

**HENDERSON COUNTY
HOME & COMMUNITY CARE BLOCK GRANT
FY 2027 FUNDING APPLICATION**

**** Note: Providers must submit a separate Funding Application for each Program funding request. ****

Name of Organization			
Type of Organization		<input type="checkbox"/> Non-Profit – 501(c)(3) <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public Agency or Governmental Unit	
Mailing Address			
City / State / Zip			
Name of Grant Administrator			
Email			Telephone No.
Name of Executive Director			
Email			Telephone No.
Type of Program/ Service to be Provided			
Name of Service Provider (If different from applicant)			
Program Funding	HCCBG Funding Requested		\$
	USDA/NSIP Funds (If Applicable)		\$
	TOTAL PROGRAM FUNDING		\$

By submission of this application and acceptance of any funds awarded hereunder, the Applicant Organization agrees to comply with applicable local, state and/or federal requirements for the provision of services and the receipt, expenditure and accounting of funds provided under this program.

Authorized By:

Signature of Authorized Representative

Printed Name

Title

Date

PROGRAM NARRATIVE

NOTE: Responses to narrative questions should be limited to a **maximum of 250 words**. If additional space is necessary, please attach an Addendum and clearly reference the applicable question. While it is important that all relevant information is communicated to the HCCBG Advisory Committee, applicants are encouraged to keep responses concise, focused, and directly responsive to the question.

1. **Describe the aging service(s) delivered through this program and explain the specific needs of older adults that the program is designed to address.**

2. **If known, identify other local agencies that offer the same or similar services, and describe how your organization will collaborate with these providers to effectively achieve program objectives.**

3. **Describe the staff and volunteer resources that will be committed to this program or service, including job titles, the number of employees assigned, their roles and responsibilities, and the qualifications of both staff and volunteers who will provide the service.**

4. **Describe the strategies your organization uses to recruit and retain employees, including any incentives offered, and indicate whether mileage reimbursement is provided.**

5. **For organizations that have not previously received HCCBG funding only:**

Describe how your organization determines client eligibility for services and confirms compliance with **10A NCAC 05G .0302 - Client Priorities for the Receipt of Services**. You may provide a *summary* of internal policies and procedures used to screen and prioritize clients, including relevant data on the number of clients served within each of the six prioritization categories. Copies of policies or procedures are not required at this time; documentation will be requested by the Committee if needed.

6. **Provide information demonstrating how client-friendly your program or service is, including the following:**

- a. Hours of operation

- b. Availability of interpreter services, if needed

- c. Methods used to advertise and promote available services

- d. How initial client contact is made (e.g., in-person, automated system, intake process, help desk, etc.)

- e. Strategies or accommodations used to effectively serve the targeted population

- f. Any additional information you would like the Committee to consider regarding your services

7. **Define the unit of service used by your program** (e.g., hour, day, trip). If the proposed service is not unit-based, explain the method used to calculate the expected cost reimbursement (e.g., actual expenses, a set amount per client, per repair, or per month).

8. **Complete Table 1 below to show the number of older adults served and units of service for each fiscal year shown:**

Row 1: Total number of *unduplicated* older adults (age 60+) served by this program in Henderson County, **regardless of funding source**.

Row 2: Total number of *unduplicated* older adults (age 60+) served with **HCCBG funding**.

Row 3: Total units of service provided to older adults by this program in Henderson County, **regardless of funding source**.

Row 4: Total units of service provided to older adults with **HCCBG funding**.

If this is a new program, enter zero.

ROW	WHAT TO REPORT	FY2025	FY2026 YTD	FY2026 ESTIMATED TOTAL	FY2027 PROPOSED
1	Unduplicated older adults served (<i>all funding</i>)				
2	Unduplicated older adults served with HCCBG funding				
3	Total units of service to older adults (<i>all funding</i>)				
4	Total HCCBG-funded units of service to older adults				

Table 1 - Number of Older Adults Served

10. Waiting List Information

It is important that your organization accurately maintains and updates waiting list information in the **Aging Resource Management System (ARMS)**. For older adults (aged 60+) currently on your waiting list for the proposed service, please provide the following:

- a. Date the waiting list was last updated in the ARMS System _____
- b. Number of older adults currently on the waiting list _____

c. Average length of time an individual remains on the waiting list before receiving service

d. Description of the system or process your organization uses to maintain and manage the waiting list

11. How does your organization prioritize clients on the waiting list? Please describe whether and how funding source or payment type influences service prioritization.

12. Do you expect any significant changes to your organizational structure or procedures that could affect your organization or the delivery of the proposed services?

13. If your organization's funding is reduced, please describe how this would impact the services you provide.

14. Describe how your organization plans to provide the required 10% matching funds for this grant.

ATTACHMENTS

**** Note: If submitting multiple Funding Applications, only 1 copy of the requested attachments is required. ****

15. Complete **ATTACHMENT A**: Preliminary Proposed Budget.
16. The following documents must be submitted from each Applicant Organization and labeled as **ATTACHMENT B**:
 - a. **ONE** copy of the Applicant Organization's most recent independent certified audit, including the year- end Income Statement and Balance Sheet on which the audit is based.
 - b. **ONE** copy of any management letter with respect to the audit along with the organization's response to the management letter (if applicable).
17. If the Applicant Organization was a recipient of Home and Community Care Block Grant (HCCBG) funds in a prior year, the following documents must be submitted from each Applicant Organization and labeled as **ATTACHMENT C**:
 - c. **ONE** copy of the Area Agency on Aging's most recent Program Monitoring Review letter for each covered service.
 - d. **ONE** copy of the Applicant Organization's response to the Program Monitoring Review letter and any remedial action plan, if a response or action plan was submitted.
18. If the Applicant Organization desires to submit additional supporting information (i.e. - brochures, etc.), such information should be submitted and labeled as **ATTACHMENT D**.

19. Submission Instructions – SIX Packets Required

Please submit **six (6) complete packets**, each containing the following:

- a. Six copies of the **Primary Funding Application**, **Preliminary Proposed Budget**, and all attachments. Clearly label the first page of each attachment or insert a divider sheet with the attachment name.
- b. Six copies of any **additional funding applications**, if submitting more than one program request.
- c. All packets must be **hole-punched and secured with paper or binder clips**. *Print double-sided whenever possible.*
- d. **Do not staple** any pages.
- e. In addition, please submit an **electronic version** of all documents in their original format to: sflynn@hendersoncountync.gov

Applications should be submitted to:

Henderson County HCCBG Advisory Committee
Attention: Sonya Flynn, Budget Manager
1 Historic Courthouse Square, Suite #2
Hendersonville, NC 28792

Deadline for applications to be submitted for FY27: **Monday – March 2, 2026 @ 5pm**