

**TO:** North Carolina Community Action Agencies

**FROM:** Valerie Powell

CSBG Program Manager

**DATE:** April 7, 2020

**RE:** Relief NC Application for Funding

The NC Department of Health and Human Services, Office of Economic Opportunity (OEO) was awarded $8 million from the US Office of Community Services (OCS) to administer disaster supplemental funds to designated NC Community Action Agencies (CAAs). Funding supports a range of locally identified services and strategies focused on residents with low-incomes and disaster-related needs.

OEO’s disaster supplemental funds program, called Relief NC, specifically targets individuals and families that have unmet needs as a result of Hurricane Florence that occurred in 2018. Eligible funding domains are employment, education, cognitive development, infrastructure, housing, health and social/behavior development, transportation, home repair and emergency assistance.

CAAs that serve counties declared a Presidential disaster due to Hurricane Florence are encouraged to apply for Relief NC funding. If you elect not to apply for the Relief NC funding, please contact me as soon as possible as your agency’s disaster allocation can be redistributed.

Applications for Relief NC must be e-mailed to Doris McLamb at [Doris.McLamb@dhhs.nc.gov](mailto:Doris.McLamb@dhhs.nc.gov) and carbon copied to [Valerie.Powell@dhhs.nc.gov](mailto:Valerie.Powell@dhhs.nc.gov) by Monday, April 27, 2020. If you have questions regarding the Relief NC, contact me at 919-820-4636.

Attachments: Application Instructions

Budget Form

**Introduction**

Regulations outlined in CSBG 45 CFR 96 are applicable to the Relief NC Program. Additional guidance from OCS will be forthcoming to specifically address disaster related activities.

For the purpose of the Relief NC Program, OEO, in consultation with the North Carolina Community Action Association, established additional polices regarding the administration of the Relief NC Program. Eligible CAAs should review CSBG 45 CFR 96 and the information outlined below for policy guidance.

1. Relief NC funding shall not be available for costs that are reimbursed by the Federal Emergency Management Agency (FEMA), under a contract for insurance or by self-insurance. Funding is for non-duplication of FEMA assistance and non-duplication for life, health, automobile, homeowners, renters and property insurance.
2. Participants eligible for Relief NC funding must self-certify and attest that proposed services and activities were not covered by FEMA or insurance. In addition, participants must attest that falsification or misrepresentation may result in the rejection of application and may be subject to prosecution under applicable State and Federal statutes.
3. Eligible domainsfor funding are:

# Employment Projects

Employment projects are designed to place low-income clients in permanent jobs (minimum of 30 hours per week) paying at least the minimum wage. A permanent job is anticipated to be year-round with no predetermined ending date.

# Education Projects

Education projects are designed to provide activities that improve the education or skills level of low-income individuals through the completion of a formal, certified education or skills training program. Education programs should improve the employability or income-earning potential of participants.

* Cognitive Development Projects

Cognitive development projects are intended to help participants obtain outcomes in the Education and Cognitive Development Domains. These services include: child/young adult education programs; school supplies; extracurricular programs; adult education programs; post-secondary education supports; financial aid assistance and home visits.

* Infrastructure Projects

Infrastructure projects represent the basic physical and organizational structures and facilities needed to coordinate and enhance multiple programs and resources that address poverty conditions in local communities.

# Housing Projects

Housing projects are designed to move low-income families from a sub-standard housing condition to a standard one. Funds are prohibited for the purchase, construction or permanent improvement, other than low-cost residential weatherization or other energy-related home repair, of any building or other facility.

* Health & Social/Behavior Development Projects

Health & Social/Behavior projects improve a participant’s physical, mental, or behavioral health; increase a participating household members’ interaction skill; demonstrate a participant’s ability to live independently and decrease a participating household member’s recidivism rate.

* Transportation Projects

Transportation projects consists of gas vouchers, bus passes and car repairs for employment or education services.

* Home Repair Projects

Home repair projects provide property improvements that protect or improve the basic livability or utility of property. For the purposes of the Relief NC Program, home repairs provided by the program cannot improve the tax value of the home.

Individual and combined repairs exceeding $1,000 per household requires three quotes from a contractor licensed by the State of North Carolina. The selected licensed contractor must enter into a contractual agreement between the CAA and the licensed contractor.

Individual or combined home repair activities that do not exceed $1,000 per household may be provided by a licensed contractor or carpenter approved by the CAA.

* Emergency Assistance Projects

Emergency assistance projects provide direct assistance to low-income families who are experiencing emergency situations in the areas of food, shelter, fuel, utility cut-off and medicine.

**Community Services Block Grant Program**

**Relief NC Application**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agency Information** | | | | | | |
| Agency: | | |  | | | |
| Agency: | | |  | | | |
| Federal I.D. | | |  | | | |
| DUNS Number: | | |  | | | |
| Administrative Office Address: | | |  | | | |
| Mailing Address (include the 4-digit zip code extension): | | |  | | | |
| Telephone Number: | | |  | | | |
| Fax Number: | | |  | | | |
| **Proposed Funding:** | **Relief NC Disaster Fund Allocation**  **$** | | |  | |  |
| **Application Period:** | | **Beginning:** TBD | | | **Ending:** TBD | |
| Board Chairperson: | | |  | | | |
| Board Chairperson’s Address:  (where communications should be sent) | | |  | | | |
| Board Chairperson’s Term of Office (enter beginning and end dates): | | |  | | | |
| Executive Director: | | |  | | | |
| Executive Director Email Address: | | |  | | | |
| Agency Fiscal Officer: | | |  | | | |
| Fiscal Officer Email Address: | | |  | | | |
| CSBG Program Director: | | |  | | | |
| CSBG Program Director Email Address: | | |  | | | |
| Counties Served with Relief NC funds: | | |  | | | |
| Agency Operational Fiscal Year: | | |  | | | |

North Carolina Department of Health and Human Services

Office of Economic Opportunity –

2420 Mail Service Center / Raleigh, North Carolina 27699-2420

**Relief NC Program**

**Application for Funding**

**Certification and Assurances**

**Public Hearing on the Initial Plan**

We herein certify that a public hearing as required by 10A NCAC 97B .0402 Citizen Participation in the Application Process occurred on ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the planning process for the Relief NC Program and the agency has maintained documentation to confirm the process of the public hearing.

For multi-county providers, indicate the date and the county the hearing was held.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | County | Date | County |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Board of Directors Approval of the Application**

I hereby certify that the information contained in the attached application is true and the Board of Directors has reviewed and approved this application for the Relief NC Program.

Date of Board Approval: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­

Board Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

Finance Committee Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

**Relief NC Program**

**Documentation of Submission to County Commissioners**

Community Action Agencies receiving Relief NC funding must provide a completed copy of the Application for Funding to local boards of commissionand submitdocumentation of delivery (return mail receipt, signature of county staff noting receipt, electronic mail acknowledging receipt) to the Office of Economic Opportunity.

Agency Name: ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ The agency submitted a complete application for funding to local Board(s) of Commission.

\_\_\_\_ CAA attached documentation confirming local Board(s) of Commission received Relief NC Application for Funding.

**Section 1:** **Community Needs Assessment**

A community needs assessment is a systematic process for determining and addressing needs, or "gaps" between current conditions and desired conditions or "wants." From the list below, identify how your agency will determine the unmet needs of your county.

(Check one or more of the following methods)

🞏 Surveys of the community(s) - door to door, telephone, etc.

🞏 Review of Records - agency intake forms, program participant records, etc. (may be used with at least one other type of needs assessment; will not meet compliance on its own)

🞏 Review of demographical information - U.S. Census, welfare statistics, unemployment statistics, etc.

🞏 Discussions/information/testimony provided by individuals and community members - social service professionals, agency staff, program participants, etc.

🞏 Public meetings to solicit input on community needs

🞏 Other

(Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit documents to demonstrate how residents participated in the community needs assessment process in your county(s).

From the data collected using the method(s) identified in Section 1, describe the unmet employment needs identified.

From the data collected using the method(s) identified in Section 1., describe the unmet education needs identified.

From the data collected using the method(s) identified in Section 1., describe the unmet cognitive development needs identified.

From the data collected using the method(s) identified in Section 1., describe unmet needs identified.

From the data collected using the method(s) identified in Section 1., describe the unmet housing needs identified.

From the data collected using the method(s) identified in Section 1., describe the unmet health and social/behavioral development needs identified.

From the data collected using the method(s) identified in Section 1., describe the unmet transportation needs identified.

From the data collected using the method(s) identified in Section 1., describe the unmet home repairs needs identified.

From the data collected using the method(s) identified in Section 1., describe the unmet and emergency assistance needs identified.

**Section 2: Prioritization of Needs**

Rate the unmet needs using a scale of 1 – 9 whereas 1 represents the greatest need and 9 represents a lesser priority (list rating beside each domain name).

|  |  |
| --- | --- |
| Employment | Education |
| Cognitive Development | Infrastructure |
| Housing | Health & Social/Behavior Development |
| Transportation | Home Repair |
| Emergency Assistance |  |

**Section 3: Outreach to Local Communities**

Describe how your agency will conduct outreach opportunities to residents with unmet needs as a result of Hurricane Florence.

Will your agency provide enhanced outreach to special populations (key an “x” beside appropriate response)?

Yes No

If yes, what are the special populations to be served i.e. senior citizens, undocumented residents, homeless, disabled, etc.).

Describe how enhanced outreach opportunities will be provided to special populations.

**Section 4: Prioritize Clients Served**

Describe the process how your agency will prioritize clients to be served. The process should include consideration of clients with the greatest barriers.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5: Project Identification** | | | | | | | | |
| 1. Project Name: | |  | | | | | | |
| 2. Objective Statement: | |  | | | | | | |
| 3. Relief NC Funds Requested for this Project: | |  | | | | | | |
| 4. Project Period: | | TBD | | To | | TBD | |  |
| 5. Total Number Expected to Be Served: | | | | | |  | | |
| **Section 6: One-Year CSBG Program Objective and Activities** | | | | | | | | |
| Identified Problem | Service or Activity | | Outcome Expected | | NPIs  (List all NPIs applicable to activity) | | Position Title(s) | |
|  | | | | | | | | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |

Use the table below to enter your agency’s targeted outcome results. The performance measures will be included in the agency’s Relief NC contract.

CSBG grantees operating Relief NC projects are required to enter program targets in Table 1. Grantees have the flexibility to enter specific program targets based upon the community needs assessment.

|  |  |
| --- | --- |
| **Table 1**  **Outcome Measures for Project 1 (enter project name)** | |
| **Measure** | **Expected to Achieve the Outcome in Reporting Period (Target)** |
| The number of participant families served. |  |
| The number of low-income participant families rising above the poverty level. |  |
| The number of participant families obtaining employment. |  |
| The number of participant families who are employed and obtain better employment. |  |
| The number of jobs with medical benefits obtained. |  |
| The number of participant families completing education/training programs. |  |
| The number of participant families securing standard housing. |  |
| The number of participant families provided emergency assistance. |  |
| The number of participant families provided employment supports. |  |
| The number of participant families provided educational supports. |  |
|  |  |
|  |  |

|  |
| --- |
| CONTRACT BUDGET NARRATIVE STATE OF NORTH CAROLINA DIVISION OF SOCIAL SERVICES OFFICE OF ECONOMIC OPPORTUNITY  Form 6844N |
| Name of Agency: |
| Section A – Salaries and Wages |
|  |
| Section B – Fringe Benefits |
|  |
| Section C – Equipment Purchases |
|  |
| Section D – Communication |
|  |
| Section E – Space costs |
|  |
| Section F – Travel/Employee Development |
|  |
| Section G - Supplies and Materials |
|  |
| Section H – Contractual Services |
|  |
| Section I - Client Services |
|  |
| Section J - N/A |
|  |
| Section K – Other |
|  |
| Section L – Indirect Costs |
|  |

**Checklist to Submit a Complete Relief NC Application**

Please place a check mark in the appropriate box to show that you have included the completed documents with your application

|  |  |
| --- | --- |
| **Item** | **Included (√)** |
| Signed Application Certification (blue ink only) |  |
| Board of Directors Approval Statement |  |
| Documentation of Submission to Local Board(s) of Commission |  |
| Community Needs Assessment Documents: |  |
| * Documentation of Residents Participation In Community Assessment Process |  |
| * Policy Describing How Clients Will Be Prioritized To Receive Services |  |
| Form 212 – One-Year Work Program |  |
| Budget and Narrative |  |
| Job Descriptions For All New CSBG Employees (for disaster project) |  |
| Documentation of Public Hearings for Initial Planning Process: |  |
| Copy of Public Notice(s) From Newspaper(s) |  |
| Agenda of Public Meeting(s) |  |
| Copy of Attendance Sheet(s) |  |
| Minutes of Public Meeting(s) |  |
| Documentation for Notice of Intent to Apply |  |
| Copy of Advertisement(s) |  |
| Commissioners’ Comments or Minutes (if applicable) |  |