

SOUTHERN OKLAHOMA DEVELOPMENT ASSOCIATION

REQUEST FOR APPLICATION

CENA COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE

**DEADLINE:
July 25, 2019 @ 3:00pm**

**(Application to be completed and accepted on-line)
(All applicable mail-in items must be received by SODA)**

To make inquiries concerning CENA, please contact
Amie Judd at SODA AAA or write to:

**Southern Oklahoma Development Association
(SODA)
P.O. BOX 709
DURANT, OK 74701-0709**

For hand delivery the address is 2704 N. 1st Street, Durant, Ok

**PHONE: (580) 920-1388
E-MAIL: ajudd@soda-ok.org
WEBSITE: cena.soda-ok.org/**

Southern Oklahoma Development Association CENA Procedures

CENA applications will open each year on **April 15 at 8:00 A.M.** The closing date will change each year and will be posted on application website. Two **MANDATORY**, Request for Application Conferences will be offered each year once the grant opens and posted on application website.

Applications must be completed and accepted on the application website.

Upon acceptance of application, applicant will print out the accepted application. They will sign the application and either mail it to SODA AAA or hand deliver it with all documentation listed.

CENA coordinator will check applications to see if all documentation has been sent in.

After the application close date, a working application list is exported to excel. CENA Coordinator will check all scoring information on working list and make changes needed.

The working application list is then submitted to the internal committee. The internal committee consist of the Executive Director, AAA Director, AAA Staff and the CENA Coordinator. The internal committee reviews the list and assigns "Meal Significance" points.

The AAA Director presents recommended allocations to the SODA Board of Directors at a regular board meeting. The SODA Board of Directors can make any changes to the projects before they are approved for funding.

Upon approval from the SODA Board, SODA AAA will send out award letters with contracts to be signed and returned to SODA AAA. Each project not approved will receive a "Not Funded" letter.

Upon receipt of the signed contract, the entity may now receive qualified reimbursements.

Entities can request reimbursement of funds each month or as they get expenses in. **Entities must send copies of invoice, full bank statements and/or copies of purchase orders and a signed expense report for funds to SODA AAA for reimbursement.** **SODA AAA will payout petty cash reimbursements with attached receipts marked with check number used.**

Application Instructions

SECTION I. APPLICANT INFORMATION

- A. Name of community/county/entity applying for CENA funds and the county in which they are located.
- B. Mailing address, phone number, fax number, and e-mail of site.
- C. The FEIN (Federal Employer Identification Number) of the applicant.
- D. Physical address if different from mailing.
- E. Name of contact person and their information.
- F. Name of reimbursement person and their information.
- G. Name of monthly activities person and their information.
- H. List the OK Senator & House Representative of the project location by district number and by name.
- I. List the US Senator & Congressman of the project location by district number and by name.
- J. Circle one Annually, Monthly or Weekly for the serving of meals. Fill out the table included below for operation of the site. Columns 1 and 2 are specific to monthly or weekly, both should not be filled out. Column 3 is specific to the time the site meal is available. Columns 4-7 need the approximate daily total only.
- K. Fill out "Other Activities" table. Columns 1 and 2 are specific to Monthly only. Columns 3 and 4 are specific to Weekly only.
- L. Circle all that apply General Liability Insurance, Building Insurance, Content Only Insurance.
- M. Name person to receive Reimbursements along with their information.
- N. Attachments to be sent in:
 - i) **Budget**
 - ii) **Advisory Council, Officers and all their contact information.**
 - iii) **Board of Directors, Officers and all their contact information. (if different from ii).**
 - iv) **By-Laws of Organization.**
 - v) **Copy of Proof of Insurance.**

SECTION II. PROJECT NARRATIVE

- A. **HISTORY OF ORGANIZATION:** Briefly summarize the history of your organization and the site. Give details of any services provided in the past and/or currently provided.
- B. **PROJECT IMPACT:** Explain how this grant will benefit your seniors.
- C. **PUBLIC AWARENESS:** Describe how people are or will be made aware of your program and SODA AAA programs.
- D. **FUNDRAISING PLANS:** In a written statement or a listed format, please describe the proposed planning of Fundraising for the Site.

Note: Fundraisers are encouraged where allowed and monies raised will not decrease CENA award amount.

- E. **PURPOSE OF FUNDING REQUEST:** Specify what you intend to purchase with the requested funds, and the anticipated/approximate cost of each item. Funding request may include one-time expenditures such as equipment, repairs; or monthly expenditures such as food, utilities, etc. estimated for the duration of the complete State Fiscal Year.
- F. **SENIOR NEEDS IN AREA:** According to what you have observed. Please rank a list of the greatest needs for the seniors in your area.
Examples: Access to Health Care, Buying Prescriptions, Chore Services, Dental/Dentures, Eyes/Eye Glasses, Family Caregiver Services Hearing Aids, Help with Utility Bills, Home Repairs, Legal Aid, Meals/Nutrition, Medicare Assistance, Recreation/Socialization, Resource Information, Transportation, etc.

SECTION III. OTHER CENA INFORMATION

1. The Oklahoma Legislature appropriates money for Independent Senior Centers to use in SODA Area Agency on Aging's ten county area, which includes the following counties: **Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray, and Pontotoc.**
2. Applicants must be a city, town, and/or independent senior group (**with by-laws and elected officers**). If an Independent Senior group does not have a set of by-laws or elected officers, the group must go through their local city, town, or county commissioners. **Authorized officials** for the applicant organization **must sign** the application. **The applicant must submit a copy of the Senior Center/Groups By-Laws with a list of current officers and a copy of proof of building insurance, if any, with the application packet.**
3. Under no circumstances will applications or any of the documentation submitted with said applications be carried over from the previous years.
4. All applications will be filled out and accepted on-line at cena.soda-ok.org/
5. **ALL APPLICABLE MAIL-IN ITEMS ARE LISTED BELOW:**
 - A. **THE COMPUTER GENERATED APPLICATION ACCEPTANCE FORM WITH SIGNATURES**
 - o **Budget**
 - o **Advisory Council, Officers and all their contact information.**
 - o **Board of Directors, Officers and all their contact information. (if different from ii).**
 - o **By-Laws of Organization.**
 - o **Copy of Proof of Insurance.**

IN ORDER FOR AN APPLICATION TO BE CONSIDERED COMPLETE FOR FUNDING, ALL APPLICABLE MAIL IN ITEMS MUST BE RECEIVED BY SODA, OR POSTMARKED BY 3:00 P.M. ON APPLICATION CLOSING DAY.

THE APPLICATION MUST BE SIGNED BY AUTHORIZED OFFICIAL AND INDIVIDUAL COMPLETING APPLICATION.

RATING CRITERIA

App #	Item	Table	Points
I - J	Operations of Site	1-A & 1-B	Up to 25 Pts.
I - J	55+ vs. Below 55	2	Up to 20 Pts.
I - K	Other Activities	3	Up to 10 Pts.
I - L	Insurance	4	Up to 15 Pts.
I - N(i)	Budget	5	Up to 20 Pts.
I - N(ii & iii)	Advisory Council, Site or Officers OR Board of Directors, Officers	6	Up to 15 Pts.
I - N(iv)	By-Laws of Organization	7	5 Pts.
II - (A-F)	Project Narrative	Narrative	Up to 30 Pts.
III	Project Significance	Narrative	Up to 60 Pts.
	Total Points Available		200 Pts.

TABLE 1-A: Operations - Per Site

Operations	Points
Weekly	10
Monthly	5
Annually	1

TABLE 1-B: Operations - Per Site

Operations	Points
5 days	15
4 days	12
3 days	10
2 days	8
1 day	6
Monthly	4
Annually	2

TABLE 2: 55+ vs. Below 55 - Up to 20pts.

Operations	Points
# of meals 55+ > # of meals 55 below	10
# of meals 55+ < # of meals 55 below	0
# of HDM 55+ > # of HDM 55 below	10
# of HDM 55+ < # of HDM 55 below	0

TABLE 3: Other Activities - 10pts.

Activities	Points
Offered	10
Not Offered	0

TABLE 4: Insurance – Up to 15pts.

Insurance	Points
General Liability	5
Building	5
Contents	5
None (-)	0

TABLE 5: Operational Revenue – Up to 20pts.

Operating Budget	Points	Operating Budget	Points
\$0 - \$9,999	20	\$40,000 - \$49,999	9
\$10,000 - \$19,999	18	\$50,000 - \$59,999	6
\$20,000 - \$29,999	15	\$60,000 - \$69,999	3
\$30,000 - \$39,999	12	\$70,000 - \$80,000	0

TABLE 6: Advisory and Board of Directors – Up to 15pts.

Advisory Council, Site or Officers OR Board of Directors, Officers	Points
Attached	5
Not Attached	0
Full Information	10
Incomplete Information	0
Both Included and Complete	15

TABLE 7: By-Laws – 5pts.

By-Laws	Points
Attached	5
Not Attached	0

PROJECT NARRATIVE – Up to 30pts.

	Type of Project	Points
A	History of Organization	5
B	Project Impact	5
C	Public Awareness	5
D	Fundraising Plans	5
E	Purpose of Funding Request	5
F	Senior Needs in Area	5

The Soda AAA internal CENA committee will allocate up to 60 points to each application, using a series of factors including: site growth; site interactions; site funding impact; site need; etc.

COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE (CENA) - 2019

APPLICATION NUMBER: CENA _____ (For Office Use Only)

I. APPLICANT INFORMATION

A. Name of Center: _____ **County:** _____

B. Mailing Address: _____ **Phone:** _____

_____ **Fax No:** _____

_____ **E-Mail:** _____

C. Applicant's Federal Identification Number (FEIN): _____

D. Physical Address if different: _____

E. **Contact Person information:** _____

F. Reimbursement person information: _____

G. Monthly Activity person information: _____

H. **OK Senate District:** _____ **OK House District:** _____

I. **US Senate District:** _____ **US Congressman District:** _____

J. Center Serves Meals (Circle One Only): **ANNUALLY MONTHLY WEEKLY**

Day of Week Meals Served	Monthly Week of Operation 1 st , 2 nd , 3 rd and etc.	Weekly Hours of Operation AM/PM	Time Meal is Served	# of Meals Served on Site 55+	# of Meals Served on Site Below 55	# of Meals for Carry Out or Home Delivered 55+	# of Meals for Carry Out or Home Delivered Below 55
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

K. Center Open for "Other Activities":

Other Activities and/or Functions: to include dances, fundraisers, funerals, games, health promotions (B/P, Tai Chi, Exercise), meetings, quilting, reunions, showers, voting and etc.	Monthly Week of Public Use 1 st , 2 nd , 3 rd and etc.	# of Attendance	Weekly Hours of Operation for Public Use AM/PM	# of Attendance
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

L. Required Insurance minimum to have Content Only
(Circle current policies, attach proof of insurance):

General Liability Building Contents

M. Reimbursement is mailed to the Attention of and address:

N. Attachments to be Included:

- i) Budget**
- ii) Listing of ALL Advisory Council, Site or Officers of Center and their contact information.**
- iii) Listing of ALL Board of Directors Officers and their contact information.**
(if different from ii)
- iv) By-Laws of Organization.**
- v) Inspection by Oklahoma State Department of Health**

<p>_____ <i>Signature of Authorized Official</i></p> <p>_____ <i>Date</i></p>	<p>_____ <i>Signature of Individual Completing Application</i></p> <p>_____ <i>Date</i></p>
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II. PROJECT NARRATIVE

A. History of Organization: _____

B. Project Impact: _____

C. Public Awareness: _____

D. Fundraising Plans: _____

E. Purpose of Funding Request: _____

F. Senior Needs in Area: _____

Rank the needs by priority greatest to least.

PROPOSED FUNDING REQUEST

- Specify what you intend to purchase with the requested funds, and the anticipated/approximate cost of each item.
- Funding request may include one-time expenditures such as equipment, repairs; or
- Monthly expenditures such as food, utilities, etc. estimated for the duration of the complete grant year.

ITEMS	TOTAL COST OF EACH
1. Food/Groceries	
Total Food/Groceries:	\$
2. Utilities/Rent: (electric, gas, propane, telephone, water)	
1)	
2)	
3)	
4)	
Total Utilities/Rent:	\$
3. Building Insurance	
Total Insurance:	\$
4. Equipment: (Large purchases over \$500 require at least 3 quotes)	
1)	
2)	
3)	
4)	
Total Equipment:	\$
5. Repairs/Maintenance:	
1)	
2)	
3)	
4)	
Total Repairs/Maintenance:	\$
6. Supplies:	
1)	
2)	
3)	
4)	
Total Supplies:	\$
7. Construction (Building):	
Total Construction:	\$
GRAND TOTAL AMOUNT REQUESTED:	\$