



## **CITY OF RANCHO SANTA MARGARITA 2025-2026 COMMUNITY DEVELOPMENT BLOCK GRANT PUBLIC SERVICE GRANT APPLICATION**

**APPLICATION DUE DATE - 3:00 PM JANUARY 30, 2025**

Submit one original application to:

Mike Linares  
City of Rancho Santa Margarita  
22112 El Paseo Rancho Santa Margarita CA 92688

**Also, submit this Application Form (MS Word format) by the due date/time to:**  
**[mlinares@cityofrsm.org](mailto:mlinares@cityofrsm.org)**

Only complete applications will be considered. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. Click on the appropriate box to insert text or checkmark; "Tab" from field to field to complete the application. Avoid hard returns within the text box. Narrative text fields are limited in space, so provide concise responses.

### **DO NOT MODIFY THE APPLICATION FORM**

Organization Legal Name: Age Well Senior Services, Inc.

Proposed Program Name: Meals on Wheels

CDBG Amount Requested: \$8,500

.... Application (including Attachment A: Proposed Budget & Attachment B: Proposed CDBG-Funded Personnel)

**SUBMIT THE FOLLOWING MATERIALS AS PDF FILES ON A USB DATA STORAGE DEVICE (NO CD-ROMs)**

- .... Proposed Program Application or Intake Sheet
- .... IRS Tax-Exempt Documentation
- .... Current Board of Directors Roster
- .... Most Recent 990 Tax Filing (remove password protection)
- .... Most Recent Financial Statement & Audit (remove password protection)

**Do not submit testimonials, letters of support, or program literature.**

## **APPLICANT GENERAL INFORMATION**

A. Organization Legal Name: Age Well Senior Services, Inc.

B. Mailing Address: 23101 Lake Center Drive, Suite 325, Lake Forest, CA 92630

C. Proposed Program Name: Meals on Wheels

D. Check the **ONE** category that best describes the proposed program

Youth       Senior       Disabled Adults       Low/Mod General  
 Homeless       Fair Housing       Housing

E. Is this application submitted by a faith-based organization?  Yes       No

F. Is this request for a New  or Existing  program?

G. Location of where service will be provided (i.e., specify if the program is citywide, a street address, a school site, Census Tract/Block Group, etc.): Throughout Rancho Santa Margarita

H. Person to contact regarding this application:

Name: Jeff Hamaker      Email Address: jhamaker@myagewell.org

Telephone: 949.468.8272      Fax: 949.855.8025

I. Federal Tax ID Number: 93-1163563      UEI Number: MFFWC2N2JA4

J. Organization officials that will execute the grant agreement (2 required):

Name: Steve Moyer      Title: CEO      Email Address: smoyer@myagewell.org

Name: Jaclyn Svensson      Title: VP Communications & Operations      Email Address: jsvensson@myagewell.org

## **2. COMMUNITY NEED FOR PROGRAM**

A. Summarize the nature and need for the proposed program in RSM. Include information regarding the characteristics of persons to be served (e.g., age, disability, income situation, and other distinguishing characteristics) and data that supports the unmet need for the proposed program in RSM. The Age Well Meals on Wheels program delivers three nutritious meals each weekday to the homes of RSM seniors who are at risk of food insecurity, are homebound, and/or are isolated in their homes. The program provides breakfast, a hot lunch, and a cold sandwich or frozen meal for the evening. The program is an essential safety net for vulnerable seniors, helping them remain self-sufficient, and preserving their independence and dignity. Last year (FY23-24) our Meals on Wheels program delivered 439,359 meals to 1,478 participants, including 14,967 meals for 53 RSM seniors. All meals are individually packaged and are prepared with high food safety standards. Volunteers distribute meals from the Bell Tower Regional Community Center directly to the homes of participating seniors starting at about 10:30 am each weekday. Seniors participate in the program for varied lengths of time depending on their need. Although contributions are encouraged, meals are provided free of charge to participating seniors. Age Well serves south Orange County residents who are age 60 and over. Many of the seniors we serve are isolated, homebound, and have multiple health issues. Many do not drive, cannot stand for long periods, have vision problems, or lack muscle strength required to prepare meals. With very few exceptions they are low or very low income. Nearly two-thirds are women. The median age is 83 years. A 2023 Feeding America report states that 8.6 percent of seniors in our metro area were food insecure in 2021, meaning they have limited access to enough food due to lack of money. 73% of Age Well respondents to Age Well's 2024 participant survey say they would not have enough food to eat if the program was not available. They also say the MOW program helps them live independently in their own homes (90%), and helps them manage health conditions (80%). In addition to healthy food, regular visits from volunteers provide safety checks and alleviate isolation.

B. Discuss if other organizations provide a similar service to RSM residents and how the proposed program differs or augments these similar services. Explain why this program is cost-effective compared to similar services provided by another agency. We are not aware of other agencies that provide home-delivered meals to seniors in Rancho Santa Margarita.

C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program between **7/1/2025 and 6/30/2026**:

1. How many unduplicated individuals will benefit from the proposed activity **regardless of City of residence?** 1500 Individuals
2. How many unduplicated RSM residents will the proposed activity assist? 45 Individuals
3. How many unduplicated lower-income RSM residents will the proposed activity assist with the requested CDBG funds? 45 Individuals

D. Provide a Performance Plan (Goals and Objectives) via a "breakdown" of the number of RSM residents to be served and the type of service(s) to be provided. Each resident serviced should be counted one time for the year and toward a single service category. See the sample below.

SAMPLE PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
20	<i>Phone Referrals</i>
50	<i>Education / Outreach (community presentations, distribution of flyers, pamphlets, etc.)</i>
10	<i>Counseling Services</i>
5	<i>Direct Assistance (rental, transitional housing, legal services, emergency shelter, etc.)</i>
<b>85</b>	<b>TOTAL</b>

PROPOSED PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
45	Meals delivered to 45 RSM seniors
<b>45</b>	<b>TOTAL</b>

E. From the list below, select one HUD-required "Objective" and one HUD-required "Outcome" that the proposed activity will address.

#### HUD Objectives

- Create a Suitable Living Environment: Activity designed to benefit the community, families, or individuals by addressing living environment issues.
- Provide Decent Affordable Housing: Housing activity designed to meet individual family or community housing needs.
- Create Economic Opportunities: Activity such as economic development or commercial revitalization that creates or expands job opportunities.

#### HUD Outcomes

- Availability/Accessibility: Services, infrastructure, housing, or shelter will be available/accessible to Low- & Moderate-Income people, including people with disabilities.
- Affordability: The activity will provide affordability for Low- & Moderate-Income people, including the creation/maintenance of affordable housing, basic infrastructure, or services.
- Sustainability (Promoting Livable or Viable Communities): The program/project will improve the community by making it livable or viable by providing benefits to Low/Moderate-Income people.

F. Regarding the "Outcome" selected above, describe how the success and effectiveness of the proposed services will be measured. Include a definition of success/effectiveness, tools to measure program success/effectiveness, and the percentage of individuals to be served that will meet the success/effectiveness threshold. Discuss steps to implement performance measures if outcome measurements are not in place. Outcome: nutritional needs of seniors are met, enabling them to live independently in their own homes. Age Well invites participants to complete an annual survey to evaluate the Meals on Wheels program. Survey results overwhelmingly support the quality and effectiveness of the program, with seniors saying the food tastes good (84%), provides the nutrition they need (88%), and helps them live independently in their own homes (90%). We also receive informal feedback from participants that may be used to evaluate program or menu changes.

### **3. ORGANIZATIONAL CAPACITY AND EXPERIENCE**

A. Summarize your organization's experience in carrying out the proposed program. Include information regarding the length of time providing service, staff professional qualifications (including license, academic credentials, etc.), and other relevant information. Age Well has developed a highly effective Meals on Wheels program during our four decades of service to South Orange County seniors. Age Well personnel who handle food are required to have a ServSafe certification. Each meals distribution site has two employees onsite daily who are ServSafe Manager certified. Age Well personnel are thoroughly trained on company policies, elder abuse awareness, information security, drug-free workplace policies, using de-escalation techniques with agitated seniors, dementia & disability awareness, and more. Our registered Dietician (RD), Chris Hernandez, has a 7-year career in nutrition. Chris provides training on food handling and food safety procedures.

B. Has your agency previously received CDBG funding from the City of RSM? Yes  No

C. Summarize your organization's experience administering CDBG public service grant funds.

Name of City or County Providing Prior CDBG \$	Year Funds Received	CDBG Grant Amount	Program Funded
Rancho Santa Margarita	2024	\$4,500	Meals on Wheels
Rancho Santa Margarita	2023	\$5,000	Care Management
Rancho Santa Margarita	2022	\$3,760	Care Management

D. Are you requesting funding for this program from any other City or County?

Yes  No  If "Yes," from whom and how much?

City/County	Funding Source	Amount Requested
City of Aliso Viejo	FY26 CDBG	\$6,795
City of Laguna Niguel	FY26 CDBG	\$6,795
City of Mission Viejo	FY26 CDBG	\$5,940

E. Will volunteers, donated goods/services, and/or fundraising activities be used to supplement the proposed program? Yes  No  Summarize these efforts. Meals on Wheels is a volunteer-driven service that provides healthy meals to RSM seniors who are homebound and unable to prepare meals. Volunteers generously use their own vehicles and fuel to distribute meals from senior centers directly to the homes of seniors each weekday morning.

F. Financial/Administrative Audit:

1. In any one of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes  No
2. During this year(s), did your agency prepare an audit compliant with OMB Circular A-133 or by an independent auditor? Yes  No  If "No," explain why an audit has not been conducted. \_\_\_\_\_

#### **4. PROGRAM INFORMATION AND BUDGET**

A. Complete the following budget summary for the proposed program.

1. 2025-2026 CDBG Grant Funds Requested:	<u>\$8,500</u>
2. Total 2025-2026 Program Budget:	<u>\$3,301,002</u>
3. Total 2025-2026 Budget for <u>all programs offered by your agency</u> :	<u>\$8,495,894</u>

B. Summarize how requested CDBG funds will be used (e.g., staff salaries, benefits, program supplies, insurance, direct client assistance, etc.). Include information on how requested funds will directly benefit RSM residents. (Ensure that **Attachment A, "Proposed Program-Budget,"** reflects this outline.) City of RSM funds will be used to support the food costs of Meals on Wheels delivered to senior residents of RSM. At an estimated food cost of \$3.30 per meal, the requested CDBG funds would provide more than 1,350 meals. Age Well will provide documentation of food expenses with each quarterly report. CDBG funds will not be used to support personnel costs. Funds will not support administrative or fundraising costs, which together constitute 9 percent of agency expenses.

C. Provide the following information regarding full-time, part-time, contract, and volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for personnel costs, **Attachment B, "CDBG Funded Personnel,"** must be completed.)

Full-Time staff:

1

Part-Time staff:

      

Contract staff:

      

Program volunteers:

40

## **5. CLIENT INTAKE INFORMATION**

A. HUD requires that each organization that provides services to individuals with CDBG public service grant funds document the size, race/ethnicity, and income of assisted households.

Does the proposed program application/intake form collect this information?

Yes  No

If "Yes," how is the information documented?

1. Self-Certification:
2. Analysis of household income documents such as tax returns/paychecks:

If "No," how will this information be collected and/or reported to the City? \_\_\_\_\_

*Note: Income documentation is not required but requested for "**presumed beneficiary**" category clients. Per HUD regulations, presumed beneficiaries include abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, and migrant farmworkers. Documentation of "presumed beneficiary" status is required.*

B. Will the proposed program exclusively serve presumed beneficiaries?

Yes, the proposed activity  No

If "Yes," list the category Seniors age 62+

## **6. CERTIFICATION**

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Rancho Santa Margarita ("City") by the Board of Directors of **Age Well Senior Services** ("Applicant"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Rancho Santa Margarita residents. Applicant understands that general liability, auto liability insurance, and workers' compensation insurance are required and will be provided per a grant agreement to be executed between the City and the Applicant. Applicant understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered according to this agreement and consistent with applicable federal regulations. If the Applicant fails to serve eligible Rancho Santa Margarita residents during the term of the contract or fails to substantially attain projected accomplishments (defined as at least 75% of the projected number of persons to be served), Applicant may be required to repay all or a portion of funds already disbursed to the Applicant by the City and/or forego receipt of additional grant funds. The Applicant also certifies that it complies with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide the program.

Name: Steve Moyer

Title: CEO

Original signature and date on file

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Signature

Date

**ATTACHMENT A**  
**PROPOSED 2025-2026 PROGRAM BUDGET**

BUDGET CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL FUNDS
Agency Administration Staff Salaries & Benefits	\$	\$81,965.00	\$81,965.00
Program Staff Salaries & Benefits	\$	\$828,758.00	\$828,758.00
Program Supplies	\$	\$85,448.00	\$85,448.00
Rent/Lease	\$	\$11,828.00	\$11,828.00
Communications	\$	\$	\$
Utilities	\$	\$20,210.00	\$20,210.00
Insurance	\$	\$	\$
Professional Services (Specify) Registered Dietitian	\$	\$80,733.00	\$80,733.00
Other (Specify) FOOD	\$4,500.00	\$2,180,842.00	\$2,185,342.00
Other (Specify)	\$	\$6,718.00	\$6,718.00
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>TOTAL</b>	<b>\$4,500.00</b>	<b>\$3,296,502.00</b>	<b>\$3,301,002.00</b>

**List Source of "Other" Program Funds**

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
County of Orange Office on Aging (Title III)	\$1946212	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cities	\$93967	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Fundraising	\$336175	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Project Income	\$458836	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>	<b>\$2,835,190.00</b>	

**ATTACHMENT B**  
**PROPOSED CDBG FUNDED PERSONNEL**  
*(Only list staff for which CDBG funding is requested)*

Not Applicable – no CDBG funding is requested for staff.

**AGENCY ADMINISTRATION STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROGRAM STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROGRAM CONTRACT STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%