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**ARPA Nutrition Services for Older Adults: Food Assistance for High-Risk Older Adults**

**PEAS**

**(Providing Elders Additional Sustenance)**

**Project**

**REQUEST FOR FUNDING APPLICATION**

# American Rescue Plan Act (ARPA) of 2021

(Session Law 2021-180 (p. 181)

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

January Brown, AAA Director, [jbrown@eccog.org](mailto:jbrown@eccog.org)

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

**DATE: July 8, 2025**

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.

**PEAS (Providing Elders Additional Sustenance) PROJECT**

**REQUEST FOR FUNDING**

**SUMMARY**

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 a new initiative program named the PEAS (Providing Elders Additional Sustenance.) Project. Eastern Carolina Council - Area Agency on Aging (ECC-AAA) will allocate **$147,622** for Eligible PEAS Project funding for a performance period July 1, 2025, to September 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**

Providers who receive Older American’s Act and ARPA III-C funding from ECC-AAA are eligible to apply for PEAS Project funds.

Client Eligibility *(Administrative Letter No. 24-11; CHANGE NOTICE 01)*

Older adults who apply for food assistance through the PEAS Project must be screened for eligibility using the Client Registration Form (DAAS-101 Long Form) to document that the person is frail or functionally impaired.

Eligible clients are adults aged sixty or older who meet the following criteria as documented in section IV of the CRF:

* Significant impact on daily life because of memory loss or cognitive impairment, OR
* Three or more Activities of Daily Living (ADL) impairments, OR
* Cognitively impaired and at least three Instrumental Activities of Daily Living (IADL) impairment.

An eligible older adult may receive food assistance in the form of meals or food boxes, but not both.

If two eligible people live in the same household, they are each eligible to receive food assistance under the PEAS Project as described above.

The PEAS Project funding may be used to serve eligible older adults who are not part of the existing senior nutrition program, or AAAs may authorize weekend meals to existing high risk clients who are food insecure when the regular senior nutrition program is closed. Applicants on the waiting list for the regular senior nutrition program who meet the frail/functionally impaired eligibility criteria also may be considered for SFRF food assistance.

**COMPETITIVE BID PARAMETERS**

* Eligible providers must submit a Request for Funding on or before the deadline for the program to be considered. Late entries will be disqualified. No exceptions.
* 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.
* Reporting expenditures into ARMS in a timely manner is mandatory. As with previous COVID grants, tracking of expenditures under ARPA funding allocations will be reported on the NCDOA Excel tracking spreadsheet. Submissions must be sent to ECC-AAA by the **first Friday of the month**. Submissions must use a new sheet **each month.**
* Projects that are severely underspent may result in a reduction in project funding.

# PEAS PROJECT

# Nutrition Service Eligible Funding Options: Codes and Definitions

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Code** | **Service Title** | **Services** | **Description** |
| 620 | SFRF PEAS  Meals | *Non-unit* | Two meals/week, not to exceed 10 meals/month  One unit = One meal at a rate up to $10 per meal. |
| 630 | SFRF PEAS  Food Boxes | *Non-unit* | One food box/week costing up to $2, not to exceed 5 boxes per month up to $100.  One unit = One box at a rate up to $20 per box |
| *680* | *SFRF PEAS*  *Non-client expenses* | *Non-unit* | *Staffing costs and mileage for direct service*  *staff implementing the SFRF PEAS Project.* |
| *690* | *SFRF PEAS*  *Administrative Costs* | *Non-unit* | *Reasonable, customary, and justifiable expenses for agency overhead during the project period not to exceed the capped amount per AAA region.* |

*\* Codes and Definitions developed by the NCDOA, reference Administrative Letter No. 24-11; CHANGE NOTICE 01*

***PEAS (Providing Elders Additional Sustenance) Project***

**REQUEST FOR FUNDING**

|  |  |
| --- | --- |
| Agency Name | Click or tap here to enter text. |
| Total Combined amount of funds being requested (should match budget attachment) | **$** Click or tap here to enter text. |
| County to be covered by the program funding (Check all that apply) | **Carteret  Craven  Duplin**  **Greene  Jones  Lenoir**  **Onslow  Pamlico  Wayne** |

|  |  |
| --- | --- |
| **Program Oversight** | |
| **Program Manager Name**  **Title** | Click or tap here to enter text. |
| **Program Manager Email** | Click or tap here to enter text. |
| **Organization Address** | Click or tap here to enter text. |
| **Organization Phone Number** | Click or tap here to enter text. |

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

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Original Signature of authorized agent for the organization Date

Click or tap here to enter text. Click or tap here to enter text.

*Printed Name Title*

**SCOPE OF WORK DESCRIPTION AND PLAN**

**Each county request needs its own summary.**

**County:** Click or tap here to enter text.

**PROGRAM OUTLINE AND SUMMARY**

1. **Preliminary Budget- A preliminary budget is required for initial submission.**

|  |  |  |
| --- | --- | --- |
| **ARPA ARMS CODE** | **ELIGIBLE SERVICES** | **AMOUNT REQUESTED** |
| **620** | SFRF PEAS  Meals | **$ Click or tap here to enter text.** |
| **630** | SFRF PEAS  Food Boxes | **$ Click or tap here to enter text.** |
| ***680*** | *SFRF PEAS*  *Non-client expenses* | ***$* Click or tap here to enter text.** |
| ***690*** | *SFRF PEAS-*  *Administrative Costs* | ***$* Click or tap here to enter text.** |

1. Describe how your program will target the priority, and the measures associated with implementation of the program to meet each chosen priority.

|  |
| --- |
| **Priority 1:** Innovation in program design, implementation, assessment, workflow, data collection, and reporting: |
| *Click or tap here to enter text.* |
|  |
| **Priority 2:** How will your agency provide or increase service access to hard to reach, underserved, or high-risk populations? |
| *Click or tap here to enter text.* |

1. **Program Summary** for each service code provide an overview of the program including:
   1. The list of the planned services codes.
   2. Scope of work and outcomes associated with each service code.
   3. How will the agency ensure only eligible clients are serviced and target populations

|  |
| --- |
| *Click or tap here to enter text.* |

1. **Program Implementation Description-**Describe the agency’s capacity to implement this program.

|  |
| --- |
| *Click or tap here to enter text.* |

|  |  |  |
| --- | --- | --- |
| **ECC-AAA ONLY** | | |
| Approved | Amount $ | Need further information |
| Denied | Reason | |
| Notes: | | |

EXAMPLE

# EXAMPLE

***PEAS (Providing Elders Additional Sustenance) Project***

**REQUEST FOR FUNDING**

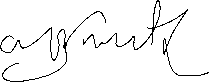
|  |  |
| --- | --- |
| Agency Name | Champion Senior Center |
| Total Combined amount of funds being requested (should match budget attachment) | **$ 5,000** |
| County to be covered by the program funding (Check all that apply) | **Carteret  Craven  Duplin**  **Greene  Jones  Lenoir**  **Onslow  Pamlico  Wayne** |

|  |  |
| --- | --- |
| **Program Oversight** | |
| **Program Manager Name**  **Title** | Sara Smith |
| **Program Manager Email** | Ssmith@aol.com |
| **Organization Address** | 1234 Care St, Morehead City NC 12121 |
| **Organization Phone Number** | 252-123-4567 |

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



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Original Signature of authorized agent for the organization Date

Sara Smith 6/1/25

*Printed Name Title*

**SCOPE OF WORK DESCRIPTION AND PLAN**

**Each county request needs its own summary.**

**County: Carteret**

**PROGRAM OUTLINE AND SUMMARY**

1. **Preliminary Budget- A preliminary budget is required for initial submission.**

|  |  |  |
| --- | --- | --- |
| **ARPA ARMS CODE** | **ELIGIBLE SERVICES** | **AMOUNT REQUESTED** |
| **620** | SFRF PEAS  Meals | **$ 2,500** |
| **630** | SFRF PEAS  Food Boxes | **$ 1,500** |
| ***680*** | *SFRF PEAS*  *Non-client expenses* | ***$ 500*** |
| ***690*** | *SFRF PEAS-*  *Administrative Costs* | ***$ 1,000*** |

1. Describe how your program will target the priority, and the measures associated with implementation of the program to meet each chosen priority.

|  |
| --- |
| **Priority 1:** Innovation in program design, implementation, assessment, workflow, data collection, and reporting: |
| *The Champion Senior Center Director will work with the Nutrition Director to identify eligible clients by reviewing the agencies HDM and Congregate client Master list from ARMS. Clients that are found to be eligible for program services are reassessed and enrolled into the program. Eligible clients receiving HDM and Congregate Nutrition services will be eligible for 620 or 630 code services pending priority of service and funding availability. The Nutrition Director will ensure that clients enrolled in PEAS Project services will not receive code 620 and 630 at the same time. Clients will only be eligible for one or the other based on their needs.*  *The Nutrition Director and designated staff will meet with clients, complete the required assessment documentation, enter the clients into ARMS, provide services, and register non-unit reimbursement monthly into the ARMS system. The Nutrition Director will be responsible for completing and submitting the monthly tracking sheet to ECC-AAA by the first Friday of each month.* |
|  |
| **Priority 2:** How will your agency provide or increase service access to hard to reach, underserved, or high-risk populations? |
| *The Champion Senior Center will develop a flyer advertising the PEAS Project food box program. The Senior Center staff will provide information to local pharmacies, doctor offices, dentists, chiropractic centers, churches, and other community partners. The Nutrition Director will meet with discharge planners from the hospital and physician case managers to educate them on the PEAS Project. The focus of marketing efforts will be to areas of the county that are underserved, low income, and minority. Areas include Down-East, Newport, and Beaufort. Clients being assessed for services will be serviced based on program eligibility, center priority policy, and availability of funding.* |

1. **Program Summary** for each service code provide an overview of the program including:
   1. The list of the planned services codes.
   2. Scope of work and outcomes associated with each service code.
   3. How will the agency ensure only eligible clients are serviced and target populations

|  |
| --- |
| *620-Champion Senior Center will be utilizing funding to provide eligible clients with two frozen meals weekly on Fridays for weekend nutrition, not exceeding $10 per meal. Our agency will be utilizing our subcontractor Diamond Foods to provide the meals for clients and meals will meet the menu requirements under the senior nutrition program service standards. The goal of providing two additional meals for clients is to provide them with a meal that otherwise would not been had.*  *630- Funding will be utilized to purchase food items to be packed into a box to be distributed to clients. The agency will be providing two food boxes for clients and may determine a third box for holidays pending the availability of funding (example: Thanksgiving and Christmas.) Clients will receive a food box on the 15th and 30th of each month not to exceed the cost of $20 per box in groceries. Grocery items may include but are not limited to fresh produce, meats, breakfast items, peanut butter, tuna, cheese, milk products, bread, nutrition bars, etc. The Nutrition Director will conduct a survey with clients during their initial assessment to inquire about nutritional wants. The survey will then be utilized through the PEAS Project grant to assist with the determination of items to purchase and include in food boxes.*  *680- Funding will be utilized for purchasing packaging items for code 630 food boxes. Items include boxes, packing materials, and supplies.*  *690- Funding will be utilized to pay a portion of the centers Nutrition Directors salary for when client assessments are completed, for monthly ARMS, and tracking sheet input.*  *Eligibility: The Nutrition Director will pull the ARMS ZGA Client Master list and review the current clients being serviced to identify clients that meet the program eligibility. Once clients have been identified as being eligible for program services the director or assigned nutrition staff will set up an assessment visit, complete the assessment to ensure eligibility requirements, and determine program services. Once a client is found to be eligible for program services they will be registered in ARMS, provided services, and non-unit reimbursement will be entered monthly into the ARMS system. The Nutrition Director will be responsible for completing and submitting the monthly tracking sheet to ECC-AAA by the first Friday of each month.* |

1. **Program Implementation Description-**Describe the agency’s capacity to implement this program.

|  |
| --- |
| *Champion Senior Center has a proven track record for providing nutrition services in Carteret County for 20 years through HCCBG grant funding. The agency also utilized ARPA III-C funding during FY 24-25 to assist clients with additional meals. The center has a Nutrition Director and two support nutrition staff members to implement the PEAS Project services. The director will order additional meals and groceries to provide services to clients. The director and support staff will assemble food boxes and distribute them to eligible clients on the 15th and 30th of each month (if the date falls on a weekend or holiday the client will receive the items the Friday prior to the date.)* |

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| --- | --- | --- |
| **ECC-AAA ONLY** | | |
| Approved | Amount $ | Need further information |
| Denied | Reason | |
| Notes: | | |