# LETTER OF INTENT TO APPLY FOR CONTRACT

Under Title III of the Older Americans Act Fiscal Year July 1, 2025 through June 30, 2026

# **Summary Sheet**

Applicant Agency: Livingston Meals	on Wheels	Project Director: Ta	batha St	treuly
Mailing Address: 817 W Park S		Street Address: 206		
City, State, Zip: Livingston, MT	59047	City, State, Zip: Liv		
E-Mail: Livingstonmow22@g	mail.com	E-Mail: livingstor	nmow22@	gmail.com
Type of Organization: CityCountyPr  Geographic area to be served: Park Co	rivate Non-Profi	tOther (spec	eify):	
List services to be provided: Es	timated # of unduplic be served during project service type:			duplicated <i>units</i> of oject period for each
Home Delivery 1	20	_	8500	
Applicant agrees that the project describe 30, 2026 and certifies that to the best of n correct and the attached conditions will be	ny knowledge ai	nd belief, the information	on in this appl	025 through June ication is true and
Tabatha Streuly	1	Tolatha	Shutt	
Type or print person authorized to sign		Signature	N	
Executive Director	_	5/17/0	2002	,
Title  Jackie Alderman  Type or print person authorized to sign		Date Signature	<u>Aldera</u> 12025	ran
Board Member		03117	12025	
Title		Date		

### LETTER OF INTENT TO APPLY FOR CONTRACT Under Title III of the Older Americans Act Fiscal Year July 1, 2025 through June 30, 2026

#### **Project Description Sheet**

(Please fill out a *Project Description Sheet* for each service provided. Attach additional pages if necessary to complete the following questions.)

1. Service or Project name:	ivingston	Meals on	Wheels	Congregate
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2.	Provide a description of how your program will spend the Title III funding.
	The monthly payment from Area IV Agency will provide funding for wages, food costs, rent/building expenses
	liability insurance, and a safe place for seniors to eat and socialize together.

3. Statement of how your project will coordinate services with other community programs. (Include a description of referral systems.)

Livingston Meals on Wheels works closely with Angel Line and RSVP to ensure our seniors are able to come to the center to eat and socialize with other seniors.

Statement of how your project will fulfill the mission of the Older Americans Act. (Include a description of crite for selection of clients, outreach and targeting activities and how the project fulfills the objectives of the Older Americans Act.)
All congregate seniors 60 years and older in age will receive one meal a day regardless of race, sexual orientation, income level, or religious beliefs.
If extra funding was available, what would you do to increase services and how would you plan to spend the money?
We work on marketing our program more to reach more seniors and hopefully bring in the younger seniors to eat and socialize. If more funding was available we would be able to provide salad bar more than one day a week.
The Older Americans Act requirements state that aging providers are supposed to "target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social

6. Pl	ease provide ganizations i	letters of support from oth involved with older adults.	er local community-based and/or ins	titutional programs, agencies or
7. Li	st wage rang	ge of all employees funded i	in full or in part by this contract: \$ 2	26 to \$
8. Is	this project of	covered by liability insuran	ce? yes How much?	1,000,000 per occurrence
8. Ho	ow many yea	ars has this project received	Title III funds: 49	_
10. Ple	ease provide a timated resour	detailed estimated budget for rees):	r this Title III service for the fiscal year	2025-2026 as follows (list appropriate
<u>PI</u>	LEASE FII	DOCI	LOW, YOU MAY SUBMIT AD UMENTATION IF NECESSAF penses should equal your resources)	
Expens	es:		Resources:	
Personne	l and fringe:	\$60,000		
Supplies:		\$7,200	Area IV Funds:	\$73,000
Raw food	d/meals:	\$20,000	Project income:	\$12,680
Commod	ities:	\$2,000	Other Resources:	\$7,110
Commun	ications:	\$200	Cash in Lieu:	
Utilities:		\$2,000	Commodities:	\$3,000
Repairs/n	naintenance:	\$4,000	Match:	\$15,000
Travel/tra		\$1,200	Other:	
Building		\$7,200	Other:	
Insurance		\$2,400		
Equipmen		\$740		
	ed services:	\$3,850		
Audit:				
Other:				
TOTAL:		§ 110,790	TOTAL:	<sub>\$</sub> 110,790
			2 20	

Application deadline - The electronic application and 2 copies must be received by Rocky before 4 p.m. Friday, March 28, 2025. Applications received after this deadline date will not be considered for funding.

The contractor presentations will be on Zoom again this year. The date of the Area IV Board Meeting is May 15, 2025 at 9:00am.

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**Project Description Sheet** 

(Please fill out a *Project Description Sheet* for each service provided. Attach additional pages if necessary to complete the following questions.)

1.	Service or Project name:	Livingston	Meals	on	Wheels	Home	Delive	ry
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2. Provide a description of how your program will spend the Title III fu	unding.
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The monthly payment from Area IV Agency will provide funding for wages, food costs, rent, business expenses, and packaging for home delivered meals.

3. Statement of how your project will coordinate services with other community programs. (Include a description of referral systems.)

Livingston Meals on Wheels works closely with Livingston Health and Rehab as well as Livingston Healthcare to provide home bound clients with one nutritious meal a day when discharged from nursing home or hospital settings. To make the transitions home easier and keeping seniors living independently longer. We work with RSVP to ensure our clients receive meals to their homes three days a week but providing food for 5 days a week.

Statement of ho for selection of Americans Act.	clients, outreach a	If fulfill the mission of targeting activition	n of the Older Anties and how the p	nericans Act. (Incorporate fulfills the	clude a description of e objectives of the Old
All homebound sexual orientation	seniors 60 years a ion, income level, o	and older in age w or religious beliefs	ill receive one nut	ritious meal a da	y regardless of race,
If extra funding money?	was available, who	at would you do to	increase services	and how would	you plan to spend the
If we extra fund serve clients in	ing was available v Shields Valley and	ve would work on Paradise Valley.	expanding our del	ivery area in the	county. We are willing
The Older An	nericans Act requir	ements state that a	aging providers ar	e supposed to "ta	rget resources
irom all appro	priate sources to n	neet the needs of o	older persons with income minority,	the greatest econ	iomic or social

organizations	involved with older adults.		
7. List wage rang	ge of all employees funded in full or	in part by this contract: \$ 2	26 to \$ 15 .
3. Is this project	covered by liability insurance? yes	How much?	1,000,000 per occurrence
3. How many ye	ars has this project received Title III	funds: 49	_
Please provide estimated resource.	a <b>detailed</b> estimated budget for this Titl rces):	e III service for the fiscal year	2025-2026 as follows (list appropriate
PLEASE FI		YOU MAY SUBMIT AD FATION IF NECESSAF hould equal your resources)	
Expenses:		Resources:	
Personnel and fringe:	\$90,000		
Supplies:	\$10,800	Area IV Funds:	\$105,000
Raw food/meals:	\$30,000	Project income:	\$17,600
Commodities:	\$3,000	Other Resources:	\$20,085
Communications:	\$300	Cash in Lieu:	
Jtilities:	\$3,000	Commodities:	\$3,500
Repairs/maintenance:	\$6,000	Match:	\$20,000
ravel/training:	\$1,800	Other:	
Building space:	\$10,800	Other:	
nsurance:	\$3,600		
quipment:	\$1,110		
	\$5,775		
Contracted services:			
Contracted services: Audit: Other:			<sub>\$</sub> 166,185

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# Angel Line Senior and Disabled Transportation Program

414 East Callender Street Livingston, MT 59047

Heather Nicholson, Program Director RMDC, Area IV Agency on Aging P.O. Box 1717 Helena, MT 59624-1717

February 28, 2025

Dear Heather,

I am writing in support of the Meals on Wheels program in Park County. Funding through the Area IV Agency on Aging is an important part of the program's viability. Many of Park County's seniors depend on Meals on Wheels for their nutritional needs and with so many seniors living at poverty level affordable meals are extremely important.

Meals on Wheels continues to be such an important program for seniors. Meals on Wheels in addition to being a primary source of nutritious meals for many seniors also provides social interaction in a congregate meal setting. The social aspect is an important element of the program.

Isolation becomes a problem for many seniors and Meals on Wheels really helps fill that void through the home delivery program. Home delivery of nutritious meals is extremely important for the seniors who need the service.

Please continue funding this vital program for senior citizens. Thank you so much for your time and consideration.

Sincerely,

Kendra Fox

Angel Line Site Manager

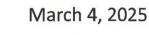




Program of HNDC

p: (406) 333-2537 e: lwesley@thehrdc.org

a: 121 South 2nd Street Livingston, MT 59047



Heather Nicholson RMDC Area IV Agency on Aging PO Box 1717 Helena, MT 59624-1717

Dear Ms Nicholson,

I am writing this letter of support on behalf of Meals On Wheels in Livingston MT.( Park County) MOW is such a vital service to many of our elderly citizens of Park County. As the Senior Programs service navigator for HRDC, I see firsthand how crucial this program is for our ever growing aging population. Not only does MOW provide a hot nutritious meal but provides much needed personal interaction which is often absent from a seniors life.

Please continue your support and funding for this most important and essential service in Park County. If you have any questions, please do not hesitate to contact me.

Sincerely

Lisa Wesley
Senior Program Service Navigator
SHIP Counselor
RSVP Coordinator
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a: 32 South Tracy Bozeman, Montana 59715





