FY202**4** Aging Services Program

Buncombe County

<mark>Where/how do we add Board Chair contact information</mark>?

Organizational Information

Name of Organization*
Character Limit: 100

Type of Organization*
Check as appropriate.

Choices
Non-profit-501(c)(3)
Private/For-profit
Public Agency
Governmental Unit

Organization Website*
Please provide a link to your organization's website.

Character Limit: 250

Overview

HCCBG funds are for persons 60 years of age and older and their unpaid primary caregivers in need of in-home and community-based services. Services funded through the block grant include the following (for details, see https://files.nc.gov/ncdhhs/documents/files/HCCBG%20County%20Budget%20Instructions%20FY%202020%20FINAL%204-8-19.pdf).

- Adult Day Programs
- Care Management
- Congregate Nutrition
- Group Respite
- Health Promotion and Disease Prevention
- Health Screening
- Home-Delivered Meals
- Skilled Home Care
- Housing and Home Improvement
- Information and Options Counseling
- In-Home Aide

- Mental Health Counseling

- Respite Care

- Senior Companion Program

- Senior Center Operations

- Volunteer Program Development

- Consumer Directed Services

- Overnight Respite Service

- Transportation

The Buncombe County Aging Plan (2018-2022) reflects the vision of an age-friendly community where older adults are safe, well and engaged. The HCCBG Advisory Committee works to align the goals of the Aging Plan with the funding recommendations. https://www.buncombecounty.org/Governing/Depts/Dss/Adults/age-friendly.aspx

Buncombe County Supplemental Aging Funds (BCSAF)
In addition, the Buncombe County Board of Commissioners provides additional funds to supplement and fund services that are outside of the allowable HCCBG categories. These services may include but are not limited to the following categories:

- Services that address identified unmet need or gap in service; AND

- Services that approach old problems in a new way,

- New, innovative or non-traditional collaborations, AND/OR

- Existing collaborations to operate in new ways

Applicants are welcome to contact Jennifer Teague at Jennifer.teague@buncombecounty.org with questions or for technical assistance.

The completed application must be submitted by **5:00 pm on Monday February 21, 2022.?**

The HCCBC Advisory Committee may contact you with questions. Not all applicants will be interviewed. Should the committee have additional questions or need to interview you, you will be contacted in March 2022.

In May 2020, Buncombe County Commissioners adopted the county's 2025 Strategic Plan. One Foundational Focus Area is Equity, with the vision of "Systems, policies, and practices that support equity for all people and an organizational culture that embraces diversity and inclusion." Both the Strategic Plan and the Racial Equity Action Plan define equity as "the state of being, just, impartial and fair."   The FY 24 HCCBG application adds a section asking aging service providers to begin to reflect on their efforts around equity in regards to their services and within their organization.
https://www.buncombecounty.org/governing/commissioners/strategic-plan/default.aspx

In addition to the Strategic Plan and the Racial Equity Action Plan, Buncombe County is committed to an Age-friendly community where older adults are safe, well and engaged. https://www.buncombecounty.org/common/Commissioners/20210615/Racial%20Action%20Plan.pdf

The HCCBG Advisory Committee works to align the goals of all these plans with the funding recommendations.

Grant Guidelines*
Have you read and understand the information presented in the FY2024 HCCBG/Aging Services Grant Guidelines? Click here to view the Grant Guidelines.

Choices
Yes
No

Program Proposal

Program Name and Description*
Provide a description of the program including any specific mission or goals. Is this an eligible HCCBG fundable program? If so, please list the appropriate category.

Character Limit: 1000

Funding Amount Requested*
Please enter the amount requested.

Character Limit: 200

3. Subcontracting*
Do you plan to subcontract any of the proposed program/project/service? If yes, to whom, and what will they do specifically? Also, please provide the sub-contracting rates for those providers.

Character Limit: 1000

4. Target Population and Demonstrated Need*
Describe the target population for this program/project/service, including any special focus such as marginalized groups or specific geographic area(s).

Character Limit: 1000

5. Identified Need*
Describe how this is an identified need for the community, including any supporting data. What need will this program address?

Character Limit: 1000

REMOVED # 6

Coordination

How do you coordinate with other agencies providing similar services and what are your shared goals?*

Character Limit: 1500

Please include your strategic partner organizations and/or programs*
 Also include how you ensure partnership and not duplication.

Character Limit: 1000

Performance Measures

The following questions reflect the Results Based Accountability model
https://clearimpact.com/results-based-accountability/

QUANTITY

Define the unit of service that you use for billing (e.g., hour, day, trip, etc.).*
If the service is something other than unit based, please describe the service and, if funded, how the service will be billed for reimbursement purposes (e.g., by person served, by family served, etc.).

Character Limit: 1000

What is the actual total cost of one unit of service?*
Character Limit: 100

What is the proposed unit rate?*
If different from the actual total cost, please explain why.

Character Limit: 100

If you were to be funded at your request amount, what would be your Net Service Cost?*

Note: HCCBG funds require a local match by the provider (note a match is not required for Supplemental Aging Services Funds). Any block grant eligible service that is selected will first be allocated to the block grant funding. The allocations committee will make all recommendations regarding which funds to be used for which service. "Required Local Match must be computed on the basis of 10 percent of the Net Service Cost. Service providers will divide the amount of Block Grant Funding by 90 percent to determine the Net Service Cost. The difference between the Block Grant Funding amount and the Net Service Cost is the amount of Required Local Match."

Example: Block Grant Funding for In-Home Aide Level II

Allocated Amount $50,000 divided by 90% = $55,556 Net Service Cost

Net Service Cost of $55,556 minus the Allocated Amount of $50,000 = the Required Local Match of $5,556.

Note: Net Service Cost is Funded Amount divided by 90 percent.

Character Limit: 100

What would be your required local match? And what is your match (cash, in-kind or combination)*

(note: reported cash or in-kind match cannot be sourced from another federal or state grant unless that grant expressly allows those funds to be used as matching funds for another grant).

Character Limit: 1000

Explain any change of 5% or more in proposed unit rate from the current unit rate.*

Character Limit: 1000

How many units of service do you propose to provide?*

Character Limit: 100

How many unduplicated clients do you propose to serve?*

Character Limit: 100

Please explain any change of 5% or more in your proposed number of clients served compared to your current year estimate.*

Character Limit: 1000

QUALITY OF SERVICE

Identify one or more specific measures for how well you deliver the proposed service.*

(Recommended: "How satisfied are you with this service?" and "Would you recommend this service to a friend?")

Character Limit: 1000

IMPACT ON CLIENTS

Identify 1 or more measure that demonstrate how clients are better off as a result of your service*

Describe the measure(s) as specifically as possible.

Character Limit: 1000

Diversity, Equity, Inclusion and Accessibility (DEIA)

1. Definition*

How does your organization define equity?

Character Limit: 1500

2. Commitment to DEIA (Diversity, Equity, Inclusion and Accessibility)*

Does your organization have a document that reflects your commitment to DEIA? Describe your agency's commitment to DEIA efforts when providing services.

Character Limit: 1500

3. Actions*

==Providers that have received funding for FY 2023, please share what you would like us to know about your efforts.==

What goals do you have for realizing diversity, equity and inclusion? What actions has your organization taken in the past year and what action steps do you propose to take in the new grant year? How will you measure your progress and success in demonstrating equity, (such as plans for outreach to underserved communities, hiring practices, staff training,)?

Character Limit: 1500

Addendum

If applying for In-Home Aide, please complete the following.

In an effort to provide services to some of the 150 + clients on the In-Home Aide waiting list, Buncombe County has made the following decisions regarding In-Home Aide. remove ==for FY 23.==

As of July 1, 2022 Buncombe County will no longer allocate funds for Level III or Level IV In-

Home Aide services with one exception: clients currently receiving Level III services. Thoseclients currently served by Level III services as of June 30, 2022 can continue to receive Level III services up to 15 hours per week and hours should not be increased for clients in Level III if they are receiving less than the 15 hour maximum. No additional clients will be added for Level III services on/after July 1, 2022.

In addition, there will be a cap on all hours provided to clients receiving Level I and Level II services. The hours listed below are the maximum allowable hours per service level:

Service Level 1 - Maximum 6 hours per week
Service Level 2 - Maximum 9 hours per week
Service Level 3 - Maximum 15 hour per week (only available to clients on the contract as of 6/30/22)

Note: When determining the unit rate, providers are expected to include all costs associated with providing the service. Many clients live in downtown Asheville and aides may need to park in pay lots, parking garages or hourly spaces. Providers are expected to have that cost accounted for in the unit rate. Please note that a unit is defined as 1 hour of service. Please complete the following questions:

What is your unit rate per service level?
(Please see the note above regarding what should be included in your unit rate.)
Character Limit: 500

How will you determine the number of hours that a client needs within the capped hours listed above?
Character Limit: 1000

Do you pay your aides mileage?
If so, how much and how is it calculated (ie from client to client, or aides home to clients home, etc)?
Character Limit: 500

Are aides paid for their driving time to and from client's homes?
Choices
Yes
No

Do you pay for parking for your aides?
Choices
Yes
No

What is your hiring range for aides?
If you pay a higher rate for a certified aide please state as two different rates.

Character Limit: 500

How do you pair aides with clients?

Is it determined by location in the county, first on the list or some other way?

Character Limit: 1000

How do you plan to address the In-Home Aide waiting list?

Character Limit: 1000

Attachments

Attachment A - Proposed Budget*

Download the budget form HERE.

Complete the budget form, save it to your computer, then upload it by clicking "upload a file."

File Size Limit: 3 MB

File Size Limit: 3 MB

Signatures

Electronic Signature*

Enter the full name and business title of your organization's authorized representative and the date of submission.

(e.g.: Erin Smith, Executive Director, December 2, 2021)

Character Limit: 250

Signature Acknowledgement*

By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.

Choices

I Agree
I Do Not Agree