State Fiscal Recovery Fund (SFRF) Housing and Home Improvement Choosing Home Program

American Rescue Plan Act (ARPA) of 2021

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

North Carolina General Assembly
North Carolina Session Law 2021-180

Eastern Carolina Council - Area Agency on Aging
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David Rosado, Director, drosado@eccog.org

Applications due no later than 5:00 p.m.
DATE: December 3, 2024
Return to David Rosado, Area Agency on Aging Director
drosado@eccog.org

- See Request for Funding Instructions for details on completing this application.
- An example grant application is included in this packet for guidance.

State Fiscal Recovery Fund (SFRF) Application

SUMMARY

The American Rescue Plan Act (ARPA) was enacted on March 11, 2021, to address the impact of COVID-19 on the economy, public health, state/local governments, individuals, and businesses. It provided $5.4 billion to North Carolina in State Fiscal Recovery Funds (SFRF) to lay the foundation for a strong and equitable recovery. The NC Pandemic Recovery Office (NCPRO) is responsible for overseeing and monitoring the use of the SFRF as well as reporting to the U.S. Treasury on behalf of state agencies.

Under Session Law 2021-180, Section 9A.4, the N.C. General Assembly appropriated fifteen million dollars ($15,000,000) in nonrecurring funds to the Department of Health and Human Services, Division of Aging and Adult Services, for rapid rehousing services to assist individuals and families at risk of homelessness due to the COVID-19 public health emergency. The funds may be used to provide financial assistance to eligible individuals and families and cover the cost of acute needs for securing housing to prevent homelessness or for home improvements and home repairs that allow vulnerable seniors aged 60 and older to remain in home-based living arrangements rather than congregate care settings.

Eastern Carolina Council - Area Agency on Aging (ECC-AAA) will allocate $200,000 from the North Carolina in State Fiscal Recovery Funds (SFRF) to organizations currently offering housing assistance for the period from December 2024 to December 2026. 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

Organizations who currently offer housing assistance are eligible to apply for North Carolina in State Fiscal Recovery Funds (SFRF). Service eligibility is for individuals who are 60 years of age or older. To assure appropriate use of funding as intended by Congress and address the continued impact of COVID-19 on disproportionally impacted households (those with low or moderate incomes or experiencing unemployment who qualify for Medicaid, TANF, or other specified federal benefits), AAAs are expected to partner with and accept applications for services from local Departments of Social Services (DSS) and local Community Action Agencies (CAA), in addition to applications taken directly or through funded service providers.

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
- Funds must be spent within the performance period.
- Budget adjustments made during the funding period must be approved by the ECC-AAA.
- 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 allocations will be reported on the NCDOA Excel tracking spreadsheet.
    - o Submissions must use a new sheet each month.
    - o 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
    - o All required documentation should be submitted as early as possible to ensure approval by ECC-AAA and NCDOA within the project performance period.
    - o These expenses require three quotes as part of the documentation and cannot be submitted until those are secured.

Choosing Home services can be in conjunction with other support services offered by the applicant such as HCCBG Housing and Home Improvement (HHI). Organizations will follow service standards for Housing and Home Improvement (HHI) under the Home and Community Care Block Grant (HCCBG) to offer the Choosing Home program with a few exceptions:

- Eligible older adults and their families do not have to live in counties funded for HCCBG HHI.
- No waiver requests or approvals will be allowed to modify the SFRF allowable expenditure.
- Certain prohibited activities under the HCCBG HHI program, i.e., rent, utility bills, security deposits, and taxes, are allowable under SFRF HHI.
- The 20% cap on HCCBG expenditures for basic household furnishings and home appliances is not applicable to SFRF HHI services.
- As noted above, there is no requirement to solicit consumer contributions for SFRF HHI.

State Fiscal Recovery Fund (SFRF) Housing and Home Improvement Choosing Home 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)			
	Carteret	**Craven**	**Duplin**
	Greene	**Jones**	**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	
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: _____

ARMS CODE	ELIGIBLE SERVICES	AMOUNT REQUESTED
640	SFRF Housing and Home Improvement	
650	SFRF Housing and Home Improvement Financial Assistance	
660	SFRF Housing and Home Improvement Non-Client Expenses	

Services Codes and Site/Route/Worker Codes

SERVICE CODE	TITLE	DESCRIPTION
640	SFRF Housing and Home Improvement	Home improvements and repairs necessary for eligible older adults aged 60 and older to remain in their homes.
650	SFRF Housing and Home Improvement Financial Assistance	Financial assistance to eligible individuals aged 60 and over and their families to cover the cost of acute needs.
660	SFRF Housing and Home Improvement Non-Client Expenses	Staffing costs and mileage for direct service providers related to the provision of SFRF HHI services

SFRF Housing and Home Improvement

SRW Code	Type of Assistance
641	Security enhancements
642	Minor home repairs
643	Mobility and accessibility improvements
644	Basic household furnishings and home appliance repair, replacement, or purchase
645	Major repairs and improvements

SFRF Housing and Home Improvement Financial Assistance

SRW Code	Type of Assistance
651	Rental security deposit
652	Rent/mortgage arrears/assistance
653	Utility arrears/assistance
654	Utility deposit/reconnection fee
655	Landlord incentives
656	Pet deposit
657	Hotel/motel
658	Property tax
659	Transportation

SFRF Housing and Home Improvement Non-Client Expenses

RW Code	Type of Assistance
661	Staffing – direct service providers
662	Mileage – direct service providers

SUMMARY – **Each request needs its own summary. The summary should include the following:**

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.
   a. Describe the agency's capacity to implement this project.
   b. Describe the specific ways the agency will engage other entities in community coordination to reach a new target audience.
   c. How will the project measure success?
   d. how will the project establish ongoing sustainability

3. **Preliminary Budget**

CODE	Budgeted Purpose	Notes

<mark>**A preliminary budget is required for initial submission.**</mark>

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

State Fiscal Recovery Fund (SFRF) Housing and Home Improvement Choosing Home Program

Agency Name	**Happy Valley Senior Center**		
Total Combined amount of ARPA funds being requested (should match budget attachment)	**$ 100,000**		
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 Title	John Smiles 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

EXAMPLE

SCOPE OF WORK DESCRIPTION AND PLAN

Project Title: <u>Remain at Home</u>

Total Amount Requested: <u>   **$100,000**   </u>

ARMS CODE	ELIGIBLE SERVICES	AMOUNT REQUESTED
640	SFRF Housing and Home Improvement	
650	SFRF Housing and Home Improvement Financial Assistance	**$90,000**
660	SFRF Housing and Home Improvement Non-Client Expenses	**$10,000**

Services Codes and Site/Route/Worker Codes

SERVICE CODE	TITLE	DESCRIPTION
640	SFRF Housing and Home Improvement	Home improvements and repairs necessary for eligible older adults aged 60 and older to remain in their homes.
650	SFRF Housing and Home Improvement Financial Assistance	Financial assistance to eligible individuals aged 60 and over and their families to cover the cost of acute needs.
660	SFRF Housing and Home Improvement Non-Client Expenses	Staffing costs and mileage for direct service providers related to the provision of SFRF HHI services

SFRF Housing and Home Improvement

SRW Code	Type of Assistance
641	Security enhancements
642	Minor home repairs
643	Mobility and accessibility improvements
644	Basic household furnishings and home appliance repair, replacement, or purchase
645	Major repairs and improvements

EXAMPLE

SFRF Housing and Home Improvement Financial Assistance

SRW Code	Type of Assistance
651	Rental security deposit
652	Rent/mortgage arrears/assistance
653	Utility arrears/assistance
654	Utility deposit/reconnection fee
655	Landlord incentives
656	Pet deposit
657	Hotel/motel
658	Property tax
659	Transportation

SFRF Housing and Home Improvement Non-Client Expenses

RW Code	Type of Assistance
661	Staffing – direct service providers
662	Mileage – direct service providers

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

1. Project Summary

652:   Rent/Mortgage arrears/assistance
Scope of Work: Happy Valley will use this code to assist eligible older adults in the county with rental assistance to prevent homelessness. Happy Valley will collaborate with and accept referrals from outside organizations in an effort to allow older adults to age in place as long as possible. Happy Valley will provide information to local community organizations and churches on at least 3 occasions per month through the contract period or funds are exhausted to provide outreach materials.

660:   Staffing – direct service providers
Scope of Work: Happy Valley will utilize this code for staff time worked assisting older adults with housing needs. The agency currently has a Housing Specialist assisting all populations however the SFRF will be utilized for the time spent assisting older adults.

662:   Mileage – direct service providers
Scope of Work: Happy Valley will utilize this code for travel expenses incurred assisting older adults with housing needs.

EXAMPLE

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
- Health Department
- Department of Social Services/Adult Services
- Area Faith community leaders

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 3 events per month.

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 HCCBG committee. These reports will be used as a basis for future grants, and to support funding requests from HCCBG should these codes be allowed in the future for traditional OAA services.

3. Preliminary Budget

CODE	Budgeted Purpose	Notes
650	$3000.00 per client cap not to exceed 3 months	A minimum of 30 clients will be assisted by providing rental assistance, rental/mortgage arrears, property taxes, and rental deposits
660	Staffing costs $50/hr.	Staff salary for the time dedicated to the execution of the project goals. No less than 200 hours will be associated with these efforts. Demonstrated through time sheets.

EXAMPLE

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)

Agency Name: ___Happy Valley Senior Services___   **Project Lead:** _____John Smiles_____

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

Denied: _____ Reason for denial: _____