



**PISGAH**  
HEALTH FOUNDATION

153 W Jordan Street, Brevard NC 28712 \* 828-435-3775

May 28, 2020

Misti Carver  
Maple Leaf Adult Respite  
63 Elmwood Way Suite C100  
Waynesville, NC 28786

Re: Grant No. CO19 RR017 052020

Dear Misti,

I am pleased to inform you Directors of Pisgah Health Foundation (the "Foundation") has authorized funding to Maple Leaf Adult Respite ("Grantee") to support the needs of the elderly, in the amount of \$25,000.00, subject to the Grantee's acceptance of the terms and conditions set forth in this agreement.

The following conditions in this letter are legally binding terms and conditions which require your acceptance attached to the distribution of this grant. Please review and acknowledge your agreement of these terms by signature of a duly authorized member of your organization and returning one signed and executed copy to the Foundation.

- The project will be implemented as described in the grant request filed with the Foundation subject to any qualifications and modifications as set forth in Exhibit A by the Foundation. (A copy of the request is attached).
- The Foundation will distribute funds in the amount set forth in the request, Exhibit B section 2, provided that an authorized officer of Grantee has signed and returned this agreement.
- Grantee agrees to furnish reports as to the use, results, or progress of the clients receiving support financed by this grant. Reports should contain a brief narrative about the program and a financial accounting of the expenditure of funds. Program progress reports should be submitted as required until all grant funds have been expended. Additional reporting may be requested throughout the grant period. Grantee also agrees to provide any additional information reasonably requested by the Foundation. The schedule of reporting is as follows:
  - reporting of use of funds shall be received by the Foundation by July 15, 2020;
  - report shall be contain a budget sheet of expenses incurred during the time period mentioned; and

-the impact report is due to the Foundation by December 31, 2020.

- Grantee warrants that Grantee is (a) a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") and is further classified as a public charity within the meaning of Section 509(a)(1) or 509(a)(2) of the Code, or is a governmental unit described in Section 170 of the Code, and (b) that receipt of this grant will not adversely affect Grantee's current status under the Code.

- Grantee must furnish to the Foundation any information concerning a change or proposed change in Grantee's classification under the Code. Should such change in status occur, the Foundation reserves the right to withhold future payments and/or have unexpended grant funds returned to the Foundation.

- All expenditures made by Grantee from this grant must be used only within the terms and conditions set forth herein. Grantee may not expend grant funds for any purpose other than the purpose set forth herein without the Foundation's written approval. Any funds not used or committed for the specified purpose of the grant or not used or committed within any time limit specified in the request for the grant must be returned to the Foundation.

- All grant funds must be expended for charitable, scientific, literary, or educational purposes, as those terms are defined in the Code. Grantee may not use grant funds, nor any income earned thereon to:

- carry on propaganda or otherwise to attempt to influence legislation (within the meaning of Section 4945(d)(1) of the Code),
- influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive (within the meaning of Section 4945(d)(2) of the Code),
- make grants to individuals or to other organizations that do not comply with the requirements of Section 4945(d)(3) or (4) of the Code, or
- provide a grant to an individual for travel, study, or similar purpose within the meaning of Section 4945(g) of the Code, except that it is expressly acknowledged that payments of salaries, other compensation or expense reimbursement to Grantee's employees within the scope of their employment do not constitute "grants" for these purposes and are not subject to these restrictions; or
- undertake any activity other than for a charitable, educational, literary, or scientific purpose specified in Section 170(c)(2)(B) of the Code.

- It is understood that your project may not proceed exactly as you have proposed. If you find this to be the case, please keep the Foundation advised of any revisions you wish to implement. While the Foundation will not unreasonably refuse to approve changes consistent with your proposal or grant extensions to time frames originally set forth, the Foundation reserves the right to require the return of monies not spent as originally approved.

- Grantee agrees to keep its financial and other records so that they adequately reflect that the funds were used exclusively for the grant's purposes. The Foundation reserves the right to request an annual report and Audited Financial Statements within a reasonable time period until all grant funds are expended.
- Grantee will allow the Foundation and its representatives to have reasonable access during regular business hours to files, records, accounts, or personnel that are associated with this grant for the purpose of making such financial reviews, verifications, or program evaluations as may be deemed necessary by the Foundation.
- The Foundation retains the right to release information regarding this grant to any public media. Grantee will submit to the Foundation all materials for publication or broadcast related to the grant for approval at least ten (10) business days prior to the intended date of publication or broadcast or submission for publication or broadcast. Grantee agrees to forward to the Foundation copies of any news releases, published materials, or media articles mentioning this grant that come to the Grantee's notice or attention.
- If the conditions set forth herein are not upheld or if the Foundation determines, in its sole discretion, that the grant funds are not being used in an effective and efficient manner to further the purposes of the grant, the Foundation may (a) terminate any and all further distributions to Grantee whether or not such distributions are to be made as a part of this grant or any other approved grant from the Foundation, and/or (b) require the repayment to the Foundation of any unexpended grant funds.
- Grantee hereby agrees to release, indemnify, defend and hold harmless the Foundation, its affiliates, their officers, trustees, directors, managers and employees from and against all claims, damages or injuries to persons or property of the Foundation, its affiliates, Grantee or any third party arising out of (directly or indirectly) or related in any way to the actions or omissions of Grantee, its officers, directors, employees or agents under this grant or related to the project.
- Grantee may not assign any of its rights hereunder or delegate any of its duties hereunder without the prior written consent of the Grantor.
- The Foundation desires that resources of Grantee be dedicated to accomplishing the success of the 'aging in place' program. Accordingly, Grantee agrees not to recognize the Foundation, its Board members or staff with any commemorative items.
- The terms and conditions of the grant agreement as described herein shall be subject to and governed by the law of the State of North Carolina.

All disputes arising out of the terms of this grant agreement which cannot be resolved amicably shall be resolved by mediation or arbitration if both parties so agree, or by litigation if the parties do not so agree.

Please note that each of the Foundation's grants is considered individually and no grant award should be construed as a precedent for subsequent gifts.

Acknowledgment of Grantee's agreement to the terms and conditions set forth in this letter must be made by a duly authorized officer of Grantee who should execute both copies of this letter and return one such executed copy to the Foundation by June 8, 2020.

On behalf of the Foundation, please accept my sincere congratulations on this grant award and my gratitude for your work in the community. Please feel free to call us with any questions that you may have.

Sincerely,

Lex Green, CPA  
President  
Pisgah Health Foundation

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As an officer of Maple Leaf Adult Respite, I certify that I am duly authorized to bind the organization to the terms of this agreement, and do hereby agree to, and accept the terms set forth above, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Name -- please print)



**PISGAH**  
HEALTH FOUNDATION

Initial

LB

## **EXHIBIT A**

Organization Name: **Maple Leaf Adult Respite**

Grant No. **CO19-RR017-052020**

### **Full Grant Request (attached)**

#### **Scope of Services summary**

##### **Statement of Need:**

In an effort to help sustain the program, we would like to ask that the funding to be flexible enough to assist with costs associated with both current expenses with cut revenues and the expenses related to the safe re-opening of the program. In an effort to serve our participants safely, we will have extra costs/expenses with the purchase of PPEs such as scrubs, gloves, masks, mask sanitizer, Infrared thermometers and hand sanitizer, etc. for staff and we will need the same supplies purchased for the participants with the exception of the scrubs. We will also incur extra expenses with the purchase of the approved daily disinfectant products.

Other uncovered start-up costs/expenses will include the initial purchase of food and snacks for participants, supplies and staff salaries with a huge gap in projected revenues due to lost reimbursement for the interruption of services.

##### **Project Description:**

Our program is a vital part of our community as it provides services that are designed to help our elderly "age in place" by providing services to allow them to continue to reside in private living arrangements versus long term care. Our program also addresses food insecurity for our participants by providing daily breakfast, lunch and snacks that meet the recommended daily allowance for Older Americans.

We will be concentrating on getting services back on track to currently enrolled participants in a gradual and safe manner with as little confusion as possible. We serve several individuals who had diagnoses of Dementia so this will be a re-adaptation for those participants.

Thank you so much for reaching out to us regarding our recent grant application for \$25,000.00. This is perfect timing. Due to the circumstances, our Statement of Need in our application needs to be updated

As you may be aware, due to the COVID-19 Pandemic and the Governor Cooper's proclamation, all congregate services for adults have been ordered to suspend services until further notice. Since Maple Leaf Adult Respite is a congregate day service program, the lifting of restrictions for our program will not be considered until after Phase III criteria has been met, so we are awaiting further guidance as to when our services can resume and our program can re-open at full capacity. Our most recent guidance has indicated that we may begin to resume services in late July or early August.

In an effort to help sustain the program, we would like to ask that the funding be flexible enough to assist with costs associated with both current expenses with cut revenues and the expenses related to the safe re-opening of the program. In an effort to serve our participants safely, we will have extra costs/expenses with the purchase of PPEs such as scrubs, gloves, masks, mask sanitizer, Infrared thermometers and hand sanitizer, etc. for staff and we will need the same supplies purchased for the participants with the exception of the scrubs. We will also incur extra expenses with the purchase of the approved daily disinfectant products.

Other uncovered start-up costs/expenses will include the initial purchase of food and snacks for participants, supplies and staff salaries with a huge gap in projected revenues due to lost reimbursement for the interruption of services. This will impact program revenues significantly for the 20-21 fiscal year.

Our program is a vital part of our community as it provides services that are designed to help our elderly "age in place" by providing services to allow them to continue to reside in private living arrangements versus long term care. Our program also addresses food insecurity for our participants by providing daily breakfast, lunch and snacks that meet the recommended daily allowance for Older Americans. Without these services, the population that we serve is likely to feel the effects in a very strong and negative way such as having to suffer from food insecurity, lack of socialization and/or medical care or even having to enter long term care. This would result in a significant increase in expenses for our community as whole in subsidizing the ever increasing rate of long term care.

Our program helps provide much needed respite services for caregivers who need to work, run errands or just have a small break to recharge to be effective caregivers with less stress for themselves leading to both healthier participants and healthier caregivers.

We are currently trying to cut operation expenses by re-allocating most Maple Leaf staff to other areas of HHSA for the immediate future, but we will still incur costs as it is necessary that the program director continue performing functions of the program in fulfilling the requirements of the NC Division of Aging and Adult Services and the Area Agency on Aging. This includes completing tasks such as daily/weekly contacts with participants and their



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Initial LB

### **EXHIBIT B**

Organization Name: **Maple Leaf Adult Respite**

Grant No. **CO19-RR017-052020**

#### **SECTION 1. Performance Milestones Reporting Timeline**

Using the Progress Report form and the Financial Activity Report form, provide an organizational summary of all activity during the reporting periods.

All reporting **must** include a budget sheet, curriculum summary with goals, administration role descriptions, number of participants, etc.

- Progress Report due by **July 15, 2020**.  
Activity period May-July 2020;
- Final Impact Report due by **December 31, 2020**.  
Activity period May 2020-December 2020.

#### **SECTION 2. Payment Disbursement Schedule**

- May 2020; \$25,000.00

SIGN

*[Handwritten Signature]*

DATE

7/8/2020

*Aging & Adult Servs. Program Manager*

**NOTE: BY SIGNING THE HAYWOOD COUNTY SIGNATURE PAGE, YOU AGREE TO FOLLOW THE ATTACHED TERMS AND CONDITIONS, TO THE EXTENT THAT SUCH PROVISIONS ARE APPLICABLE.**

**VENDOR**

Vendor Name: PISGAH HEALTH FOUNDATION

By: [Signature] Title: PRESIDENT

Date: JULY 31, 2020

**HAYWOOD COUNTY**

By: \_\_\_\_\_  
County Manager

Date: \_\_\_\_\_

**ATTEST:**

\_\_\_\_\_  
Clerk to the Board/Deputy Clerk to the Board

**APPROVED AS TO FORM:**

\_\_\_\_\_  
County Attorney

This instrument has been pre-audited in the manner required by the Local Government Budget Act.

\_\_\_\_\_  
Finance Director

*Uniform Guidance ("UG") Required Contract Provisions*

*APPLICABILITY: UG is a set of uniform standards for award and expenditure of federal financial assistance, and applies to the purchase of apparatus, supplies, equipment, materials, services, construction and repair, and engineering/architectural services. See 2 CFR Part 200. Provided that these standards are applicable to you, by signing this signature page, you are certifying that your organization meets these requirements and that this certification, with the statutory references incorporated into each certification, on its face constitutes the "provision for compliance" for any paragraphs requiring such provision or other similar required statement, terms, or requirements. Haywood County is also required to be bound by such provisions. As the UG requires that any more stringent state law or local ordinance/policy supersedes these certifications, such state or local contractual references supersedes the requirements below, to the extent that the state or local provisions are more stringent than the federal requirements.*

*If the service provided under the contract is not covered by the UG, signing the contract signature page will not bind the parties to these requirements, unless if specified in the contract. See generally <https://www.ecfr.gov/cgi-bin/text-idx?SID=04e61f4e0a8317140a9ec150bb2ac195&mc=true&node=pt2.1.200&rgn=div5#ap2.1.200.1521.ii>*

(A) Contracts for more than the simplified acquisition threshold currently set at \$150,000, which is the inflation adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

(B) All contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.

(C) Equal Employment Opportunity. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Ex. Order 11375, "Amending Ex. Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

(D) Davis-Bacon Act, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, a prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

(E) Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by the non-Federal entity in excess of

\$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

(F) Rights to Inventions Made Under a Contract or Agreement. If the Federal award meets the definition of "funding agreement" under 37 CFR §401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

(G) Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended-Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

(H) Debarment and Suspension (Ex. Orders 12549 and 12689)-A contract award (see 2 CFR 180.220) must not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Ex. Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Ex. Order 12549.

(I) Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)-Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

(J) See §200.322 Procurement of recovered materials.

§200.322 Procurement of recovered materials. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

[78 FR 78608, Dec. 26, 2013, as amended at 79 FR 75888, Dec. 19, 2014]

**From:** [Lisa Bradley](#)  
**To:** [Michelle Haynes](#)  
**Subject:** Maple Leaf original online application for PHF grant  
**Date:** Tuesday, November 24, 2020 3:28:31 PM

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**From:** Pisgah Health Foundation <[mail@grantapplication.com](mailto:mail@grantapplication.com)>  
**Sent:** Monday, December 30, 2019 2:33 PM  
**To:** Misti Carver <[Misti.Carver@haywoodcountync.gov](mailto:Misti.Carver@haywoodcountync.gov)>  
**Subject:** Your Application Submission

Thank you for your submission. Your application has been submitted successfully, and the tracking number is 20774. You will be receiving more information on the status of your application shortly. For your records, here is a copy of the contents of your application.

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**Full Proposal**

Thank You! Your application has been submitted.

**Organization**

**General Information**

Organization Name



Maple Leaf Adult Respite

Legal Name

*If different than Organization Name*



Tax ID



56-6001524

Annual Budget



326977

Website



<http://https://www.haywoodcountync.gov/432/Maple-Leaf-Adult-Respite>

Mission Statement

Maple Leaf Adult Respite is a professional service available to adults of all ages. Our focus is to meet the needs and maximize their individual skills and abilities. We also provide support and respite for the family by relieving them of daytime responsibilities. Our program is designed to stimulate the participants physically /mentally while spending time with their peers. A nurse is also on staff to provide medical assistance if required.

Year of Incorporation

2005

Brief History

Maple Leaf Adult Respite is a professional service available to adults of all ages. Our focus is to meet the needs and maximize their individual skills and abilities. We also provide support and respite to the family by relieving them of daytime responsibilities. Our program is designed to stimulate the participants physically /mentally while spending time with their peers. A nurse is also on staff to provide medical assistance if required.

Organization Goals and Objectives

Maple Leaf's goals and objectives would be to provide a safe, stimulating program for adults of various needs by having medical staff,

supervision, activities, nutrition and socialization. We also provide respite for caregivers to have a much needed break for the day knowing their loved one is in safe hands.

### Current Programs and Activities

*Please emphasize major achievements of the last two years.*

Lana Williams, our activity director received her Tai Chi for balance and arthritis certification in 2018. Maple Leaf was able to serve 11 in 2019. We all total served 49 unduplicated individuals in 2017 and 61 unduplicated in 2018. We were able to offer several activities for participants and or caregivers/volunteers. We annually have our volunteer appreciation in April honoring our many volunteers who make such an impact on our program. We celebrate with a meal, music, and prizes. We celebrated 5 years in our new building this spring with speakers and a catered meal. In July, we had our summer kickoff with a cook out, music, and our annual Maple Leaf Fair complete with miniature donkey and horse, car show, cook out, and craft fair. Annually in the Fall, we celebrate our veterans and this year we had the local ROTC present the flag ceremony to the group and present each veteran with a token. We just had our caregiver appreciation last week celebrating by presenting each caregiver with a hand written thank you card from their loved one and prizes along with a full thanksgiving meal all provided by a grant for caregiver appreciation from the Area Agency on Aging.

## Address

*Please fill out information regarding your organization's physical address.*

Street Address

63 Elmwood Way, Suite C100

City	State
<input type="text" value="Wayensville"/>	<input type="text" value="NC"/>
Postal Code	
<input type="text" value="28786"/>	

Mailing Address

*If different than Physical Address. Please include City, State and Postal Code.*

## Staff

*Please indicate the annual number of staff you have in each category. Please enter '0' if you have no staff in a category.*

Full Time

5

Part Time

1

Volunteers

2

Interns

2

Other Staff

5

Total Staff

*Click Icon to Calculate Total*

15

### Contacts

## Organization Primary Contact

*Please enter information regarding the primary point of contact for your organization. This may be different than the primary point of contact for your request.*

Prefix <input type="text" value="Mrs."/> 	First Name <input type="text" value="Lisa"/> 
Last Name <input type="text" value="Bradley"/> 	Suffix <input type="text" value="&lt;None&gt;"/> 
E-mail <input type="text" value="Lisa.Bradley@haywoodcountync.gov"/> 	Title <input type="text" value="Program Manager"/> 
Office Street Address  157 Paragon Parkway, Suite C300	
Office City <input type="text"/> 	Office State <input type="text"/> 

Clyde

NC

Office Postal Code

  
28721

Office Phone

828-356-2357

## Request Primary Contact

*Please enter information regarding the primary point of contact for your request. This may be different than the primary point of contact for you organization.*

Same as Organization Primary Contact

No

Prefix

  
Mrs.

First Name

  
Misti

Last Name

  
Carver

Suffix



E-mail

  
[misti.carver@haywoodcountync.gov](mailto:misti.carver@haywoodcountync.gov)

Title

  
Director of Maple Leaf

Office Street Address

63 Elmwood Way, Suite C100

City

  
Waynesville

State

  
NC

Postal Code

  
28786

Office Phone

828-456-9488

**Request**

## General Information

Summary

*Please state the intent of the project.*

Our intent is to provide an additional resource to pay for those participants who would not otherwise qualify for our current grants. The funding would also help us pay for an additional staff person to allow us to add 6 more participants to lower the number on our waitlist.

Funding Area

Food Insecurity  
Obesity, Substance Abuse, Mental Health, Health Education  
Social Cohesion

Request Amount

25000

Project Start Date



2/3/2020

Project End Date

*Please enter the dates that the funding from this request will be used.*



2/1/2021

Project Goals and Objectives

*Please describe the goals of this project.*

If awarded, the money would be used to provide services for participants who could not otherwise afford to attend and if needed a part-time staff person. North Carolina mandates we are a 6:1 ratio and therefore, we could take 6 more people per day off the wait list with additional staff. This money would provide the financing we need to fund the cost of care for the participant and provide an extra staff person.

Organizational Description

*Make a direct connection from what you currently do to what you want to accomplish. Incorporate statistical facts if possible.*

For the last two years, we have kept a wait list of 15-30 people. We add new participants at an average rate of 2-3 month. Our current funding and staffing only allows for 24 participants. Our program provides breakfast, lunch and snack which are nutritionally sound as directed by the USDA food and nutrition program from the USDA. This allows for 2/3 days worth of nutrition for seniors who may not receive adequate nutrition which could lead to obesity or malnutrition. Also, our program stimulates social interactions between participants, staff, and volunteers from the community. Many times our seniors are isolated in their home and the only interactions they have are from immediate family, if available, and doctors appointments. Our program gives these vulnerable adults an opportunity to interact in the community and with each other. Our nurse also provides monthly talks on health topics of interest to this generation. Additionally, she provides supervision and guidance regarding individual healthcare to each participant. For those participants who are enrolled with Memory Care psychiatric services, we are in contact with them quarterly or more if needed, to provide the best care we can. This relationship has proven to be beneficial for all.

Statement of Need

*Describe the issues this project seeks to address.*

The funding would allow for participants to join our program if they do not qualify for any other funding source. With the addition of new

participants, we feasibly could add additional staff. The grant would pay for additional participants to attend which would in turn pay for additional staff. The second plan would be, adding additional staff would cost around \$7500.00. The rest of the grant would be used to fund participants for approximately 350 days.

#### Timetable

*Timetable for accomplishing stated goals and objectives.*

We would use this money from the time received until it runs out or in a year whichever comes first.

#### Program Methodology

*Describe the methods to be used to achieve your goals and objectives.*

In my 4 years as being Director at Maple Leaf, I have personally seen the relief of the caregivers as they have had time to take care of themselves while there loved one is here. I have also seen our participants come in to our program and join in the games and activities stimulating their brain and body which enables them to stay in their home longer. The nutrition they receive and the stimulation is much more adequate than what they are provided at home. The majority of the caregivers are elderly themselves and don't have the energy left at the end of the day to provide activities and think through a menu. The majority of the participants are coming to us from their armchair in front of a TV watching a show they can no longer keep up with the story line. They also are able to socialize with their peers many of whom they had careers with and enjoy being around.

#### Staffing for project

*Describe how this project will be staffed.*

In order to meet our staffing ratio, we are mandated to keep a 6:1 ratio at all times. If this requires extra staff to meet the demands, we will add a part-time staff person.

#### Collaboration

*Describe any collaboration with other organizations with regards to this project.*

We currently have 30 on our wait list. Some are from agencies such as the Veteran's administration, Memory Care, Social Workers in Adult Services, senior centers and doctor's offices. If we are able to exhaust the list, we will contact these organizations for referrals.

#### Sustainability

*Describe the sustainability plan for this project.*

We will continue to use our grants in the best way possible by providing services to those adult in our area who could benefit. If we receive this grant, we will use it and as always be on the lookout for other resources to be able to continue services. We will apply each year to this grant. Additionally, Haywood County Government is always a source of funding as they have supported our program annually.

## Demographics Served

*Please enter information about the populations that you intend to serve with this grant request.*

#### Gender

*Check all that apply*



Females (50%)

#### Age Group



Adults (26-64)

Seniors (65+)

Males (50%)

Number of Clients served in 2018

61

Indicate the Counties in which you provide services

*Check all that apply*

Haywood (Central-C4)

## Evaluation

Effectiveness Measure

*Explain how you will measure the effectiveness of your activities.*

The participants on the grant will be able to attend and their attendance to our program will be documented in their notes and attendance records.

Criteria for Success

*Describe your criteria for success in this project.*

We will be successful by shortening or eliminating our wait list. When people inquire about our program, they are usually needing services immediately. Unfortunately, by the time we call them in an average of 6 months or so later, their loved one has moved to placement or they no longer need the program due to decline.

Expected Results

*Describe the results you expect to have achieved by the end of the funding period.*

Again, my hope is to deplete the wait list and be able to offer services when people call our program.

Additional Information

*Any additional information not mentioned above*

## Attachments

### Required Attachments

Click **Upload** to complete the attachment process.

## Financial Statements

*Audited financial statements for the last fiscal year, or Tax Form 990. If neither document is available, include most recent financial statement.*

[2018 CAFR Haywood County NC Financial Statement.pdf](#)

## Operating Budget

*Current year's operating budget to include both projected expenses and revenues. Categorize expenses under program, general and administrative, and fundraising.*

[Budget Worksheets ADC FY 2019-2020 November.pdf](#)

## Program Budget with Narrative

[Project budget narrative.pdf](#)

## Funders

*A list of foundations, corporations, or governmental agencies which funded the organization in the last fiscal year, including amounts contributed of \$1,000 and above.*

[funding Maple Leaf.pdf](#)

## Tax Status Verification

*Verification of the organization's or fiscal agent's tax-exempt status under Section 501(c)3 and 509(a) of the IRS code. If using a fiscal agent, please include notarized Letter of Authorization.*

[IRS EIN Letter.pdf](#)

## Board of Directors

*Current Board of Directors list showing Executive Committee, Director employment affiliations and Board service term.*

[HHSA Board of Directors 2019.pdf](#)

## Resume/Curriculum Vitae

*Resume or Curriculum Vitae of organization's primary leader.*

[resume.pdf](#)

## Optional Attachments

Latest Annual Report

## Letters of Agreement

*If the project for which funding is sought is a collaboration with other agencies, include letters of agreement specific to the project from each collaborating agency.*

## Letters of Support

*Up to three signed letters of support from community leaders specific to the project request.*

[Letters of support.pdf](#)

HAYWOOD COUNTY  
 BUDGET ORDINANCE AMENDMENT  
 FISCAL YEAR 2020-21

PER: \_\_\_\_\_  
 JNL: \_\_\_\_\_

BE IT ORDAINED by the Board of Commissioners of Haywood County that the following amendment be made to the budget ordinance for the fiscal year ending June 30, 2021.

Section 1. To amend the General Fund, the expenditures are to be charged as follows:

Department	Account Number	Current Budget	Increase (Decrease)	Amended Budget
115401 Adult Day Care				
Special Prgm Mat - PHF Grant	115401-523100-21PHF	-	25,000	25,000
				-
				-
				-
				-
				-
				-
				-
				-
				-

which will result in a net increase of \$ 25,000 in the expenditures of the General Fund.

To provide the additional revenue for the above, the following revenues will be increased as the money has been received:

Revenue	Acct. No.	Current Budget	Increase (Decrease)	Amended Budget
110100 Miscellaneous				
ADC Grant - PHF	110100-454840-21PHF	-	25,000	25,000
				-
				-
				-

Section 2. Copies of this budget amendment shall be delivered to the Budget Officer and the Finance Officer for their direction.

Adopted this the \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
 Chairman  
 Haywood County Board of Commissioners

ATTEST:

\_\_\_\_\_  
 Clerk to the Board

<b>Explanation:</b>
To recognize the grant awarded to Maple Leaf Adult Respite from Pisgah Health Foundation for expenses related to the safe re-opening of the Adult Daycare/Day Health program.
Funds will be used to purchase PPE to protect the recipients and staff as well as assist in the additional re-opening costs of food, food supplies, and office supplies.

**From:** [Michelle Haynes](#)  
**To:** [Julie Davis](#)  
**Subject:** Munis #  
**Date:** Monday, December 07, 2020 1:26:00 PM

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Good afternoon. Can I get a new expense & revenue account # in Munis for Maple Leaf ADC? This is for a grant they received from Pisgah Health Foundation to assist with COVID expenses to reopen the facility.

115401-523100-21PHF: Special Prgm Mat-PHF Grant  
110100-454840-21PHF: ADC Grant – PHF

Thanks.

**Michelle M. Haynes, MBA, Business Services Director**  
**Haywood County Health and Human Services Agency**  
*"Enhancing the health, safety, and full potential of our community."*  
157 Paragon Parkway, Suite 300  
Clyde, NC 28721  
Phone: 828-356-2384  
Fax: 828-452-6694  
e-mail: [Michelle.Haynes@haywoodcountync.gov](mailto:Michelle.Haynes@haywoodcountync.gov)