

Home and Community Care Block Grant for Older Adults

Chatham County Council on Aging

365 Highway 87 N Pittsboro NC 27312

0

County Funding Plan

Provider Services Summary

DAAS-732

County:

CHATHAM

Budget Period:

July 2023 through June 2024

Revision #:

1 **Date:** 5/26/2023

Services	Serv. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required Local Match	Net Service Cost	NSIP Subsidy	Total Funding	Projected HCCBG Units	Projected Reimburse Rate	Projected HCCBG Clients	Projected Total Units
	Direct	Purchase	Access	In-Home	Other	Total								
Senior Center Operation	X		\$ -	\$ -	\$ 120,500	\$ 120,500	\$ 13,389	\$ 133,889	\$ -	\$ 133,889	\$ -	\$ -		\$ -
Congregate Nutrition	X		\$ -	\$ -	\$ 95,000	\$ 95,000	\$ 10,556	\$ 105,556	\$ 20,000	\$ 125,556	14,152	\$ 7.4589	190	25,000
Home Delivered Meals	X		\$ -	\$ 120,000	\$ -	\$ 120,000	\$ 13,333	\$ 133,333	\$ 26,353	\$ 159,686	17,110	\$ 7.7926	90	32,941
Information & Case Assistance	X		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	900	\$ -
In-Home Aide-Level II - Personal Care		X	\$ -	\$ 243,198	\$ -	\$ 243,198	\$ 27,022	\$ 270,220	\$ -	\$ 270,220	8,314	\$ 32.5000	22	11,955
In-Home Aide-Level III - Personal Care		X	\$ -	\$ 65,000	\$ -	\$ 65,000	\$ 7,222	\$ 72,222	\$ -	\$ 72,222	2,222	\$ 32.5000	9	2,222
Health Promotion/Disease Prevention	X		\$ -	\$ -	\$ 5,000	\$ 5,000	\$ 556	\$ 5,556	\$ -	\$ 5,556	\$ -	\$ -	325	\$ -
Volunteer Program Development	X		\$ -	\$ -	\$ -	\$ 8,000	\$ 889	\$ 8,889	\$ -	\$ 8,889	\$ -	\$ -	250	\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Total			\$ -	\$ 428,198	\$ 220,500	\$ 656,698	\$ 72,967	\$ 729,665	\$ 46,353	\$ 776,018	41,799		1,786	72,119

Certification of required minimum local match availability.
 Required local match will be expended simultaneously
 with Block Grant Funding.

Authorized Signature, Title
 Community Service Provider

Date

Signature, County Finance Officer

Date

Signature, Chairman, Board of Commissioners

Date