



**Government of the District of Columbia
Department of Health**



Community Health Administration

RFA# #CHA_HDMEAL062813

**Response to Technical Questions
from Pre-application Conference July 10, 2013**

Question 1: Does the patient's meal plan need to be the same, and how often does it need to change?

Response: The menus shall incorporate variety in food item, color, texture, and method of preparation. Meals shall be planned using a cycle menu that will ensure variety over the course of time. Applicants are directed to establish a meal plan that will meet the nutritional needs of the patients while at the same time being appetizing and appropriate. Also, see Scoring Criteria on page 19.

Question 2 Which professionals need to be licensed?

Response: All health care professionals must follow District of Columbia licensing regulations that can be found at: <http://doh.dc.gov/service/licensing-boards>. Proofs of current licenses are required only for health care professionals. Driving licenses, food service licenses and inspection reports, and other licenses must be maintained by the applicant as required under District laws and regulations.

Question 3: Can the application single out a Ward or population?

Response: The scope of the project is for the entire District of Columbia. Applicants can submit proposals that pare down the target area.

Question 4: When will the award be made?

Response: The award period is projected to be from October 1, 2013 through September 30, 2014. Awards for this RFA will be made in early to mid-August.

**Department of Health
Community Health Administration
RFA# #CHA_HDMEAL062813**

Attachment G1 Meal Delivery Cost Worksheet and Itemized Budget

Revised July 15, 2013

Agency: _____

Meal Costs Worksheet	
Estimated Number of Clients to be Served	Click here to enter text.
Unit Meal Cost – cost per meal	Click here to enter text.
Total Meal Cost During Award Period** (total of estimated number of clients to be served times the unit meal cost)	

Budget Category – Direct Costs	Proposed Allocation
Personnel	Click here to enter text.
Fringe Benefits	Click here to enter text.
Administrative Supplies	Click here to enter text.
Total Meal Cost During Award Period**	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Subtotal Direct Costs	

Budget Category – Indirect Costs (not to exceed 10%)	Proposed Allocation
Describe in Detail	Click here to enter text.
Describe in Detail	Click here to enter text.
Describe in Detail	Click here to enter text.
Describe in Detail	Click here to enter text.
Subtotal Indirect Costs	

Total Budget Request	Click here to enter text.
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Director Signature: _____

Date: _____