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**Title III-E**

 **Family Caregiver**

**Support Program**

**REQUEST FOR FUNDING APPLICATION**

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

**DATE: July 8, 2025**

**Return to January Brown, Lead Programs Consultant**

jbrown@eccog.org

* See Request for Funding Instructions for details on completing this application.
* 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 Older Americans Act funding.

Eastern Carolina Council - Area Agency on Aging (ECC-AAA) will allocate funding for Eligible III-E Family Caregiver Support Program (FCSP) for a performance period of July 1, 2025, to June 30, 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 are non-profit or for-profit are eligible to apply for III-E funds.
* The caregiver is the client. 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.

**GRANT REQUIRMENTS**

* Funds made available through the FCSP shall **supplement, not supplant** other funding sources including other OAA programs. Supplant is defined as supersede or replace; state or local funds that have been appropriated or allocated for the same purpose. FCSP supplemental services are to be utilized as the payor of last resort and when there are no other services available to assist the client (CAREGIVER.) For example, if a client is on FCSP IHA services, receives the max FCSP cap in services, a provider cannot flip them onto HCCBG without it being perceived as supplanting of funding.
* Services will be provided in accordance with requirements set forth in ECC-AAA Procedures Manual, North Carolina Division of Aging and Adult Services (NCDAAS) FCSP Manual, NCDAAS Policies and Procedures, and the Older Americans Act of 1965.

**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 programs will be subject to programmatic, unit, and fiscal monitoring during the program period.
* Reporting expenditures into ARMS in a timely manner is mandatory.

**III-E Family Caregiver Support Program Codes and Definitions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category I Information**  | **811** | Community and program planning, development, and administration | **814** | Programming promotion (e.g. public service announcements, advertisements, printing, distribution of marketing materials)Public Information (e.g. printing and distribution of publications, radio, television, and newspaper stories) |
| **812** | Informational/educational programs, organization, participation in community events |
| **Category II Assistance with Access** | **821** | Community and program planning, development, and administration | **823** | Care management (assessment, care planning & coordination, case assistance, options counseling) |
| **822** | Information and assistance-unregistered | **824** | Develop caregiver emergency plan (e.g. hospitalization plan and back-up respite service) |
|  |  |  |  |
| **Category III Counseling, Training, and Support Groups** | **831** | Community and program planning, development, organization, and administration | **833** | Support groups (e.g. caregiver, widow, peer, disease specific, and grief) |
| **832** | Caregiver counseling (e.g. end of life and grief) | **835** | Caregiver training programs (e.g. PTC) |
| **Category IV Respite** | **841** | Community and program administration (e.g. contract negotiation, reporting, reimbursement, accounting, and monitoring) | **846** | Institutional Respite (e.g. nursing home or assisted living facility) |
| **842** | In-home respite (e.g. personal care, homemaker assistance, and home chore) | **847** | Grandparent Raising Grandchildren-Day Respite |
| **843** | Community respite (e.g. adult day center or group respite center) | **848** | Grandparent Raising Grandchildren-Hourly Respite |
| **844** | Caregiver Directed Vouchers | **849** | Other Respite, as approved by DAAS |
| **Category V Supplemental Services****(No more than 20% Budget)** | **851** | Community and program administration (e.g. contract negotiation, reporting, reimbursement, accounting, and monitoring) | **858** | Telephone assurance |
| **853** | Handy man or yard work | **859** | Liquid nutrition supplements |
| **854** | Medical Equipment and assistive technology devices/services (not covered by insurance) | **860** | Home delivery meals (temporary) |
| **855** | Home modifications/accessibility (e.g. grab bars or ramps) | **861** | Legal assistance |
| **856** | Personal emergency response alarm system | **862** | Other as approved by DAAS |
| **857** | Incontinence supplies | **863** | Transportation |

**REQUEST FOR FUNDING**

 **III-E Family Caregiver Support Program**

|  |  |
| --- | --- |
| 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**  |

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| **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*

**III-E SCOPE OF WORK DESCRIPTION AND PLAN**

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

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

**PROGRAM OUTLINE:**

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

|  |  |
| --- | --- |
| **FCSP Service Code** | **Budget** |
| *Click or tap here to enter text.* | **$**Click or tap here to enter text. |
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1. Describe how your program will target the priority, and the measures associated with implementation of the program to meet each chosen priority.

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| **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 (see NC FCSP Manual page 9)? |
| *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. Targeted populations

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

1. **Program Description** should include how the program will satisfy these four elements.
	1. Describe the agency’s capacity to implement this program.
	2. Describe the specific ways the agency will engage other entities in community coordination to reach a new target audience.
	3. Describe how the agency will ensure and document that supplemental services are temporary and not supplanting of other funding programs. How does your agency plan to collaborate with other providers or long-term program transitions for FCSP clients to ensure services are “temporary?”
	4. What are your expected goals, short-term and long-term, to meet the needs of caregivers in the stated coverage area? Targeted outcomes (i.e.: new caregivers?)

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

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

EXAMPLE

**EXAMPLE**

**REQUEST FOR FUNDING**

 **III-E Family Caregiver Support Program**

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| --- | --- |
| Agency Name | Sunflower Senior Center |
| Total Combined amount of funds being requested (should match budget attachment page 5) | **$ 5000** |
| County to be covered by the program funding (Check all that apply)  | [ ]  **Carteret** [x]  **Craven** [ ]  **Duplin** [ ]  **Greene** [ ]  **Jones** [ ]  **Lenoir** [ ]  **Onslow** [ ]  **Pamlico** [ ]  **Wayne**  |

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| **Program Oversight** |
| **Program Manager Name****Title** | Sandra Smith, DirectorSummer Brown, FCSP |
| **Program Manager Email** | ssmith@gmail.von |
| **Organization Address** | 125 Rainbow Cr., New Bern, NC 28562 |
| **Organization Phone Number** | 252-121-2121 |

**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

Sandra Smith Director

*Printed Name Title*

**III- E SCOPE OF WORK DESCRIPTION AND PLAN**

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

**County: Craven**

**PROGRAM OUTLINE:**

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

|  |  |
| --- | --- |
| **FCSP Service Code** | **Budget** |
| **811** | **$500** |
| **833** | **$500** |
| **841** | **$1000** |
| **844** | **$3000** |
| **Click or tap here to enter text.** | **$Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **$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.

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| **Priority 1:** Innovation in program design, implementation, assessment, workflow, data collection, and reporting: |
| *Sunflower Senior Center will be utilizing their funding to assist caregivers in the county that are in need of assistance with support in their roles as caregivers. The senior center FCSP will be completing intake, assessments, and program assistance for caregivers. The FCSP will meet with clients to assess them for program eligibility and needs. The FCSP will register the clients into the program, provide services, review client timesheets, process POs for payment, and enter data into ARMS.**The FCPS and senior center director will be conducting a monthly caregiver support group.* |
|  |
| **Priority 2:** How will your agency provide or increase service access to hard to reach, underserved, or high-risk populations (*see NC FCSP Manual page 9*)? |
| *The Sunshine Senior Center has a flyer advertising their support group and an informational flyer on the FCSP voucher program. The center will include FCSP services in their monthly newsletter that is distributed to older adults, churches, the hospital, library, elected officials, and community members. The Senior Center staff will provide their information at health fairs, distribute flyers to local pharmacies, doctor offices, dentists, and chiropractic centers in the community. The director will meet with discharge planners from the hospital and short-term rehab centers to inform them of the caregiver programs that they provide.* |

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. Targeted populations

|  |
| --- |
| 811- The Senior Center will be hosting a National Caregivers Month event in November to celebrate caregivers, provide them with resources, information, and respite. We will be hosting a caregiver’s day out event that will include presentations from professionals, vendors, and arts and crafts. We will utilize the funding to purchase caregiver relaxation bags.833- The Senior Center hosts a monthly caregiver support group and funding will be utilized for refreshments for the group.841- 100% of funding will be utilized to pay the centers FCSP to manage the caregiver voucher program. Time will include client assessments, processing timesheets, and ARMS data entry.844- 100% of funding will be utilized on consumer directed vouchers for caregivers. The center will provide $200 vouchers for caregivers for a total of 15. Eligible caregivers will receive one voucher for a three-month period and cannot receive another voucher within a six-month period to ensure that services are temporary. This will also allow the center to service more clients and meet the needs of caregivers who do not have any support in their caregiving role.  |

1. **Program Description** should include how the program will satisfy these four elements.
	1. Describe the agency’s capacity to implement this program.
	2. Describe the specific ways the agency will engage other entities in community coordination to reach a new target audience.
	3. Describe how the agency will ensure and document that supplemental services are temporary and not supplanting of other funding programs. How does your agency plan to collaborate with other providers or long-term program transitions for FCSP clients to ensure services are “temporary?”
	4. What are your expected goals, short-term and long-term, to meet the needs of caregivers in the stated coverage area? Targeted outcomes (i.e.: new caregivers?)

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| The Sunflower Center FCSP staff members will work with community members, agencies, and caregivers to provide direct services through funding. The center will conduct outreach and advertising of available services through newsletters, flyers, presentations, one-on-one interactions, facility resource guide, social media, and virtual platforms. Staff will focus their advertising on low-income, rural, and underserved areas in Craven County. The agency will work with community partners to seek out new caregivers and caregivers who do not have a support network. We will work with caregivers to provide temporary services and assist them with resources for long-term services through community partners.Staff will ensure client eligibility for respite program services through conducting an in-person assessment. If the client is found to be eligible for program services, the client will receive a $200 voucher that will be available for three months. Staff will ensure that the respite program services do not supplant funding. Clients serviced will be assessed based on their needs and client records will contain documentation that indicates that the funding is not supplanting of services. Caregivers on the respite program will only be eligible for two $200 vouchers during the fiscal year pending availability of funding, waiting lists, and client’s needs. Each caregiver record will document the client’s needs, reasoning for services, what services they have in place, and I/A given to the client for long-term services. If a client has in-home aide, hospice, or multiple family member assistance they will be placed on a waiting list. If there is not a waiting list the client could be eligible for a one-time voucher based on assessment needs.  |

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| **ECC-AAA ONLY** |