

**Outside Agency Funding Application**  
**July 1, 2015 through June 30, 2016**  
**APPLICATION DUE FRIDAY, JANUARY 23, 2014 AT 5:00PM**

**Agency Name:** Senior Care of Orage County; Inc.

Street Address: 105 Meadowland Drive, Hillsborough, NC 27278

Mailing Address: P.O. Box 8181, Hillsborough, NC 27278

Website Address: www.soltysdayhealth.org

**Executive Director:** Alvonia Baldwin

Telephone: 919-245-2017 E-Mail: albaldwin@orangecountync.gov

**Contact Person:** Alvonia Baldwin

Telephone: 919-245-2017 E-Mail: albaldwin@orangecountync.gov

Fax: 919-245-2018 Federal ID Number: 56-2460614

Funding Source Summary – Briefly state how any awarded funds would be used.	Current Funding (FY14-15)	Requested Funding (FY15-16)
<b>Orange County Government</b>	<i>* Note***</i> \$25,000	<i>* Note***</i> \$25,000
Summary of intended use of funds:  The Orange County Funding is critical for the continuation of the financial support provided to The Florence Gray Soltys Adult Day Health Program operated by Senior Care of Orange County; Inc. Funding towards this one of a kind dual model; Adult Day Care and Health Program in Orange County will provide participant scholarships for clients in need of a program that may be limited to the affordability, caregiver respite due to the severely frail elderly and adults with special needs, program operational support with purchase of program supplies, snacks, personnel and community resources for the continued sustainability of the program and as a partnership with the county towards meeting the goals of the Master Aging Plan of Orange County.  <p style="text-align: center;"><i>***Note***: **Note*** Note: Since 2011-2015 The Orange County amount has included up to \$25,000 in participant meal credits. The above is not a reflection of the meal credit amount. The in-kind donation is still needed for the meals. (\$50,000 include the meals)</i></p>		
<b>Town of Chapel Hill</b>	\$	\$
Summary of intended use of funds:		
<b>Town of Carrboro</b>	\$	\$

Summary of intended use of funds:

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## ***Section I: Agency and Program Overview***

1. Please provide a brief history of the agency– including mission, date of incorporation and years of operation.

### **a. Date of Incorporation:**

Senior Care of Orange County, Inc. was incorporated in March, 2004.

### **b. Years in Operation:**

The program began offering services on March 28, 2004, and through 2014 has served 179 participants and their caregivers. The County of Commissioners passed a resolution of a name change to The Florence Gray Soltys Adult Day Health Program on April 20, 2010.

### **c. Mission or Vision Statement (if applicable):**

The mission of the Soltys Adult Day Health Program remains the same, by providing social and health services to frail, disabled and isolated adults 18 years and older with special needs that will benefit from Adult Day Health programs. Stimulating activities, enriching programs, provision of nutritious meals and snacks as well as rehabilitative services are offered. The program also provides respite and education for family members and caregivers. The primary goal is to prevent or delay the onset of institutionalization of participants.

The vision of Senior Care of Orange County, Inc. is to advocate, establish and operate programs that provide services for frail or disabled older adults to remain in their homes with family as long as possible. The 65 and older adult is the fastest growing population segment.

### **d. Brief History of Agency:**

In 2003, Central Orange Adult Day Health Program (formally) was under the auspicious of the Orange County Department on Aging. In 2004, the program assumed a non-profit 501c-3 status under the Governing Board of Senior Care of Orange County; Inc. Through the years the operation remained adjacent to the Central Orange Senior Center and was licensed for 10 participants per day. As the need in the county continued to grow, the program later expanded to hold a license of 29 participants per day on February 4, 2009 as a partnership with the county to continue to work towards meeting the goals of the Master Aging Plan of Orange County.

PLEASE ANSWER QUESTIONS 2 THROUGH 7 BELOW REGARDING THE SPECIFIC PROGRAM(S) FOR WHICH THE AGENCY IS REQUESTING FUNDING (NOT FOR THE ENTIRE AGENCY). **IF MORE THAN ONE PROGRAM IS REQUESTING FUNDING, PLEASE IDENTIFY EACH BY LABELING, IE: PROGRAM 1, PROGRAM 2, ETC. UNDER EACH QUESTION.**

2. Describe the identified community need(s) the Program(s) funded will address.

The Florence Gray Soltys Adult Day Health Program is a therapeutic, health-focused program for adults and seniors that offer a variety of services in a home-like setting that is open from 7:30am to 5:30pm, Monday-Friday.

The relocation of the program, to a new and larger location in close relation with the County Department on Aging has help a lot. The need of this program is growing rapidly as more seniors age in place with various diagnosis ranging from, but not limited to dementia, Parkinson's disease, CVA and Diabetes. The existing space continues to allow more opportunities for families to feel reassured of the care and safety that their loved one receives. From year to year, the numbers enrolled continues to grow. Currently the program is averaging 25 participants per day, with a licenses capacity for up to 29 on any given day.

The Senior Care Board continues to work toward building stronger relationships with the Veteran's Administration Community referral program, and establishing a partnership with the local Veterans Affairs Office, Discharge Planners at the local Hospitals to aid in the referral program.

Additional In-kind support still remains from Carol Woods Retirement Community with a representative which serves on the Senior Care Board of Directors.

Efforts continue to recruit participants from the Department of Social Services (Medicaid CAP/DA) and the Veteran's Administration who will financially support the participants with low incomes and to encourage them to utilize the Day Health Program as an option to home care. The program will reapply for the Home Community Care Block Grant from Triangle J Council of Governments.

3. Describe any operational and/or financial changes being considered in the Program(s) to be funded for FY 2015-16.

Operations changes being considered for the FY 2015-16:

- Improving benefits for full time and part time service staff.
  - Establishing a large year end fund balance to cover fixed operational expenses when there is a quick and dramatic reduction with the current population that we serve, (*i.e. participant who die or move to a higher level of institutional care.*)
  - Continued support with Carol Woods assistance to better manage the program's finances.
  - Continue to work toward building stronger referral program with the Veteran's Administration, the local Veterans Affairs Office, and discharge planners at local hospitals.
4. Describe plans for securing sustainable revenue sources for the Program(s) to be funded– include outside funding as well revenue generated within your agency.

Increasing annual or sustained gift programs is another revenue source. We have established the Florence Gray Soltys Memorial Scholarship fund where individuals can donate throughout the year. The way we generate this fund is through newsletters, postings on our website, direct mail lists, e-mail lists, phone lists, etc. We will also seek in kind gifts and work

diligently on fundraising, which will develop these funding sources into a long-term support of the programs.

5. Outline anticipated internal or external revenue sources, for the program. Indicate whether these are ongoing or new sources.
  - Increasing annual or sustained gift programs is another revenue source. We have established the Florence Gray Soltys Memorial Scholarship fund for Private donations throughout the year. The way we generate this fund is through newsletters, postings on our website, direct mail lists, e-mail lists, phone lists, etc.
  - Continue to seek in kind gifts and work diligently on fundraising, which will develop these funding sources into a long-term support of the program.
  - We will also include one or more fundraising programs that generate sustainable gift support on an annual basis.
  
  - Ongoing external revenue sources i.e. Eldercare Respite through the Department on Aging, Home Community Care Block Grant (HCCBG), Department of Social Services- State and County Funding and Veteran's Administration funds to help subsidize low income and Veteran clients.
  
  - Additional resources are funding through the State Employee Combined Campaign, The Strowd Roses Foundation, private donations and the Triangle Community Foundation. In addition, we continue to seek and receive, CAP/DA an affiliate of Medicaid and the Dept. of Social Services.
  
6. Give specific examples of your agency's coordinated/collaborative efforts with other outside agencies which accomplish or enhance the Projected Results in the Program(s) to be funded. (if possible, please bullet list)
  - We have established a relationship with the Veterans' Administration (hospital based in Durham, NC). This continues to become a stronger referral base for us as we focus on our Aging Veterans in the community.
  - We also work closely with the Department on Aging's Eldercare Respite Program; support for caregivers.
  - Collaborate with NC Alzheimer's Association which is ongoing.
  - Contract with a community based physical and occupational Therapy Organization.
  - We continue to seek volunteers throughout the community – often being met through our relationship with other human services agencies (i.e. Central Orange Senior Center, Seymour Center and other non-profit and for profit agencies).
  - We periodically work with interns in various human services fields provided through UNC Hospital and the University (i.e. occupational therapy, social work, and nursing students.)
  - We have a continued relationship with the Orange County Department of Social Services and the Health Department in monitoring our program for quality assurance.
  
7. How does your agency reach out to various ethnic and minority groups in the community to accomplish or enhance the results of the Program(s) to be funded?

The Florence Gray Soltys Adult Day Health Program markets through our local senior centers, through the Orange County Department on Aging Eldercare Services, community churches and synagogues; various media by press releases, Department of Social Services and other community agencies that serve ethnic, minority groups as well as low income citizens. Our program beneficiary characteristics chart indicates that the Adult Day Health Program has been very successful in reaching and actually serving minority groups. In FY 2014-15 minorities comprised 46% of participants compared to 19% minority for the targeted service population of older adults age 60+ in previous years.

8. Place an “X” in the box that best describes the category of Program(s) to be funded (multiple selections are permitted).

Category	Youth	Adult	Older Adults	Persons with Disability
Education				
Health and Nutrition		X	X	X
Job Training				
Sports and Arts Activities				
Pre-School Activities				
After-School Activities				
Mentoring				
Transportation				
Housing				
Other (Adult Day Care/Health Program)		X	X	X

**Section II: Program Results**

**A. FY 2013-14 Programs and Outcomes**

If the Program is ongoing, show the results for the previous year (FY 2013-14). If you did not meet Projected Program Result(s) provide an explanation in the designated space situated below the chart.

**If more than one program is requesting funding, provide a separate chart for each program.**

Stated Program Goals	Program Activities	Actual Results for FY 13-14	Evaluation Method
<i>Example: 80% of after-school attendees will not be re-suspended</i>	<i>Counselor meets with students, as the first contact, for students referred for minor infractions.</i>	<i>Out of 100 students participating in the program, 90 remained in good standing with the school system. 90% result (above goal)</i>	<i>School records were checked to verify that students had not been suspended.</i>
To prevent/prolong 75% of participants with health conditions from becoming institutionalized during a one-year period of time.	Counsel and meet with caregivers as needed, provide a plan of care quarterly along with health care monitoring and continuous support and resourcing.	The Program provided a daily average range of 22 - 25 participants each day with a safe, stimulating and enriching health care program. Due to the frail population that we serve, 75% of the clients prevented institutionalization within a year. Unfortunately; 5% were below goal for FY 2013-14.	Participant records maintained monthly to verify reasons for discharge from the program. (i.e. to nursing home, In -home care and deceased).

If program(s) did not meet its stated goal(s), please explain:

Due to the frail population that we serve, 75% of the clients prevented institutionalization within a year. Unfortunately; 5% were below our set goal for FY 2013-14 of 80%.

Census also reflected that 6% of clients enrolled have been with the program for over three years. \_\_\_\_\_

**B. FY 2014-15 Programs and Anticipated Outcomes**

If more than one program is requesting funding, provide a separate chart for each program. N/A

Stated Program Goals	Program Activities	Anticipated Results for FY 15-16	Evaluation Method
<i>Example: 80% of after-school attendees will not be re-suspended</i>	<i>Counselor meets with students, as the first contact, for students referred for minor infractions.</i>	<i>Out of 100 students participating in the program, 90 remained in good standing with the school system. 90% result (above goal)</i>	<i>School records were checked to verify that students had not been suspended.</i>

***Program Budget Worksheet***  
**(Excel file)**

Agencies must still send a copy of the MS Excel file with their electronic application, even if they choose to embed the MS Excel table, on this page. The MS Excel file can be found [here](#).

1. Please complete a Program Budget Excel Form **for each requested program**. The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.
2. If the program's finances experienced significant changes that you would like to explain, please use the space below.

**(See Attached/Enclosed Excel Document for the Program)**

**Section IV: Program Statistics and Costs**

If you are seeking funding for more than one Program, please submit separate form for each.

**1) Define one unit of service<sup>±</sup>: (6 – 10 hours/day)**

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<b>Fiscal Year</b>	<b>Total Program Units</b>	<b>Total Program Units that Met Program Goals</b>	<b>Total Program Cost</b>	<b>Program Unit Cost<sup>++</sup> = Total Program Cost ÷ Total Program Units that Met Goal</b>
<b>Actual FY13-14</b>	6718	6718	\$328,220	\$48.85
<b>Estimated FY14-15</b>	6639	6639	\$324,323	\$48.85
<b>Projected FY15-16</b>	6639	6639	\$324,323	\$48.85

**Defining a Unit of Service<sup>±</sup>**

- In a brief statement, define one unit of service for each program  
Example: A Homeless Shelter may define a unit of service as one bed night provided to a homeless individual at the shelter or the placement of an individual into a permanent residence.

**Notes regarding Program Unit Cost<sup>++</sup>**

- Units of cost are units of activity. The most inexpensive unit cost may be the most expensive program.

Example: Agency X provides training to reduce violence at a cost of \$10 per student (total cost of training is \$5,000 with 500 students participating). Follow up reveals that 5 students adopt the program recommendations. The unit of results, then, is \$1,000 (\$5,000/5=\$1,000)

Agency Y provides similar training to 500 students at a cost of \$40 (total cost of training is \$20,000). Follow up reveals that 40 students adopt the program recommendations. The unit of result in this case is \$500 (\$20,000/40=\$500).

- Unit costs are not always what they seem.

Example: If a high school drop-out prevention program has students who participate 5 days a week for 16 weeks at a daily cost of \$150, the cost per student is \$12,000. If we know, though, that the program serves only 20 students at a time and that 5 out of every 20 students do not graduate, the cost per graduate is \$16,000 (total cost of \$240,000 for 16 weeks/15=\$16,000).

**Section V: Program Beneficiary Demographics**

If you are seeking funding for more than one Program, please submit a separate form for each. Please use **real numbers**, not percentages, for all units. Additional notes can be provided below the chart if needed.

<b>PROGRAM BENEFICIARY DEMOGRAPHICS</b>									
<b>Program: Senior Care of Orange County; Inc.</b>									
<i>Client characteristics</i>	Actual 2013-14	Estimated 2014-15	Projected 2015-16	<i>Client characteristics</i>	Actual 2013-14	Estimated 2014-15	Projected 2015-16		
1. <b>Gender</b>				4. <b>Geographic Location(s)</b>					
	Male	44	46		52	Durham City	0	0	0
	Female	30	36		36	Durham County	7	8	9
2. <b>Ethnicity</b>					Raleigh City	0	0	0	
	African-American	21	24			Wake County	0	1	1
	Caucasian	51	54			Town of Chapel Hill	5	7	8
	Hispanic	1	2			Town of Carrboro	3	5	5
	Other	1	2			Orange County	52	53	56
3. <b>Age</b>					Other (Person & Alamance)	7	8	9	
	0-5 Years								
	6-18 Years				Per cent of clients at, or below, federal poverty level	5	6	6	
	19-50 Years	2	2	3					
	51+ Years	72	80	85					
	Unknown				<b>TOTAL # OF CLIENTS SERVED</b>	74	82	88	

***Section VI.***

***Comparative Budget for Entire Agency***  
**(Excel file)**

Agencies must still send a copy of the MS Excel file with their electronic application, even if they choose to embed the Excel table, on this page. The MS Excel file can be found [here.](#)

- 1.** Please complete a Comparative Budget Excel Form **for the entire agency.** This budget form is required, even if the figures match the Program Budget Form(s).
- 2.** If the agency's finances experienced significant changes that you would like to explain, please use the space below.

**(See Attached/Enclosed Excel Document for Entire Agency)**



## Section VII: Schedule of Positions

Please include **all** paid staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. ( i.e., 8 Occupational Therapists can be inserted as one line item).

**Agency Name: Senior Care of Orange County; Inc.**

Position Titles * = Position Vacant	Full Time Equivalent**	Program Staff +	Actual 2013-14	Estimated 2014-15	Projected 2015-16	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Program Director	1.00	1.0	64,888	64,888	64,888		n/a
Office Manager	.75	.75	n/a	28,000	28,000		n/a
Registered Nurses	1.00	1.0	38,000	38,000	38,000		n/a
Certified Nursing Assistants	3.50	3.50	81,050	81,050	81,050		n/a
Activity Coordinator	1.00	1.0	17,000	17,000	17,000		n/a
Social Worker	.50	.50	23,000	23,000	23,000		n/a
			\$223,938	\$251,938	\$251,938		

### Notes:

- **Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.**
- \*\* Full time staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with program, if applicable. If applying for multiple programs, write the percentage followed by the program number in parentheses.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:  $\frac{\text{Total Volunteer Hours}}{1,960} = \text{Volunteer FTE}$

1,960

**Section III. Program Information  
Program Budget Worksheet**

AGENCY NAME: Senior Care of Orange County; Inc.

PROGRAM REVENUE	Actual 2013-14	Estimated 2014-15	Projected 2015-16	Percent Change
Private Donations	\$ 3,500	\$ 3,000	\$ 3,000	0%
Program Generated Revenue (fees)	\$ 288,897	\$ 296,490	\$ 296,490	0%
<b>Local Government Grants:</b>				
Orange County	\$ 25,000	\$ 25,000	\$ 25,000	0%
Town of Chapel Hill	\$ 1,500	\$ 1,500	\$ 2,000	33%
Town of Carrboro	\$ 1,000	\$ 1,000	\$ 1,000	0%
Other Local: _____				0
Other Local: _____				0
Other Local: _____				0
If more than 3 sources, please provide a separate list.				
<b>Non-Local Government Grants</b>				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: _____				0
Other Grants: _____				0
<b>Miscellaneous/Other Revenue</b>				0
Please list 3 largest Miscellaneous sources:				
_____	\$ -			
_____	\$ -			
_____	\$ -			
<b>Total Program Revenue</b>	<b>\$ 319,897</b>	<b>\$ 326,990</b>	<b>\$ 327,490</b>	<b>0%</b>
<b>PROGRAM EXPENSES</b>				
Compensation	\$ 272,954	\$ 273,756	\$ 273,756	0%
Rent & Utilities	\$ 1,561	\$ 1,561	\$ 1,561	0%
Supplies & Equipment	\$ 15,000	\$ 15,058	\$ 15,058	0%
Travel & Training	\$ 1,000	\$ 1,920	\$ 1,920	0%
Other Expenses:	\$ 27,000	\$ 27,536	\$ 27,536	0%
Please list 3 largest "Other Expenses":				
_____	\$ -			
_____	\$ -			
_____	\$ -			
<b>Total Program Expenses</b>	<b>\$ 317,515</b>	<b>\$ 319,831</b>	<b>\$ 319,831</b>	<b>0%</b>
<b>SURPLUS/(DEFICIT) FOR PERIOD:</b>	<b>\$ 2,382</b>	<b>\$ 7,159</b>	<b>\$ 7,659</b>	<b>7%</b>

**Section VI. Financial Data  
Comparative Budget for Entire Agency**

AGENCY NAME: Senior Care of Orange County, Inc.

AGENCY REVENUE	Actual 2013-14	Estimated 2014-15	Projected 2015-16	Percent Change
Private Donations	\$ 3,500	\$ 3,000	\$ 3,000	0%
Agency Generated Revenue (fees)	\$ 288,897	\$ 296,490	\$ 296,490	0%
<b>Local Government Grants:</b>				
Orange County	\$ 25,000	\$ 25,000	\$ 25,000	0%
Town of Chapel Hill	\$ 1,500	\$ 1,500	\$ 2,000	33%
Town of Carrboro	\$ 1,000	\$ 1,000	\$ 1,000	0%
Other Local: _____				0
Other Local: _____				0
Other Local: _____				0
If more than 3 sources, please provide a separate list.				
<b>Non-Local Government Grants</b>				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: _____				0
Other Grants: _____				0
<b>Miscellaneous/Other Revenue</b>				
Please list 3 largest Miscellaneous sources:				
_____ \$ -				
_____ \$ -				
_____ \$ -				
<b>Total Agency Revenue</b>	<b>\$ 319,897</b>	<b>\$ 326,990</b>	<b>\$ 327,490</b>	<b>0%</b>
<b>AGENCY EXPENSES</b>				
Compensation	\$ 272,954	\$ 273,756	\$ 273,756	0%
Rent & Utilities	\$ 1,561	\$ 1,561	\$ 1,561	0%
Supplies & Equipment	\$ 15,000	\$ 15,058	\$ 15,058	0%
Travel & Training	\$ 1,000	\$ 1,920	\$ 1,920	0%
Other Expenses:	\$ 27,000	\$ 27,536	\$ 27,536	0%
Please list 3 largest "Other Expenses":				
Insurance \$ 17,274.00				
Participant Snacks \$ 7,901.00				
Transportation \$ 2,361.00				
<b>Total Agency Expenses</b>	<b>\$ 317,515</b>	<b>\$ 319,831</b>	<b>\$ 319,831</b>	<b>0%</b>
<b>SURPLUS/(DEFICIT) FOR PERIOD:</b>	<b>\$ 2,382</b>	<b>\$ 7,159</b>	<b>\$ 7,659</b>	<b>7%</b>