NAME AND ADDRESS				He	ome and Co	ommunity C	are Block Gi	ant for Old	der Adul	ts				
COMMUNITY SERVICE								DAAS-732 (Rev. 2/16)						
Mecklenburg County - cor	County Funding Plan							County	Inty Mecklenburg					
301 Billingsley Rd	July 1, 2018 through June 30, 2019													
Charlotte, NC 28211			Provider Services Summary							Revision#	1	Rev Date:		
										•		_		
	Ser. Delivery			A				С	D	Е	F	G	Н	I
											Projected	Projected	Projected	
(Check One)		Block Grant Funding				Required	Net*	USDA	Total	HCCBG	Reimburse.			
Services	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	Units	Rate	Clients	
Trans 250	X		240120			///////////////////////////////////////	26680	266800	0	266800	15351	17.3799	274	
In-Home I Home Mgmnt 041		Х		75000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8333	83333	0	83,333	4386	18.9998	10	
In-Home II - Personal Care 042		Х		1416287		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	157365	1573652	0	1573652	66034	18.9999	130	
In-Home III Personal Care 045		Х		90610		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10068	100678	0	100678	5299	18.9994	14	
Congregate 180	Х				448854	///////////////////////////////////////	49873	498727	71592	570319	34959	14.2659	1600	
Home Delivered 020	Х			477636		111111111111111111111111111111111111111	53071	530707	71593	602300	88975	5.9647	850	
CDS 501 Personal Assistant		Х			45300	///////////////////////////////////////	5033	50333	0	50333	4660	10.8011	6	
CDS 503 GT Financial		Х			4700	111111111111111111111111111111111111111	522	5222	0	5222	70	74.6	6	
Adult Day Care 030		Х			5986	///////////////////////////////////////	665	6651	0	6651	201	33.073	2	
Adult Day Health 155		Х			725029	///////////////////////////////////////	80559	805588	0	805588	20140	39.9994	75	
ADH Trans 156		Х			28599	111111111111111111111111111111111111111	3178	31777	0	31777	21184	1.5	45	
Senior Center Operation 170	Х				132024	111111111111111111111111111111111111111	14669	146693	0	146693	0	0	1688	
SCO-170- Levine SC					55792	///////////////////////////////////////	6199	61991	0	61991	0	0		
SCO-170- Oasis-Levine					20436	///////////////////////////////////////	2271	22707	0	22707	0	0	580	
						///////////////////////////////////////	0	0	0	0	0	0		
						///////////////////////////////////////	0	0	0	0	0	0		
						111111111111111111111111111111111111111	0	0	0	0	0	0		
Total	///////	//////	240120	2059533	1,466,720	3,766,373	418486	4184859	143185	4328044	261259	///////////////////////////////////////	5280	
*Adult Day Care & Adult I	Day Heal	th Care No	et Service Cos	st										
	ADC		ADHC											
Daily Care	33.07 40				Certification of required minimum local match									
Transportation			1.50/one way		availability. Required local match will be expended					Authorized Signature, Title Date				
Administrative					simultaneously with Block Grant Funding.					Community Service Provider				
Net Ser. Cost Total	41.5													
					Signature, 0	County Finar	nce Officer	Date		Signature	, Chairman, B	oard of Com	missioners	Date