

AREA 12 AGENCY ON AGING
XXXXX REQUEST FOR PROPOSAL
Service Proposed and Funds Requested
Provider: XXXXXXXXXXXXXX County: XXXXXXXXXX

1. Services to be Provided: 2. Service Category:	C-1 Congregate Meals \$XXX/unit XXXX	C-2 Home Delivered Meals XXX/unit XXXX	C-2 Home Delivered Meals XXX/unit XXXX	IIIB Transportation XXXX/trip or unit XXXX
Activity:	XXXX Proposed # of <u>Meals</u>	XXXX Proposed # of meals	XXXX Proposed # of meals	XXXXX Proposed # Of trips
a. Meals	a. XXXX	a. XXXX	a. XXXX	
b. One hour of service	b.			
c. One Contact	c.			
d. One Session	d.			
e. One Modification	e.			
f. One One-Way Trip	f. _____	_____	_____	<u>fXXXX</u>
TOTAL MEALS\SERVICE UNITS	XXXX	XXXXX	XXXXX	XXXX
2. NSIP funds Amount of A12AA funds requested	\$XXXXX \$ <u>XXXX</u> \$XXXX	\$ XXXX \$ <u>XXXX</u> \$ XXXX	\$ XXXX \$ <u>XXXX</u> \$ XXXX	\$ XXXX
3. Amount of Participant Contributions	\$			
4. Other funds:	\$			
a.				
b.				
c.				
Total Other Funds	_____			
5. TOTAL FUNDS, ALL SOURCES	\$			
6. Cost of unit of service				
a. A12AA funds (line 2 ÷ line 1.f.)	\$			
b. All funds (line 5 ÷ line 1.f.)	\$			
7. NUMBER OF SENIORS (unduplicated count)				