

Senior Care Fellowship

*FY 2017 Buncombe County Community
Funding*

Senior Care Fellowship

Shirley T. Duncan
PO Box 1724
146 Pine Street
Asheville, North Carolina 28802

Nazareth@narethfmbc.net
O: 828-253-3327
M: 828-7680259
F: 828-253-9834

Shirley T. Duncan

6 Dalton Street
Asheville, North Carolina 28803-2414

jbodidly@charter.net
O: 828-253-3327
M: 828-7680259
F: 828-253-9834

Application Form

Project Name*

Name of Project

Senior Care Fellowship

Amount Requested*

Amount Requested

\$1,500.00

Service Area*

Which Commissioner Districts are served by this program?

Access a map of Buncombe County Commissioner districts [here](#).

District 1

Which county sustainability goal aligns best with the goals of this project?*

Based on the Buncombe County Sustainability Plan, select a Category, Goal & Objective that align with the focus of the project and the specific results that will be achieved.

Access the Buncombe County Sustainability Plan [here](#).

Community > Healthy People > Assure the availability of a medical home for all

If applicable, select a second sustainability goal that aligns with project goals.

Result 2 is optional - Select if project aligns with more than one Sustainability Category, Goal & Objective.

[Unanswered]

If applicable, select a third sustainability goal that aligns with project goals.

Result 3 is optional - Select if project aligns with more than one Sustainability Category, Goal & Objective.

[Unanswered]

Project Description

Project Description*

Description of Project

To improve the lives of care givers and loners and give them a day of rest and relaxation from their everyday chores.

How many people will this project serve?*

State the number of individuals or households in Buncombe County that will be served by this project. Also state the number of people that will experience the desired result. For example, if dropout prevention services are being delivered to 100 students, how many will successfully graduate from high school?

We will serve 240 per 4 weeks

Describe the people this project will serve.*

Characterize the demographics of the project's target population in terms such as age, gender, income, race, ethnicity, geographic area, etc. Include information about method of referral/recruitment of the target population.

People who are caregivers and people who live alone.

What key steps will you take to achieve the results of this project?*

Describe the core elements of your implementation plan, including milestones that will take place within the funding timeframe.

We meet most Tuesdays to join in fellowship, eat a hot lunch, and other activities such as crafts, movies, and celebrate birthdays in singing and reading short stories and playing bingo. We will use our Church bulletin to invite anyone to attend and check with our shut-ins about time they may return.

Describe the evidence of success that backs this project's approach.*

What evidence of success (i.e. evidence-based research, practice model, accreditation, industry standards, and/or other framework) are you using as a basis for your project design?

Regular attendance, and when the participants bring someone new with them.

Describe your data collection, tracking, and reporting procedures.*

Explain your methods for documenting project, service and client information. Include a description of any software or other tools utilized.

Note all clients attending each week, give calls, and send cards if they have missed a week.

Explain your technological resources and capacity.*

Explain your current technological strengths and barriers and how this impacts your ability to track data and report outcomes. Who is responsible for adaptation and use of technology within your organization?

We do not use our Church technology. Volunteer-run program.

Organizational Profile

How does the proposed project support your mission and strategic plan?*

State your mission and the date of your most recent strategic plan, and explain how the proposed project helps advance your organizational goals.

We meet and come up with the types of things they are interested in for up coming months.

What expertise/accomplishments do you have that are relevant to the proposed project?*

List your organization's strengths as well as accomplishments from the past 3 years that position the organization to be successful with the proposed project.

Increased participation, crocheted dish towels and scarfs for gifts. Made plastic paper table mats and flower arrangements for sick and shut-ins, and holiday decorations.

Describe partners that are critical to the success of your organization.*

List any external partners, intermediaries or advisors important to your success, and describe their role and evidence of their commitment. Describe successful collaborations with these people or groups.

- Louise Thompson - Crafts
- Talven Thompson - Van Driver & Cook
- JoAnn Skinner - Treasurer
- Rev's. Tollinson & Roberts - Spiritual Leaders
- Mary Dawkins - Musician
- Shirley Duncan - Coordinator & Crafts

Financial Information

Nonprofit financial assurance requirements:

Financial statements, prepared using a recognizable basis of accounting (i.e., modified accrual) and IRS Form 990s must be submitted to Buncombe County annually.

- Organizations with annual revenues of \$300,000 or greater must submit financial statements audited in accordance with generally accepted auditing standards.
- Those with revenues between \$100,000 and \$300,000 must submit financial statements reviewed in accordance with SSARS 19.
- Those with revenues of less than \$100,000 must submit non-disclosure financial statements compiled in accordance with SSARS 19.

All financial statements must be reported on by a certified public accountant and include a full balance sheet, income statement, and cash flow statement.

These requirements are considered minimum requirements. Organizations may submit a higher level of assurance than is required.

IRS Form 990 - Upload Here

Click Choose File to upload a copy of the 990 form you most recently completed.

If your organization does not have a 990, briefly state the reason.

Include a statement of intent to comply with nonprofit financial assurance requirements as listed above.

Have applied for.

Financial Statements - Upload here

Click Choose File to upload a copy of the most recently completed financial statements (audit, compilation or review).

If your organization does not have financial statements, briefly state the reason.

Include a statement of intent to comply with nonprofit financial assurance requirements as listed above.

No employees, all persons are volunteers.

Complete Budget Worksheet - Upload Here*

Download the budget form [Here](#).

Complete the budget form for this project/program and the overall agency. Save it to your computer, then upload it by clicking Choose File.

community-funding-budget-form (1).xlsx

Budget Narrative*

Describe all differences between current year and proposed year. List all pending funding sources with expected date of notification. Please detail any other information that may help clarify the budget.

Supplies increased

What (if any) portion of requested funds will be used to support capital expenses?*

Capital projects are defined as those used to acquire or upgrade physical assets such as property, buildings, or equipment. Please detail.

N/A

Employee Wages

Please provide information about the wage breakdowns of your employees. Living wage for Buncombe County has been identified as \$11.00 per hour for employees with employer-provided health insurance and \$12.50 per hour for employees without.

Employees with employer-provided health insurance*

List the number of employees in your organization with employer-provided health insurance in each wage category. For salaried employees, use hourly wage equivalents.

\$7.25 - \$10.99 per hour

\$11.00 - \$14.99 per hour

\$15.00 - \$19.99 per hour

\$20.00 - \$24.99 per hour

\$25.00 - \$29.99 per hour

\$30.00 - \$34.99 per hour

\$35.00 - \$39.99 per hour

\$40.00+ per hour

N/A

Employees without employer-provided health insurance*

List the number of employees in your organization without employer-provided health insurance in each wage category. For salaried employees, use hourly wage equivalents.

- \$7.25 - \$12.49 per hour
- \$12.50 - \$14.99 per hour
- \$15.00 - \$19.99 per hour
- \$20.00 - \$24.99 per hour
- \$25.00 - \$29.99 per hour
- \$30.00 - \$34.99 per hour
- \$35.00 - \$39.99 per hour
- \$40.00+ per hour

N/A