PROPOSAL SUBMITTAL FORM

Agency Information

Agency Name: Moveable Feast Lexington, Inc.

Mailing Address: PO Box 367 Lexington, KY 40588

Street Address: 474 Silver Maple Way Lexington, KY 40508

Phone: (859) 252 - 2867

Is your Agency registered with the IRS as a 501(c)3 organization? ☑ Yes ☐ No

*Note: Agencies **must** be registered with the IRS as a 501(c)3 organization to be eligible for ESR Program funding.*

Does your agency have a current profile with Blue Grass Community Foundation's GoodGiving.net? ☑ Yes ☐ No

*Note: Agencies **must** have profiles with GoodGiving.net to be eligible for ESR funding.*

Website Address: www.feastlex.org

Agency Representative *(typically the Executive Director - Name, Title, Phone, Email)*:

Terry R. Mullins Executive Director 859.252.2867 terrymullins@feastlex.org

Person Completing Application *(Name, Title, Phone, Email):*

same

Program Information

Name of program for which funds are being requested: **Home Delivered Meals**

Total Funding Amount Requested: $ **$60,000.00**

RFP #13-2019 PROPOSAL SUBMITTAL FORM

- **Save this PDF formatted Proposal Submittal Form to your hard drive before beginning to enter responses in it to ensure your responses are saved to the form.**
- **LIMIT RESPONSES IN TEXT BOXES TO 250 WORDS**
- **REMINDER: All proposals must be written in a clear and concise manner, as there will be no follow-up or clarifications to proposer's submittal form once the evaluation process begins.**

5.1 Program Proposal & Design

5.1.1 Needs Statement—Purpose of the Program Proposal / Problem Statement **15 Points**

Using local data, provide a description of the problem in Fayette County. Identify the specific population your program is targeting (i.e. age, geographical region, economic status, etc.) and explain why. Discuss whether this population is under-served or at-risk. Describe your understanding of the local system of services addressing this problem, obstacles and/or opportunities your clients face, and how your agency fits within this system of services.

Moveable Feast delivers hot, nutritious meals to the homes of low-income people in Fayette County who have HIV/AIDS or are on Hospice Care for any reason. We define low-income as earning less than 300% of the federal poverty level. We also feed the caregiver(s) and dependent children in the home. We have been doing this for twenty years and have delivered over 575,000 meals. No other organization in Lexington is focusing on the nutritional needs of these people. Study after study has shown that a person with HIV/AIDS who receives good nutrition is more likely to stay on their medications. Staying on medications means a person will likely carry an undetectable viral load. Meaning the number of viruses in the blood is too few to be detected in a blood test. This in turn leads to a healthier patient who is likely to have much fewer hospitals stays and is less able to spread the disease.

Fayette County has 973 people living with HIV/AIDS according to the latest published Surveillance Report. Fayette County also has an 18.9% poverty rate. The Center for Disease Control says that someone with HIV is twice as likely to live in poverty as the average population. That tells us that 368 people are living in poverty in Fayette County with HIV/AIDS. Good nutrition is vital to these people.

For the families on Hospice Care our goal is to be able to work with Bluegrass Care Navigators to keep the families together avoiding nursing home stays.

5.1.2 Service Delivery Model **15 Points**

What steps will you take or what activities will you provide to assist clients in achieving these goals? Describe each "unit of service" you will provide for clients and how often and how long this service will be provided (e.g. a one-time three-hour training; a weekly one-hour support group for 12 weeks; one 30-minute health exam twice a year; 1-3 hour advocacy services as needed; etc.) How will these services address the problem as identified in the Needs Statement above? Be specific.

Moveable Feast will prepare and deliver to the door a hot meal five days a week to our clients. All meals consist of an entrée (protein), a starch, a vegetable, bread, a salad and a dessert. The neediest of our clients will also receive, along with the hot meal, a cold lunch for the next day.

At present we are averaging 154 meals per day. In 2019 we will deliver approximately 40,040 meals to 256 unduplicated clients.

These meals will be nutritionally balanced as to help the clients maintain or gain weight. Will better enable them to combat wasting disease and tolerate their harsh medication regimes. Thus keeping them medication compliant and healthier longer.

5.1.3 Client Eligibility and Requirements **5 Points**

What eligibility requirements must clients meet to qualify for services? What are the expectations of clients while receiving services? (e.g. client must pay $30 fee for each class; client must remain sober; client is responsible for chores; nothing other than participation in services; etc.)

The only eligibility requirements for services are to be low-income and either have HIV/AIDS or be on Hospice Care for any reason.

5.1.4 Evidence-Based/Best Practice **10 Points**

Describe the evidence-based or promising practice model on which this service approach is based. Provide particular sources that indicate what you are doing is best-practice.

Columbia University Community Health Advisory & Information Network says Food insecurity has long been recognized as a serious problem for People Living with HIV/AIDS (PLWHA). There is ample evidence that food and nutrition issues are increasing among PLWHA in the U.S. Given the multiple service cuts, the need for food and nutrition services among PLWHA would only be expected to increase over the next several years with deleterious consequences for individual health and well-being and for the continuing HIV epidemic and associated health disparities. Food insecurity or continued unmet need for food/nutrition services is widespread and associated with poor engagement with HIV medical care and poor health outcomes. Food and nutrition services are essential to promote treatment effectiveness and maintain health among PLWHA. CDC lays out general nutritional guidelines for people living with HIV this way. Many people want to lose weight, but for PLWHA, it can be dangerous. Make sure you eat plenty of meat, fruits, and vegetables. More protein helps build and maintain your muscles. Chicken, pork, beef, fish, eggs, and dairy are the best foods to eat for muscle maintenance. Fruits & Vegetables & Whole Grains (carbohydrates) give you energy and antioxidants. These are "power" foods that will help you fight infections. Every meal should contain fruits and vegetables. Nuts & oils (fats) provide energy for low-intensity exercise. These are exactly the guidelines we follow in preparing meals at Moveable Feast. Delivering food is the surest way for low-income people to get it.

5.2 Program Measures & Evaluation

5.2.1 Service Efficacy & Desired Outcomes **10 Points**

What do you hope to help your clients achieve? What are some examples of goals you will set with clients? What is your service philosophy in terms of helping your clients achieve these goals? Describe how you define "successful" completion of services. (e.g. service is complete if: client remains for entire three-hour training; client continues services until judge orders otherwise; etc.) What percentage of clients meet that criteria for success?

We want HIV/AIDS clients to gain and maintain a healthy weight in order to better tolerate harsh medications and stay medication compliant. Medication compliant clients are probable to achieve an undetectable viral load and higher CD4 cell count. Making them destined to stay healthy and out of the hospital and unlikely to spread the disease.

Goals for our HIV/AIDS clients are that 70% gain or maintain their weight. 90% stay medication compliant. 10% will recover enough to return to work at least part time.

Goals with Hospice clients are much more basic. Our goal, as is Hospice itself, to keep people in their homes as long as possible. By taking the burden of meal preparation away from them we aid in that goal. When we prepare the meals, if the client lives alone they can stay independent longer than otherwise possible. If there is an elderly spouse giving care to the patient they can stay together longer without the client having to go to a nursing home and the caregiver gets the benefit of good nutrition to keep them strong for their many tasks. Our measurable goal is that we keep 20 elderly couples together longer than they would without our help.

5.2.2 Client Empowerment & Community Impact **10 Points**

Describe what meaningful difference these services make in the lives of people served. What value is added to the community? Provide examples. (e.g. client demonstrates change in attitude; client has behavior change; etc.)

Our services literally keep people alive. By providing proper nutrition to people who otherwise could not afford it Moveable Feast keeps people in Lexington/Fayette County alive. We provide the food they need for existence plus the food they need to help the body ward off opportunistic infections and as important as that those are the food they need to tolerate medications. Tolerating the medications is imperative to the long term health not only of the client but of the community as a whole.

As previously stated medication compliant persons with HIV/AIDS most likely have an undetectable viral load and higher CD4 counts. This leads to healthier clients less likely to have hospital stays. Studies have shown that people on feeding programs saves the community $45,000 a year per person in delinquent hospital costs. In addition the undetectable person is virtually unable to transmit the HIV virus to others through the normal means of transmission.

Examples of this are letters and comments we get saying we saved their life. Also in the fact that through surveys 95% of the clients have gained or maintained weight. 93% have stayed medication compliant.

Over the last five years at least ten clients per year have recovered sufficiently enough to return to work at least part time.

5.2.3 Data Assessment & Quality Improvement **10 Points**

While it doesn't have to be complicated, evaluation is more than saying "we provided this many 'units of service.'" How will you know if your services have been effective? How does this relate to the desired outcomes for your clients? How will the information gathered be used to improve your services in the future? Be specific (for example, data collection may be through focus groups, pre-and post-tests, client satisfaction surveys, etc.), and also **be specific regarding sampling size and frequency of evaluation.**

Data collection will be gathered in two ways. First is hands on observance. We see our clients every day. Usually someone that knows the client is at the clients home five days a week. Quite a bit of data can be obtained from hands on contact. However the main part of the data gathering will be done through client surveys. Surveys will be sent to the homes with the meals along with a stamped self addressed envelope. These will be sent quarterly. The information gathered will be weight gain or loss, if they have been medication compliant and if not why not, CD4 count and viral load and wither they have worked in the past quarter.
The sampling size will be 100% of clients.
If we see a fall off in the desired out comes we will expand surveys to in-depth questions as to why and what we can do to help change those out comes.

5.3 Capacity & Sustainability

5.3.1 Staff Qualifications & Experience **5 Points**

Provide information on the key/primary individuals that will be involved in the provision of services and demonstrate that they have the capacity to address the stated need. List each position by title and name of employee, if available. Describe the anticipated roles and responsibilities for each person as it relates to this project. Describe the experience, expertise, and capacity of each individual to address the proposed activities.

Key staff
Executive Director Terry R. Mullins: Mr. Mullins has been at Moveable Feast since the before we served our first meals in October of 1998 (20 years). He has been involved in every aspect of the operation. Mr. Mullins holds a Bachelor of Science Degree and Bachelor of Arts Degree both from the University of Kentucky. Mr. Mullins has been involved in the Lexington LGBTQ community for forty years. He has served on numerous boards and in leadership positions in the community. Such as five years as President of the PCSO (Pride Center Services Origination) then GLSO. Five years on the Community Planning Group, this is a state advisory group, planning AIDS prevention for the state. In that group he was chairman of the Strategies Committee planning prevention strategies. He also served two years as President of a three state organization covering Kentucky, Ohio and Indiana, raising funds for AIDS care groups. In Short Mr. Mullins is involved in the community we serve and has the experience and educational background to do the job effectively.
Kitchen Manager Justin R. Norris: Mr. Norris has been with Moveable Feast 11 years and has been Kitchen Manager 10. Before that he worked in kitchens nursing homes most notably Sayre Christian Village. He has the experience to do the job of Kitchen Manager.
Both Mr. Norris and Mr. Mullins have Kitchen Manager certification from Fayette County Health Department.

5.3.2 Partnership & Resource Leverage **5 Points**

How do your programs and services support our community's comprehensive response to the identified priority area of Community Wellness & Safety? Does your organization have any formal agreements or informal working relationship with other local service programs?

What role does your governing board members, volunteers, and / or donors play in facilitating viable service delivery and program administration? Does your program have any major civic benefactors or corporate sponsors? Describe other secured funding sources and committed operational resources your organization has allocated for the proposed program.

Our program supports the comprehensive priority of Community Wellness & Safety by aiding in makeing a secment of the community healthier and less able to spread a devastating disease to more people in the community.
Moveable Feast has Working Partnerships With:
University of Kentucky Bluegrass Care Clinic
University of Kentucky College of Pharmacy
AIDS Volunteers (AVOL)
Bluegrass Care Navigators (formerly Hospice of the Bluegrass)
Gods Pantry Food Bank
The Board of Directors is in charge of fundraising and securing corporate sponsorship.
Corporate and Civic Sponsors:
Kroger
Toyota
Bank of the Bluegrass
Kentucky Colonels
The Ezekiel Foundation
Christ Church Cathedral
National Tour Association

5.3.3 Outreach & Inclusion Strategy **15 Points**

Demonstrate how the program will ensure services are available and accessible by all potential participants, especially related to language barriers for persons with limited English proficiency; persons with physical or other disabilities; and persons impacted by poverty and economic distress.

Has your organization enacted any policies (or employs any standard operating procedures) to ensure equitable service opportunity and / or benefit program to a diverse cross-section of the greater community?

Moveable Feast has a strict non discrimination policy. Aside from that we deliver our services to the home so there are no physical barriers any clients have to overcome to receive services. Our services are for the low-income. Our referrals for services come from the Bluegrass Care Clinic, who does AIDS care, AVOL and Bluegrass Care Navigators. These groups see all people diagnosed either with HIV/AIDS or have been told they have six months or less to live that want to access help.
We either rely on them for the language barrier problems if it does not involve Spanish or if it does involve Spanish we have a board member and a volunteer who can handle the Hispanic clients for us. 9% of our clients are Hispanic non-English speaking. 100% are low-income. 38% are African American.

6.0 Program Budget Summary Form Instructions

Proposal Submittal shall be considered incomplete and shall be rejected without completed Budget Summary Form. *(Including total amount of ESR grant request.)*

For organizations requesting funding for more than one program in this RFP, combine into a single Program Budget narrative for the proposal.

Please note that the Program Budget will be part of the grantee agreement with LFUCG and regular tracking and expenditure reporting will be required.

To ensure readability and uniformity, please use the Program Budget form included. Provide brief line-item detail as specified in each section below and verify all calculations.

This section provides a summary of the total proposed Program Budget for FY 2020. It requests the allocation of all projected funding amounts (City and non-City sources) for anticipated FY 2020 program expenditures.

Total Program Budget

Column A should reflect projected expenditures for the entire program (not just the proposed LFUCG ESR grant funding request portion). When the chart is completed this column should equal ESR Grant Funding Request plus other/non-ESR program funding. (A=B+C)

ESR Grant Funding Request

Column B is the grant amount being requested from this RFP to support this program's services to eligible Fayette County Participants.

Non-LFUCG Program Funding

Column C is the non-LFUCG ESR funding that is allocated to the Total Program Budget (A-B = C).

This form is for the budget for the PROGRAM applying for ESR funds, not the total agency budget.

For each category identify the amount requested and the amount to be leveraged through other programs or organizations (if applicable).

Staff Salaries – Identify the number of Full-time position salaries allocated to the program, and part-time positions allocated to the program, and the amounts of each allocated to Columns A, B, & C.

Consultant Services – In the "List Details" box, **briefly** describe any expenses associated with providing expanded supportive services or other services for which the organization intends to contract with another entity. Any of these expenses to be provided by the proposing organization should be included in other line items.

Space/Facilities – In the "List Details" box, **briefly** list the basis of the allocation of rental costs, utilities, janitorial costs, and any other facility costs for the Program. Identify any office or program space in an LFUCG owned building, and any other costs (rent, monthly utilities, etc.) reimbursed to LFUCG.

Scholarships/Stipends – In the "List Details" box, **briefly** list the type of scholarships or stipends, and include the number of people or organizations to receive funds.

Operating Expenses – In the "List Details" box, **briefly** list the costs associated with expenses, supplies, utilities, and any other expense associated directly with the operation of the project.

Other – In the "List Details" box, **briefly** list any other costs for the Program not covered above.

PROGRAM BUDGET SUMMARY

Agency Name **Moveable Feast Lexington, Inc.**

Program Name

FY 2020 (July 1, 2019-June 30, 2020) Total Program Budget

	# of Employees:	Column A Total Program Budget [= B+C]	Column B ESR Grant Funding Request	Column C Non-ESR Program Funding [A-B]
1. Staff Salaries for Program				
Full-Time (FTE)	3	88,000	**5,000**	83,000
Part-Time	2	9,000	**9,000**	
Total Salaries		97,000	**14,000**	83,000
3. Consultant Services	$	5,000		5,000
list details	Accountants fees 5,000			
4. Space/Facilities	$	19,994		19,994
list details	Mortgage 6,900 Utilities 10,841 Building Maintenance 2,253			
5. Operating Expenses	$	100,536	**46,000**	54,536
list details	Food & Packaging 89,931 Automobile Expense 3,000 Insurance 6,210 Office Supplies 500			
6. Scholarships / Stipends	$	0		
list details - numbers & amounts				
7. Other	$	8,010		8,010
list details	Community Outreach 1,260 Credit Card processing Fees 3,600 Dues & Subscriptions 240 Equipment Repairs 2,500			
8. TOTAL PROGRAM BUDGET	$	230,540	**60,000**	170,540

Cost per Program Participant: $ **835**

I understand that this document in its entirety is incorporated into my grant Agreement with the Lexington-Fayette Urban County Government.

Authorized Representative *(typed name)*: Terry R. Mullins

Title: Executive Director **Date**: 4/18/19