

**REQUEST FOR BOARD ACTION  
HENDERSON COUNTY  
BOARD OF COMMISSIONERS**

**MEETING DATE:** January 6, 2014

**SUBJECT:** Request for Approval of Western Carolina Community Action  
2013-2014 CBDG Grant Application for Funding

**PRESENTER:** Deb Haight, WCCA Henderson/Polk County Community Services  
Director

**ATTACHMENTS:** YES

1. Application
2. Documentation of Submission to County Commissioners

**SUMMARY OF REQUEST:**

Deb Haight, WCCA Services Director, is requesting approval of the Western Carolina Community Action Community Services Block Grant Program application. This is the third year this has been a requirement from their funder.

The attached grant is unsigned and will be presented to the WCCA Board of Directors prior to the meeting of the Board of Commissioners for their approval. No Henderson County funding is required.

**BOARD ACTION REQUESTED:**

Staff suggests approving the request.

**SUGGESTED MOTION:**

*I move that the Board approves the request for application by the Western Carolina Community Action of the 2014-2015 CDBG Grant, authorize the clerk to insert the date of January 6, 2014 on page 3, and further authorize the clerk to execute the submission page.*

# North Carolina Department of Health and Human Services

## Division of Social Services/Economic and Family Services



### Community Services Block Grant Program

**Fiscal Year 2014-15 Application for Funding  
Project Period July 1, 2014 – June 30, 2015  
Application Due Date: January 31, 2014**

| Applicant Information                                                 |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Agency:                                                               | Western Carolina Community Action                         |
| Federal I.D.                                                          | 56 0846319                                                |
| DUNS Number:                                                          | 030506133                                                 |
| Administrative Office Address:                                        | 220 King Creek Blvd., Hendersonville, NC 28792            |
| Mailing Address:                                                      | PO Box 685, Hendersonville, NC 28793                      |
| Telephone Number:                                                     | 828 693 1711                                              |
| Fax Number:                                                           | 828 697 4277                                              |
| Board Chairperson:                                                    | Donna Marple                                              |
| Board Chairperson's Address:<br>(where communications should be sent) | 1200 Spartanburg Hwy, Suite 100, Hendersonville, NC 28792 |
| Board Chairperson's Term of Office:                                   | November 2013 – October 2014                              |
| Executive Director:                                                   | David White                                               |
| Executive Director Email Address:                                     | david@wcca.net                                            |
| Agency Fiscal Officer:                                                | Sheri Sparks                                              |
| Fiscal Officer Email Address:                                         | ssparks@wcca.net                                          |
| CSBG Program Director:                                                | Deb Haight                                                |
| CSBG Program Director Email Address:                                  | dbatkinson@wcca.net                                       |
| Counties Served with CSBG funds:                                      | Henderson, Polk and Transylvania                          |

North Carolina Department of Health and Human Services  
Office of Economic Opportunity - Verna P. Best, Director  
2420 Mail Service Center / Raleigh, North Carolina 27699-2420  
<http://www.ncdhhs.gov/oeo/>

**Checklist to Submit a Complete Community Services Block Grant (CSBG) Application**

Please put a check mark in the appropriate box to show that you have included the completed document with your application. All documents are required with the exception of those that say "if applicable."

| Item                                                                                                                                                                         | Included (√) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Signed Application Certification (blue ink only)                                                                                                                             |              |
| Signed Board Membership Roster (blue ink only)                                                                                                                               |              |
| Board of Directors Officers and Committees                                                                                                                                   |              |
| Planning Process Narrative                                                                                                                                                   |              |
| Form 210 – Agency Strategy for Eliminating Poverty                                                                                                                           |              |
| Form 212 – One-Year Work Program                                                                                                                                             |              |
| Monitoring, Assessment and Evaluation Plan                                                                                                                                   |              |
| Form 212A – CSBG Administrative Support Worksheet (if applicable)                                                                                                            |              |
| Form 225 – Agency Budget Information                                                                                                                                         |              |
| Form 225N-Budget Narrative                                                                                                                                                   |              |
| <u>Appendices (to be attached by the Applicant):</u>                                                                                                                         |              |
| <ul style="list-style-type: none"> <li>• Organizational Chart</li> </ul>                                                                                                     |              |
| <ul style="list-style-type: none"> <li>• Job Description and Resume for the Agency's Executive Director</li> </ul>                                                           |              |
| <ul style="list-style-type: none"> <li>• Job Description and Resume for the Agency's Chief Financial Officer</li> </ul>                                                      |              |
| <ul style="list-style-type: none"> <li>• Job Descriptions for all CSBG employees (do not include names)</li> </ul>                                                           |              |
| <ul style="list-style-type: none"> <li>• Affirmative Action Plan</li> </ul>                                                                                                  |              |
| <ul style="list-style-type: none"> <li>• Documentation of Public Hearings for Initial Planning Process:</li> </ul>                                                           |              |
| <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Copy of Public Notice(s) from Newspaper(s)</li> </ul> </li> </ul>                             |              |
| <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Agenda of Public Meeting(s)</li> </ul> </li> </ul>                                            |              |
| <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Copy of Attendance Sheet(s)</li> </ul> </li> </ul>                                            |              |
| <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Minutes of Public Meeting(s)</li> </ul> </li> </ul>                                           |              |
| <ul style="list-style-type: none"> <li>• Documentation for Notice of Intent to Apply:</li> </ul>                                                                             |              |
| <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Copy of advertisement(s)</li> </ul> </li> </ul>                                               |              |
| <ul style="list-style-type: none"> <li>• Documentation of Submission to County Commissioners:</li> </ul>                                                                     |              |
| <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Certified document from county clerk</li> </ul> </li> </ul>                                   |              |
| <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Commissioners' comments or minutes (if applicable)</li> </ul> </li> </ul>                     |              |
| <ul style="list-style-type: none"> <li>• Cognizant-Approved Indirect Cost Agreement</li> </ul>                                                                               |              |
| <ul style="list-style-type: none"> <li>• Cost Allocation Plan (if applicable)</li> </ul>                                                                                     |              |
| <ul style="list-style-type: none"> <li>• IRS State Exempt Letter</li> </ul>                                                                                                  |              |
| <ul style="list-style-type: none"> <li>• Contracts and Leases</li> </ul>                                                                                                     |              |
| <u>Forms to be completed by the Applicant. The forms are included:</u>                                                                                                       |              |
| <ul style="list-style-type: none"> <li>• Verification of 501(C)(3) Status (Annual)</li> </ul>                                                                                |              |
| <ul style="list-style-type: none"> <li>• Notarized Conflict of Interest Policy/Acknowledgement</li> </ul>                                                                    |              |
| <ul style="list-style-type: none"> <li>• Conflict of Interest Verification (Annual)</li> </ul>                                                                               |              |
| <ul style="list-style-type: none"> <li>• State Grant Certification – No Overdue Tax Debts</li> </ul>                                                                         |              |
| <ul style="list-style-type: none"> <li>• State Certification - Contractor Certifications Required by N.C. Law</li> </ul>                                                     |              |
| <ul style="list-style-type: none"> <li>• Federal Certifications</li> </ul>                                                                                                   |              |
| <ul style="list-style-type: none"> <li>• Federal Funding Accountability and Transparency Act (FFATA)<br/>Attach evidence of Central Contractor Registration (CCR)</li> </ul> |              |
| <ul style="list-style-type: none"> <li>• Vehicle Registrations</li> </ul>                                                                                                    |              |

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
Certification and Assurances**

**Public Hearing on the Initial Plan**

We herein certify that a public hearing as required by 10A NCAC 97B .0402 Citizen Participation in the Application Process occurred on See below for the initial planning process for the agency's current project plan and the agency has maintained documentation to confirm the process of the public hearing.

For multi-county providers, indicate the date and the county the hearing was held.

| Date       | County       | Date | County |
|------------|--------------|------|--------|
| 12/12/2012 | Transylvania |      |        |
| 12/13/2012 | Polk         |      |        |
| 01/07/2014 | Henderson    |      |        |
|            |              |      |        |
|            |              |      |        |

**County Commissioners' Review**

We herein certify that the application for this project period was submitted to the Board of County Commissioners for review and comment on \_\_\_\_\_ as required by 10A NCAC 97C .0111(A).

For multi-county providers, indicate the county and date the application for funding was presented to the Board of County Commissioners as required by 10A NCAC 97C .0111(B).

| Date | County       | Date | County |
|------|--------------|------|--------|
|      | Henderson    |      |        |
|      | Polk         |      |        |
|      | Transylvania |      |        |
|      |              |      |        |
|      |              |      |        |

**Board of Directors Approval of the Application**

I hereby certify that the information contained in the attached application is true and the Board of Directors has reviewed and approved this application for the Community Services Block Grant Program.

Date of Board Approval: 01/09/2014

Board Chairperson: \_\_\_\_\_  
(Signature) (Date)

Finance Committee Chairperson: \_\_\_\_\_  
(Signature) (Date)

**Board of Directors' Membership Roster**

|                                                |      |                            |         |
|------------------------------------------------|------|----------------------------|---------|
| Total Seats Per Agency Bylaws                  | 21   | Total Current Vacant Seats | 1       |
| Total Number of Seats Reserved for Each Sector | Poor | 7                          | Public  |
| Total Number of Vacant Seats Per Each Sector   | Poor | 0                          | Public  |
|                                                |      | 7                          | Private |
|                                                |      | 1                          | Private |
|                                                |      |                            | 0       |

| Name                                            | Email Address                                                                          | County of Residence | Community Group/Area Represented | Date Initially Seated [month/year] | Number of Terms Served [completed] | Current Term Expiration [month/year] |
|-------------------------------------------------|----------------------------------------------------------------------------------------|---------------------|----------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <b>Representatives of the Poor</b>              |                                                                                        |                     |                                  |                                    |                                    |                                      |
| 1. Heather Boyd                                 | <a href="mailto:heather@sharinghouse.org">heather@sharinghouse.org</a>                 | Transylvania        | Low-income Housing               | 5/1/2008                           | 2                                  | 5/14                                 |
| 2. Teresa Duncan                                | <a href="mailto:tessduncan@gmail.com">tessduncan@gmail.com</a>                         | Transylvania        | Silvermont Opportunity House     | 9/13/2012                          | 0                                  | 9/14                                 |
| 3. Lynn Marks                                   | N/A                                                                                    | Henderson           | Policy Council                   | 11/14/2013                         | 0                                  | 11/16                                |
| 4. Jackie Smith                                 | N/A                                                                                    | Henderson           | Apple Country Transit            | 9/13/2012                          | 0                                  | 9/2012                               |
| 5. Cristy Stevenson                             |                                                                                        | Henderson           | Self-Sufficiency Program         | 11/14/2013                         | 0                                  | 11/2015                              |
| 6. Sherry Williams                              |                                                                                        | Henderson           | Sec. 8 Housing Choice Voucher    | 8/12/2010                          | 1                                  | 8/2016                               |
| 7. Ruthie Woodruff                              | <a href="mailto:ruthielee@aol.com">ruthielee@aol.com</a>                               | Henderson           | Policy Council                   | 4/14/2011                          | 1                                  | 4/2017                               |
| <b>Public Elected Officials</b>                 |                                                                                        |                     |                                  |                                    |                                    |                                      |
| 1. Barbara Batchler                             | <a href="mailto:grammybatch@gmail.com">grammybatch@gmail.com</a>                       | Polk                | Polk County                      | 8/11/2011                          | 1                                  | 8/2017                               |
| 2. Debbie McCrary                               | <a href="mailto:Debbie.mccrary@cityofbrevard.com">Debbie.mccrary@cityofbrevard.com</a> | Transylvania        | City of Brevard                  | 11/14/2013                         | 0                                  | 11/2019                              |
| 3. Ron Schieve                                  | <a href="mailto:r.schieve@aol.com">r.schieve@aol.com</a>                               | Transylvania        | Transylvania County              | 10/14/2010                         | 1                                  | 10/2016                              |
| 4. Terri Trimble                                | <a href="mailto:Terri.trimble@live.com">Terri.trimble@live.com</a>                     | Transylvania        | Transylvania County              | 7/12/2012                          | 0                                  | 7/2018                               |
| 5. Linda Weldon                                 | <a href="mailto:wncinda@aol.com">wncinda@aol.com</a>                                   | Henderson           | Henderson County                 | 11/8/2012                          | 0                                  | 11/2018                              |
| 6. Mike Wollinger                               | <a href="mailto:mwollinger@Mountain1st.com">mwollinger@Mountain1st.com</a>             | Henderson           | City of Hendersonville           | 4/12/2012                          | 0                                  | 4/2018                               |
| <b>Representatives of Private Organizations</b> |                                                                                        |                     |                                  |                                    |                                    |                                      |
| 1. Stephen Blackwell                            | <a href="mailto:nanniebm@aol.com">nanniebm@aol.com</a>                                 | Henderson           | Etowah Lions Club                | 10/14/2010                         | 1                                  | 10/2016                              |
| 2. Linda Chapman                                | <a href="mailto:lbcfamilyplaces@gmail.com">lbcfamilyplaces@gmail.com</a>               | Transylvania        | The Family Place                 | 1/12/2010                          | 1                                  | 1/2016                               |

|                   |                                                                                          |              |              |            |   |         |
|-------------------|------------------------------------------------------------------------------------------|--------------|--------------|------------|---|---------|
| 3. Ron Laughter   | <a href="mailto:executivedirector@habitat-hvl.org">executivedirector@habitat-hvl.org</a> | Henderson    | Henderson    | 11/8/2012  | 0 | 11/2018 |
| 4. Donna Marple   | <a href="mailto:dmarple@hendersoncountync.org">dmarple@hendersoncountync.org</a>         | Henderson    | Henderson    | 2/11/2010  | 1 | 2/2016  |
| 5. Drew Nelson    | <a href="mailto:tadc@citcom.net">tadc@citcom.net</a>                                     | Transylvania | Transylvania | 11/14/2013 | 0 | 11/2019 |
| 6. Lou Parton     | <a href="mailto:lparton@polknc.org">lparton@polknc.org</a>                               | Polk         | Polk         | 11/10/2011 | 1 | 11/2017 |
| 7. madeline Royes | N/A                                                                                      | Henderson    | Henderson    | 8/9/2012   | 0 | 8/2018  |

The signature of the Board of Directors Chairperson certifies that the persons representing the poor were selected by a democratic process and that there is documentation on file that confirms the selection of all board members. In addition, by signing below, the Board of Directors Chairperson confirms that the selection of all board members coincides with the directives outlined in the agency's bylaws and that a current Board of Directors Member Profile is on file for each member.

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Board of Directors Chairperson

**Board of Directors' Officers and Committees**

Note: All committees of the board should fairly reflect the composition of the board (10A NCAC 97C .0109). Be sure to identify the chairperson and other committee positions.

| Name            | Office      | Sector Represented | County Represented* |
|-----------------|-------------|--------------------|---------------------|
| Donna Marple    | Chairperson | Private            | Henderson           |
| Linda Weldon    | Vice-Chair  | Public             | Henderson           |
| Heather Boyd    | Secretary   | Target             | Transylvania        |
| Mike Wollinger  | Treasurer   | Public             | Henderson           |
|                 |             |                    |                     |
|                 |             |                    |                     |
| Mike Wollinger  | Chairperson | Public             | Henderson           |
| Steve Blackwell |             | Private            | Henderson           |
| Sherry Williams |             | Target             | Henderson           |
|                 |             |                    |                     |
|                 |             |                    |                     |
| Madeline Royes  | Chairperson | Private            | Henderson           |
| Teresa Duncan   |             | Target             | Transylvania        |
| Linda Weldon    |             | Public             | Henderson           |
|                 |             |                    |                     |
|                 |             |                    |                     |
|                 | Chairperson |                    |                     |
| Jackie Smith    |             | Target             | Henderson           |
| Ron Laughter    |             | Private            | Henderson           |
|                 |             |                    |                     |
|                 |             |                    |                     |
| Ron Schieve     | Chairperson | Public             | Transylvania        |
| Heather Boyd    |             | Poor               | Transylvania        |
| Linda Chapman   |             | Private            | Transylvania        |
|                 |             |                    |                     |
|                 |             |                    |                     |
| Linda Chapman   | Chairperson | Private            | Transylvania        |
| Madeline Royes  |             | Private            | Henderson           |
| Terri Trimble   |             | Public             | Transylvania        |
| Ruthie Woodruff |             | Target             | Henderson           |
|                 |             |                    |                     |
|                 |             |                    |                     |
|                 | Chairperson |                    |                     |
|                 |             |                    |                     |
|                 |             |                    |                     |
|                 |             |                    |                     |
|                 |             |                    |                     |

\*To be completed by agencies serving multiple counties.

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
Planning Process Narrative**

|                                                                                                                                                                                       |                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <p>ROMA Goals 1, 3 and 5<br/>Low income People Become More Self-Sufficient; Low income People Own a Stake in their Community; Agencies increase their capacity to achieve results</p> | <p>DHHS Excels-Goal 2<br/>Expand understanding and use of information to enhance the health and safety of North Carolinians</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

1. Explain in detail how each of the following was involved in the planning and development of this strategic plan.
  - a. **The Poor:** We are involved with numerous roundtables that allow us to give and receive feedback from agencies that work with the poor in the counties that we serve. Western Carolina Community Action's Board of Directors is comprised of one third representatives of the poor. Recently one of our self sufficiency clients was elected to serve as a representative of target population on the board. This presents us with a unique opportunity to not only have representation on the board where folks that have experienced poverty are able to have a chance to voice concerns but they also have an impact on decisions that affect the agency and others that we serve. Members of Head Start staff are located in two of our main offices. Head Start requires that family workers work closely with the families that they serve. These close relationships enable them to share general familial concerns with us and other staff without sharing specific information. We make referrals to and interact with Head Start staff on a regular basis. 2011 data from the regional 211 information and referral system indicates that the top caller needs are assistance with housing and utilities, health care, legal, consumer and public safety services and individual, family and community support. The Head Start department completed a Community Assessment for 2012. We continue to operate in compliance with WCCA's PHA (Public Housing Agency) 5-year plan which was adopted after public hearing for FY 2010 and is updated annually. In August of 2009 Western Carolina Community Action partnered with The United Way to undertake a Community Needs Survey for Henderson and Polk Counties. Many of our clients and residents in Transylvania County participated in a County Health Assessment in 2012. This survey indicated that Transylvania residents listed their top three concerns as: the economy/unemployment, activity/recreation options and healthcare. Many are hopeful that the opening of a satellite Blue Ridge Health Center will improve healthcare options in Transylvania County since quality medical care is provided on a sliding fee scale. Blue Ridge Community Health Care recently announced that they have received a grant to provide services in Rutherfordton County. Many Polk County residents travel into Rutherfordton County for services so this may provide them with another option for affordable health care. The Henderson and Polk County United Way surveys were completed in the summer of 2010 and have not been repeated. In **Henderson** County 33% of respondents stated they or someone in their household had been out of work in the past year. 57% of the people that were out of work did not find employment. Of the 43% that did find employment 39% had to take a job with less hours and 55% were making less pay! In **Polk** County 51% of respondents stated they or someone in their household had been out of work in the past year. 64% of the people that were out of work did not find employment. Of the 36% that did find employment 50% were making less pay! In the **Transylvania** County United Way survey unemployment ranked at the top of the top 5 Community Issues. This underscores the continued need for our Self Sufficiency program in helping participants improve their education and job skills. Clients and family members of clients continue to express concern about the scarcity of full time employment options.
  - b. **The Staff:** Self Sufficiency staff and their supervisor continue to have an ongoing dialogue concerning the program and ways clients can be better served. All CSBG staff come together periodically to



brainstorm and discuss client progress and methods of enabling future evolution. If problems or roadblocks are encountered input is gathered concerning possible community resources. Currently, monthly senior staff meetings focus on the strategic activities, goals, and communications needs of the agency and our clients. Additionally, Community Services staff, in conjunction with WCCA's Housing Department, Head Start, and other community-based non-profit service delivery staff, may revise or update needs or services on an ongoing basis between community surveys. All Self Sufficiency staff members are involved in community groups in each of the counties that we serve. We also read local newspapers to stay abreast of current services, job openings and opportunities that might benefit our clients. This allows us to make timely referrals and to stay involved. Self Sufficiency staff frequently contact participants allowing them to know what current needs are and to provide input on future program requirements. Staff and their supervisor review files and service expenditures to discuss and project for the future. CSBG staff discussed possible strategic plan initiatives which were finalized in October of 2011. These initiatives revolve around increasing the clients' employability through certification or job training, finding a job making more than minimum wage and or a job with benefits and improving budgeting skills.

- c. The Board: The Community Services Block Grant is presented to the Board and input is requested annually. CSBG Outcomes for the previous program year are presented at one of the fall board meetings, board members have the opportunity to ask questions or give feedback during this time. The Board and Senior Staff members (including the Community Services Director) are also involved in the Strategic Planning process. Our most recent Strategic Planning process began in late February of 2011 and finished with the finalized Strategic Plan in October of 2011. Each department was asked to work with their staff to develop key initiatives. The initiatives in the Community Services Department revolved around increasing the clients' employability through certification or job training, finding a job making more than minimum wage and improving budgeting skills. Strategic Plan updates for the CSBG portion were presented to the board in October of 2012. The board was given an opportunity to comment. Board comments and input are welcomed at all times. When the board is not working on developing a strategic plan they maintain an updated environmental scan of the low-income community through target or "poor" members, government and other community organizations in which members are extensively involved and monthly Program Directors Reports. The Individual Development Account Program, Housing Initiatives, Senior Center, Head Start and Early Head Start and Pre-K expansions, Transportation and ARRA grants have all been the result of the board looking for ways to meet community needs.

|                                                                            |                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>ROMA Goal 5<br/>Agencies increase their capacity to achieve results</p> | <p>DHHS Excels-Goals 1 and 2<br/>Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Expand understanding and use of information to enhance the health and safety of North Carolinians</p> |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- 2. Describe your agency's method and criteria for identifying poverty causes and list the identified causes. Also describe the methods and criteria used to determine priority and selection of strategies to be implemented that will address the poverty causes.

|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <p>ROMA Goal 1, 2, 3 and 6<br/>Low income People Become More Self-Sufficient; The conditions in which low income people live are improved; Low-income people own a stake in their community; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems</p> | <p>DHHS Excels- Goal 4<br/>Provide services to individuals and families identified as being at risk of compromised health and safety.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

In the process of delivering CSBG services since 1981 (the agency originated in 1966), WCCA is proactive to communicate information daily with county residents in greatest need through its portals for Self Sufficiency, the Senior Center, Nutrition Services, Section 8 and Head Start. We also review current Community Assessments for areas of concern. Many members of WCCA's staff are involved in various committees in all three counties such as The Living Wage Coalition, Interfaith and Sharing House, Thermal Belt Outreach, Caring Meeting, Agency Roundtable, The Homeless Coalition, United Way, and the Hunger Coalition. These committees seek out the causes of poverty as well as solutions. Senior Staff also serve from time to time on the Boards of other agencies such as Transylvania Regional Hospital Home Care, Councils on Aging, The Haven Homeless Shelter, and Blue Ridge Health as well as serving on regional, state and national Boards in Housing and Head Start areas. The causes of poverty were also discussed at our Public Hearings in each of the counties in December 2012.

We review the annual report from the 2-1-1- call centers for Transylvania and Henderson counties. In both counties, the #1 request (27% of calls) was for housing and utility assistance. This information may be available next year for Polk County since 2-1-1 was recently introduced in that county. WCCA has been successful in both counties in using this information as well as other documentation to apply for and be awarded grants to collaborate and meet the needs for over 32 people.

Another important document that helps us identify needs is the Community Assessment from each county. At Western Carolina Community Action the Head Start program gathers and disseminates this information to the rest of the agency. Head Start has collected data for the 2012 Community Assessment. For example, as our population ages in each county, a new set of unmet needs surfaces. In Transylvania County, the population of persons 65 years and older is 25.8% - the highest in Western North Carolina. Using this data, we can plan more effectively for activities/programs/workshops at the Senior Center that WCCA operates. Isolation of low income seniors was a leading concern in the assessment.

From this perspective the causes of poverty are:

1. Lack of employment, underemployment, part time and low-wage employment and lack of living wage positions, adjusted in 2013 to an estimated \$11.85/hour without benefits and \$10.35/hour with benefits. The effects from the economic downturn are still evident as we see more people seeking our services that had previously been gainfully employed making good wages. Unfortunately there are still fewer positions and more skilled and unskilled people vying for the same jobs.
2. Lack of job training and educational options to accommodate newly unemployed persons or underemployed persons; lack of job training and educational opportunities for non- high school graduates. (NC downsized many Employment Security Commission offices in 2012 decreasing the number of free locations where job training might be available).
3. Lack of employment opportunities for educated, skilled workers in their field due to high unemployment and intense competition for fewer jobs.
4. Inadequate child care subsidies, inadequate before and after school care, and age appropriate child care to bridge the gap between public assistance and self-sufficiency
5. Energy efficient or standard affordable housing, both rental and owned
6. Rural transportation; isolation, inaccessibility or lack of knowledge concerning resources
7. Changes or disruptions in family composition/structure
8. Inadequate budget, resource, and financial management skills
9. Access to health and dental care; quality mental health care, lack of knowledge concerning availability of support and services

See #1 above. The combination of survey results, public meetings, agency experience, past CSBG performance, and knowledge of our community needs indicate stable jobs, training/retraining programs, securing standard housing, accumulation of assets, and increased income are key benchmarks to breaking the welfare cycle and fostering thoughts and actions of independence.

Criteria for acceptance:

1. Return completed application and score sheet.
2. Determine income eligibility.
3. Ascertain employability – by reviewing employment history and barriers
4. Work with client to clarify motivation or willingness to achieve goal of stability.
5. Develop and sign a Self-Sufficiency/Stability Goal Plan.

Strategies to be implemented are:

1. Discover and utilize community services.
2. Work with client to locate reliable transportation and/or affordable child care
3. Determine Employability/Improve Job Skills
4. Prevent crisis and enhance ability to problem-solve and self-advocate
5. Obtain standard and affordable housing with energy efficiency
6. Obtain health care and/or insurance for all family members
7. Gain budget control and improve financial skills
8. Move income from poverty/crisis to sustainability/stability
9. Save in emergency funds, NCSaves accounts or HUD escrow
10. Encourage community and school involvement
11. Explore other areas for increasing income such as Child Support and Work First

3. Describe activities that your agency has undertaken or plans to advocate for and empower low-income individuals and families to achieve a greater sense of authority over their own lives and future.

We have 7 low income or poor on our Western Carolina Community Action Board of Directors. Our Head Start policy council is made up of community members and parent representatives. We have low income clients which serve on the Senior Center Advisory Council. Members are asked to take the information that they gather back to other clients. Head Start Policy Council minutes are posted in all Head Start Centers providing information to all parents. Having this information and sharing it with other clients empowers our board members and policy council members to be more vocal in their community and to get input from their peers. Senior Center Advisory minutes are posted at our Senior Center to encourage discussion and advocacy in our senior clientele. OnTrack provides financial literacy classes 2 times a year and counseling and classes periodically onsite at the Senior Center. The financial literacy classes are open to the public and our clients are encouraged to attend. Recently we partnered with Just Economics from Asheville to offer a program called "Voices for Economic Justice" in Brevard on a variety of subjects including community organizing, power and direct action, how to identify issues, framing an issue, taking action together and project celebration. This group worked together to produce and star in a video production. The premier of this video was held in the large conference room at the Transylvania Library. An overflow crowd attended and members of the group were able to share their poverty experiences. In the future this program may be offered in Henderson and Polk counties. We have had "Meet the Candidates" where clients have the opportunity to meet local candidates and have informal discussions concerning issues of importance to seniors and the community.

We also provide information and referrals in the community to empower not only our clients but the public that may come in with questions concerning the availability of assistance.

All this agency representation and involvement affords our clients and parents the opportunity to participate, learn and ask questions about the workings of a nonprofit and to gain experience for future interactions. We provide information to our clients and parents about local advocacy and legal assistance sites. If necessary we will role play, go with or sit nearby during phone calls while clients advocate for themselves. We are intent on giving clients the information and resources that they need to be their own advocate instead of relying on others.

4. Describe activities that your agency has undertaken to advocate for and empower low-income individuals and families to achieve economic independence and security.

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| <p>ROMA Goals 1, 2 4, 5 and 6<br/>                 Low income People Become More Self-Sufficient; The conditions in which low income people live are improved; Agencies increase their capacity to achieve results; Partnerships among supporters and providers of services to low-income people are achieved; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and support systems</p> | <p>DHHS Excels-Goals 1 and 2<br/>                 Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Expand understanding and use of information to enhance the health and safety of North Carolinians</p> |
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Our agency offers Financial Literacy classes in conjunction with OnTrack. This series of classes is offered free of charge twice a year. Child care and an evening meal are provided to encourage attendance. Posters are placed in each Head Start center and the information is emailed or mailed to all self sufficiency clients. All clients are strongly encouraged to attend since we believe that financial literacy is the only way to truly achieve economic independence and security. All self sufficiency clients work with their caseworker to complete an initial budget even if they have "zero income". This enables clients to have a baseline for future monetary endeavors. We work with clients to determine what their goals are and help them establish a timeline for the achievement of these goals. We make sure the goals are achievable and will assure that the client moves toward self sufficiency.

5. Describe how your agency plans to make more effective use of, coordinate and form partnerships with other organizations and programs including: State welfare reform efforts; public and private resources; religious organizations, charitable groups, and community organizations.

WCCA staff works with the Department of Social Services (DSS) in Henderson, Polk and Transylvania Counties assisting with two-way referrals, program information, intake, follow-ups and publication of available services. WCCA refers clients to the Low-Income Energy Assistance Program (LIEAP), Food Stamps, Medicaid, Crisis Intervention, Employment Security Commission and WorkFirst offered by DSS. DSS makes referrals to WCCA for Housing, Head Start, Transportation, Liquid Nutrition, and Self Sufficiency. Over the past four years, DSS cases are presenting greater challenges to the community with more mental health and addiction based issues so that referrals to Blue Ridge Community Health Services have increased. There has been an increase in awareness of the dangers of prescription pill abuse in recent months. Henderson County has established a group called Hope Rx to try to brainstorm ways to deal with the prescription abuse problems. Many are still feeling the effects of the recession; we continue to notice requests for assistance or referrals from DSS and partner agencies to our Self Sufficiency programs. We work with and receive referrals from the domestic violence shelters (Mainstay, SAFE, and Steps to Hope). We have just been awarded a grant to more closely partner with the domestic violence shelters to give preference to their clients for housing assistance and to offer the coordination of services for a select number of their clients. We make referrals to

three faith based groups in Transylvania County for minor house repairs. One group, House Calls from Brevard Davidson River Presbyterian Church is located in Brevard Another, Lake Toxaway Methodist, is located eighteen miles west in the rural community of Lake Toxaway. Both churches have built many ramps for our elderly nutrition clients as well as other residents who need simple house repairs completed and do not have the funds to hire a contractor. Our third partner, The Transylvania Baptist Center, acquired funds for additional ramp construction this past year, and we were able to refer many of our seniors to this initiative. In Henderson County we refer clients to The Attic for furniture needs. Housing Assistance Corporation or the Council on Aging in Henderson County offers assistance to clients needing ramps or home repairs in Henderson County. In Polk County we partner with Holy Cross Episcopal to obtain assistance for our self sufficiency clients with deposits and past due payments. We actively work with the Employment Security Commission, Job Link, Workforce Investment Act Programs, Vocational Rehabilitation and Work First to identify clients or to place clients in services. Transportation continues to be a challenge for many of our families. We have referred clients to our faith community partners for assistance in getting into the "wheels to work" program. As a result of collaboration with United Way and County Transport, the recently formed Transylvania Resource Access Information Network (TRAIN) has been successful in offering transportation from Rosman to Brevard and from the local soup kitchen to medical clinics. In Henderson County Apple Country Transportation has been the recipient of United Way funding to provide free bus passes to local non-profits for use by their clients. In Transylvania County, The Haven Homeless Shelter celebrated their second year of operation. The shelter, which has stayed at full capacity, has already seen a tremendous number of clients in need of safe housing. CSBG staff were available to go on site to take applications for the homeless shelter as well as the domestic violence shelter if the client is unable to come to the WCCA office. Our new grant will make money available to some of the qualified clients from these shelters for deposits and a tapering amount of rental assistance.

VITA (Volunteers Income Tax Assistance) program through AARP is a welcome relief to low income and disabled persons by preparing tax forms at no charge. Volunteers are trained and tested to make certain they are qualified to serve as tax preparers. After a comprehensive exam, they are certified to prepare income tax forms. Research shows for the three counties WCCA serves, most accountants charge a minimum of \$75 for a simple preparation. For individuals and families on a fixed income, this service is a huge savings to them. The AARP tries to make their services available in easy to reach locations – in Polk County at the local library, in Henderson County at Blue Ridge Mall, and in Transylvania County at the Brevard Housing Authority. Also in Transylvania County, volunteers spend time at the Senior Center operated by WCCA for the convenience of the participants.

The Transylvania Resource Access Information Network (TRAIN) fashioned to increase access to services and increase outreach to county residents – created a food 'map' which divides Transylvania County into 15 townships listing food possibilities, phone numbers, and distribution information. In addition, our congregate nutrition site in Lake Toxaway serves as a distribution center from Buncombe County's MANNA food bank once per month. TRAIN also offers caseworkers to communicate needs between agencies via Charity Tracker software which usually results in a more timely resolution as well as improved collaboration. The Charity Tracker system is also available to all non-profits in Henderson County where WCCA is an active participant.

Our offices field many calls concerning the inability to pay for high heating bills. DSS in all three counties operates the Emergency Energy Crisis Intervention Program (EE-CIP) and LIEAP. In Henderson County, EA/CIP is outsourced at Interfaith Assistance Ministry; in Transylvania at the DSS office and at The Sharing House; in Polk County assistance is given at Thermal Belt Outreach. In the past, LIEAP funds have not met the need much beyond Food Stamp participants and even that has changed so that food stamp recipients are not automatically qualified. Because the target group is persons over 60 years of age, arrangements are made for staff from Transylvania County DSS to set up a mobile intake process at both congregate sites. Outreach to inform residents is done through radio, local paper, and from the sites themselves since this is the fourth year for a complete change in the target population. Eligible Seniors were able to apply for heating assistance

without going to the DSS office and having to wait to be seen. Clients seeking heating/utility assistance through Interfaith, DSS or Sharing House are referred to Community Action Opportunities in Buncombe County for Weatherization and/or HARP (Heating or Air Conditioning Replacement or Repair). At WCCA, referrals are made as needs are identified through applicant or participant interviews and/or contacts. A new Homeward Bound location has opened up in Henderson County and has quickly become a place for us to refer callers and walk-ins that are homeless.

Our efforts continue to be focused more on crisis prevention and bridging the gap between dependency and self-sufficiency. In Henderson, Polk and Transylvania counties, local funding sources have provided funds for us to offer supplemental opportunities for our low-income participants to stretch their income with programs such as Grow-Your-Own-Garden supplies, FLEX Fund, Manna Food produce deliveries, and My Sister's Closet/Sharing House. At-risk senior adults are the focus of a Liquid Nutritional project in Henderson and Transylvania Counties. A home delivered (mobile) meals program and two congregate meal sites are available in Transylvania County. One nutrition site has been expanded to bring community-based resources to offer a senior center approach to keeping seniors independent and connected during the day. Through collaboration with the regional planning entity, Land of Sky Regional Council, a specialized program, Community Resource Connection, has been implemented at the Silvermont Opportunity Center to offer information/referral and options counseling to resident seniors, giving them the tools they need to locate and use community resources. The first Assets for Independence Act grant was closed September 2006 with 4 homeowners, 1 business owner, and 5 people working on their education. A second AFIA grant was completed in September 2009 with 5 homeowners, 2 business owners and 2 people working on their educations. From September 2009 until now the program has yielded 6 homeowners, 3 businesses and 3 education savers. The potential is there to extend this grant until June 2014. We believe asset accumulation is one of the keys to ending the cycle of poverty.

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
Planning Process Narrative (continued)**

6. Describe how your agency will establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals, to avoid the duplication of such services and to fill identified gaps in services, through the provision of information, referrals, case management and follow-up consultations.

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| <p>ROMA Goal 2, 4 and 6<br/>Low income People Become More Self-Sufficient; Partnerships among supporters and providers of services to low-income people are achieved; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems</p> | <p>DHHS Excels-Goals 1 and 3<br/>Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Offer outreach and services to individuals and families identified as being at risk of compromised health and safety.</p> |
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As discussed in Question 5, WCCA is an active participant in the Charity Tracker system in both Henderson and Transylvania counties. This system allows non-profits to pay a fee for access to information from other non-profits in the county. When a client is assisted by one of the participating non-profits in the area the name of the client and the type and amount of assistance are entered into the system. If a client comes to us needing assistance we can look in the system to see when they would be eligible for assistance from one of our community partners or find out what other assistance may be available. These systems have greatly reduced duplication of services among providers by giving non-profits access to an overall picture of the assistance a family has received. It is also a good budgeting discussion tool. If someone seems to be making enough money to pay their bills but continues to seek assistance then more in depth financial literacy training may be needed. All participating non-profits sign confidentiality agreements. In all counties we participate in round table discussions concerning new, existing or innovative programs. We also use these monthly meetings to discuss needs in our communities. The needs that are identified may be used to apply for future grants. We also share information in non structured informal discussions.

7. Provide a description of how your agency will support innovative community and neighborhood-based initiatives related to the purposes of the Community Services Block Grant (fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging effective parenting).

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| <p>ROMA Goal 5 and 6<br/>Agencies increase their capacity to achieve results; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems</p> | <p>DHHS Excels-Goals 1 and 5<br/>Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Provide services and protection to individuals and families experiencing serious health and safety needs who are not, at least temporarily, able to assist themselves.</p> |
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WCCA believes that the road to attaining the goal of strengthening families is paved with meeting certain stepping stone goals such as stable employment, safe and affordable housing, reliable and safe child care, adequate education or skill training, increasing income, proper nutrition, health care, parenting skills, self-reliance, and protecting this basic life style with asset purchase. Knowledge of community resources and services is also critical to problem-solving, advocating for self, and sustaining self-sufficiency once achieved. According to current national research, effective parenting increases with asset accumulation. Research has also demonstrated that adequate stable housing can be tied to the success of a child's school performance, which contributes to the success of effective parenting and neutralizes race as a factor. Breaking down basic physical barriers aids in building self-esteem and hope for parents. We refer clients to agencies such as The Family Place, Children's Center, Healing Place, Steps to Hope, The New Leaf at Safe Domestic Violence

Center, Meridian Counseling and Children's Services, On Track Financial Counseling, and The Children and Family Resource Center. These partners offer classes and counseling designed to enhance and strengthen families by identifying and managing abusive behavior triggers while reinforcing parenting skills. Help is offered individually and through group sessions. We also refer clients to the public health departments in all three counties for Maternal Care support and assistance which focuses on pre-natal and post-natal care for the mother, father, and infant, as well as to teen pregnancy services and Parents as Teachers.

Parenting skills enhancement is also available by referral to the Head Start/Early Head Start program for parents with children under 5. Each child/family at the twelve centers may be visited two times a year by the Head Start staff to determine if the family is in need of any community resources and are aware of the supports that are available. There is ongoing communication between center staff and managers so referrals can be easily and quickly made. Parent meetings focus on parental involvement and encourage family interaction. During the holiday season, the meeting may teach parents how to make a simple craft with their child that is inexpensive and fun. Once again a Block Fest was held at several Head Start centers to teach both parents and children how to play with several kinds of blocks. The blocks used in this exercise were donated boxes of all shapes and sizes reminding parents and children that toys or learning experiences don't have to come from new items but can often be created with things that are "on hand". Besides the "play" aspect, this experience with blocks supports other aspects of development including math interest and language learning as the children design their structures. Blocks also provide opportunities for the children's social and emotional development as they build and share with others, and how to manage the frustrations that come when structures collapse.

Clients that are referred to the Head Start and Early Head Start programs are also able to participate in the Fatherhood initiative. The mission of this program is to improve the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers. Equipping and educating fathers provides an avenue to work on an issue that is at the core of becoming successful and healthy families.

If a child is enrolled in the Home Based Head Start/Early Head Start program they receive weekly visits from a teacher that is able to make referrals as needed. Through the Cooperative Extension service and other community outreach services in our counties, information is available about 1) how to make your food stamps and cash last longer 2) how to plan ahead for smart shopping 3) how to make terrific meals and snacks for less money and 4) how to practice your new skills at home 5) how to garden 6) how to freeze and can. These programs and others like them help parents raise their self-confidence and improve their ability to make healthy decisions. All these components collectively strengthen and encourage effective parenting and strengthen families.

In the fall of 2012 in Transylvania County, we were able to be a part of an exciting education program called Voices for Economic Justice - an 8-week workshop series that incorporates popular economics education and community organizing skill-building, with the aim to build leadership among low-wage workers and low-income persons. Ten people attended and participated in the class. The class completed a group project which consisted of a DVD with each of them appearing in the video telling their "worst day of poverty". The DVD was used to bring awareness to the plight of low income persons. A video premier was held at the Transylvania library. Two of the participants have joined our Living Wage Coalition – a goal of the VOICES concept to make low income persons active in the decisions that determine their fate.



8. Describe activities that your agency has undertaken or plans to undertake, on an emergency basis, for the provision of such supplies and services, nutritious foods and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals.

We work with the following local partners to meet the increasing needs for basic or supplemental food. The communities we serve are well aware of food needs and are addressed through the vigilant efforts of the following agencies and partners: Meals on Wheels, WCCA's Home Delivered Meals, congregate meal programs, WCCA's Liquid Nutrition, Interfaith Assistance Ministry, local church pantries, Anchor Baptist Ministries, Salvation Army, Commodity Food, Food Stamps, Second Harvest, Manna Food Bank deliveries and Back Pack Buddies, Head Start/Early Head Start, subsidized school lunch program, Hunger Coalition, Garden program, Bread of Life Soup Kitchen, Thermal Belt Outreach and local shelters who serve hot meals to the public daily. All these programs work together to fill the need.

Local funding sources have provided the funds for us to continue providing Grow-Your-Own-Garden supplies to approximately 80 families in Henderson, Polk and Transylvania Counties, financial workshops, and Liquid Nutrition for medically at risk senior adults. WCCA operates three programs to counteract conditions of starvation and malnutrition on a daily basis among low-income elderly persons---congregate meal sites (2), home-delivered meals, and (3) liquid nutrition. For over 30 years, we have operated two Congregate Meal Sites, one in downtown Brevard and one in a rural, isolated area 15 miles west of Brevard in the Quebec Community. We serve approximately 80 unduplicated seniors each year a hot midday meal and an opportunity to participate in social activities. We also operate a home delivered meals program from the rural site, serving 20 clients per day. This meal provides not only nourishment, but a visit from someone other than their family. The meals are delivered by volunteers. During severe winter weather when the sites may be closed, emergency boxed meals are available to the congregate and home delivered clients. For the elderly who are unable to tolerate solid food and cannot participate in the other two nutrition programs because of poor health, we operate the Ensure and Glucerna (for diabetics) liquid nourishment program in Henderson and Transylvania Counties. Approximately 110 seniors are enrolled in this liquid nutrition program. We continue to offer the preseasoned bag containing rice and beans that MANNA FoodBank and AARP worked together to provide. Boxes of these packets were given to us and other local agencies for distribution to our elderly clients.

All children enrolled in our Early Head Start and Head Start programs receive 2 meals plus snack daily without cost. We also provide our clients a list of area food pantries, soup kitchens and other places where they can get food at free or reduced cost. We provide this list to any one from the community that may contact us for information about food resources. We encourage all eligible clients to apply for food stamps and we have provided space in our buildings for SNAP (Supplemental Nutrition Assistance Program) intake and information. We do have an account with Manna Food Bank in the event that it is necessary for us to shop directly for supplies.

9. Describe how your agency will coordinate the provision of employment and training activities with entities providing activities through statewide and local workforce investment systems under the Workforce Investment Act of 1998.

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| <p>ROMA Goal 4 and 6<br/>Partnerships among supporters and providers of services to low-income people are achieved; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems</p> | <p>DHHS Excels-Goal 5<br/>Provide services and protection to individuals and families experiencing serious health and safety needs who are not, at least temporarily, able to assist themselves.</p> |
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WCCA recognizes that CSBG funds alone do not accomplish the task of achieving self-sufficiency for our participants. Many resources are mobilized to help participants achieve a healthy interdependence. Participants with needs that WCCA does not cover are referred to partner agencies. Examples: 1) JobLink, Employment Security Commission and Career Centers for services such as resume preparation, job search assistance, testing, short term training/certificate programs, etc.; 2) persons with disabilities are referred to Vocational Rehabilitation for testing, counseling, and training/re-training; 3) Blue Ridge Community College and Isothermal Community College for help with "soft" skills offered as "Jump Start" courses focusing on issues such as appropriate dress, punctuality, office demeanor, personal hygiene, interview techniques, resume writing, problem-solving and budgeting skills. Jump Start workshops held in Transylvania and Henderson Counties in 2011 served 30 plus clients from various community agencies. WCCA collaborated with Blue Ridge Community College, Sharing House, SAFE domestic violence shelter and DSS Work First program to conduct this four day workshop. Topics covered provided valuable information to job seekers. Our clients currently take advantage of similar classes at our local JobLink and Goodwill training sites.

Workforce Investment Act resources are found at JobLink and our self sufficiency coordinators work closely with them when participants are shared between agencies or could benefit from those services. If a client is interested in starting their own business and it is a readily achievable goal they are referred to Mountain BizWorks and or Senior Core Of Retired Executives (SCORE) to give them the foundation for starting a successful business.

During our public meetings one area of concern was the lack of a comprehensive listing of available services for the community. Since this is a fluid and ever changing list we decided to refer clients to the Western North Carolina 2-1-1 phone system for up-to-the-minute referrals in Transylvania and Henderson counties. This gives clients the option of making one phone call instead of several since 2-1-1 is a great resource for the majority of our clients. Western Carolina Community Action and United Way collaborated with our partners in Polk County to expand the 2-1-1 system into Polk County. Unfortunately some clients cannot afford a phone. Our mountainous terrain hinders cell service in some communities. Because our counties are rural, finding free or low cost phones and service plans has been challenging but we continue to search for sources of coverage. Many of our clients have been able to use the government sponsored cell phones to provide some service.

10. Describe how your agency will ensure coordination with the emergency energy crisis intervention program under title XXVI (relating to low-income home energy assistance).

DSS in all three counties operates the Emergency Energy Crisis Intervention Program (EE-CIP) and LIEAP. In Henderson County, EA/CIP is outsourced at Interfaith Assistance Ministry; in Transylvania at the DSS office, in Polk County assistance is given at Thermal Belt Outreach and DSS. LIEAP has even more limited funds this year and eligibility is confined mainly to households with a family age 60 or above or disabled receiving SSI, SSA, VA and services from the Division of Aging. Clients seeking heating/utility assistance through Interfaith, Salvation Army, Thermal Belt Outreach, DSS or Sharing House are referred to weatherization and/or HARRP (Heating or Air Conditioning Replacement or Repair) as a way to combat high utility bills. Due to changes in eligibility and funding for Weatherization and HARRP more emphasis will have to be placed on localized home repair programs such as Housing Assistance Corporation and church ministries. At WCCA, referrals are made as needs are identified through applicant or participant interviews and/or contacts.

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
Planning Process Narrative (continued)**

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| <p>ROMA Goals 4 and 5<br/>Partnerships among supporters and providers of services to low-income people are achieved; Agencies increase their capacity to achieve results</p> | <p>DHHS Excels-Goals 1 and 2<br/>Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Expand understanding and use of information to enhance the health and safety of North Carolinians</p> |
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**11. Describe the needs of low-income youth and your agency's efforts to promote increased community coordination and collaboration in meeting the needs of low-income youth.**

Many low-income youth have the same barriers and problems as adults. With the dropout rate for the three counties WCCA serves drastically dropping again this last school year, the numbers show unbelievable improvement for older students. For 2011-2012, the dropout rate has dropped to 1.70 in Henderson County, 1.85 in Transylvania County and 2.3 in Polk County. Administrators credit strategies put in place specifically to deter students from leaving school as the leading reason for the improved numbers. Giving students alternatives on how they could proceed with their education creates more opportunities for them to be successful. Early College programs serve as a preventative measure and intervention programs help keep students enrolled by identifying barriers or issues and working on solutions. In Henderson County, at our Balfour Early Head Start Center, Balfour Education Center's parenting and child care program provides a curriculum on Parenting and Early Childhood Education in conjunction with a child daycare program for adolescent parents. The Youth Recovery program supported by a regional Youth Council Grant also provides a case manager for recovered dropouts to give them mentoring and academic support for graduation and post-secondary transition.

Henderson County Public Schools has adopted "HELP", the Homeless Education Link Project, with two working case managers available during the school year. The goal of this project is to help identify and address the needs of homeless students and their families, to develop enrollment procedures to ensure ongoing education success for homeless students, and to serve as liaisons between schools, qualifying students, and services within the community. HELP Case Managers serve as homeless liaisons for youth in each of the public schools in Henderson County. The WCCA staff who serve Henderson County clients work closely with this program and have been successful in helping many of these families secure safe, affordable housing using CSBG funds as well as private grants from United Way for deposit and utility assistance.

WCCA has been directly involved with youth through Head Start, More-At-Four and programs where youth are included in financial workshops. A United Way funded program bringing the Dime-A-Saurus money management program to first graders in Transylvania County provides an entertaining way for students to be interactive and gives them a chance to experience the difference between "wants" and "needs". These programs make efforts to address financial issues on an age appropriate level. This past year was the third year working with 6<sup>th</sup> graders in Transylvania County at Rosman Middle School. All programs help children discover the difference between a "want" and a "need" - whether they are six years old or twelve - so they are better equipped to make sound financial decisions. One outcome has been that the students say that this program gives them a better understanding of their parent's financial decisions and helps them be more supportive. The workshops encourage youth to work for their spending money so they can learn early on how much work/how many hours it takes to earn money. Another activity helps the older students understand the level of education they will need to accomplish in order to compete for lucrative jobs.

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| <p>ROMA Goals 1 and 5<br/>Low-income People Become More Self-Sufficient; Agencies increase their capacity to achieve results</p> | <p>DHHS Excels-Goal 1<br/>Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians.</p> |
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12. Describe activities that your agency has undertaken or plans to undertake to establish a pool of unrestricted funds to further the agency's mission and reduce dependency on government funding.

a. Funds to support services for low-income persons

In 2006, a Public Outreach department was created and in 2007 a WCCA Foundation Board was created to develop an annual fund development plan and execute it. To date, this effort is self-sustaining and has been able to raise money for special initiatives like a new wheel chair bus for the transportation department. We applied for and received a United Way grant to provide deposit assistance and eviction prevention assistance to clients that may be eligible for enrollment in our self sufficiency program. We recently were awarded a Rudnick grant to provide similar services in Henderson, Polk and Transylvania Counties to families in domestic violence shelters. We have also been able to secure some funding for the nutritional needs of medically needy clients under 60 from a local Hunger Coalition. Other local grants help fund senior and youth activities. We are constantly looking for new grants to support services. We are also trying to identify revenue streams for our programs as well as the agency.

b. Funds to support the overall agency

Grant funding that has been secured not only supports individual programs but makes the entire agency more financially secure. We also have an annual fundraiser with the profits designated for one of the agencies programs or to increase agency reserves. This past year was our most successful fundraiser. We are looking at different kinds of fundraisers as a means of raising even more money. A goal of our completed strategic planning process was to identify a revenue stream. Possible options are providing training or consulting to smaller agencies and opening a thrift store in Henderson County.

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| <p>ROMA Goal 2, 4 and 6<br/>Low income People Become More Self-Sufficient; Partnerships among supporters and providers of services to low-income people are achieved; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems</p> | <p>DHHS Excels-Goals 1 and 3<br/>Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Offer outreach and services to individuals and families identified as being at risk of compromised health and safety.</p> |
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13. Describe your agency's method for informing custodial parents in single-parent families that participate in CSBG programming about the availability of child support services. In addition, describe your method for referring eligible parents to the child support office[s].

If a client has "getting child support" as a specific goal it would be in AR4CA under goals and we would help our clients investigate the possibility. Some clients resist pursuing monetary support for personal reasons. While we respect those wishes we look for every available avenue for increasing our client's income.

We began tracking the number of possible referrals, referrals made and reasons that a referral was not made to Child Support Enforcement on our monthly Program Director's Report. If a referral to Child Support Enforcement is made for a Self Sufficiency client coordinators have been asked to document the referral under the "referrals" section in AR4CA as well as in the "Contact and Case Notes" section. If applicable a goal may also be established. Each month the self sufficiency coordinator is responsible for updating the list of child enforcement referrals so monthly progress can be tracked.

14. Does your agency calculate return on investment for your CSBG program? If so, please explain and give the calculation.

We do calculate return on investment. Here is what we used recently for a \$25,000.00 grant.

It costs approximately \$30,428 per year for an unemployed person who requires public assistance. Our proposal of bringing 10 persons from poverty to self-sufficiency will result in a return of \$12.17 per every dollar invested in the program. I have used the formula below to ascertain this answer. To assure that our goal is achieved; clients who leave the program will be replaced with clients on the waiting list, keeping the on-going number of participants at 10.

\$30,428.00\* per participant x 10 participants = \$304,280.00

\$25,000.00(amount of grant funds requested) = \$12.17 or every \$1.00 invested in the program returns \$12.17 in benefits. 304,280/25,000

\$8.00 per hour x 40 hours x 50 weeks = \$16,000.00

\$16,000.00 x 15% for taxes = \$2,400.00

\$16,000.00 x 25% for benefits = \$4,000.00

Average amount of Food Stamps for WCCA Community Services Block Grant Client

\$396.00/month x 12 = \$4,752.00

NC unemployment insurance payment \$126.00\*\* x 26 weeks =

\$3,276.00

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Total per client in benefits \$30,428.00\*

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
OEO Form 210**

**Agency Strategy for Eliminating Poverty**

**Planning Period:** 07/01/2013-06/30/2013

**Section I: Identification of the Problem (use additional sheets if necessary)**

1. Give the Poverty Cause name, rank the poverty cause(s) and identify which one(s) the agency will address.  
The Poverty Cause name is "Inability to gain and maintain employment at a living wage" and it is our number 1 poverty cause. We will continue to address this issue.
2. Describe the poverty cause(s) in detail in the community with appropriate statistical data (Include data sources). Explain why the problem exists. Identify the segment of the population and give the number of people experiencing the problem. Explain how the persons are adversely affected.

**Describe the poverty cause in detail:** While unemployment numbers continue to trend downward we are now finding that this trend may be deceiving. People that are applying for our program and local partners report that unemployment benefits have ended with clients no longer being eligible to receive payments. October 2009 Unemployment: Henderson County: 8.9, Polk: 8.8, Transylvania County: 9.1. October 2010 Unemployment: Henderson County: 7.2, Polk: 7.1, Transylvania County: 8.0. October 2011: Henderson County: 7.6, Polk: 7.6, Transylvania County: 8.7. October 2012: Henderson County: 6.5 Polk: 6.8, Transylvania County: 8.6. Unemployment rates in all counties that we serve in 2013 continued to decrease with fewer clients being eligible for continued benefits. Our clients continue to experience problems with some established manufacturing businesses closing and other businesses cutting back and reducing hours and days. Many of the available jobs are part time without benefits. With the passage of the Affordable Care Act even more employers are reluctant to offer full time employment. We find clients trying to "piece together" full time earnings with two or more part time jobs. Service industry jobs that remain are lower paying with many more candidates to choose from for available positions. **Explain why the problem exists:** Many of our clients lack the education and skills to be competitive in the current job market. Older workers are holding on to jobs longer or are re-entering the work force for insurance and income reasons. Formerly highly qualified and gainfully employed people are competing for entry level jobs due to the scarcity of jobs paying living wage. Often candidates with college educations are competing for any and all service jobs with our clients that may have a high school education or a GED. With long term unemployment benefits ceasing for many people it is making it even more important that our self sufficiency clients have every opportunity to improve their skills and become competitive.

**Identify the segment of the population and give the number of people experiencing the problem:** Due to economic trends almost all areas of the population are experiencing challenges finding employment at a living wage. The most vulnerable segment of our population are clients with little or no formal education or training, the second group would be persons whose skills are outdated or no longer necessary in the workplace. Henderson County's population has grown by 19.7% from 2000 to 2010, 1.1% from 2010 to 2011 and another 1.5% in 2012. The latest figures from Quick Facts indicate that in 2012 13,641 people or 12.6% were living below the poverty level in Henderson County. Polk County's population has grown by 11.9% from 2000 to 2010, dropped by -1.2% from 2010 to 2011 and dropped again by another -1.2% in 2012. The latest figures from Quick Facts indicate that in 2012 2,392 or 11.8% people were living below the poverty level in Polk County. Transylvania County's population has grown by 12.8% from 2000 to 2010 with population decreasing in 2012 by 0.7%. The latest figures from Quick Facts indicate that in 2012 4,303 or

13.1% of people were living below the poverty level in Transylvania County.

**Explain how persons are adversely affected:** The inability to find jobs (living wage or otherwise) due to lack of education, training or competition has resulted in the following for our clients: being forced to seek public assistance, being evicted or foreclosed from housing, not being able to afford transportation or losing transportation due to repossession, emotional stress and strain due to an inability to provide basic needs for the family or self, and food insecurity because of the rising cost of groceries.

## Section II: Resource Analysis (use additional sheets if necessary)

### 3. Resources Available:

#### a. Agency Resources:

Self Sufficiency Program, Section 8, Financial Literacy Classes, Weatherization referrals, Early Head Start and Head Start, General Information and Referral, Senior Center, Congregate Meals, Home Delivered Meals and Liquid Nutrition.

#### b. Community Resources:

Department of Social Services (DSS) in Henderson, Polk and Transylvania Counties, Low-Income Energy Assistance Program, Food Stamps, Medicaid, Crisis Intervention, Employment Security Commission, Work First offered by DSS, Salvation Army, Interfaith Ministries, Sharing House in Transylvania County, Homeward Bound, Blue Ridge Community Health Services, Mainstay, Safe, Steps to Hope, Job Link, Workforce Investment Act Programs, Vocational Rehabilitation, "Wheels to Work" program, Grow-Your-Own-Garden supplies, FLEX Fund, Manna Food produce deliveries, and My Sister's Closet/Sharing House. Thermal Belt Outreach, Goodwill Job Training Center, Workforce Investment Act Partners, The Haven Homeless Shelter, Charity Tracker Intake, Referral and Coordination of Service System in Transylvania and Henderson Counties, Salvation Army, Anchor Baptist Ministries, Transylvania County has an active "living wage" coalition. United Way, Janirve and Rudnick grants. 2-1-1 information and referral services in Henderson, Polk and Transylvania counties. Apple Country Transportation, Polk County transportation and TRAIN transportation in Transylvania county.

### 4. Resources Needed:

#### c. Agency Resources:

Our planned allocation of \$293,841.00 will assist in meeting these needs. Since cooperation and participation between programs is vital to the success of our program we will continue to need funding and support in the form of space and supplies, etc. If we want to continue to provide additional housing by providing deposit assistance, we will need grant funding from other sources or these services could rapidly deplete our client services funds.

#### d. Community Resources:

**Child Care subsidies** have remained frozen or with limited availability for the eleventh year in a row. Single and two parent families are restricted to the number of hours they can work because of lack of child care vouchers and insufficient funds to pay for before and

after school programs.

**Living Wage Jobs and Jobs with Benefits.** The Chambers of Commerce in Henderson, Polk and Transylvania County and their Planning Departments are focused on keeping jobs here and providing incentives to resident companies to expand their workforce. Unfortunately since recession like conditions are affecting the entire nation these conditions have resulted in more companies closing, staying stagnant or trimming their workforces in Western North Carolina. We continue to see some "green" industry and breweries relocating or expanding into our area bringing the hope of higher paying jobs with benefits. Imported wealth continues to be a factor in Henderson, Polk and Transylvania Counties which supports trade jobs and the growth of low-wage service jobs.

**Housing.** HUD Housing Choice (rental) Voucher program has changed from being frozen for 7 months with a wait list of 12-15 months in 2005 to a wait time of less than two months in the summer of 2006, and now there is a 36+ month wait due to HUD funding, formula changes, and increased Fair Market Rent. Affordable housing to rent is a serious problem in the three counties we serve. Finding stock for our low-income homebuyers continues to be difficult. We are currently in serious need of additional tax-credit/private subsidy rental complexes, as well as subsidized rentals for seniors. Turnover is minimal in these units and the senior complex which opened in 2008 is fully leased with wait list. Broad River Terrace was completed in the summer of 2011; they are full and have a wait list. English Hills, a 40 unit multi-family complex, developed by WCCA, filled in 4 months in 2007 and still maintains a wait list for all types of apartments. We are looking for private builders to develop mixed-income or affordable housing because of high demand from service economy workers as well the workforce earning less than \$40,000 per year. Even non-profit developers are struggling with bringing in housing at affordable levels without cooperation from local government for waivers or fee discounts.

**Health and Dental Care** continues to be an issue that continues to threaten a family's ability to stabilize. Even when included in an employee benefit package, cost-sharing, deductibles, and non-allowable costs result in serious stress to low wage earners. Dental care is often not included and this effects not only working while in pain but appearances when searching for a job. Medicaid covered family members generally fare better on basic health care, but with serious or difficult to diagnosis diseases, quality of care is questionable at best. Both Henderson and Transylvania counties now have a free medical clinic, open one night per week, for those without any insurance. Blue Ridge Community Health Services was fortunate to receive expansion funds to expand into Transylvania County. Their freestanding full service medical and dental clinic opened in November 2012. Polk County Wellness and Saluda Medical Clinic both accept clients on a Sliding Fee Scale. Additionally, Medicaid dental care is limited in WNC because of the scarcity of dentists most of whom have enough private-pay patients to refuse low reimbursement rates as well as insurance. In Henderson County, a clinic-based Stokes Dental exists. Transylvania County is served the Healthy Smiles Dental Collaborative for children under age 6 and by an occasional visit from the "Tooth Bus" sponsored by Mission's Children's Hospital. Polk County has no free or reduced dental for adults and limited treatment at Collins Dental for children. We discovered information about the NCHIPP (North Carolina Health Insurance Premium Payment Program) in 2011. This program will reimburse clients for private insurance premium payments if anyone in the household is on Medicaid.



We have shared this information with all of our clients but it needs to be more widely known to the low income population.

**Transportation:** While Henderson County does have a transportation system in place the hours and routes could be expanded to make it more useful to working people. In Polk and Transylvania Counties transportation services are very limited with no fixed routes, catering mainly to prearranged medical transportation needs. Clients often make the mistake of buying a "buy here, pay here car". This results in a very unreliable, costly transportation situation. It would be great if we had access to a system of low or no rate auto loans for our clients and a way to educate them about car buying and maintenance.

**Mentors Needed for our Clients:** Especially people that have completed their GED successfully then went back to school or people that were in difficult financial situations that bounced back.

**Training:** Community Colleges need to offer more short term Certificate Classes geared toward the current and future job market for underemployed people. The current Back to Work certificate programs are great if you are receiving unemployment but underemployed or people that are not eligible for unemployment cannot attend these programs.

### Section III: Goal and Strategy

#### 5. Long-Range Goal:

To move 22 no or low-income families above the federal poverty level by June 30, 2016.

#### 6. Strategies for Achieving Long-Range Goal:

To provide comprehensive services to 48 no or low-income families/households designed to remove them from poverty by focusing upon:

1. Work with clients to increase their income from poverty levels to sustainability.
2. Network to find other resources that can provide transportation and/or affordable child care
3. Work with clients to find and obtain standard, safe, affordable housing
4. Advocate for health care and/or insurance for all family members
5. Work with clients to enhance their ability to problem-solve to prevent crisis situations
6. Sponsor financial literacy classes and motivate clients to attend thus improving financial skills and budget discipline
7. Encourage clients to develop savings with emergency funds, NCSAVES or HUD escrow.
8. Promote community and parent involvement
9. Support increasing awareness of personal responsibility
10. Work with clients to identify "soft skills" weaknesses and eliminate or improve them by

attending workshops like the "Jumpstart" series which are a local collaborative effort.

11. Assist clients in finding, applying for and obtaining available jobs
12. Encourage clients to maintain employment for at least 90 days.
13. Work with clients and community partners to find relevant, short term certification programs or a degree that will lead to being more gainfully employed
14. Encourage clients to get a physical or check up to identify underlying health issues that might hinder employment.

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
One-Year Work Program  
OEO Form 212**

| Section I: Project Identification                                                                      |                                                                                                                    |    |               |           |   |      |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----|---------------|-----------|---|------|
| 1. Project Name:                                                                                       | Self Sufficiency                                                                                                   |    |               |           |   |      |
| 2. Poverty Cause Name:                                                                                 | Inability to gain and maintain employment at a living wage.                                                        |    |               |           |   |      |
| 3. Long-Range Goal:                                                                                    | To move 22 no or low-income families above the federal poverty level by June 30, 2016.                             |    |               |           |   |      |
| 4. Selected Strategy:                                                                                  | To provide comprehensive services to 48 no or low income families/households designed to remove them from poverty. |    |               |           |   |      |
| 5. Project Period:                                                                                     | July 1, 2014                                                                                                       | To | June 30, 2015 | Plan Year | 2 | of 3 |
| 6. CSBG Funds Requested for this Project:                                                              | \$293,841.00                                                                                                       |    |               |           |   |      |
| 7. Total Number Expected to Be Served:                                                                 | 28                                                                                                                 |    |               |           |   |      |
| a. Expected Number of New Clients                                                                      | 6                                                                                                                  |    |               |           |   |      |
| b. Expected Number of Carryover Clients                                                                | 22                                                                                                                 |    |               |           |   |      |
| 8. Number expected to be moved above Federal Poverty Guidelines this year (Self-Sufficiency Projects): |                                                                                                                    |    |               |           |   | 8    |
| 9. Percent of Long-Range Goal Expected to be Met this Year (For projects other than Self-Sufficiency): |                                                                                                                    |    |               |           |   |      |

| Section II: One-Year CSBG Program Objective and Activities                                                                                                                                                                                                                                                               |                                                                                                                                              |                 |                 |                         |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------|----------------|--|
| Objective: To provide comprehensive services to 28 no or low income families/households designed to stabilize the household and move them toward self-sufficiency by June 30, 2015.                                                                                                                                      |                                                                                                                                              |                 |                 | Implementation Schedule |                |  |
| Activities                                                                                                                                                                                                                                                                                                               | Position Title(s)                                                                                                                            | First Quarter   | Second Quarter  | Third Quarter           | Fourth Quarter |  |
| A. Advise public about project via brochures, flyers, posters, human service providers, low-income neighborhood networks, etc.                                                                                                                                                                                           | Community Services Director, Self Suff. Coordinators, Family SS Coordinator, Prog. Eligibility Specialist                                    | 07/2014-09/2014 | 10/2014-12/2014 | 01/2015-03/2015         | 4/2015-6/2015  |  |
| B. Screen at least 18 individuals through an intake procedure designed to determine<br>- income eligibility<br>- employment history<br>- willingness to achieve goal of stability                                                                                                                                        | Self Suff. Coordinators, Program Eligibility Specialist, Community Services Director                                                         | 7               | 12<br>(5)       | 16<br>(4)               | 18<br>(2)      |  |
| C. Accept applications and score sheets, verify income, team interview to determine readiness, and sign goal plan                                                                                                                                                                                                        | Community Services Director, Self Suff. Coordinators, Prog. Eligibility Specialist                                                           | 3               | 5<br>(2)        | 6<br>(1)                | 6              |  |
| D. Develop a Self-Sufficiency/Stability Goal Plan with participants utilizing action steps in a comprehensive methodology designed to promote employment, enhance earning capacity, address barriers, build self-esteem, and establish a success pattern. Enter information into online database supported by onsite IT. | Self Sufficiency Coordinators, Family Self Sufficiency Coordinator<br><br>Information Support Specialist and Information Systems Coordinator | 3               | 5<br>(2)        | 6<br>(1)                | 6              |  |

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
One-Year Work Program  
OEO Form 212 (continued)**

| Objective: To provide comprehensive services to 28 no or low income families/households designed to stabilize the household and move them toward self-sufficiency by June 30, 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                 | Implementation Schedule |                 |                 |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|-----------------|----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                 | First Quarter           | Second Quarter  | Third Quarter   | Fourth Quarter |
| E. Provide or mobilize appropriate and comprehensive support services according to each individual/family's needs focusing upon:<br><ul style="list-style-type: none"> <li>- job placement</li> <li>- job skills certification or training</li> <li>- transportation and/or child care</li> <li>- health care and/or health insurance</li> <li>- standard and affordable housing</li> <li>- crisis prevention/ problem solving</li> <li>- budgeting and financial skills</li> <li>- savings for emergencies and assets</li> <li>- community and parent involvements</li> <li>- personal responsibility</li> <li>- personal wellness</li> </ul> | Community Services Director, Self Sufficiency Coordinators, Family Self Sufficiency Coordinator<br>Information Support Specialist and Information Systems Coordinator are responsible for maintaining computer systems that are used for research and referrals | 18                      | 22<br>(4)       | 26<br>(4)       | 28<br>(2)      |
| F. Individuals will participate in coordinated and facilitated or online workshops based upon participant needs, i.e. Basic Money Mgt, Smart Consumer, Credit, predatory lending, decision-making or problem solving, peer group supports, etc.                                                                                                                                                                                                                                                                                                                                                                                                | Community Services Director, Self Sufficiency Coordinators, Family Self Sufficiency Coordinator. Information Support Specialist and Information Systems Coordinator help make sure clients are online access.                                                   | 18                      | 22<br>(4)       | 26<br>(4)       | 28<br>(2)      |
| G. Provide financial assistance to participants to support goal-achievement, i.e.<br><ul style="list-style-type: none"> <li>- work required clothing, equipment, personal hygiene</li> <li>- public transportation, auto gas, driver's license fee, auto registration, car repair, etc.</li> <li>- books, fees, supplies, for education, etc.</li> <li>- housing, child care, credit reports or related issues</li> </ul>                                                                                                                                                                                                                      | Community Services Director, Self Sufficiency Coordinators, Family Self Sufficiency Coordinator                                                                                                                                                                 | 18                      | 22<br>(4)       | 26<br>(4)       | 28<br>(2)      |
| H. Participants will receive an average of 1 referral per quarter to service providers, employers, landlords, affordable housing programs, etc. to support participants' goal achievement and to overcome barriers to home or business ownership, job or skill training, or education.                                                                                                                                                                                                                                                                                                                                                         | Community Services Director, Self Sufficiency Coordinators, Family Self Sufficiency Coordinator, Program Eligibility Specialist                                                                                                                                 | 18                      | 22<br>(4)       | 26<br>(4)       | 28<br>(2)      |
| J. Provide ongoing monitoring of client files regarding progress, periodic assessment of clients and give feedback to self sufficiency coordinators. This will be done by reviewing files in AR4CA and paper files                                                                                                                                                                                                                                                                                                                                                                                                                             | Community Services Director, Program Eligibility Specialist, Information Support Specialist and Information Systems Coordinator make sure computer systems are up and running.                                                                                  | 07/2014-09/2014         | 10/2014-12/2014 | 01/2015-03/2015 | 4/2015-6/2015  |

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
One-Year Work Program  
OEO Form 212 (continued)**

10. Use the tables below to enter your agency's projected outcome results (targets). The outcome measures will be included in the agency's CSBG contract.

All CSBG grantees operating self-sufficiency projects are required to complete Table 1. All CSBG grantees operating non self-sufficiency projects are required to enter applicable outcomes in the Table 2. If your agency operates more than one non self-sufficiency project, please add tables as needed. There should be one table of outcome measures per project.

| <b>Table 1<br/>Outcome Measures for Self-Sufficiency Projects</b>         |                                                                     |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Project Name:</b>                                                      | <b>Expected to Achieve the Outcome in Reporting Period (Target)</b> |
| <b>Outcome Measures</b>                                                   |                                                                     |
| Number of persons served                                                  | 28                                                                  |
| The number of low-income families rising above the poverty level          | 8                                                                   |
| The average change in annual income per participant family (in whole #'s) | 3200.                                                               |
| The number of participants obtaining employment                           | 11                                                                  |
| The number of participants obtaining jobs with medical benefits           | 1                                                                   |
| The participant average wage rate                                         | 10.35                                                               |
| The number of participants completing education/training programs         | 9                                                                   |
| The number of participants securing standard housing                      | 10                                                                  |
| The number of participants provided emergency assistance                  | 25                                                                  |

| <b>Table 2<br/>Outcome Measures for Non Self-Sufficiency Projects</b> |                                                                     |
|-----------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Project Name:</b>                                                  | <b>Expected to Achieve the Outcome in Reporting Period (Target)</b> |
| <b>Outcome Measures</b>                                               |                                                                     |
| Number of persons served                                              |                                                                     |
|                                                                       |                                                                     |
|                                                                       |                                                                     |
|                                                                       |                                                                     |
|                                                                       |                                                                     |

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
One-Year Work Program  
OEO Form 212 (continued)**

11. For Community Action Agencies that serve multiple counties, provide a breakdown of the expected number of persons served in each designated county in the table below. Show the total number of persons served in the table.

| Number of Families to be Served Per County     |           |      |              |  |       |
|------------------------------------------------|-----------|------|--------------|--|-------|
| Agency Name: Western Carolina Community Action |           |      |              |  |       |
| Project Name: Self Sufficiency                 |           |      |              |  |       |
| County                                         | Henderson | Polk | Transylvania |  | Total |
| Total Planned                                  | 18        | 4    | 6            |  | 28    |
| <b>Project Name:</b>                           |           |      |              |  |       |
| County                                         |           |      |              |  | Total |
| Total Planned                                  |           |      |              |  |       |

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
Monitoring, Assessment and Evaluation Plan**

1. Describe the role and responsibilities of the following in the assessment and evaluation of agency programs.
  - a. **Board of Directors:** The Board of Directors receives monthly reports on program performance for both clients served and budget performance. If programs are not meeting expected outcomes the Board discusses needed changes to programs. When programs are struggling, the Board will ask staff to provide recommendations to remedy the problem through the strategic planning process, programs are reviewed and decisions are made concerning which programs are successful and which ones no longer seem to be a good fit for the agency. Each Program Director attends at least one board meeting a year to update board members about outcomes and answer questions. The CSBG grant is also presented to the board. **Program Directors Reports** are submitted monthly to the board. Directors have budget meetings at least quarterly with the Executive Director. During these quarterly meetings budgets are reviewed and possible solutions to any budgetary issues are discussed and if needed the solutions are shared with the board.
  - b. **Low-Income Community:** The WCCA Board of Directors has one third of its membership representing low-income constituents. These members provide feedback on how the agency's programs are affecting them and the people they represent. WCCA also actively seeks the thoughts of low-income residents through surveys and interviews when preparing for strategic planning. In 2010 WCCA completed a community needs assessment survey in Henderson and Polk Counties and took steps to insure that people living on low-incomes were fairly represented in the survey. A similar survey was completed in Transylvania County. The Head Start program assembled a Community Needs Assessment which compiled information from all 3 counties served by Western Carolina Community Action in 2013. Information was reviewed and taken into consideration for future activities.
  - c. **Program Participants:** WCCA has two positions reserved on the Board of Directors for clients who are participating in our housing programs. The agency also reserves two spots on the Board of Directors for Head Start Policy Council representatives. Often the Policy Council representatives are clients of other WCCA programs. Staff members are in frequent contact with their clients and are free to bring any concerns they may have back to program directors. We attempt to have graduating clients complete satisfaction surveys.
  - d. **Others:** WCCA identifies its stake holders every three to five years through its strategic planning process. We then seek input from all identified stake holders. Locally elected County Boards and some municipal governments hold one third of the seats on the WCCA Board of Directors. Important civic groups, non-profits, and other organizations also have representation on the board of WCCA. Many WCCA members are active in the community. This community involvement gives us insight into the needs of the community.
2. Describe how administrative policies and procedures are monitored by the Board of Directors. The Board of Directors has a personnel committee, finance committee, and a by-laws committee. These committees review WCCA's Personnel Policies, Fiscal Procedures and By-

Laws at least once every three years. These policies are then updated and presented to the full board for discussion and approval.

3. Describe how the Board acts on monitoring, assessment and evaluation reports.  
The WCCA Board receives the Program Directors Report monthly giving them the opportunity to act on monitoring, assessment and evaluation reports by making changes recommended by these reports, or instructing agency staff to make the necessary changes. If these reports reflect superior performance the Board may recognize these efforts. If a department is struggling or needs to make improvement the board may ask the Executive Director to provide more information or to follow up and report back to them with a status report. The board also is informed of the results and or recommendations of the OEO monitoring team. The board may provide input or vote on recommendations presented by staff.

4. Describe the Board's procedure for conducting the agency self-evaluation.

The Board of Directors receives monthly reports on program performance for both clients served and budget performance. If programs are not meeting expected outcomes the Board may discuss needed changes to programs. When programs are struggling, the Board will ask staff to provide recommendations to remedy the problem. Through the strategic planning process, programs are reviewed and decisions are made concerning which programs are being successful and which ones no longer seem to be a good fit for the agency.

5. Summarize the results of the Board's most recent self-evaluation. Describe how the information has been or will be used to develop the agency's next Strategy for Eliminating Poverty. Indicate the timeframe and planned activities for the next evaluation.

The WCCA Board of Director's is constantly evaluating the agencies programs. When there are problems, the WCCA Board works with staff to find solutions. In 2008, it was determined that WCCA could no longer effectively operate the Weatherization Assistance Program. Arrangements were made with a neighboring Community Action agency to operate the program in Henderson and Transylvania Counties. Also in 2008, the WCCA Board of Directors acted after strategic planning determined that WCCA should be offering CSBG programming in Polk County. At the same time, the WCCA Board of Directors determined that WCCA should play a larger role in services to older adults in Transylvania County by starting a state recognized senior center. WCCA has followed through on all of these important decisions by the Board.

Our most recent Strategic Planning process began in late February of 2011 and finished with the finalized Strategic Plan in October of 2011. Each department was asked to work with their staff to develop key initiatives. These initiatives in the Community Services Department revolve around increasing the clients' employability through certification or job training, finding a job making more than minimum wage and improving budgeting skills. The WCCA Board will use this process to determine new initiatives and may decide that some programs no longer should be operated by WCCA.

Community Services Block Grant Outcomes were presented to the board for input and feedback in September of 2013. In October of 2012 the Executive Director presented an



update on the Strategic Plan for the various departments including the Community Services Department.

**Our next self evaluation was planned for August of 2013 but has been postponed until early in 2014.**

**Community Services Block Grant Program  
Fiscal Year 2014-15 Application for Funding  
CSBG Administrative Support Worksheet  
OEO Form 212A**

|                                                                                                                                                                 |           |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| 1. Administrative Support requested for (Name of Grant):                                                                                                        |           |    |
| 2. Total amount of Administrative Support requested: \$                                                                                                         |           |    |
| 3. Brief description of grant including the name of the funding source:                                                                                         |           |    |
| 4. Total Grant Amount:                                                                                                                                          |           | \$ |
| 5. Give the reason for requesting Administrative Support from CSBG and describe how the funds will be used: (Attach supporting documentation in the Appendices) |           |    |
| 6. How will the agency track the CSBG funds used for Administrative Support?                                                                                    |           |    |
| 7. Basis for determining amount of Administrative Support needed.<br>(Please select either Indirect Costs or Cost Allocation, not both.)                        |           |    |
| <b>Indirect Costs</b>                                                                                                                                           |           |    |
| Indirect Cost Base:                                                                                                                                             |           |    |
| Indirect Cost Rate %:                                                                                                                                           |           | %  |
| Indirect cost base amount for this grant:                                                                                                                       |           | \$ |
| Percent indirect allowed by funding source for this grant:                                                                                                      |           | %  |
| Dollar amount indirect allowed by funding source for this grant:                                                                                                |           | \$ |
| <b>Cost Allocation</b>                                                                                                                                          |           |    |
| Percent of administrative costs allowed by funding source for this grant %:                                                                                     |           |    |
| Dollar amount of administrative costs allowed by funding source for this grant:                                                                                 |           | \$ |
| 8. Actual numerical calculation used to determine Administrative Support needed:                                                                                |           |    |
| 9. Administrative Support to be applied:<br>(choose one)                                                                                                        | Monthly   |    |
|                                                                                                                                                                 | Quarterly |    |
|                                                                                                                                                                 | Annually  |    |

## OEO Form 225N-The Budget Narrative

| <b>Section III-Budget Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|--|
| Indirect Cost Rate Information: Indirect Cost Rate is anticipated to be 17.5% for 14 -15 program year. Our current provisional rate is 16.4% We hope to have a new provisional rate soon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                              |  |
| <b>Section IV-Salary and Wages</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                              |  |
| Staff Names and Positions: Deborah Haight, Community Services Director for Henderson, Polk, and Transylvania Counties is budgeted at 80.55% or 32.25 hours per week, Deborah's remaining time will be charged to other funding; Kathleen Carr, Self Sufficiency Coordinator, will work 40 hours per week and will be paid 100% from CSBG funds. She will in all 3 counties; New staff, Transylvania Self Sufficiency Coordinator, will work 20 hours per week and will charge her hours to Transylvania County; Rhonda Maybin, Program Eligibility Specialist, will work 16.5 hrs or 41.25%. Rhonda's time will be charged to all 3 counties. Rhonda's other time will be charged to Section 8 and HCCBG Ensure; Maryann Festa, Family Self Sufficiency Coordinator, will charge about 3.25 hours per week or 8% to CSBG Henderson County. Maryann's other time is charged to Section 8; Jonathan Stanley, Information Systems Coordinator and Brian Blair, Information Systems Services, will have their time and fringe benefits charged based on the computers connected to the internet per program, this will be approximately 5.07%, their remaining time is charged to all other programs based on the same allocation plan. |                                   |                              |  |
| <b>Section IVa-Budget Support Data</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                              |  |
| Fringe Benefits: Fringe Benefits are pooled and allocated to the programs based on the salaries by benefits class. This averages around 31.73% for the Employer FICA, retirement, health insurance, workman's compensation and unemployment. The new staff member will be part-time and will only be eligible for Employer FICA, workman's compensation and unemployment, approximately 9.46%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                              |  |
| Communications: Communications is the shared costs by phone line in the Henderson County office, postage for all counties, and cell phones for Deborah, Kathleen and the new staff person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                              |  |
| <b>Section IVb-Budget Support Data</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                              |  |
| Equipment: 1 new laptop (\$700) and 1 desktop with monitor (1,500) for the Community Services Director for Henderson, Polk and Transylvania Counties. 5 refurbished laptops (\$300 @) and 5 refurbished computers with towers and monitors (\$400 @) for clients to borrow and use while attending classes and working on job skills.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                              |  |
| <b>Section IVc-Budget Support Data</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                              |  |
| Space Costs: Space costs are for utilities, insurances, depreciation and interest, and maintenance and repairs for the Henderson County main office. Space is donated in Polk County. We do not anticipate the Transylvania County new staff person needing space in Transylvania County so none was budgeted. Space costs in Henderson County are allocated to the programs based on square footage by program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                              |  |
| Travel: Calculations are included on OEO Form 225.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                              |  |
| Supplies/Materials: Supplies are office supplies ordered by site and are based on historical usage. A description of the types of offices supplies is included on OEO Form 225. Copies are estimated by site based on historical costs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                              |  |
| <b>Section IVd-Budget Support Data-Contractual</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                              |  |
| Sub-contractor<br>[DBA if applicable]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Community Action<br>Opportunities | Primary Contact<br>Ben Watts |  |

|                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                    |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------|---------------------------------------------------------------|
| Address/Phone                                                                                                                                                                                                                                                                                                                                                                 | 25 Gaston St., Asheville, NC 28801: (828) 252-2495 |                                    |                                                               |
| Service Description                                                                                                                                                                                                                                                                                                                                                           | AR4CA Subscription                                 |                                    |                                                               |
| Payment Arrangement                                                                                                                                                                                                                                                                                                                                                           | \$2,600 due upon receipt                           | Contract Duration                  | 1 year                                                        |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                    |                                                               |
| Sub-contractor<br>[DBA if applicable]                                                                                                                                                                                                                                                                                                                                         | Petway, Mills & Pearson,<br>CPA                    | Primary Contact<br>Phyllis Pearson |                                                               |
| Address/Phone                                                                                                                                                                                                                                                                                                                                                                 | P O Box 1036, Zebulon, NC 27597                    |                                    |                                                               |
| Service Description                                                                                                                                                                                                                                                                                                                                                           | Agency Single Audit                                |                                    |                                                               |
| Payment Arrangement                                                                                                                                                                                                                                                                                                                                                           | Payment due upon receipt                           | Contract Duration                  | 3 year contract with 2 1<br>year optional additional<br>years |
| <b>Section IVe-Budget Support Data</b>                                                                                                                                                                                                                                                                                                                                        |                                                    |                                    |                                                               |
| Client Services: Explanations are provided on OEO Form 225.                                                                                                                                                                                                                                                                                                                   |                                                    |                                    |                                                               |
| Other: LAN & MIS support costs such as office supplies, phones, etc. allocated to programs based on the number of computers on the internet per program. Newspaper subscriptions for Henderson and Transylvania Counties. Local web based Database tracking software for Henderson and Transylvania Counties. Conference and training registrations. Details on OEO Form 225. |                                                    |                                    |                                                               |



**Community Services Block Grant [CSBG]  
Documentation of Submission to County Commissioners**

Background: The North Carolina Administrative Code [10A NCAC 97C.0111 (b)(1)(A)] requires that each CSBG grant recipient submit its Community Anti-Poverty Plan [grant application] to each County Commissioner Board that it serves.

Instructions: This form is to be completed and notarized by the Clerk to the Board.

Agency Name: Western Carolina Community Action

County: \_\_\_\_\_

Date of Application Submission: \_\_\_\_\_

[Note: This application should be submitted to the County Commissioners at least thirty [30] days prior to application submission to the Office of Economic Opportunity [OEO]. The grant application is due to OEO **January 31, 2014.**

Clerk to the Board should initial all items below.

\_\_\_\_\_ The agency submitted a complete grant application for Commissioner review.

\_\_\_\_\_ The Clerk to the Board will be responsible for assuring that the application is distributed to the Commissioners.

\_\_\_\_\_ Commissioners' comments provided those to the agency. (If applicable)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Notary

\_\_\_\_\_  
Date

**VERIFICATION OF 501 (C) (3) STATUS**

We, the undersigned entity, hereby testify that the undersigned entity's 501 (c) (3) status is on file with the North Carolina Department of Health and Human Services, Division of Social Services is still in effect.

Western Carolina Community Action  
Name of Agency

David White  
Chairman, Executive Director, or other Authorized Official

Sworn to and subscribed before me,

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

NOTARIZED CONFLICT OF INTEREST POLICY

State of North Carolina

County of Henderson

I, \_\_\_\_\_, Notary Public for said County and State, certify that  
David White personally appeared before me this day and  
acknowledged

that he/she is Executive Director of Western Carolina Community Action  
[enter name of entity]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy  
was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the 9th day of  
August, 2007.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_, 20 \_\_\_\_



**Instruction for Organization:**  
**Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.**

Western Carolina Community Action

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Organization Official

## Conflict of Interest Policy

**Instructions:** This document is intended as an aid to assist non-State entities in establishing a conflict of interest policy. It is not intended to be used verbatim, but rather to serve as a template for nongovernmental organizations as they craft their individual conflict of interest policy. This example includes definitions of what is considered unacceptable, and the consequences of any breaches thereof. Each organization that chooses to use this template should take care to make changes that reflect the individual organization.

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is



discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

**F. Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

**G. Record of Conflict** -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

---

Name of Organization

---

Signature of Organization Official

---

Date

## Conflict of Interest Verification (Annual)

We, the undersigned entity, hereby testify that our Organization's Conflict of Interest Acknowledgement and Policy adopted by the Board of Directors/Trustees or other governing body, is on file with the North Carolina Department of Health and Human Services (DHHS). If any changes are made to the Conflict of Interest Policy, we will submit a new Conflict of Interest Acknowledgment and Policy to the Department (DHHS).

Western Carolina Community Action

---

Name of Organization

---

Chairman, Executive Director, or other Authorized Official    Date

## State Grant Certification – No Overdue Tax Debts

Instructions: **Grantee/Provider** should complete this certification for all state funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the state agency funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract, should be kept by the funding agency and available for review by the Office of State Budget and Management.

*Note: If you have a contract that extends more than one state fiscal year, you will need to obtain an updated certification for each year of the contract.*

**December 6, 2013**

To: State Agency Head and Chief Fiscal Officer

### Certification:

We certify that the **Western Carolina Community Action** does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143C-10-1b.

### Sworn Statement:

Donna Marple and Sheri Sparks being duly sworn, say that we are the Board Chair and Finance Director respectively, of Western Carolina Community Action of Hendersonville in the State of North Carolina; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

**Board Chair** Donna Marple

**Finance Director** Sheri Sparks

Sworn to and subscribed before me on the day of the date of said certification.

**\_\_\_\_\_**  
(Notary Signature and Seal)

My Commission Expires: **\_\_\_\_\_**

If there are any questions, please contact the state agency that provided your grant. If needed, you may contact the North Carolina Office of State Budget and Management:  
NCGrants@osbm.nc.gov-(919)807-4795

<sup>1</sup> G.S. 105-243.1 defines: Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

## State Certification

### Contractor Certifications Required by North Carolina Law

#### Instructions

The person who signs this document should read the text of the statutes cited herein and consult with counsel and other knowledgeable persons before signing. The text of G.S. 143-59.1 can be found online at:

[http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)

The text of G.S. 143-59.2 can be found online at:

[http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)

The text of G.S. 105-164.8(b) can be found online at:

[http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)

#### Certifications

- (1) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:
  - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
  - (b) [check **one** of the following boxes]
    - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
    - The Contractor or one of its affiliates **has** incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (2) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor’s officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (3) The Contractor shall require its subcontractors, if any, to make the same

certifications before they perform any work under the contract.

(4) The undersigned hereby certifies further that:

1. He or she is a duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
3. He or she understands that any person who knowingly submits a false certification shall be guilty of a Class I felony.

---

Contractor's Name

---

Signature of Contractor's Authorized Agent

Date

---

Printed Name of Contractor's Authorized Agent

Title

---

Signature of Witness

Title

---

Printed Name of Witness

Date

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

FEDERAL CERTIFICATIONS

The undersigned states that:

- 1. He or she is the duly authorized representative of the Vendor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Vendor, as set out herein:
a. The Certification Regarding Nondiscrimination;
b. The Certification Regarding Drug-Free Workplace Requirements;
c. The Certification Regarding Environmental Tobacco Smoke;
d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]
[ ] He or she has completed the attached Disclosure Of Lobbying Activities because the Vendor has made, or has an agreement to make, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
OR
[ ] He or she has not completed the attached Disclosure Of Lobbying Activities because the Vendor has not made, and has no agreement to make, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Vendor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature Title

Vendor Date

[This Certification Must Be Signed By the Same Individual Who Signed the Proposal Execution Page]

\*\*\*\*\*

I. Certification Regarding Nondiscrimination

The Vendor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

\*\*\*\*\*

**II. Certification Regarding Drug-Free Workplace Requirements**

1. **The Vendor certifies** that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Vendor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The Vendor's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
  - (1) taking appropriate personnel action against such an employee, up to and including termination; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No. 1: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Street Address No. 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

3. Vendor will inform the Department of any additional sites for performance of work under this agreement.

4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

\*\*\*\*\*

### III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Vendor certifies that it will comply with the requirements of the Act. The Vendor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all sub-grantees shall certify accordingly.

\*\*\*\*\*

### IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

#### Instructions

[The phrase "prospective lower tier participant" means the Vendor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.



**Certification**

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\*\*\*\*\*

**V. Certification Regarding Lobbying**

**The Vendor certifies**, to the best of his or her knowledge and belief, that:

- 1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any Federal, state, or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress or an employee of a Member of the General Assembly in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- 3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
- 4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

\*\*\*\*\*

**VI. Disclosure of Lobbying Activities**

**Instructions**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any Federal or state or local agency, a Member of Congress, a Member of the General assembly, an officer or employee of Congress, an officer or employee of the General Assembly,, an employee of a Member of Congress or an employee of a Member of the General Assembly in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10.
  - (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.
  - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

## Disclosure of Lobbying Activities

(Approved by OMB 0344-0046)

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>                                                                                                                                                                                                                                                                                                   | <p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>                                                                                                                                                         | <p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b></p> <p>Year _____ Quarter _____</p> <p>Date Of Last Report: _____</p> |
| <p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier (if known) _____</p> <p>Congressional District (if known) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |
| <p>6. Federal Department/Agency:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |
| <p>8. Federal Action Number (if known)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>9. Award Amount (if known) \$</p>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |
| <p>10. a. Name and Address of Lobbying Entity<br/>(if individual, last name, first name, MI):</p> <p style="text-align: center;"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p style="text-align: center;"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>                                                                                                                               |                                                                                                                                                                                                                                       |
| <p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p> |                                                                                                                                                                                                                                       |
| <p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |
| <p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |
| <p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |
| <p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p> | <p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       |
| <p>Authorized for Local Reproduction<br/>Standard Form - LLL</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |

# FFATA REPORTING SECTION FOR PRIOR FISCAL YEAR

## Entities Required to Provide FFATA Data:

All entities which receive federal funding are required to provide the following information per the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA).

- Attach evidence of your registration with the Central Contractor Registration (CCR) (i.e., a printout of the results page from a CCR search on your entity's name or DUNS number).

**Entity's Legal Name:** \_\_\_\_\_

**DUNS Number of Entity** \_\_\_\_\_ **DUNS Number of Entity's Parent (if applicable)** \_\_\_\_\_

**Location of Entity:**  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Congressional District/ County: \_\_\_\_\_

**Contract Number Associated with Performance Locations** \_\_\_\_\_

### **Locations of Performance Under the Award (add additional pages if necessary)**

|                                 |       |                                 |       |
|---------------------------------|-------|---------------------------------|-------|
| address                         | _____ | address                         | _____ |
| city / state / zip              | _____ | city / state / zip              | _____ |
| congressional district / county | _____ | congressional district / county | _____ |
| address                         | _____ | address                         | _____ |
| city / state / zip              | _____ | city / state / zip              | _____ |
| congressional district / county | _____ | congressional district / county | _____ |
| address                         | _____ | address                         | _____ |
| city / state / zip              | _____ | city / state / zip              | _____ |
| congressional district / county | _____ | congressional district / county | _____ |

### **Entities Required to Provide Executive Compensation Data**

List Executive Compensation for the five most highly compensated Officers:

|    | <u>Title</u> | <u>Name</u> | <u>Total Compensation</u> |
|----|--------------|-------------|---------------------------|
| 1. | _____        | _____       | _____                     |
| 2. | _____        | _____       | _____                     |
| 3. | _____        | _____       | _____                     |
| 4. | _____        | _____       | _____                     |
| 5. | _____        | _____       | _____                     |

Provide signature below of person completing the above information.

**Entity:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Questions and Submission - Please Contact:

Glenda Pearce, NC Grants Manager  
DHHS- Social Services  
2401 Mail Service, Center, Raleigh, NC 27699-2401  
Telephone Number: 919-527-6425  
Email: [glenda.pearce@dhhs.nc.gov](mailto:glenda.pearce@dhhs.nc.gov)



**Community Services Block Grant [CSBG]  
Documentation of Submission to County Commissioners**

Background: The North Carolina Administrative Code [10A NCAC 97C.0111 (b)(1)(A)] requires that each CSBG grant recipient submit its Community Anti-Poverty Plan [grant application] to each County Commissioner Board that it serves.

Instructions: This form is to be completed and notarized by the Clerk to the Board.

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Agency Name: Western Carolina Community Action

County: Henderson

Date of Application Submission: \_\_\_\_\_

[Note: This application should be submitted to the County Commissioners at least thirty [30] days prior to application submission to the Office of Economic Opportunity [OEO]. The grant application is due to OEO **January 31, 2014**.

Clerk to the Board should initial all items below.

\_\_\_\_\_ The agency submitted a complete grant application for Commissioner review.

\_\_\_\_\_ The Clerk to the Board will be responsible for assuring that the application is distributed to the Commissioners.

\_\_\_\_\_ Commissioners' comments provided those to the agency. (If applicable)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Notary

\_\_\_\_\_  
Date