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**NUTRITION PROVIDER**

**SUPPLEMENT FOR ELDERCARE FUNDING**

**HOLIDAY MEALS-ON-WHEELS PLAN**

Provider Name:

Contact Person:

Phone #:       Fiscal Year:

1. Identify food preparation and donations as applicable:

|  |  |  |  |
| --- | --- | --- | --- |
|  | HOLIDAY 1 | HOLIDAY 2 | HOLIDAY 3 |
| What kitchen will be used for food preparation? |  |  |  |
| Is preparation kitchen a subcontracted site or a donated site solely for the purpose of holiday meals? |  |  |  |
| Is all or part of the meal’s food cost donated? Indicated amount as applicable. |  |  |  |
| Will holiday meal funds from AAA 1-B be utilized to partially or fully reimburse meal donor? Indicate amount as applicable. |  |  |  |
| List all sources of additional funding for meals, and include amount donated as applicable. |  |  |  |

1. Indicate how potential recipients will be assessed to determine their need or desire to receive holiday meals.
2. Identify volunteers to be used for holiday meal as applicable:

|  |  |  |  |
| --- | --- | --- | --- |
|  | HOLIDAY 1 | HOLIDAY 2 | HOLIDAY 3 |
| How many volunteers will be utilized for holiday? |  |  |  |
| Will an outside organization be responsible for volunteer coordination on day of service? |  |  |  |
| Identify source of volunteers (i.e. community, corporation, university, etc.) |  |  |  |

1. Indicate the three holidays you plan to serve, the projected number of meals, and menu for each holiday:

|  |  |  |
| --- | --- | --- |
|  | # Requested | Menu |
| Thanksgiving  (REQUIRED) |  |  |
| Christmas or Chanukah  (REQUIRED) |  |  |
| New Year’s Day  (OPTIONAL) |  |  |
| Easter or Passover  (OPTIONAL) |  |  |
| Other Holiday  (REQUIRES APPROVAL) |  |  |

1. Identify equipment used to maintain hold/cold temperatures during delivery:

*AAA 1-B Use Only*

AAA 1-B Approval:       Date:

Reimbursement Rate: Holiday 1:       Holiday 2:       Holiday 3: