)	\$100,000				\$100,000
Thermal Bags	\$6,300				\$6,300
Foldable Carts	\$420				\$420
Stainless Steel Food Carts	\$1,400				\$1,400
Work Gloves	\$350				\$350
Back Support Belts	\$900				\$900
Rain Jackets	\$1,500				\$1,500
Vacuum Cleaner	\$320				\$320
Car Dash Cam	\$1,400				\$1,400
Car Seat Covers	\$1,750				\$1,750
Back-up Jump Battery	\$100				\$100
Desktop Computer	\$2,400				\$2,400
Monitor	\$600				\$600
Laptop	\$4,000				\$4,000
Heated Cabinet (warmer)	\$8,000				\$8,000
Utility Cart	\$600				\$600
File Cabinet	\$1,400				\$1,400
Walk-in Freezer					
Walk-in Refrigerator	\$8,000				\$8,000
Rent	\$45,900	\$91,800			\$137,700
Refrigerator / Freezer Thermometers	\$16				\$16
Work Tables	\$1,400				\$1,400
Steam table	\$5,000				\$5,000
3-Compartment Sink w/plumbing and Grease	\$9,800				\$9,800
Reception and Office Desk with chairs	\$4,500				\$4,500
Internet Setup	\$1,600				\$1,600
Signage	\$500				\$500
Microwave	\$600				\$600
ALL-in-one printer	\$400				\$400
Security Cameras	\$8,000				\$8,000
new vehicles	\$82,500	\$82,500			\$165,000
Steam Table for HDM Dist Center, Unit D Burke St		\$3,000			\$3,000
Reach-in Refrigerator for HDM Dist Center		\$8,500			\$8,500
Reach-in Freezer for HDM Dist Center		\$9,500			\$9,500
Tray sealer/food Packaging Machine-HDM Dist Center		\$25,000			\$25,000
Electric/Hybrid HDM Delivery Van		\$120,000			\$120,000
<b>Total Equipment Cost</b>	<b>\$299,656</b>	<b>\$340,300</b>			<b>\$980,266</b>
<b>Remodeling</b>		FY 22/23	FY 23/24	FY 24/25	Total
LED Lighting Installation		\$3,000			\$3,000
Painting & Repair walls		\$10,000			\$10,000
<b>Total Remodeling Cost</b>		<b>\$13,000</b>			<b>\$13,000</b>
<b>Subcontractor/OTHERS</b>	FY 21/22		FY 23/24	FY 24/25	Total
One Time Rate Increase of \$0.735/meal in FY 21/22 to compensate for significantly reduced project income.	\$156,872				\$156,872
<b>Total Subcontractor Cost</b>	<b>\$156,872</b>				<b>\$156,872</b>
<b>Total DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$456,528</b>	<b>\$353,300</b>			<b>\$809,828</b>
<b>Non DAS Capital Expenditure</b>					
<b>Equipment (Qty)</b>			FY 23/24	FY 24/25	Total
Walk-in Freezer/Refrigerator			\$50,000		\$50,000
Exhaust Fan			\$7,000		\$7,000
<b>Total Equipment Cost</b>			<b>\$57,000</b>		<b>\$57,000</b>
<b>Remodeling</b>			FY 23/24	FY 24/25	Total
<b>Total Remodeling Cost</b>					
<b>Subcontractor</b>			FY 23/24	FY 24/25	Total
<b>Total Subcontractor Cost</b>					
<b>Total Non DAS Capital &amp; Subcontractor Expenditure</b>			<b>\$57,000</b>		<b>\$57,000</b>
<b>Total DAS and Non DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$456,528</b>		<b>\$57,000</b>		<b>\$687,828</b>
<b>HSA #4</b>					<b>10/25/2016</b>

Program: Home-delivered meals for (X ) older adults, ( ) adults with disabilities or ( ) emergency  
 (Same as Line 11 on HSA #1)

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**NCQA Expenditure Detail**

<b>DAS NCQA Expenditure</b>	Unit price	Unit	FY 21/22	FY 22/23	FY 23/24	Modification	Revised	FY 24/25	Modification	Revised	Total
Menu planning and nutrition analysis	\$673.64 /set	2.00	\$1,347	\$1,347	\$1,347		\$1,347	\$1,347		\$1,347	\$5,388
Kitchen and food service monitoring	\$630.17	4.00	\$2,521	\$2,521	\$2,521		\$2,521	\$2,521		\$2,521	\$10,084
HDM Route Monitoring	\$389.53 /route	36.00	\$14,023	\$14,023	\$14,023		\$14,023	\$14,023		\$14,023	\$56,092
Nutrition education	\$39.81	4.00	\$159	\$159	\$159		\$159	\$159		\$159	\$636
Nutrition counseling (optional)	/hour										
In-service training	\$79.82 /training	4.99	\$319	\$319	\$319		\$319	\$319		\$319	\$1,276
HDM Assessment for ENP/C2 nutrition program (Initial and annual)	\$293.45 /assessment	920	\$227,808	\$270,490	\$193,611	\$76,365	\$269,976	\$193,611	\$38,311	\$231,922	\$1,000,196
Annual Assessment for the HDM program for Adults with Disabilities (optional)	/annual assessment										
<b>Total DAS NCQA Expenditure</b>			<b>\$246,177</b>	<b>\$288,859</b>	<b>\$211,980</b>	<b>\$76,365</b>	<b>\$288,345</b>	<b>\$211,980</b>	<b>\$38,311</b>	<b>\$250,291</b>	<b>\$1,073,672</b>
<b>Non DAS NCQA Expenditure</b>											Total
Menu planning and nutrition analysis	/set										
Kitchen and food service monitoring											
HDM Route Monitoring	/route										
Nutrition education											
Nutrition counseling (optional)	/hour										
In-service training	/training										
HDM Assessment for ENP/C2 nutrition program (Initial and annual)	/assessment										
Annual Assessment for HDM program for Adults with Disabilities (optional)	/annual assessment										
<b>Total Non DAS NCQA Expenditure</b>											
<b>Total DAS and Non DAS NCQA Expenditure</b>			<b>\$246,177</b>	<b>\$288,859</b>	<b>\$211,980</b>	<b>\$76,365</b>	<b>\$288,345</b>	<b>\$211,980</b>	<b>\$38,311</b>	<b>\$250,291</b>	<b>\$1,073,672</b>
<b>HSA #4</b>											<b>10/25/2016</b>

**Appendix A-3 - Services to be Provided**  
**Self Help for the Elderly**  
 Congregate Nutrition Services for Older Adults

March 1, 2022 – June 30, 2025  
 Modification: February 7, 2024

**I. Purpose**

The purpose of this grant is to provide congregate nutrition services for older adults living in the City and County of San Francisco. Congregate nutrition services include the provision of nutritious meals, nutrition education, and nutrition risk screening. Congregate nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition and reduced isolation, and serve as an access point for other home and community-based services.

**II. Definitions**

Grantee	Self Help for the Elderly
Adult with a Disability	A person 18-59 years of age living with a disability.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-line System.
CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging

CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.
Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
Congregate Nutrition Services	The procurement, preparation, transporting and serving of meals that meet nutrition requirements to eligible consumers in a group setting. Congregate nutrition services also include nutrition education, health promotion, and nutrition risk screening.
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of congregate and home-delivered meal nutrition services participants. <a href="http://www.dhs.gov/vi/home/documents/DetermineNutritionChecklist.pdf">http://www.dhs.gov/vi/home/documents/DetermineNutritionChecklist.pdf</a>
DGA/Dietary Guidelines for Americans	Evidence-based food and beverage recommendations for Americans ages two (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).
DRI/ Dietary Reference Intakes	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations.

Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)
LGBTQ+	An acronym/term used to refer to persons who self-identify as non -heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
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 enrollment and/or participation is not means tested. Consumers self-report income status.
Menu Planning and Analysis	The development of a menu cycle that adheres to DAS OCP and CDA menu standards and the nutrition requirements of meals. A Registered Dietitian conducts the menu analysis, and the analysis will demonstrate adherence to the menu standards and nutrition requirements of the meals. (CDA Program Memo 12-17 as amended)
NCQA	Nutrition Compliance and Quality Assurance are components of congregate and home-delivered nutrition services that are programmatically required and include, but are not limited to, actions that ensure food safety, certify menu compliance, provide nutrition education, confirm consumer eligibility, and assess consumers' physiological, socioeconomic, and psychological well-being as well as need for nutrition and other supportive services. NCQA also includes nutrition counseling performed by a registered dietitian, when feasible and appropriate.

Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code. (CCR Title 22 Sec. 7630)
Nutrition Education Session	An intervention targeting participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian. (CDA Program Memo 21-23)
Nutrition Requirements of Meals	Each meal provided through congregate and home-delivered nutrition services shall adhere to the current Dietary Guidelines for Americans (DGA) and provide a minimum of one-third of the Dietary Reference Intakes (DRI). (CCR Title 22 Sec. 7638.5)
Nutrition Screening	Completion of a nutrition screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994. (CCR Title 22 Sec. 7630)
Nutrition Services	The procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes. (CCR Title 22 Sec. 7630)
OCP	Office of Community Partnerships.
OCM	Office of Contract Management, San Francisco Human Services Agency.

OCNP	Older Californians Nutrition Program (previously known as Elderly Nutrition Program, ENP) - Title III C1 and C2. A program that provides nutrition services, as authorized by the Older Americans Act of 1965, as amended, and is provided in accordance with the provision of CCR Title 22, Chapter 4, Article 5, Sec. 7630.
Older Adult	A 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.
Senior	A person who is 60 years of age or older; used interchangeably with the term “older adult”.
SF DAS GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service objectives, run reports, etc.
SF-HSA	Human Services Agency of the City and County of San Francisco.
Socially Isolated	Having few social relationships and few people to interact with regularly.
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> ).
To-Go Meal	A meal provided by the congregate nutrition service grantee that is picked up or delivered and consumed off-site by an eligible consumer.
Unduplicated Consumer (UDC)	An individual who participates in congregate nutrition services and their participation is reflected in SF DAS GetCare by the grantee.

### **III. Target Populations**

This program is designed to serve all ethnicities and populations, with focused expertise to promote unique cultural needs, which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English- speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

### **IV. Eligibility for Services**

1. A person who is 60 years of age or older (older adult).
2. The spouse or domestic partner of an older adult, regardless of age.
3. A person with a disability, under the age of 60 who resides in housing facilities occupied primarily by older adults at which congregate nutrition services are provided.
4. A disabled individual who resides at home with and accompanies an older adult who participates in the program.

### **V. Location and Time of Services**

The grantee will provide congregate nutrition services in the City and County of San Francisco. The grantee, with approval from DAS OCP, will determine the location(s) and time(s) for the provision of congregate nutrition services.

### **VI. Description of Services and Program Requirements**

1. Grantee will develop and maintain nutrition policies and procedures that meet the nutrition and food service standards set forth by California Retail Food Code (CRFC), CCR Title 22, CDA OCNP, and DAS OCP.
2. Grantee will provide congregate nutrition services for older adults. The provision of services 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. If the grantee provides three meals per day, the meals must contain 100% of the DRIs. The grantee



- may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs.
- c. Annual nutrition screenings for each consumer and documentation of individual responses in SF DAS GetCare within one month of obtaining them. Required screenings include a nutritional risk screening using the DETERMINE Checklist and a food security screening. The grantee will refer clients screened at high nutritional risk to the DAS funded citywide nutrition counseling and education program.
3. Grantee may provide to-go meals for older adults through their congregate nutrition service program. To-go meals may only be provided as an additional service option for consumers. The grantee may not replace the conventional style of congregate nutrition services (i.e., meals consumed on site and in a group setting) with a to-go meal service model exclusively.
  4. Grantee may offer planned person-to-person interactions for consumers receiving to-go meals however, these interactions are not required to provide to-go meals. The availability of person-to-person interactions and a consumer's decision to participate will determine how the grantee reports the meal to DAS and in SF DAS GetCare. The grantee may provide to-go meals using one of the following models of service:
    - a. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee organizes in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. The grantee must document and track the consumer's intent to participate in the organized activity. The grantee is not responsible for ensuring that the consumer attends the organized activity. If a consumer declines participation in the grantee's organized activity all the time or most of the time (e.g., three out of five days or four out of seven days), additional documentation is required and described in number five (5) below.
    - b. The to-go meal is picked up by a consumer, designated proxy, or the grantee delivers it to the consumer. The meal is consumed off-site, and the grantee does not organize in-person or virtual interaction for the consumer receiving the to-go meal on the day the meal is intended for consumption. This service model also requires the additional documentation described in number five (5) below.
    - c. The grantee's provision of to-go meals uses service model 4a. and 4b.
  5. The additional documentation required if the grantee provides to-go meals without offering person to person interactions or if the consumer declines participation in the grantee's organized activity all the time or most of the time is the following:
    - a. The grantee will conduct an initial assessment that confirms a consumer's need for to-go meals without organized in-person or virtual interaction by reason of illness or disability, or otherwise isolated. The term "otherwise isolated" may be interpreted as isolation related to not being comfortable with dining in a group setting. The initial assessment must be completed within two (2) weeks from the start of service. The initial assessment may be completed in-person at the time of pick up or via telephone when a consumer

- or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the initial assessment must be completed in the consumer's home by the grantee.
- b. The grantee will conduct quarterly reassessments that confirm a consumer's continued need for to-go meals without organized in-person or virtual interaction. The quarterly reassessment may be completed in-person at the time of pick up or via telephone when a consumer or consumer proxy picks up the meal from the congregate meal site. If the grantee delivers the meal(s) to a consumer, the grantee must complete quarterly reassessments in the consumer's home every other quarter. (i.e., initial assessment conducted in the home; quarter 2 reassessment over the phone; quarter 3 reassessment conducted in the home; quarter 4 reassessment over the phone; quarter 5 reassessment in the home, quarter 6 reassessment over the phone, etc.).
6. Grantee will provide consumers who receive to-go meals the following information, at minimum: safe food handling instructions for the meal, reheating instructions if applicable, voluntary contribution policy and collection procedures, grievance policy, and information on how to request assistance, if needed. If the meals are delivered, the grantee will provide a meal delivery schedule and a copy of the approved cycle menu.
  7. 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 congregate nutrition services. 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.
  8. Grantee shall serve and package meals in compliance with the City's Food Service Waste Reduction Ordinance (2007) and Single-Use Foodware Plastics Toxics and Litter Reduction Ordinance (2019).
  9. Grantee will conduct Nutrition Compliance-Quality Assurance (NCQA) as follows:
    - a. 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 menu analysis. The registered dietitian (RD) on staff or consultant RD must participate in menu planning and complete the corresponding nutrient analysis. The grantee may seek approval to submit a cycle menu with fewer weeks. DAS OCP will review requests for exceptions and approve if appropriate.
    - b. Document menu substitutions. The RD on staff or consultant RD must review and approve menu substitutions in advance of their use.
    - c. Provide a nutrition education session at least once per quarter and a minimum of four (4) times during the fiscal year to consumers participating in services. The grantee may deliver a session in person or via video, audio, online, or the distribution of hardcopy materials. The grantee must report nutrition education sessions in SF DAS GetCare and include the estimated number of participants.

- d. Conduct and document an on-site HACCP safety and sanitation monitoring of the production kitchen at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff or consultant RD must conduct and document the results of the HACCP safety and sanitation monitoring. HACCP monitoring must also include, but is not limited to the review of quarterly congregate site monitoring reports.
  - e. Conduct and document an on-site HACCP safety and sanitation monitoring of each congregate meal site at least once per quarter and a minimum of four (4) times during the fiscal year. The RD on staff, consultant RD, or a qualified staff member must conduct and document the results of the HACCP safety and sanitation monitoring for each site.
  - f. Provide orientation and training to all new staff, paid and volunteers, to perform their assigned responsibilities and tasks as described in the CCR Title 22 Regulations Sec. 7636.5. Training, at a minimum, shall include: (1) Food safety, prevention of foodborne illness, and HACCP principles. (2) Accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
  - g. Provide in-service training for nutrition program staff (e.g. food service and delivery workers) at least once per quarter and a minimum four (4) times during the fiscal year as described in the CCR-Title 22 Regulations Sec. 7636.5 and DAS OCP policy memoranda. The grantee will also 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.
  - h. If to-go meals are delivered by the grantee the following additional NCQA activities are required:
    - i. Conduct end-of-route home-delivered meal temperature checks every other week per route to ensure the meals maintain temperatures that meet food safety standards during the timeframe of the route. The grantee will document and keep on file the temperatures for quarterly review by a registered dietitian (RD).
    - ii. Monitor the food safety and sanitation of the home-delivered meal routes including but not limited to the packing, transporting, and delivery of meals. A qualified staff member, trained by a food safety manager or RD, may monitor routes, and document and submit the results to the agency within two weeks of the monitoring. The grantee will monitor each home-delivered meal route, at minimum, two (2) times per year.
10. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS OCP. The grantee will share the survey results 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 the average number of meals served daily.

11. 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 the CCR Title 22 Regulations Sec. 7636.3 and DAS OCP policy memoranda.
12. Grantee will ensure there is enough 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.
13. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP and share the information with their staff and volunteers as needed.
14. Grantee shall follow guidance or instructions from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments related to the provision of services in the community. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. The grantee shall follow the requirements with the intent to maximize the health and safety of their staff and clients receiving services
15. Grantee will have knowledge of the DAS Benefits and Resource Hub services and will make referrals based on clients' needs.

## 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 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>
<b>Number of Unduplicated Consumers (UDC)</b>	120	120	120	120
Modification 1	0	0	0	0
Revised	120	120	120	120
Modification 2		135	0	0
Revised UDC		255	120	120
<b>Modification 3</b>			<b>+5</b>	<b>+5</b>
<b>Revised UDC</b>			<b>125</b>	<b>125</b>
<b>Number of Meals (UOS)</b>	4,760	14,100	14,100	14,100
Modification 1	+783	0	0	0
Revised UOS	5,543	14,100	14,100	14,100
Modification 2		+15,688	0	0
Revised UOS		29,788	14,100	14,100
<b>Modification 3</b>			<b>+9,450</b>	<b>+5,288</b>
<b>Revised Number of Meals</b>			<b>23,550</b>	<b>19,388</b>

## VIII. Outcome Objectives

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

Based on a consumer survey and a sample size equal to or 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, and the food security screening into the SF DAS GetCare database in accordance to DAS OCP policy memorandum.
2. Grantee will enter into the SF DAS GetCare Service Unit section all service objectives by the 5th working day of the month for the preceding month. Grantee will ensure meal reporting in SF DAS GetCare accurately reflects the type of meal service provided (i.e., congregate meal and to-go meal).
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 and adults with disabilities connect to services throughout the City. These Focal Points are:

Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-647-5353
OMI Senior Center	65 Beverly St, San Francisco, 94132	415-334-5558
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415.404.2938
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509
Downtown SF Senior Center	481 O’Farrell St, San Francisco, 94102	415-202-2982
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
South Sunset Activity Center	2601 40th Ave, San Francisco, 94116	415-566-2845
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, 94103	415 543-6222
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700

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

Tiffany Kearney, RDN  
Program Analyst & Lead Nutritionist  
DAS OCP  
Tiffany.Kearney@sfgov.org

And

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

**X. Monitoring Activities**

1. Nutrition Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on SF DAS 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
BY PROGRAM**

Name

**SELF-HELP FOR THE ELDERLY**

(Check One) New  Renewal  Modification   
If modification, Effective Date of Mod. 2/7/24 No. of Mod. 3

**Program (please select one):**  
 1. Congregate nutrition services for older adults and adults with disabilities at a traditional congregated meal site located in District 11.  
 2. Congregate nutrition services for older adults at a restaurant site, also known as CHAMPSS, located in District 11.  
 3. Nutrition support program(s) for older adults and adults with disabilities provided by OR in collaboration with a faith based organization, congregation, or coalition located in the City and County of San Francisco.

Budget Reference Page No.(s)	Budget	Budget	Budget	Modifications	Revised Budget	Budget	Modifications	Revised Budget	Total
Program Term	03/01/2022 - 06/30/2022	07/01/2022 - 06/30/2023	07/01/2023 - 06/30/2024	07/01/2023 - 06/30/2024	07/01/2023 - 06/30/2024	07/01/2024 - 06/30/2025	07/01/2024 - 06/30/2025	07/01/2024 - 06/30/2025	
<b>Annual # Meals Contracted</b>	5,543	29,788	14,100	9,450	23,550	14,100	5,288	19,388	78,269
<b>DAS Expenditures</b>									
Salaries & Benefits	\$11,368	\$82,469	\$39,949	\$21,668	\$61,617	\$39,949	\$9,252	\$49,201	\$204,655
Operating Expenses	\$33,983	\$181,518	\$82,295	\$87,823	\$150,118	\$82,295	\$42,880	\$125,175	\$490,794
<b>Subtotal</b>	<b>\$45,351</b>	<b>\$263,987</b>	<b>\$122,244</b>	<b>\$89,491</b>	<b>\$211,735</b>	<b>\$122,244</b>	<b>\$52,132</b>	<b>\$174,376</b>	<b>\$695,449</b>
Indirect Percentage (%)									10.00%
Indirect Cost	\$4,536	\$26,399	\$12,225	\$8,949	\$21,174	\$12,225	\$5,213	\$17,438	\$69,547
Capital/Subcontractor Expenditures	\$32,473								\$32,473
NCQA Expenditures									
<b>Total DAS Expenditures</b>	<b>\$82,360</b>	<b>\$290,386</b>	<b>\$134,469</b>	<b>\$98,440</b>	<b>\$232,909</b>	<b>\$134,469</b>	<b>\$57,345</b>	<b>\$191,814</b>	<b>\$797,469</b>
<b>Non DAS Expenditures</b>									
Salaries & Benefits	\$8,129	\$30,043	\$43,116	(\$39,266)	\$3,850	\$43,116	(\$27,131)	\$15,985	\$58,007
Operating Expenses	\$4,824	\$51,076	\$51,076	(\$19,242)	\$31,834	\$51,076	(\$19,716)	\$31,360	\$119,094
Capital/Subcontractor Expenditures									
NCQA Expenditures									
<b>Total Non DAS Expenditures</b>	<b>\$12,953</b>	<b>\$81,119</b>	<b>\$94,192</b>	<b>(\$58,508)</b>	<b>\$35,684</b>	<b>\$94,192</b>	<b>(\$46,847)</b>	<b>\$47,345</b>	<b>\$177,101</b>
<b>TOTAL DAS AND NON DAS EXPENDITURES</b>	<b>\$95,313</b>	<b>\$371,505</b>	<b>\$228,661</b>	<b>\$39,932</b>	<b>\$268,593</b>	<b>\$228,661</b>	<b>\$10,498</b>	<b>\$239,159</b>	<b>\$974,570</b>
<b>DAS Revenues</b>									
Meals- General Fund	\$82,360	\$125,000	\$125,000		\$125,000	\$125,000		\$125,000	\$457,360
CODB FY 22/23		\$1,714	\$1,714		\$1,714	\$1,714		\$1,714	\$5,142
Add-On Meals		\$141,033							\$141,033
OTO 3/30/23		\$22,639	\$7,755		\$7,755	\$7,755		\$7,755	\$38,149
OTO 1/4/24				\$93,397	\$93,397		\$52,302	\$52,302	\$145,699
CODB 3.5% FY 23/24				\$5,043	\$5,043		\$5,043	\$5,043	\$10,086
<b>Total DAS Revenue</b>	<b>\$82,360</b>	<b>\$290,386</b>	<b>\$134,469</b>	<b>\$98,440</b>	<b>\$232,909</b>	<b>\$134,469</b>	<b>\$57,345</b>	<b>\$191,814</b>	<b>\$797,469</b>
PER MEAL COST, DAS	\$9.00	\$9.75	\$9.54	\$10.42	\$9.89	\$9.54	\$10.84	\$9.89	\$10.19
PER MEAL COST (with NCQA), DAS	\$9.00	\$9.75	\$9.54	\$10.42	\$9.89	\$9.54	\$10.84	\$9.89	\$10.19
<b>Non DAS Revenues</b>									
Project Income	\$2,000	\$6,000	\$2,820	\$1,000	\$3,820	\$2,820		\$2,820	\$14,640
Agency Cash- Fundraising	\$10,953	\$75,119	\$91,372	(\$58,866)	\$32,506	\$91,372	(\$46,847)	\$44,525	\$163,103
Agency In-kind Volunteer									
NCQA Revenue									
<b>Total Non DAS Revenue</b>	<b>\$12,953</b>	<b>\$81,119</b>	<b>\$94,192</b>	<b>(\$57,866)</b>	<b>\$36,326</b>	<b>\$94,192</b>	<b>(\$46,847)</b>	<b>\$47,345</b>	<b>\$177,143</b>
PER MEAL COST, Non DAS	\$2	\$3	\$7	(\$6)	\$2	\$7	(\$9)	\$2	\$2
PER MEAL COST (with NCQA), Non DAS	\$2	\$3	\$7	(\$6)	\$2	\$7	(\$9)	\$2	\$2
<b>TOTAL DAS AND NON DAS REVENUE</b>	<b>\$95,313</b>	<b>\$371,505</b>	<b>\$228,661</b>	<b>\$40,574</b>	<b>\$269,235</b>	<b>\$228,661</b>	<b>\$10,498</b>	<b>\$239,159</b>	<b>\$975,212</b>
PER MEAL COST, Total	\$11	\$12	\$16	\$4	\$11	\$16	\$2	\$12	\$12
PER MEAL COST (with NCQA), Total	\$11	\$12	\$16	\$4	\$11	\$16	\$2	\$12	\$12
Full Time Equivalent (FTE)	1.46	\$371,505	\$228,661	\$40,574	\$269,235	\$228,661	\$10,498	\$239,159	
Prepared by:	Lenny Nair								Date: 01/22/2024
HSA-CO Review Signature:									
HSA #1									10/25/2016



Program (please select one):

- (X) 1. Congregate nutrition services for older adults and adults with disabilities at a traditional congregate meal site located in District 11.
  - ( ) 2. Congregate nutrition services for older adults at a restaurant site, also known as CHAMPSS, located in District 11.
  - ( ) 3. Nutrition support program(s) for older adults and adults with disabilities provided by OR in collaboration with a faith based organization, congregation, or coalition located in the City and County of San Francisco.
- (Same as Line 11 on HSA #1)

Appendix B-3, Page 2  
Document Date: February 2024

**Salaries & Benefits Detail**

DAS Salaries & Benefits		Agency Totals		DAS Program		03/01/2022 - 06/30/2022	07/01/2022 - 06/30/2023	07/01/2023 - 06/30/2024	07/01/2023 - 06/30/2024	07/01/2023 - 06/30/2024	07/01/2024 - 06/30/2025	07/01/2024 - 06/30/2025	07/01/2024 - 06/30/2025	Total
		Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Salary Budget	Salary Budget	OTO & CODB	Revised Salary Budget	Salary Budget	OTO & CODB	Revised Salary Budget	Budgeted Salary
Center Coordinator	\$43,309	1.00	43.00%	0.43	\$3,293	\$26,899	\$16,817	\$2,066	\$18,883	\$16,817	\$2,066	\$18,883	\$67,958	
Meal Site Worker	\$40,144	1.00	68.00%	0.68	\$3,026	\$38,230	\$14,051	\$19,113	\$27,164	\$14,051	\$7,186	\$21,237	\$90,837	
Center Supervisor	\$49,920	1.00			\$832								\$832	
					\$1,530								\$1,530	
<b>Totals</b>	<b>\$133,973</b>	<b>3.00</b>	<b>111.00%</b>	<b>1.11</b>	<b>\$8,661</b>	<b>\$65,129</b>	<b>\$30,868</b>	<b>\$15,179</b>	<b>\$46,047</b>	<b>\$30,868</b>	<b>\$9,252</b>	<b>\$40,120</b>	<b>\$159,957</b>	
Fringe Benefits Rate	34%													
Employee Fringe Benefits	\$45,296				\$2,707	\$17,340	\$9,081	\$6,489	\$15,570	\$9,081		\$9,081	\$44,898	
<b>Total DAS Salaries and Benefits</b>	<b>\$179,269</b>				<b>\$11,368</b>	<b>\$82,469</b>	<b>\$39,949</b>	<b>\$21,668</b>	<b>\$61,617</b>	<b>\$39,949</b>	<b>\$9,252</b>	<b>\$49,201</b>	<b>\$204,855</b>	
<b>Non DAS Salaries &amp; Benefits</b>														
Non DAS Salaries & Benefits		Agency Totals		DAS Program		03/01/2022 - 06/30/2022	07/01/2022 - 06/30/2023	07/01/2023 - 06/30/2024	07/01/2023 - 06/30/2024	07/01/2023 - 06/30/2024	07/01/2024 - 06/30/2025	07/01/2024 - 06/30/2025	07/01/2024 - 06/30/2025	Total
		Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Revised Salary Budget	Revised Salary Budget	OTO & CODB	Revised Salary Budget	Salary Budget	OTO & CODB	Revised Salary Budget	Budgeted Salary
Director of Nutrition & Senior Centers	\$94,468	1.00			\$4,723								\$4,723	
Nutrition Manager	\$73,465	1.00			\$1,530	(3,673)							(\$9,489)	
Office Manager	\$92,400	1.00												
Center Coordinator	\$41,808	1.00	35.00%	0.35		29,542	\$39,624			\$39,624		(\$33,697)	\$5,927	
<b>Totals</b>	<b>\$272,141</b>	<b>4.00</b>	<b>35.00%</b>	<b>0.35</b>	<b>\$6,253</b>	<b>\$25,869</b>	<b>\$35,951</b>	<b>(\$39,624)</b>	<b>(\$3,673)</b>	<b>\$35,951</b>	<b>(\$33,697)</b>	<b>\$2,254</b>	<b>\$30,703</b>	
Fringe Benefits Rate	30.00%													
Employee Fringe Benefits	\$81,642				\$1,876	\$4,174	\$7,165	\$368	\$7,523	\$7,165	\$6,566	\$13,731	\$27,304	
<b>Total Non DAS Salaries and Benefits</b>	<b>\$353,783</b>				<b>\$8,129</b>	<b>\$30,043</b>	<b>\$43,116</b>	<b>(\$39,256)</b>	<b>\$3,850</b>	<b>\$43,116</b>	<b>(\$27,131)</b>	<b>\$15,985</b>	<b>\$58,007</b>	
<b>Total DAS and Non DAS Salaries and Benefits</b>	<b>\$533,052</b>				<b>\$19,497</b>	<b>\$112,512</b>	<b>\$83,065</b>	<b>(\$17,598)</b>	<b>\$65,467</b>	<b>\$83,065</b>	<b>(\$17,879)</b>	<b>\$65,186</b>	<b>\$262,662</b>	

HSA #2

10/29/2016

Program (please select one):  
 (X) 1. Congregate nutrition services for older adults and adults with disabilities at a traditional congregate meal site located in District 11.  
 ( ) 2. Congregate nutrition services for older adults at a restaurant site, also known as CHAMPSS, located in District 11.  
 ( ) 3. Nutrition support program(s) for older adults and adults with disabilities provided by OR in collaboration with a faith based organization, congregation, or coalition located in the City and County of San Francisco.  
 (Same as Line 11 on HSA #1)

	Operating Expense Detail								Total
	Rev Operating Budget	07/01/2022 - 06/30/2023	07/01/2023 - 06/30/2024	Modifications 07/01/2023 - 06/30/2024	Revised Budget 07/01/2023 - 06/30/2024	07/01/2024 - 06/30/2025	Modifications 07/01/2024 - 06/30/2025	Revised Budget 07/01/2024 - 06/30/2025	
Annual # Meals Contracted	5,543	29,788	14,100	9,450	23,550	14,100	5,288	19,388	78,269
<b>DAS Operating Expenses</b>									
<u>Expenditure Category</u>									
Rental of Property	\$2,991	\$1,500	\$3,058		\$3,058	\$3,058		\$3,058	\$10,607
Utilities (Elec, Water, Gas, Phone, Garbage)	\$60	\$668	\$668		\$668	\$668		\$668	\$2,064
Office Supplies, Postage									
Building Maintenance Supplies and Repair	\$333	\$1,000	\$1,000		\$1,000	\$1,000		\$1,000	\$3,333
Printing and Reproduction									
Insurance	\$133	\$400	\$400		\$400	\$400		\$400	\$1,333
Staff Training									
Staff Travel-(Local & Out of Town)	\$500								\$500
Rental of Equipment									
<u>Food Cost</u>									
Raw Food <i>per meal</i> \$0.25	\$1,190	\$3,525	\$3,525		\$3,525	\$3,525		\$3,525	\$11,765
Cong Food Svc Supplies <i>per meal</i> \$0.22	\$1,061	\$3,144	\$3,144		\$3,144	\$3,144		\$3,144	\$10,493
Catered Meals <i>per meal</i> \$5.79	\$27,715	\$171,281	\$70,500	\$67,823	\$138,323	\$70,500	\$42,880	\$113,380	\$450,699
<u>Consultant</u>									
Consultant A									
<u>Other</u>									
<u>Total DAS Operating Expenses</u>									
	\$33,983	\$181,518	\$82,295	\$67,823	\$150,118	\$82,295	\$42,880	\$125,175	\$490,794
<b>Non DAS Operating Expenses</b>									
<u>Expenditure Category</u>									
Rental of Property	\$2,167	\$40,500	\$38,942	(\$20,312)	\$18,630	\$38,942	(\$20,312)	\$18,630	\$79,927
Utilities (Elec, Water, Gas, Phone, Garbage)	\$957	\$7,516	\$7,516		\$7,516	\$7,516		\$7,516	\$23,505
Office Supplies, Postage	\$200	\$200	\$200		\$200	\$200		\$200	\$800
Building Maintenance Supplies and Repair	\$250	\$1,000	\$1,000		\$1,000	\$1,000		\$1,000	\$3,250
Printing and Reproduction									
Insurance	\$250	\$960	\$960		\$960	\$960		\$960	\$3,130
Staff Training									
Staff Travel-(Local & Out of Town)	\$200	\$300	\$300		\$300	\$300		\$300	\$1,100
Rental of Equipment									
<u>Food Cost</u>									
Raw Food <i>per meal</i>									
Cong Food Svc Supplies <i>per meal</i>									
Catered Meals <i>per meal</i> \$0.11			\$1,558	\$1,070	\$2,628	\$1,558	\$596	\$2,154	\$4,782
<u>Consultant</u>									
Consultant A									
<u>Other</u>									
Recruitment Costs	\$300	\$300	\$300		\$300	\$300		\$300	\$1,200
Vehicle Expenses	\$500								\$500
Taxes & Licenses		\$300	\$300		\$300	\$300		\$300	\$900
<u>Total Non DAS Operating Expenses</u>									
	\$4,824	\$51,076	\$51,076	(\$19,242)	\$31,834	\$51,076	(\$19,716)	\$31,360	\$119,094
<b>Total DAS and Non DAS Operating Expenses</b>									
	\$38,807	\$232,594	\$133,371	\$48,581	\$181,952	\$133,371	\$23,164	\$156,535	\$609,888
HSA #3									10/25/2016

Program (please select one):  
 1. Congregate nutrition services for older adults and adults with disabilities at a traditional congregate meal site located in District 11.  
 2. Congregate nutrition services for older adults at a restaurant site, also known as CHAMPSS, located in District 11.  
 3. Nutrition support program(s) for older adults and adults with disabilities provided by OR in collaboration with a faith based organization, congregation, or coalition located in the City and County of San Francisco.  
 (Same as Line 11 on HSA #1)

Appendix B-3, Page 4  
Document Date: February 2024

### Capital & Subcontractor Expenditure Detail

DAS Capital Expenditure					
Equipment (Qty)	03/01/2022 - 06/30/2022	07/01/2022 - 06/30/2023	07/01/2023 - 06/30/2024	07/01/2024 - 06/30/2025	Total
storefront side-1 @ \$1,500	\$1,500				\$1,500
sound system -1 @ \$2,350	\$2,350				\$2,350
tv and wall mount -1 @ \$1,000	\$1,000				\$1,000
rounding table - 14	\$2,100				\$2,100
rounding chair - 60 @ \$60	\$4,000				\$4,000
recep & office desks/chairs-2 @ \$1500	\$3,000				\$3,000
internet setup (wiring, cabling, ) -1 @ \$3,583	\$3,583				\$3,583
signage & glass tinting -1 @ \$2,300	\$2,300				\$2,300
microwave - 1 @ \$300	\$300				\$300
all-in-one printer -1 @ \$400	\$400				\$400
security cameras -1 @ \$4,000	\$4,000				\$4,000
Laptop -1 @ \$2,000	\$2,000				\$2,000
tea cart - 2 @ \$150	\$300				\$300
trash bins with duty - 2 @180	\$360				\$360
kitchen work table-2 @ \$450	\$900				\$900
utensils storage containers -2 @ \$35	\$70				\$70
bulletin board - 4 @ \$50	\$200				\$200
phone system - 1 @ \$90	\$90				\$90
storage shelves-3 @ \$600	\$1,800				\$1,800
File Cabinets -2 @ \$350	\$700				\$700
Utility carts -4 @ \$350	\$1,400				\$1,400
<b>Total Equipment Cost</b>	<b>\$32,473</b>				<b>\$32,473</b>
<b>Remodeling</b>					
<b>Total Remodeling Cost</b>					
<b>Subcontractor</b>					
<b>Total Subcontractor Cost</b>					
<b>Total DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$32,473</b>				<b>\$32,473</b>
<b>Non DAS Capital Expenditure</b>					
Equipment (Qty)	03/01/2022 - 06/30/2022	07/01/2022 - 06/30/2023	07/01/2023 - 06/30/2024	07/01/2024 - 06/30/2025	Total
<b>Total Equipment Cost</b>					
<b>Remodeling</b>					
<b>Total Remodeling Cost</b>					
<b>Subcontractor</b>					
<b>Total Subcontractor Cost</b>					
<b>Total Non DAS Capital &amp; Subcontractor Expenditure</b>					
<b>Total DAS and Non DAS Capital &amp; Subcontractor Expenditure</b>	<b>\$32,473</b>				<b>\$32,473</b>
HSA #4					10/25/2016