



Eastern Carolina Council  
Area Agency on Aging

# **APRA Title III-D Health Promotion Programs REQUEST FOR FUNDING APPLICATION**

**American Rescue Plan Act (ARPA) of 2021**

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

**Older American's Act Title III-D Health Promotion Program**

Eastern Carolina Council - Area Agency on Aging  
233 Middle Street, Suite 300  
PO Box 1717  
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(252) 638-3185  
[www.eccog.org](http://www.eccog.org)  
David Rosado, Director, [drosado@eccog.org](mailto:drosado@eccog.org)

**Applications due no later than 5:00 p.m.**

**DATE: December 3, 2024**

Return to Amanda Young, Aging Programs Consultant  
[ayoung@eccog.org](mailto:ayoung@eccog.org)

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

# ARPA (AMERICAN RESCUE PLAN ACT) REQUEST FOR FUNDING

## 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 Programs, 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 \$47,000 for Eligible III-D Health Promotion Programs 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-D funding from ECC-AAA are eligible to apply for ARPA III-D funds. Service eligibility is for individuals who are 60 years of age or older.

## 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 more 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.
- 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-D Health Promotion Programs

|  |                 |                |               |
|--|-----------------|----------------|---------------|
| 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)                           | <b>Carteret</b> | <b>Craven</b>  | <b>Duplin</b> |
|  | <b>Greene</b>   | <b>Jones</b>   | <b>Lenoir</b> |
|  | <b>Onslow</b>   | <b>Pamlico</b> | <b>Wayne</b>  |

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

**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: \_\_\_\_\_

| ARPA ARMS CODE | ELIGIBLE III-D SERVICES                    | AMOUNT REQUESTED |
|----------------|--|------------------|
| 402            | ARPA-III-D Evidence-Based Health Promotion |                  |

### ARPA III-D Health Promotion Programs Eligible Funding Options:

#### Codes and Definitions

| CODE                        | NAME                                       | DESCRIPTION  | REQUIRES ENTRY ON NCDOA EXCEL TRACKING SHEET |
|-----------------------------|--|--|--|
| 402<br>[mirror BG code 401] | ARPA-III-D Evidence-Based Health Promotion | ACL approved evidence-based health promotion/disease prevention program expenses such as training materials, program licenses, and other unique items that allow providers to continue and expand service. One unit=one item purchased. May include training for both seniors and staff in these programs. <b>This code will be captured in ARMS-do not report on tracking spreadsheet</b> |  |

Codes and Definitions developed by the NCDOA

**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**

| ARPA ARMS CODE | Budget 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-D 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-D Supportive Services**

|  |                                   |               |               |
|--|-----------------------------------|---------------|---------------|
| Agency Name  | <b>Happy Valley Senior Center</b> |               |               |
| Total Combined amount of ARPA funds being requested (should match budget attachment) | <b>\$ 5,000</b>                   |               |               |
| County to be covered by the project<br>(Check all that apply)                        | <b>Carteret</b>                   | <b>Craven</b> | <b>Duplin</b> |
|  | <b>Greene</b>                     | <b>Lenoir</b> | <b>Onslow</b> |
|  | <b>Pamlico</b>                    | <b>Wayne</b>  |               |

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



# EXAMPLE

## SCOPE OF WORK DESCRIPTION AND PLAN

Project Title:     Feel Better Program    

Total Amount Requested:     \$5,000    

| ARPA ARMS CODE | ELIGIBLE III-D SERVICES                    | AMOUNT REQUESTED |
|----------------|--|------------------|
| 402            | ARPA-III-D Evidence-Based Health Promotion | \$5,000          |

### ARPA III-D Health Promotion Programs Eligible Funding Options: Codes and Definitions

| CODE                        | NAME                                       | DESCRIPTION  | REQUIRES ENTRY ON NCDOA EXCEL TRACKING SHEET |
|-----------------------------|--|--|--|
| 402<br>[mirror BG code 401] | ARPA-III-D Evidence-Based Health Promotion | ACL approved evidence-based health promotion/disease prevention program expenses such as training materials, program licenses, and other unique items that allow providers to continue and expand service. One unit=one item purchased. May include training for both seniors and staff in these programs. <b>This code will be captured in ARMS-do not report on tracking spreadsheet</b> |  |

## EXAMPLE

### 1. PROJECT SUMMARY

**402:** ARPA-III-D Evidence-Based Health Promotion

**Scope of Work:** In an effort to educate our older adults on better health management, Happy Valley will use this code to train an existing staff member in Living Health evidenced-based health promotion program to become a Master Trainer. This program will have an estimated impact of improving the potential of individuals to age in place of their choice and delay premature institutionalization. Evidence-based health promotion programs have been effective in educating older adults with better lifestyle choices.

### 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. Happy Valley has a health promotion coordinator on staff already trained in several other evidenced based health promotion programs.

#### 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 expects to train a staff member in an evidenced-based health promotion program by March 2025. Once trained, the staff member will promote the program on social media platforms, conduct at least 5 outreach events during the month of May and June 2025, and offer classes in the community beginning July 2025.

#### 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 Senior Center committees. Once trained, the staff member will deliver classes in the community and provide relevant information to the advisory members and seek support for future funding of the program and enhanced training of the staff member.

### 3. PRELIMINARY BUDGET

| ARPA ARMS CODE | Budget Purpose  | Notes   |
|----------------|---|---|
| 402            | Train staff member in Living Healthy program. The cost of the class is \$3,000, not including staff time and travel expenses. | The staff member will earn Master Training certification in programming and begin to offer thee program within the county by April 2025 |

**A preliminary budget is required for initial submission. If selected, a detailed project budget will be required using the ARPA TITLE III-D 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.

**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 Home and Community Block Grant process, or capital expenses in technology, and equipment that enables the agency to expand their service to new individuals.

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

**ECC-AAA ONLY: Project Status:** Approved      **Amount:** \_\_\_\_\_

**Denied:** \_\_\_\_\_      **Reason for denial:** \_\_\_\_\_