



APRA Title III-E Family Caregiver Support Program REQUEST FOR FUNDING APPLICATION

American Rescue Plan Act (ARPA) of 2021

(P.L. 117-2-March 11, 2021)

Older American's Act Title III-E Family Caregiver Support Program

Eastern Carolina Council - Area Agency on Aging
233 Middle Street, Suite 300
PO Box 1717
New Bern, NC 28562
(252) 638-3185
www.eccog.org
David Rosado, Director, drosado@eccog.org

**Applications due no later than 5:00 p.m.
DATE: November 29, 2024
Return to January Brown, Lead Programs Consultant
jbrown@eccog.org**

- An example grant application is included in this packet for guidance.

SUMMARY

The Administration on Community Living (ACL) and the North Carolina Division of Aging (NCDOA) are the oversight entities for the allocation and distribution of all American Rescue Act Plan (ARPA) funding. While earlier rounds of COVID funding (CARES and Families First) allocated to adapt and expand traditional services and systems, the NCDOA emphasizes American Rescue Plan Act (ARPA) allocations build stronger infrastructure, support effective service delivery, and increase access to long-term services and supports such as Title III-B Supportive Services, Title III-C Nutrition Services, Title III-D Health Promotion, and Title III-E Family Caregiver Support Program.

To support the infrastructure goals under the ARPA efforts NCDOA has authorized several new initiatives and ARPA direct service codes. Eastern Carolina Council - Area Agency on Aging (ECC-AAA) will allocate \$181,887 for Eligible III-E Family Caregiver Support Program for performance period December 2024 to September 2025. These funds will be awarded to eligible providers using a competitive bid process as outlined in this Request for Funding. There is no required match.

ELIGIBILITY

Providers who receive Older American's Act III-E funding from ECC-AAA are eligible to apply for ARPA III-E funds. Service eligibility is for individuals who are:

- Family caregivers of older adults
 - A person of any age providing unpaid care for an older adult age 60 or older or providing care to an individual with Alzheimer's Disease or related dementia.
- Older adults as caregivers
 - A relative caregiver (not a parent), aged 55 or older, living with and raising a relative child aged 18 or under
 - A relative or parent, 55 or older, living with and raising an adult child (age 19-59) with a disability.
- Note there are special eligibility requirements for Category IV and Category V Services under the FCSP. For these categories, the care recipient must meet the definition of frail, as specified by the Older American's Act by being either:
 - Unable to perform at least two activities of daily living without substantial human assistance, including verbal remaindering, physical cueing, or supervision. Activities of daily living are eating, dressing, bathing, toileting, transferring into/out of bed/chair, and ambulation (walking or moving in the home without assistance).
 - or
 - Due to a cognitive impairment or other behaves in a manner that poses a serious health or safety hazard to the individual or to another individual

COMPETITIVE BID PARAMETERS

- Eligible providers must submit a Request for Funding on or before the deadline for the project to be considered. Late entries will be disqualified. No exceptions.
- Project budgets must be no less than \$5,000 and no more than \$50,000
- Funds must be spent within the performance period.

- Budget adjustments made during the funding period must be approved by the ECC-AAA.
- Projects must be for one or more of the service codes outlined in the request for funding.
- Funding requests may include more than one cost code.
- Submission of a request for funding does not guarantee a full or partial award.

SCORING

Element 1: Innovation in program design, implementation, assessment, workflow, data collection and reporting and service delivery.

Element 2: Increasing service access to hard to reach, underserved, or high-risk populations programs that address diversity, equity, and inclusion for marginalized segments of the community.

Element 3: Enhanced infrastructure and/or increased capacity of the organization to conduct service to intended populations.

Element 4: Provider monitoring history, spending patterns, and past program performance.

MONITORING AND REPORTING

- All approved projects will be subject to programmatic and fiscal monitoring during the project period.
- As with previous COVID grants, tracking of expenditures under ARPA funding allocations will be reported on the NCDOA Excel tracking spreadsheet.
 - Submissions must use a new sheet each month.
 - Submissions must be sent to ECC-AAA by the first Friday of the month.
- Reporting expenditures into ARMS in a timely manner is mandatory.
- Projects that are severely underspent may result in a reduction in project funding.
- Capital Expense requests must be submitted on the NCDOA form and approved prior to any expense exceeding \$10,000
 - All required documentation should be submitted as early as possible to ensure approval by ECC-AAA and NCDOA within the project performance period.
 - These expenses require three quotes as part of the documentation and cannot be submitted until those are secured.

ARPA (AMERICAN RESCUE PLAN ACT) REQUEST FOR FUNDING ARPA: III-E Family Caregiver Support Program

Agency Name										
Total Combined amount of ARPA funds being requested (should match budget attachment)	\$									
County to be covered by the project (Check all that apply)	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Carteret</td> <td style="width: 33%;">Craven</td> <td style="width: 33%;">Duplin</td> </tr> <tr> <td>Greene</td> <td>Jones</td> <td>Lenoir</td> </tr> <tr> <td>Onslow</td> <td>Pamlico</td> <td>Wayne</td> </tr> </table>	Carteret	Craven	Duplin	Greene	Jones	Lenoir	Onslow	Pamlico	Wayne
Carteret	Craven	Duplin								
Greene	Jones	Lenoir								
Onslow	Pamlico	Wayne								

TOTAL REQUEST					
A capital expense request form will be required for each item > \$10,000.00	Does this project include a capital expense of over \$10,000.00?	YES		NO	
Project Manager Name					
Title					
Project Manager Email					
Organization Address					
Organization Phone Number					

Signature: By signing below, you are verifying that all supportive documentation is accurate and current as of the date of the signature.

Original Signature of authorized agent for the organization

Date

Printed Name

Title

SCOPE OF WORK DESCRIPTION AND PLAN

Project Title: _____

Total Amount Requested: _____

Project Fund Source: (Check the reimbursement method(s) that apply for requested funds):

Unit-Based Only _____ **Must address one of the three Priority and Sustainability**

Unit/Non-unit _____ **Select one of the three Priority and Sustainability**

ARPA ARMS CODE	ELIGIBLE III-E SERVICES	AMOUNT REQUESTED
878	FC-ARPA Program Planning & Administration	
879	FC-ARPA Information	
880	FC-ARPA Access	
881	FC-ARPA Counseling, Training, Support Groups	
882	FC-ARPA Respite	
883	FC-ARPA Supplemental	

ARPA III-E Family Caregiver Support Program Funding Options:

Codes and Definitions

CODE	NAME	DESCRIPTION	REQUIRES ENTRY ON NCDOA EXCEL TRACKING SHEET
878	FC-ARPA Program Planning & Administration	Administrative program costs, such as bulk purchases and public information materials related to pandemic recovery and outreach to caregivers. One unit= one expense.	X
879	FC-ARPA Information	Outreach/program promotion and social media activities specific to building new partnerships on behalf of caregivers and reaching new caregivers who have not been served by FCSP in the past. One event/post associated with audience size is recorded for tracking purposes.	X
880	FC-ARPA Access	Support to help caregivers navigate resources and access services needed to build their own support after the pandemic. One session/contact is recorded for tracking purposes.	X
881	FC-ARPA Counseling, Training, Support Groups	Support caregiver well-being--develop coping tools to continue to meet their needs during the pandemic. For tracking purposes, the number of participants is recorded for each subcategory. In addition, the number of hours is tracked for counseling and training and the number of sessions is tracked for support groups.	X
882	FC-ARPA Respite	Respite care provided to caregivers during the pandemic recovery. All respite types paid for through ARPA funding should be coded under this category. The type of respite should be identified. Number of hours or respite is recorded for tracking (ex: 4 hours=4 units).	X
883	FC-ARPA Supplemental	Expenditures that allow a caregiver to continue safely caring for the care recipient during a pandemic recovery phase. This category includes consumable supplies, assistive technologies, safety/DME equipment, and an emergency response system to	X

		further a caregiver's ability to continue to provide care. Track the number of items provided (ex: 1 case of cleaning supplies and 1 robotic pet=2 units).	
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Codes and Definitions developed by the NCDOA

ARPA (AMERICAN RESCUE PLAN ACT) REQUEST FOR FUNDING

ARPA: III-E Family Caregiver Support Program

PROJECT OUTLINE

1. **Project Summary** provides an overview of the project including
 - a. The list of the planned services
 - b. Scope of work and outcomes associated with the project
 - c. Targeted populations

2. **Project Description** should include how the project will satisfy these four elements:
 1. Describe the agency's capacity to implement this project.
 2. Describe the specific ways the agency will engage other entities in community coordination to reach a new target audience.
 3. How will the project measure success?
 4. How will the project establish ongoing sustainability?

3. **Preliminary Budget**

CODE	Budgeted Purpose	Notes

A preliminary budget is required for initial submission. If selected, a detailed project budget will be required using the NCDOA ARPA TITLE III-E BUDGET FORMS.

INSTRUCTIONS: Describe how your project will target the priority, and the measures associated with implementation of the project to meet each chosen priority.

_____ **Priority 1: Innovation** in program design, implementation, assessment, workflow, data collection and reporting, or service delivery.

Specific measures related to the implementation of his priority.

_____ **Priority 2: Provide or increase service access to hard to reach, underserved, or high-risk populations** through use of digital equity, social isolation, access to assistive technology, and programs

Specifics of how your project will meet this priority.

_____ **Priority 3: Increasing capacity of the organization to conduct service to intended populations (Infrastructure)** increasing the staff at an organization already receiving Older American's Act funding through the traditional Home and Community Block Grant process, or capital expenses in technology, and equipment that enables the agency to expand their service to new individuals.

Specifics of how your project will meet this priority.

Agency Name: _____ Project Lead: _____

ECC-AAA ONLY: Scope of Work: Approved _____ Amount: _____

Denied: _____ Reason for denial: _____

EXAMPLE

EXAMPLE

**ARPA (AMERICAN RESCUE PLAN ACT) REQUEST FOR FUNDING
ARPA: III-E Family Caregiver Support Program**

Agency Name	Happy Valley Senior Center		
Total Combined amount of ARPA funds being requested (should match budget attachment)	\$ 75,000		
County to be covered by the project (Check all that apply)	Carteret	Craven	Duplin
	Greene	Lenoir	Onslow
	Pamlico	Wayne	

SFRF TOTAL REQUEST				
A capital expense request form will be required for each item > \$10,000.00	Does this project include a capital expense of over \$10,000.00?	YES	NO	X
Project Manager Name	John Smiles			
Title	Director			
Project Manager Email	John.smiles@happyvalley.org			
Organization Address	123 Great Living Way Superville, NC 28777			
Organization Phone Number	(252) 777-1122			

Signature: By signing below, you are verifying that all supportive documentation is accurate and current as of the date of the signature.

Original Signature of authorized agent for the organization

Date

Printed Name

Title

EXAMPLE

SCOPE OF WORK DESCRIPTION AND PLAN

Project Title: _____

Total Amount Requested: _____

Project Fund Source: (Check the reimbursement method(s) that apply for requested funds):

Unit-Based Only _____ Must address one of the three Priority and Sustainability

Unit/Non-unit _____ Select one of the three Priority and Sustainability

ARPA ARMS CODE	ELIGIBLE III-E SERVICES	AMOUNT REQUESTED
878	FC-ARPA Program Planning & Administration	
879	FC-ARPA Information	
880	FC-ARPA Access	
881	FC-ARPA Counseling, Training, Support Groups	
882	FC-ARPA Respite	
883	FC-ARPA Supplemental	

A preliminary budget is required for initial submission. If selected, a detailed project budget will be required using the NCDOA ARPA TITLE III-E BUDGET FORMS.

ARPA III-E Family Caregiver Support Program Funding Options:

Codes and Definitions

CODE	NAME	DESCRIPTION	REQUIRES ENTRY ON NCDOA EXCEL TRACKING SHEET
878	FC-ARPA Program Planning & Administration	Administrative program costs, such as bulk purchases and public information materials related to pandemic recovery and outreach to caregivers. One unit= one expense.	X
879	FC-ARPA Information	Outreach/program promotion and social media activities specific to building new partnerships on behalf of caregivers and reaching new caregivers who have not been served by FCSP in the past. One	X

		event/post associated with audience size is recorded for tracking purposes.	
880	FC-ARPA Access	Support to help caregivers navigate resources and access services needed to build their own support after the pandemic. One session/contact is recorded for tracking purposes.	X
881	FC-ARPA Counseling, Training, Support Groups	Support caregiver well-being--develop coping tools to continue to meet their needs during the pandemic. For tracking purposes, the number of participants is recorded for each subcategory. In addition, the number of hours is tracked for counseling and training and the number of sessions is tracked for support groups.	X
882	FC-ARPA Respite	Respite care provided to caregivers during the pandemic recovery. All respite types paid for through ARPA funding should be coded under this category. The type of respite should be identified. Number of hours or respite is recorded for tracking (ex: 4 hours=4 units).	X
883	FC-ARPA Supplemental	Expenditures that allow a caregiver to continue safely caring for the care recipient during a pandemic recovery phase. This category includes consumable supplies, assistive technologies, safety/DME equipment, and an emergency response system to further a caregiver's ability to continue to provide care. Track the number of items provided (ex: 1 case of cleaning supplies and 1 robotic pet=2 units).	X

Codes and Definitions developed by the NCDOA

EXAMPLE

Happy Valley Senior Services submits to fund the following eligible services:

1. Project Summary

878: Program Planning and Administration

Scope of Work: Happy Valley will use this code to support the FCSP administrative costs as well as purchasing outreach materials to caregivers. This service will have an estimated impact of improving the potential of caregivers seeking respite. This project will target FCSP caregivers who have no other available support or services.

880 ARPA Access

Scope of Work: Happy Valley will continue to work with the established path for caregivers to navigate resources and access services as needed. This code will seek unserved caregivers, remove caregivers from the waiting lists for respite services, and assist in establishing support groups.

882 ARPA Respite

Scope of Work: This code will provide the necessary respite needed for a caregiver by allowing the caregiver to access respite services allowable under this funding source. Happy Valley will provide respite services through the In-Home Aide program offered by the agency for the county as well as provide additional support as needed.

2. Project Description:

a. Describe the agency's capacity to implement this project.

Happy Valley Senior Services has a proven history of spending associated with both the traditional OAA and COVID related grant funds. We have had successful monitoring visits by ECC-AAA with no significant compliance issues in the past 5 years. Our staff is stable and eager to incorporate these simple expansions into the existing delivery service to new target populations.

b. Describe the specific ways the agency will engage other entities in community coordination to reach a new target audience.

Happy Valley has initiated partnerships with the following community-based organizations that may be of assistance in these efforts:

- AARP
- Retired Teachers Association
- Medicaid Managed Care organizations community outreach coordinators
- Health Department
- Department of Social Services/Adult Services
- Area Faith community leaders

Each of these bring an area of expertise that can be leveraged for the consumers of OAA projects delivered by Happy Valley Senior Services.

c. How will the project measure success?

Happy Valley will use the data collection required by the ARMS system to count new clients and develop an outreach tracker to identify how many events, how many participants, and the types of collateral materials provided for the minimum of 10 events in LTSS outreach. Happy

EXAMPLE

Valley expects to serve at least 10 clients with the Respite Service and will spend 100% of the 882 Respite Service dollar budget.

d. How will the project establish ongoing sustainability?

Happy Valley will provide progress reports to all community partners, our Board of Directors, and the representatives of the advisory committee. These reports will be used as a basis for future grants and additional funding from the AAA.

3. PRELIMINARY BUDGET

CODE	Budgeted Purpose	Notes
878 Program P&A	\$25,000 for administrative costs	This code will be used for outreach activities, caregiver events, and staff salaries.
880 Access	\$25,000 outreach and advertising	Staff salary for the time dedicated to the execution of the project goals. No less than 500 hours will be associated with these efforts. Demonstrated through time sheets.
882– Respite	\$2,500 per client cap projected budget	100% expenditure on these funds will be used to purchase eligible items and these expenses will be entered into the NCDOA Tracking form. A minimum of 10 clients will be served with these direct support funds.

INSTRUCTIONS: Describe how your project will target the priority, and the measures associated with implementation of the project to meet each chosen priority.

_____ **Priority 1: Innovation** in program design, implementation, assessment, workflow, data collection and reporting, or service delivery.

 x **Priority 2: Provide or increase service access to hard to reach, underserved, or high-risk populations** through use of digital equity, social isolation, access to assistive technology, and programs

The services will be an extension of currently offered programs and service in the county. The intent is to reduce premature institutionalization and assist those who have not been assisted previously. Removing people from the waiting list and reaching out to an underserved target population will assist us in identifying greater needs.

_____ **Priority 3: Increasing capacity of the organization to conduct service to intended populations (Infrastructure)** increasing the staff at an organization already receiving Older American's Act funding through the traditional

Agency Name: _____ Happy Valley Senior Services _____ **Project Lead:** _____ John Smiles _____

ECC-AAA ONLY: Project Status: **Approved** _____ **Amount:** _____

Denied: _____ **Reason for denial:** _____