City of Raleigh Equity and Inclusion Department

FY23 Human Service Agency Funding Workshop

December 16, 2021









- 1. Overview
- 2. Application Guidelines
- 3. Application Components
- 4. Insurance and Fiscal Overview
- 5. Additional Questions?



Raleigh Human Relations Commission

- Raleigh's Human Relations Commission (HRC) serves as an advisor to City Council in the area of human services (promotes human rights and dignity, equal opportunity and harmony)
- Raleigh City Council established a policy to provide supplemental funding to agencies who provide direct services and address human needs within Raleigh.
- The Human Relations Commission reviews applications and provides recommendations for funding to City Council.
- The Department of Equity and Inclusion administers the Human Service Agency Funds and supports the Human Relations Commission.



FY23 Human Service Funding Program Timeline

TIME	DESCRIPTION
January 21, 2022 (by 5:00 p.m.)	Application Submission Deadline
February 2022	Grant Panel Interviews (mid-February, dates subject to change*)
April 2022	Funding Recommendations Presented to City Council
June 2022	Award Letters Sent to Agencies Contract Process Begins Grant Award Workshop
July 01, 2022	Contract Period Begins
June 30, 2023	Contract Period Concludes



Contract Period Agency Responsibilities

- Timely submittal of quarterly reports, metrics, and invoices
- Site visits
 - Potential to be virtual, or a hybrid depending on COVID-19 updates (TBD)
 - Will be conducted by HRC, DEI staff and/or grant committee members
- Maintain Insurance Coverage Requirements
- End of year Annual Report



Target Groups

Target group definitions as defined by the City of Raleigh:

Youth: Any person 19 years old or younger

Elderly: Any person 55 years old or older

People experiencing homelessness: Anyone who does not have a permanent residence; to include individuals experiencing domestic violence who are facing loss of their residence due to threat of bodily harm and any person who is facing eviction (e.g., having received notice to vacate property)

Disability: Any person who has a physical or mental impairment which a substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. This definition is consistent with the definitions found in federal law regarding a disabled person. The definition excludes active alcoholism or drug addiction and conditions that are temporary in nature

Substance Users: Any person who uses alcohol and/or drugs to the point that it affects their ability to cope with themselves and creates problems for their family, neighbors, and community



Eligibility Requirements

- The following criteria are minimum qualifications for an application to be considered.
- ✓ Raleigh Headquarters (address on NC Secretary of State website)
- ✓ Not-for-Profit & 501c3 Status
- Proposed programs and projects must provide direct service to lowincome Raleigh residents who belong to the targeted groups
 (youth, elderly, homeless, individuals with a disability, substance users)
- ✓ At least one year of recent experience in the delivery of services to the specified target group(s).
- Proposed program has been established and providing services for at least one year



Eligibility Requirements (cont.)

The following criteria are minimum qualifications for an application to be considered.

- ✓ Funds **r**equested must not exceed 50% of the total program budget
- Funds requested must not exceed 25% of the agency budget
 *For the FY23 Human Service Funding cycle, agencies are permitted to use FY20 or FY21 as the base for the 25% calculation.
- Fiscal Responsibility: Adheres to Generally Accepted Accounting Principles (GAAP)
- ✓ Applicants requesting \$25,000 or more are not required to include an audit but are encourage to do so if they conduct audits or have historically provided one
- Applicants can be awarded in only two grant categories (applies to all CoR grant categories)



Ineligible Expenses and Uses

- Housing Construction- Costs associated with the building and selling of residential dwellings.
- Services for non-Raleigh residents
- Administrative/ Operational Expenses-
 - These costs include administrative staff, rent/ mortgage, utilities, insurance, furnishings/ equipment, depreciation, audit, communications (telephone, internet, IT support), or any costs that are not directly related to program delivery



Evaluation Criteria

Below are the weighted criteria used to evaluate applications:

Programs (50%)

- Program description
- Program purpose
- Program goals, objectives, and scope
- Program schedule and costs
- Program budget
- Financial need

Organizational Capacity (30%)

- Organization's mission statement
- Diversity of board members
- Collaboration with other organizations

Fiscal Responsibility (20%)

- Audited financial statements
- Diversity of funding sources

Application Review





FY 2022- 2023 HUMAN SERVICES AGENCY FUNDING APPLICATION CHECKLIST FORM

Applicants must submit a signed Application Checklist Form (both an electronic submission and an original signature on the printed submission).

Incomplete applications will not be reviewed. Every section is mandatory unless otherwise stated.

SECTION I: TITLE PAGE (Top Sheet)

- Human Services Agency Funding Application Title Page (Top Sheet)
- Cover Letter

SECTION II: OVERVIEW

- Brief history of the organization including:
 - Mission and goals
 - Date of Incorporation
 - Years of operation
- Please answer the following questions:
 - Why do you think your program will meet the needs of your target population?
 - Does your organization incorporate equity into its mission, vision, and objectives? If so, how?

SECTION III: PROGRAM OVERVIEW

- Provide a description of how your program addresses societal needs and benefits Raleigh residents
- Describe how your program delivers services in an equitable way.
 - Share how clients are served, eligibility criteria for services, admission and discharge of clients, and follow-up activities.
- Schedule of Services Form for <u>each program component</u> or service to be supported with City funding.
- Program Statistical Form for <u>each program component</u> or service to be supported with City funding
 - Reported number of clients served last year (actual), current year (estimated), and proposed next year (projected).

SECTION IV: BUDGET

- Agency budget narrative indicating what the City of Raleigh funds will be used for and the cost by line item.
- Agency operating budget by revenue and expenditure line items for last year (actual), current year (estimated) and proposed next year (projected) <u>for the</u> <u>entire agency.</u>
- Annual Agency Personnel Information Form to show how the agency is staffed.
- Bookkeeping System Checklist Form to show how the agency's bookkeeping system is maintained.

SECTION V: ATTACHMENTS

- Actual Articles of Incorporation
- Assumed Name or DBA Form, documenting the agency's name change since its original Articles of Incorporation were filed with the Secretary of State's office
- IRS Tax Exempt Letter, confirming nonprofit status
- Statement of Nondiscrimination
- Board of Directors list that include: names, addresses, race and sex, phone numbers, position(s) held, and expiration date of term for all board members.
- Certificate of Insurance, confirming bonding status
- One (1) copy of agency's current fiscal year (or calendar year) audit report conducted by an independent certified public accountant. (Only for agencies who request more than \$25,000)
- Signed Application Checklist Form

By signing below, I acknowledge that the Human Services Agency Funding Application has been reviewed thoroughly and all the checklist items are included. Each item has been completed properly and all correct forms, attachments, and documents have been provided as requested.

Printed Name of (CEO/President/ Executive Director/ Board Chair)

Signature of (CEO/President/ Executive Director/ Board Chair)

Date

Date



Agency & Program Overview

- 1. Brief history of the organization, including mission and goals, date of incorporation, years of operation.
 - 1. What is your agency's qualifications & experience?
- 2. Provide a description of how your program addresses societal needs and benefits Raleigh residents.
 - 1. Are program goals and objectives clearly defined?
 - 2. Is target group is well defined?
 - 3. Why do you think your program will meet the needs of your target population?
 - 4. What will be achieved through this program?
- 3. Share how clients are served, eligibility criteria for services, admission and discharge of clients, and follow-up activities.
 - 1. The outputs, outcomes and results are clear and tangible
 - 2. What does success look like & how will you know when you've gotten there?

EXAMPLE C

FY 2022-2023 AGENCY OPERATING BUDGET

Complete an operating budget on the entire agency.

Agency Name: Raleigh Tutoring Center, Inc.

REVENUE SUMMARY				
	Actual (Last Year)	Estimated (Current Year)	Proposed (Next Year)	
	FY 2020/2021	FY 2021/2022	FY 2022/2023	
City of Raleigh	35,100	35,100	35,100	
County of Wake	30,000	40,000	50,000	
State Government	50,000	55,000	60,000	
Federal Government	70,000	75,000	80,000	
Triangle United Way	70,000	80,000	85,000	
Foundations	30,000	35,000	35,000	
Program Service Fees	30,000	35,000	40,000	
Total	\$315,000	\$355,100	\$385,100	

	EXPEN	DITURE SUMMARY	
Salaries	65,000	75,000	85,000
Fringe Benefits	30,000	35,000	40,000
Payroll Taxes	45,000	50,000	56,000
Staff Development	4,000	5,000	6,000
Telephone	10,000	10,000	10,000
Rental Space	40,000	45,000	50,000
Equipment/Supplies	25,100	25,100	25,100
Postage/Shipping	9,000	16,000	16,000
Utilities	20,000	25,000	26,000
Advertisement	10,000	11,000	12,000
Travel	20,000	21,000	22,000
Insurance	37,000	37,000	37,000
Total	\$315,000	\$355,100	\$385,100

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Complete this form for each program component or service to be supported with city funds. Agency Name: Raleigh Tutoring Center, Inc. Program component or service to be funded: Peer Tutorial Program Total amount of City funding requested: \$32,000 SALARIES Program Coordinator Office Assistant

FRINGE BENEFITS

Society Security Health

Payroll

TRAVEL

2.

3.

.	INAVEL				
	2,400 miles @ \$0.31	\$ 744	\$ 0	\$ 744	
	Parking spaces for volunteers	\$ 600	\$ <u>0</u> \$0	\$ 600	
		\$ 1,355	<u>\$ 0</u> \$ 0	\$ 1,355	
4.	EQUIPMENT				
	1 Electric Typewriter	\$ 650	\$ 0	\$ 650	
	1 Desk Copier	\$ 995	\$ 0	\$ 995	
	1 Slide Projector	\$ 725	\$ 0	\$ 725	
	1 Screen	\$ 0	\$ 153	\$ 153	
	12 Computers/Printers	\$10,000	\$ 0	\$10,000	
		\$12,370	\$ 153	\$12,523	
5.	SUPPLIES				
	Postage	\$ 700	\$ 0	\$ 700	
	Computer Supplies	\$ 5,100	\$ 0	\$ 5,100	
		\$ 5,800	\$ 0	\$ 5,800	
6.	CONTRACTUAL SERVICE				
	Tutoring Program support staff	\$ 1,500	\$ 3,000	\$ 4,500	
7.	OTHER				
	Rental Space	\$ 0	\$ 3,040	\$ 3,040	
	Telephone	\$ 1,000	\$ 5,000	\$ 6,000	
	Printing	\$ 1,000	\$ 1,500	\$ 2,500	
	Equipment repair	\$ 600	\$ 3,500	\$ 4,100	
	Staff training and conference	\$ 875	\$ 1,000	\$ 1,875	
		\$ 3,475	\$14,040	\$17,515	
	TOTAL PROGRAM COST	\$32,000	\$43,393	\$75,393	

EXAMPLE B FY 2022-2023

AGENCY BUGET NARRATIVE

REQUESTED

CITY FUNDS

\$ 5,000

\$ 2,500

\$ 7,500

\$ 0

\$ 0

<u>\$ 0</u> \$ 0

OTHER

FUNDS

\$15,000

\$ 7,500

\$22,500

\$ 900

\$ 1,200

<u>\$ 1,600</u>

\$ 3,700

BUDGET TOTAL

\$20,000

\$10,000

\$30,000

\$ 900

\$ 1,200

\$ 1,600

\$ 3,700



FY 2022-2023 HUMAN SERVICES AGENCY FUNDING FEE SCHEDULE

Human Services Agency Grant Fee Schedule	The below fee schedule is used to reimburse human service grantees on a fee- for-service basis.		
Program/ Service Type	Description	Maximum Allowable Rate	Billing Unit
	Provide structured therapeutic health services and supervised activities for		
Adult Day Health Services	persons with physical, mental, intellectual		
Addit Duy Health Schlies	disabilities, or seniors who receive in-home		
	services.	\$30.00	Per Day
	Provide healthy social, cultural, educational		
A6 C L L D	or physical activities for elementary, middle	C4C 00	D
After-School Program	or high school aged youth after school. Provide services to help clients gain access	\$16.00	Per Hour
	Provide services to help clients gain access to needed medical, social, educational and		
Case Management Services	other services.	\$44.00	Per Hour
	Program provides comprehensive eye		
Comprehensive Vision	exams and services to detect and treat		Per
Screening	vision problems and eye disease.	\$53.00	Screening
	Program provides shelter, support and		
Detoxification Services	resources for individuals who receive detoxification services	£100.00	Des Des
Detoxification Services	Provide services and supports to infants and	\$100.00	Per Day
	young children with developmental delays		
Early Childhood Intervention	and disabilities and their families.	\$88.00	Per Hour
	Coordinated programs and educational		
	services provided in the form of trainings		Per
Educational Trainings &	and workshops that enhance the quality of		Workshop/
Workshops	life of low-income residents.	\$45.00	Training
	Provide temporary shelter for homeless		
	individuals and families. Additional services may include, food, clothing, emergency		
	financial assistance and assistance in		
Emergency Shelter	accessing other support services.	\$43.00	Per Day
· · · · · · · · · · · · · · · · · · ·	Targeted nutritious food or meal delivery		
	services for individuals in need. This may		
	include meal preparation, delivery and		
Food Delivery Services	distribution.	\$6.00	Each
	Targeted nutritious food or meal distribution for individuals in need. This includes food		
	for individuals in need. This includes food distributed by the pound.		
Food Distribution Services (Per	distributed by the pound.		
Pound)		\$0.05	Per Pound

Program/ Service Type	Description	Maximum Allowable Rate	Billing Unit
	Provide supportive care to people in the		
	final phase of a terminal illness with a focus		
Hospice Services	on comfort and quality of life.	\$167.00	Per Day
	Assist individuals in the creation of housing		
	support plans and foster the development of		
Housing Support Services	independent living skills.	\$55.00	Per Hour
	Provide in- home services to elderly		
	residents and their caregivers with the		
	intention for recipients to continue to live in their homes and avoid institutional		
In-Home Aide	placement.	\$18.00	Per Hour
III-HOILE AIGE	Provide direct legal representation,	\$10.00	remour
	advocacy or legal advice in non-criminal		
	matters. Assistance with connecting the		
	enrollee to expert community resources to		
Legal Services	address legal issues.	\$52.00	Per Hour
	Provide assessment, diagnosis, treatment		
	or counseling to assist an individual or		
	group in alleviating mental or emotional		
Mental Health Services	illness, symptoms, conditions or disorders.	\$48.00	Per Hour
	Program to improve the well-being of youth		
	by providing a role model that can support the youth academically, socially and/or		
Mentoring Services	personally.	\$18.00	Per Hour
mentoring services	Program to help patients who lack health	010.00	1 ci i ioui
Prescription Assistance	insurance or prescription drug coverage		Per
Program	obtain the medications they need.	\$56.00	Prescription
×	Provide access to comprehensive, primary		
Primary Care Services	medical care to low- income individuals.	\$90.00	Per Visit
	Provide temporary housing and		
	comprehensive supportive services with the		
	goal of independent living and self-		
	sufficiency. Additional services may include, meals, assistance with job search		
Short-Term Family & Temporary	and access to prevention and intervention		
Housing	services.	\$38.00	Per Dav
5			
Supported Employment/	Provide assistance with choosing, acquiring,		
Vocational Support	and maintaining employment for individuals.	\$32.00	Per Hour
	Provide permanent housing for low-income		
	individuals who may have been homeless in		
Supportive Housing	the past, or otherwise need access to more intensive social services.	\$27.00	Per Hour
supportive nousing	Intensive Social Services.	φ21.00	Fernour
	Program that provides additional, special, or		
	basic academic instruction to elementary,		
Tutoring Services	middle or high school aged youth.	\$16.00	Per Hour
J			

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AGENCY NAME: Tutoring Center, Inc.

1. What components of your program will be funded with City dollars? Please describe your service unit.

Peer Tutorial Program. The Peer Tutorial Program will employ part-time high school students to tutor Raleigh youth in reading, math, and language arts 5 days per week, 3 hours per day, totaling 10 hours per week, for 40 weeks per year. Retired educators will be used as volunteers to assist with tutoring. Tutoring assistance will be provided to Raleigh elementary and middle school students that live in the Beachwood and Parkwood communities and homeless youth that reside in Transitional Housing D. In addition, enrichment experiences will be provided through trips to the museum, libraries and education institutions, plays or other productions that provide personal and academic enrichment. The program will not operate one week during the Christmas, Thanksgiving, and summer months.

Service unit is one hour of tutoring per person.

2. Total number of years the program component or service has been in operation: Indicate the total number of years the program has been in operation.

Five years

3. Location (address) of program component or service: Indicate where (address) the service is offered.

The service is offered at 200 West Smith Street, Raleigh, NC 27610.

4. Operation hours of program or service:

Indicate the hours and days service is provided.

Peer tutoring services will be provided from 4:00 p.m. to 6:00 p.m., Monday through Friday.

5. Target group(s) to be served:

List the target group(s) that will served by your program (i.e. homeless families with children, youth age 10- 16, elderly age 55 years old or older)

Youth (Elementary School and Middle School Students)

6. Number of Unduplicated Clients:

Unduplicated Clients are participants who are counted only once, no matter how many direct services they receive during a funding year.

10 unduplicated clients

7. Total amount of City funds being requested:

8. Fee Schedule Amount

Refer to the Human Service Agency Fee Schedule in Appendix A

\$16.00 per hour of tutoring services

9. Total number of service units to be provided with City funds (show calculation)

Equation:

 Total amount of requested funds divided by fee schedule amount = Number of service units the City will pay for

\$32,000 divided by \$16.00 = 2,000 hours of tutoring services

10. Outcome measurements for FY 2020-2021 (measurable outputs and expected outcomes for the program0

Describe how you will know if the service proposed is successful. Describe your expected outcomes and the metrics you will use to measure them.

Youth school attendance, behavioral, and academic accomplishments will be monitored during the school year. Based line data will be obtained from the school system on the youth attendance, behavioral, grades, and involvement in school and/or community activities. In addition, conferences will be held with the youth's parents, teachers, counselors, and tutors. Youth will also be track at the end of each school grading period to measure the impact of services on youth (i.e., how many grades improved, attendance increase, decrease in behavioral problems, on the honor roll, involvement in extracurriculum activities, need additional tutoring, etc.).

Schedule of Services

 Note: Agencies must complete a schedule of services form for *each* program component or service to be supported with City funding.

\$32,000



Contractual Requirements

Specifying the terms and conditions of funding, procedures for payment of funds, reporting, monitoring and evaluation requirements and a detailed schedule of services.

- Demonstration that the grant recipient:
 - Meets City insurance coverage requirements
 - Has an organizational conflict of interest policy
 - Adheres to Generally Accepted Accounting Principles (GAAP)
- Provision of audited financial statements to the City for grants of \$25,000 or more
- Grant payments are made once verification of expenses is received



Insurance Coverage Requirements

Please reference handout titled "City of Raleigh Human Services Agencies Grant Applications: Insurance"

Commercial General Liability

- Each Occurrence: \$1,000,000
- Personal and Advertising Injury: \$1,000,000
- General Aggregate Limit: \$2,000,000
- Products and Completed Operations Aggregate: \$2,000,000

*Coverage shall not contain any endorsement(s) excluding nor limiting n Product/Completed Operations, Contractual Liability, or Cross Liability

Commercial Automobile Liability

- Minimum Combined Single Limit of \$1,000,000.
- Coverage shall include liability for Owned, Non-Owned and Hired automobiles.
- Do not own automobiles, Service Provider agrees to maintain coverage for Hired and Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Auto Liability policy

*Automobile coverage is only necessary if vehicles are used for services or brought on a City of Raleigh site.





Insurance Coverage Requirements

Please reference handout titled "City of Raleigh Human Services Agencies Grant Applications: Insurance"

Workers Compensation & Employers Liability

 Maintain Worker's Compensation Insurance in accordance with North Carolina General Statute Chapter 97 statutory limits

• If not required under North Carolina General Statute Chapter 97 to maintain Worker's Compensation insurance, the City of Raleigh's Workers Compensation Indemnity Agreement must be completed

Umbrella or Excess Liability minimum limits:

• There is no minimum Per Occurrence limit of liability under the Umbrella or Excess Liability, however, the Annual Aggregate limits shall not be less than the highest 'Each Occurrence' limit for required policies.

Additional Insured

• The AI endorsement on the COI shall read " City of Raleigh as its interest may appear"

Certificate of Insurance

- All insurance companies must be authorized to do business in NC and be acceptable to the City of Raleigh's Risk Manager
- The Certificate Holder address must read:

City of Raleigh Post Office Box 590 Raleigh, NC 27602-0590



COI Frequently Asked Questions

 My organization does not own a vehicle, do I still need automobile insurance?

Service Provider agrees to maintain coverage for Hired and Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Auto Liability policy. Automobile coverage is only necessary if vehicles are used in the provision of services under this Agreement and/or are brought on a City of Raleigh site.

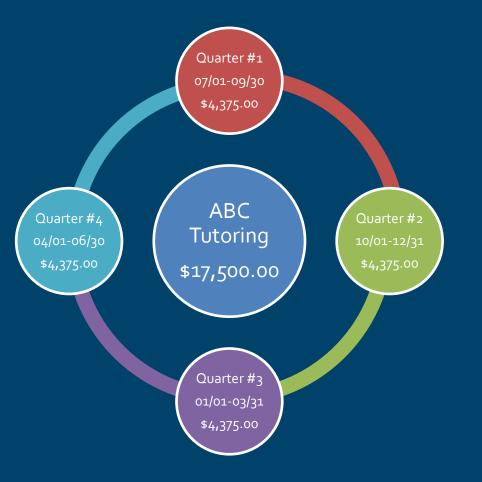
• What if I'm not required under NC General Statue Chapter 97 to maintain Worker's Compensation insurance?

A City of Raleigh's Workers Compensation Indemnity Agreement must be completed



Payment of funds

Distribution of funds are made quarterly, on a reimbursement basis





FISCAL TIMELINE SLIDE

Required Fiscal Items	Due Dates
Official copy of the agency's 2022-2023 budget and all amendments	September 28, 2022
2022-2023 Annual Performance Report	September 30, 2023
Certified Audit, Copy of Certified Audit, any Management Letter, and a copy of the agency's final budget for the audit period	Within 120 days of the close of the service provider's fiscal year
Blanket or Position Schedule Fidelity Bond	Submit with Contract
Bookkeeping System Checklist	Submit with Contract
Annual Agency Personnel Information Form	Submit with Contract
Written Request for Quarterly Disbursements of Funds (Should be	First Quarter:
submitted with quarterly monitoring and quarterly financial information forms)	October 7, 2022
	Second Quarter:
	January 7, 2023
	Third Quarter:
	April 7, 2023
	Fourth Quarter:
	July 7, 2023



If you need assistance or have questions regarding grant applications, please contact:

Travis McCollum, Raleigh DEI Phone: 919-996-5740 Email: <u>travis.mccollum@raleighnc.gov</u> Email: <u>humanrelations@raleighnc.gov</u> (*always* copy)

