



Signed applications must be submitted to Denise Noguera, VCAAA Grants Administrator, at [Denise.Noguera@Ventura.org](mailto:Denise.Noguera@Ventura.org) by 5 pm on May 31, 2022, to be considered. Notification of successful applicants will be made before June 30, 2022, with purchase and installation of requested equipment by March 31, 2023.

**1. Organization Contact Information:**

Organization Name:

Name of Person Submitting the Application:

Title of Person Submitting the Application:

Email Address:

**2. Type of Entity (please select one):**

- Government
- Non-profit
- For profit

**3. Type of Provider – Check Only One**

- Current VCAAA contracted home delivered and/or congregate meal provider
- Other non VCAAA funded home delivered meal or congregate meal provider
- Local non-profit and/or community based organization that provides nutrition programs to older adults and the capacity to provide expanded services

**4. Equipment Request – Check as many needed:**

Please let us know what item(s) you are requesting funds to purchase by marking an “x” in the box next to the item, list the brand/model, total cost to include tax, delivery and installation (if applicable) and if you are replacing equipment or using the new equipment to expand your capacity to serve more older adults.

Refrigerator and Freezer Replacement or Capacity Building Requests			
Item	Brand/Model	Total Cost	Please select use of item: Improvement/Replacement Or Capacity Building
<input type="checkbox"/> Blast Chiller			Please select one
<input type="checkbox"/> Cam Chiller			Please select one

<input type="checkbox"/> Side by Side			Please select one
<input type="checkbox"/> Glass Door			Please select one
<input type="checkbox"/> Ice Chest			Please select one
<input type="checkbox"/> Milk Cooler			Please select one
<input type="checkbox"/> Mobile			Please select one
<input type="checkbox"/> Reach-In			Please select one
<input type="checkbox"/> Roll-In			Please select one
<input type="checkbox"/> Undercounter			Please select one
<input type="checkbox"/> Work-top			Please select one
<b>Oven/Range/Stove, Steamer, Gas or Electric Replacement or Capacity Building Requests</b>			
<input type="checkbox"/> Combi			Please select one
<input type="checkbox"/> Convection			Please select one
<input type="checkbox"/> Conventional			Please select one
<input type="checkbox"/> Conveyor			Please select one
<input type="checkbox"/> Countertop			Please select one
<input type="checkbox"/> Double Stack			Please select one
<input type="checkbox"/> Griddle			Please select one
<input type="checkbox"/> Heat-n-Hold			Please select one
<input type="checkbox"/> Holding Unit			Please select one
<input type="checkbox"/> Induction Cooktop			Please select one
<input type="checkbox"/> Range Top			Please select one
<input type="checkbox"/> Reel			Please select one
<input type="checkbox"/> Rotating Rack			Please select one
<b>Cart/Cabinet, Hot or Cold Replacement or Capacity Building Requests</b>			
<input type="checkbox"/> Beverage Service			Please select one
<input type="checkbox"/> Buffet			Please select one
<input type="checkbox"/> Holding			Please select one
<input type="checkbox"/> Mobile			Please select one
<input type="checkbox"/> Proofing			Please select one
<input type="checkbox"/> Retherm			Please select one
<input type="checkbox"/> Rolling			Please select one
<input type="checkbox"/> Self-Serve			Please select one
<input type="checkbox"/> Serving			Please select one
<input type="checkbox"/> Warming			Please select one
<b>Hood Replacement or Capacity Building Requests</b>			
<input type="checkbox"/> Exhaust			Please select one
<input type="checkbox"/> Condensate			Please select one
<b>Mixer Replacement or Capacity Building Requests</b>			
<input type="checkbox"/> Countertop			Please select one
<input type="checkbox"/> Floor			Please select one

Kitchen Sink Replacement or Capacity Building Requests			
<input type="checkbox"/> Compartment			Please select one
<input type="checkbox"/> Hand			Please select one
<input type="checkbox"/> Utility			Please select one
Individual Equipment Items Replacement or Capacity Building Requests			
<input type="checkbox"/> Barbecue (allowable when serving meals to older adults in OCNP)			Please select one
<input type="checkbox"/> Bagging Machine			Please select one
<input type="checkbox"/> Braising Pan			Please select one
<input type="checkbox"/> Broiler			Please select one
<input type="checkbox"/> Cold Pan Serving Counter			Please select one
<input type="checkbox"/> Cook/Chill System			Please select one
<input type="checkbox"/> Depositor and Filling Machine Dishwasher			Please select one
<input type="checkbox"/> Dough Divider			Please select one
<input type="checkbox"/> Drawer Warmer			Please select one
<input type="checkbox"/> Food Display (Hot or Cold)			Please select one
<input type="checkbox"/> Food Processor			Please select one
<input type="checkbox"/> Food Slicer, Chopper, Dicer, etc.			Please select one
<input type="checkbox"/> Fryer			Please select one
<input type="checkbox"/> Griddle			Please select one
<input type="checkbox"/> Menu Boards (Kitchen/Serving Area)			Please select one
<input type="checkbox"/> Microwave			Please select one
<input type="checkbox"/> Plate/Tray Dispenser			Please select one
<input type="checkbox"/> Produce Washers			Please select one
<input type="checkbox"/> Salad Bar			Please select one
<input type="checkbox"/> Serving Equipment			Please select one
<input type="checkbox"/> Serving Line System (Hot or Cold)			Please select one
<input type="checkbox"/> Shrink Wrapper Machine			Please select one
<input type="checkbox"/> Tray Sealer Machine			Please select one
<input type="checkbox"/> Speed Line (Hot or Cold)			Please select one
<input type="checkbox"/> Stainless Steel Work tables			Please select one
<input type="checkbox"/> Steam Table			Please select one
<input type="checkbox"/> Styrofoam Recycling Machine			Please select one

<input type="checkbox"/> Tilt Skillet			Please select one
<b>Vehicle Replacement or Capacity Building Requests</b>			
<input type="checkbox"/> Food Delivery Vehicle(s) <sup>1</sup>			Please select one

5. **Are you requesting funds to repair or replace damaged and/or deteriorated flooring and/or repair damaged wall services in areas where food is prepared, stored, served, or areas where kitchenware is washed and stored?** Check one:  
 No  Yes

**If yes, is replacement/repair covered under the building lease?**

- Yes  No<sup>2</sup>

If the repair is not covered under the building lease, what are you replacing, the cost and how will it benefit older adults?

6. **Are you requesting funds for energy efficient light fixtures in the kitchen or congregate meal service areas?**  No  Yes

If yes, what are you replacing, the cost and how will it benefit older adults?

7. **Are you requesting funds for technological or data system infrastructure for monitoring client health outcomes?** Examples include computing devices, workstations, servers, laptops, personal digital assistants, notebook computers, tablets, and software programs for data entry and/or monitoring of client data and health outcomes.  No  Yes

If yes, what are you wanting to purchase, the cost and how will it benefit older adults?

8. What is the total amount of funds you are requesting?

<sup>1</sup> Successful applicant will be required to provide a list of existing fleet vehicles and the reason the existing fleet cannot meet ongoing program needs.

<sup>2</sup> Verification will be required from landlord for successful applicants.

By signing, I have the authority to submit the application and if successful, will provide additional information if requested to include a detailed justification, quotes, etc. to VCAA staff.

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Signature

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Date