

FY2025 Aging Services Program

Buncombe County

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

Board Chair Information*

Please provide the Board Chair's Name and Email Address.

Character Limit: 300

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 [NC DHHS: Home and Community Care Block Grant County Budget Instructions Documents](#))

- 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 Aging Services grants are made in alignment with the Buncombe County's Age-Friendly Action Plan (2021 – 2024), which reflects the vision of an age-friendly community where older adults are safe, well, and engaged. Action Plan goals include: prevent abuse, neglect, and exploitation of older adults; prevent financial fraud and scams; improve health and wellbeing among older adults; improve and support financial wellbeing among older adults; improve and support caregiver wellbeing; increase older adults' access to transportation; improve older adults' access to services and supports; and increase age-friendly capability of Buncombe County. [Age-friendly Buncombe Action Plan Update 2021-2024 \(buncombecounty.org\)](https://www.buncombecounty.org/age-friendly-buncombe-action-plan-update-2021-2024)

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 Billie Breeden at Billie.Breeden@buncombecounty.org with questions or for technical assistance.

The completed application must be submitted by **5:00 pm on Friday February 23, 2024.**

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 2024.

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 FY24 HCCBG application added a section asking aging service providers to begin to reflect on their efforts around equity in regards to their services and within their organization. [Buncombe County Strategic Plan 2025](#)

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 FY 25 HCCBG/Aging Services Grant Guidelines? Click [here](#) to view the Grant Guidelines.

Choices

Yes

No

Program Proposal

1. 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

2. 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

6. 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

7. Based on the information above, 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

8. Define the unit of service used for billing as well as the cost per unit (e.g., hour, day, trip, etc.).*

(Note a unit of service should include all the costs to run the program (ie the unit rate should include staff time, any administrative costs, etc and all expenses should roll into the overall unit rate).

For example:

- Meal program:
 - Per meal cost is X, staffing time per meal is Y, and transportation per unit is Z
 - **X+Y+Z=total cost per unit**

(Note: 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, or billing of staff time, etc).

Character Limit: 1000

9. Is your billable unit rate different than the actual unit cost of the service? If yes, please explain. If no, note as n/a.

Character Limit: 1000

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

Character Limit: 100

11. How many unduplicated clients do you propose to serve?*

Character Limit: 100

12. Does your program maintain a waiting list? If so, how do you determine who is added to this list.

Character Limit: 100

Performance Measures

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

Above you have noted the number of clients you plan to serve and the cost per service. Now we would like to know how you plan to evaluate the quality and impact of that service.

QUALITY OF SERVICE

13. 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**14. 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

Coordination

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

Character Limit: 1500

16. Please include your strategic partner organizations and/or programs*

Also include how you ensure partnership and not duplication.

Character Limit: 1000

Diversity, Equity, Inclusion and Accessibility (DEIA)

Please note that if your organization is funded you will be asked to share demographic data (race, income, age, and zip codes) of clients served at the mid-year and end of year reporting.

17. Definition*

How does your organization define equity?

Character Limit: 1500

18. 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

19. Actions*

- What goals does your organization have for realizing diversity, equity and inclusion?
- What action steps does your organization 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, etc.)?

Character Limit: 1500

Addendum

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

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. Those clients 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 hours 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:

1. What is your unit rate per service level?

Please see the note above regarding what should be included in your unit rate. Also, while it is ultimately up to the provider to decide on the unit rates including pay to aides and other staff, we believe it is important to share the unit rate Buncombe County pays for our in-house social services block grant program that supports our internal in-home aide program (\$33.00/hour of which \$17.00 goes to non-certified aides and \$18.00 to certified aides).

Character Limit: 500

2. How will you determine the number of hours that a client needs within the capped hours listed above?

Character Limit: 1000

3. 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

4. Are aides paid for their driving time to and from client's homes?

Choices

Yes

No

5. Do you pay for parking for your aides?

Choices

- Yes
- No

6. 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

7. 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

8. 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, February 1, 2024)

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