

City of Raleigh Equity and  
Inclusion Department

# FY24 Human Service Agency Funding Workshop

January 5, 2023



Raleigh





# Agenda

1. Overview
2. Application Guidelines
3. Application Components
4. Insurance and Fiscal Overview
5. Questions and Answers



# 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.



# FY24 Human Service Funding Program Timeline

| TIME                            | DESCRIPTION   |
|---------------------------------|---|
| January 24, 2023 (by 3:00 p.m.) | Application Submission Deadline   |
| March 2023                      | Grant Panel Interviews<br>(early-March, dates subject to change*)                 |
| April 2023                      | Funding Recommendations Presented to<br>City Council                              |
| June 2023                       | Award Letters Sent to Agencies<br>Contract Process Begins<br>Grant Award Workshop |
| July 1, 2023                    | Contract Period Begins  |
| June 30, 2024                   | Contract Period Concludes   |



# Contract Period Agency Responsibilities

- Timely submittal of 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 low-income 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 requested 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 FY19 or FY20 as the base for the 25% calculation.
- ✓ Fiscal Responsibility: Adheres to Generally Accepted Accounting Principles (GAAP)
- ✓ Applicants requesting \$25,000 or more must include audited financial statements, including management letters
- ✓ 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 2023 - 2024  
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: Agency Information**

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

**SECTION II: Agency 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 each program component or service to be supported with City funding.
- Program Statistical Form for each program component 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) **for the entire agency.**
- 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**

- Signed Application Checklist Form
- Agency Operating Budget
- Program Budget for each program requesting City of Raleigh funds
- Board of Directors list that includes: names, addresses, race and sex, phone numbers, position(s) held, and expiration date of the term for all board members
- Most recent Form 990 for your organization
- One (1) copy of agency's current fiscal year (or calendar year) audit report conducted by an independent certified public accountant. *(the City of Raleigh only asks agencies that already plan to audit, have a current audit report or are required by their board/organizational policies to conduct an audit to provide their most recent audit report as normally required).*
- Strategic Plan (if applicable)
- 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 the nonprofit status
- Statement of non-discrimination

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.

**Failure to submit a complete application and all correct forms by **Tuesday, January 24<sup>th</sup> 3 pm to 900 South Wilmington Street** will result in an incomplete application.**

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

Signature of (CEO/President/ Executive Director/ Board Chair) \_\_\_\_\_ Date \_\_\_\_\_



**EXAMPLE B  
FY 2023-2024  
AGENCY BUDGET NARRATIVE**

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

|                                | REQUESTED<br>CITY FUNDS | OTHER<br>FUNDS  | BUDGET<br>TOTAL |
|--------------------------------|-------------------------|-----------------|-----------------|
| <b>1. SALARIES</b>             |                         |                 |                 |
| Program Coordinator            | \$ 5,000                | \$15,000        | \$20,000        |
| Office Assistant               | \$ 2,500                | \$ 7,500        | \$10,000        |
|                                | \$ 7,500                | \$22,500        | \$30,000        |
| <b>2. FRINGE BENEFITS</b>      |                         |                 |                 |
| Society Security               | \$ 0                    | \$ 900          | \$ 900          |
| Health                         | \$ 0                    | \$ 1,200        | \$ 1,200        |
| Payroll                        | \$ 0                    | \$ 1,800        | \$ 1,800        |
|                                | \$ 0                    | \$ 3,700        | \$ 3,700        |
| <b>3. TRAVEL</b>               |                         |                 |                 |
| 2,400 miles @ \$0.31           | \$ 744                  | \$ 0            | \$ 744          |
| Parking spaces for volunteers  | \$ 600                  | \$ 0            | \$ 600          |
|                                | \$ 1,355                | \$ 0            | \$ 1,355        |
| <b>4. EQUIPMENT</b>            |                         |                 |                 |
| 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        |
| <b>5. SUPPLIES</b>             |                         |                 |                 |
| Postage                        | \$ 700                  | \$ 0            | \$ 700          |
| Computer Supplies              | \$ 5,100                | \$ 0            | \$ 5,100        |
|                                | \$ 5,800                | \$ 0            | \$ 5,800        |
| <b>6. CONTRACTUAL SERVICE</b>  |                         |                 |                 |
| Tutoring Program support staff | \$ 1,500                | \$ 3,000        | \$ 4,500        |
| <b>7. OTHER</b>                |                         |                 |                 |
| 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        |
| <b>TOTAL PROGRAM COST</b>      | <b>\$32,000</b>         | <b>\$43,393</b> | <b>\$75,393</b> |

**EXAMPLE C  
FY 2023-2024  
AGENCY OPERATING BUDGET**

Complete an operating budget on the entire agency.

Agency Name: Raleigh Tutoring Center, Inc.

**REVENUE SUMMARY**

|                      | Actual<br>(Last Year) | Estimated<br>(Current Year) | Proposed<br>(Next Year) |
|----------------------|-----------------------|-----------------------------|-------------------------|
|                      | FY 2021/2022          | FY 2022/2023                | FY 2023/2024            |
| 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                  |
| <b>Total</b>         | <b>\$315,000</b>      | <b>\$365,100</b>            | <b>\$385,100</b>        |

**EXPENDITURE 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           |
| <b>Total</b>       | <b>\$315,000</b> | <b>\$365,100</b> | <b>\$385,100</b> |



**FY 2023-2024  
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           |
|--|--|------------------------|------------------------|
| Adult Day Health Services              | Provide structured therapeutic health services and supervised activities for persons with physical, mental, intellectual disabilities, or seniors who receive in-home services.                      | \$30.00                | Per Day                |
| After-School Program                   | Provide healthy social, cultural, educational or physical activities for elementary, middle or high school aged youth after school.  | \$16.00                | Per Hour               |
| Case Management Services               | Provide services to help clients gain access to needed medical, social, educational and other services.  | \$44.00                | Per Hour               |
| Comprehensive Vision Screening         | Program provides comprehensive eye exams and services to detect and treat vision problems and eye disease.   | \$53.00                | Per Screening          |
| Detoxification Services                | Program provides shelter, support and resources for individuals who receive detoxification services.   | \$100.00               | Per Day                |
| Early Childhood Intervention           | Provide services and supports to infants and young children with developmental delays and disabilities and their families.   | \$88.00                | Per Hour               |
| Educational Trainings & Workshops      | Coordinated programs and educational services provided in the form of trainings and workshops that enhance the quality of life of low-income residents.  | \$45.00                | Per Workshop/ Training |
| Emergency Shelter                      | Provide temporary shelter for homeless individuals and families. Additional services may include, food, clothing, emergency financial assistance and assistance in accessing other support services. | \$43.00                | Per Day                |
| Food Delivery Services                 | Targeted nutritious food or meal delivery services for individuals in need. This may include meal preparation, delivery and distribution.  | \$6.00                 | Each                   |
| Food Distribution Services (Per Pound) | Targeted nutritious food or meal distribution for individuals in need. This includes food distributed by the pound.  | \$0.05                 | Per Pound              |

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



**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 be 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:**

\$32,000

**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:

o 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 program)**

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 extra-curriculum 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.



# 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.

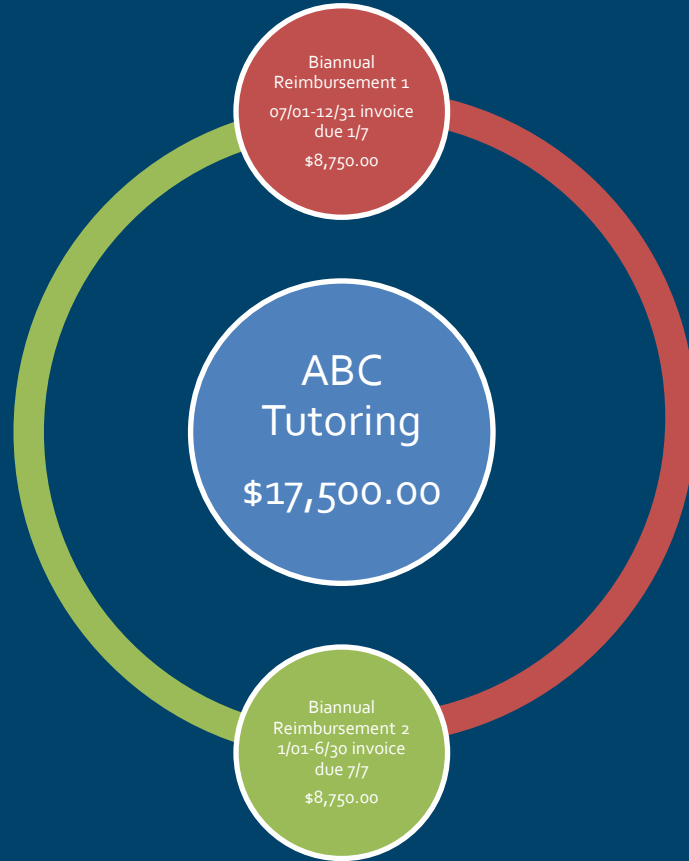
- Demonstration that the grant recipient:
  - Meets City insurance coverage requirements
  - Has an organizational conflict of interest policy
  - Adheres to Generally Accepted Accounting Principles (GAAP)
- Provision of audited financial statements to the City for grants of \$25,000 or more
- Reimbursement of payments are dependent upon meeting the established metric performance





## Payment of funds

*Distribution of funds  
are made biannually,  
on a reimbursement  
basis*





# FISCAL TIMELINE SLIDE

Attachment D  
2023-2024  
Schedule of Agency Fiscal Requirements

| Required Fiscal Items  | Due Dates  |
|--|--|
| Official copy of the agency's 2022-2023 budget and all amendments  | September 28, 2023   |
| 2023-2024 Annual Performance Report  | August 31, 2024  |
| 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 submitted with quarterly monitoring and quarterly financial information forms) |  |
| (1st Bi-yearly Performance Report Due)   | <b>1<sup>st</sup> Biannual Reimbursement</b><br>January 7, 2024    |
| (2nd Bi-yearly Performance Report Due)   | <b>2<sup>nd</sup> Biannual Reimbursement</b><br>July 7, 2024       |
|  |  |

Any questions regarding these requirements should be directed to the Department of Equity and Inclusion at (919) 996-5740.

# Questions?

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

Raleigh DEI

Phone: 919-996-5740

Email: [Grants.Equity@raleighnc.gov](mailto:Grants.Equity@raleighnc.gov)

