FY2026 Aging Services Program

Buncombe County

Please note: This application is for HCCBG funding only. We will know more about BCSAF funding after March 20, 2025.

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. (Please read sections 1 -7 for details, see NC DHHS: Home and Community Care Block Grant Procedures Manual for Community Service Providers)

- Adult Day Programs
- Care Management
- Congregate Nutrition
- Group Respite
- Health Promotion and Disease Prevention
- Health Screening
- Home-Delivered Meals
- Skilled Home (Health) Care

- Housing and Home Improvement
- Information and Options Counseling
- In-Home Aide
- Institutional Respite Care
- Mental Health Counseling
- Senior Companion Program
- Senior Center Operations
- Volunteer Program Development
- Consumer Directed Services
- Overnight Respite Service
- Transportation

Buncombe County Supplemental Aging Funds (BCSAF)

In addition, the Buncombe County Board of Commissioners provides additional funds for persons age 60 and older 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 March 7, 2025.**

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 2025.

The HCCBG federal funds are provided through Title III of the Older Americans Act. The Act states that programs and services funded should be for individuals with greatest economic and greatest social need. When making funding recommendations the HCCBG Advisory Committee also is guided by Buncombe County's Strategic Plan and Age-Friendly Action Plan.

Grant Guidelines*

Have you read and understand the information presented in the FY 26 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. Identified Need and Target Population*
Describe what community need this program addresses, how that need was identified and the target population served. Include supporting data, if possible.

Character Limit: 1000

5. Does your organization keep a record of residents who request service but are unable to be accommodated?*

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 (i.e. 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

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

12. 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

13. 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

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

Character Limit: 1500

15. 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.

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

Does your organization have a document that reflects your commitment to DEIA? If so, please attach below. Describe your agency's goals and action steps for realizing DEIA.

Character Limit: 1500

Addendum

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

As of July 1, 2022 Buncombe County no longer allocates funds for Level III or Level IV In-Home Aide services.

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

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 (i.e. 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."

Prepare the budget to correspond to Buncombe County's fiscal year (FY) July 1 to June 30.

If your program is unit based, confirm that the billable rate noted in question #8 times the number of units projected to provide noted in question #10 equals the grant amount requested.

File Size Limit: 3 MB

Attachment B – Diversity, Equity, Inclusion and Accessibility (DEIA) Document

Upload the document by clicking "upload a file."

File Size Limit: 3 MB

If you have any questions or would like technical assistance, contact Billie Breeden at Billie.Breeden@buncombecounty.org

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, 2025)

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