# FY 2028 Aging Services Program

*Buncombe County*

**Grant Purpose:** To support and enhance the quality of life of older County residents and their caregivers. To allow older adults to live safely at home or in the least restrictive environment. To provide transportation and opportunities for social interaction to reduce isolation.

Please keep this statement in mind when writing your grant.

## *Organizational Information*

### Name of Organization:

*Character limit: 100*

### Type of Organization:

- Non-Profit 501(c)(3)
- Private / For-Profit
- Public Agency
- Government Unit

*Character limit: 500*

### Organization Website:

Please provide a link to your organization's website.
*Character limit: 250*

### Board Chair Information:

Please provide the Name and Email Address of the Board Chair.
*Character limit: 300*

## *Overview*

### Home and Community Care Block Grant Funds (HCCBG)

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, NC DHHS: Home and Community Care Block Grant Procedures Manual for Community Service Providers)

- Adult Day Programs
- Care Management
- Congregate Nutrition
- Consumer Directed Services

- 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
- Legal Services
- Mental Health Counseling
- Overnight Respite Service
- Senior Companion Program
- Senior Center Operations
- Transportation
- Volunteer Program Development

## 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 needs or gaps in service
- Services that approach old problems in new ways;
- New, innovative or non-traditional collaborations;
- Existing collaborations to operate in new ways.

Applicants are welcome to contact Billie Breeden at Billie.Breeden@buncombenc.gov with questions or for technical assistance.

The completed application must be submitted by **5:00 PM on Friday February 12, 2027.**

The HCCBG 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 January 2027.

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 the greatest economic and greatest social need. When making funding recommendations, the HCCGB 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 FY28 HCCBG/BCSAF Aging Services Grant Guidelines? Click **here** to view the Grant Guidelines.

- ○ Yes
- ○ No

## *Program Plan*

### 1. Program Name and Description

Please describe this program's mission, services, and goals.
*Character Limit: 1000*

Is it eligible for HCCBG funds?

- ○ Yes
- ○ No

If yes, please list the appropriate category.
*Character Limit: 300*

### 2. Funding Amount Requested

Please enter the amount requested.
*Character Limit: 200*

## *Community Need*

### 3. Please describe (a) the community need addressed, (b) how that need was identified, and (c) how the target population is served; include supporting data if possible. Use Attachment C to provide additional data documentation, if needed.

*Character Limit: 1000*

### 4. Does your organization keep a record of individuals who request service but are unable to be accommodated?

- ○ Yes
- ○ No

## *Coordination*

### 5. Please list some of the other organizations (non-profit and for-profit) that provide similar services.

*Character Limit: 500*

### 6. Do you partner or coordinate with any of them?

- ○ Yes
- ○ No

- If yes, how and under what circumstances?

*Character Limit: 500*

### 7. Do you subcontract any program services?

- ○ Yes
- ○ No

- If yes, please describe the subcontractor's service obligations and the rates paid to them.

*Character Limit: 500*

### 8. Between your organization and others, is the demand within the community for your services adequately met?

- ○ Yes
- ○ No
- ○ Unknown

## *Client Service Experience*

### 9. Please choose how prospective clients learn about your program.

- ○ Family-and-friend caregivers
- ○ Referrals from other service programs
- ○ Self

### 10. Please describe the application process for prospective clients including any extra assistance provided to those self-advocating.

*Character Limit: 500*

## *Service Costs*

### 11. If you were to be funded at your requested 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 Buncombe County 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 are 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 the Required Local Match."

Or: Allocated Amount = .90 x Net Service Cost
Allocated Amount / .90 = Net Service Cost
And: Required Local Match = Net Service Cost – Allocated Amount

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

Allocated Amount = $50,000
$50,000 = .90 x Net Service Cost
$50,000 / .90 = Net Service Cost
Net Service Cost = $55,556
Required Local Match = $55,556 - $50,000 = $5,556

*Character Limit = 100*

### 12. Based on the Net Service Cost as calculated above, what is your required local match? 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: 500*

### 13. 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 (e.g., staff time, any administrative costs, etc.), and all expenses should roll into the overall unit rate.

Example: Meal Program

- Per meal cost = X, staffing time per meal = Y, transportation per meal = Z
- Total cost per unit = X + Y + Z

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, billing of staff time, etc.).
*Character Limit: 500*

### 14. Is your billable unit rate different from the actual unit cost of the service?

- Yes
- No

If yes, please explain. If no, note as 'not applicable'.
*Character Limit: 500*

### 15. How many units of service do you propose to provide?

*Character Limit: 100*

### 16. 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.

### 17. Quality of Service: Identify one or more specific measures for how well you deliver the proposed service.

Recommended client survey questions: "How satisfied are you with this service" and "Would you recommend this service to a friend?"
*Character limit: 500*

### 18. Impact: Identify 1 or more measures that demonstrate how clients are better off as a result of your service.

Describe the measure(s) as specifically as possible.

*Character limit: 500*

# *Addendum for In-Home Aide Programs*

## If applying for funding for In-Home Aide services, 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:

### In-Home Aide 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*

### In-Home Aide 2. How will you determine the number of hours that a client needs within the capped hours listed above?

*Character Limit: 500*

### In-Home Aide 3. Do you pay your aides mileage?

- Yes
- No

If yes, how much and how is it calculated (i.e., from client to client, or aides home to clients home, etc.)?
*Character Limit: 500*

### In-Home Aide 4. Are aides paid for their driving time to and from client's homes?

- Yes
- No

### In-Home Aide 5. Do you pay for parking for your aides?

- Yes
- No

### In-Home Aide 6. What is your hiring range for aides?

If you pay a higher rate for a certain aide, please state as two different rates.
*Character Limit: 500*

### In-Home Aide 7. How do you pair aides with clients?

What are the factors considered? Location, priority of need, or other metrics?
*Character Limit: 500*

### In-Home Aide 8. How do you plan to address the In-Home Aide wait list?

*Character Limit: 500*

## *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, please confirm that the **Billable Rate** (Question 13) multiplied by the number of projected **Units of Service** (Question 15) equals the **Grant Amount Requested, or:**

**Grant Amount Requested = Billable Rate x Units of Service.**

Upload the document by clicking "upload a file".

File size limit: 3 MB

### ATTACHMENT B – Most recent Monitoring Report

Upload the document by clicking "upload a file".

File size limit: 3 MB

## ATTACHMENT C – Supporting Data (optional)

Upload the document by clicking “upload a file”.

File size limit: 3 MB

**Questions and / or Technical Assistance**

If you have any questions or would like technical assistance, please contact Billie Breeden at Billie.Breeden@buncombenc.gov

# *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.

- I Agree
- I Do Not Agree