

NAME AND ADDRESS		Home and Community Care Block Grant for Older Adults												
COMMUNITY SERVICE PROVIDER		DAAS-732 (Rev. 2/16)												
Gaston Co. Dept of Health & Human Services:		County Funding Plan				County		Gaston						
330 Dr. Martin Luther King, Jr Way		Provider Services Summary				July 1, 2018 through June 30, 2019		Revision# 1 Rev Date:						
Gastonia, NC 28052														
Services	Ser. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required	Net*	USDA	Total	Projected	Projected	Projected	
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse. Rate	HCCBG Clients	
Trans 250	x		50849			////////	5650	56499	0	56499	1987	11.6588	100	
Medical Transp 033	x		42829			////////	4759	47588	0	47,588	3932	12.1013	180	
In-Home I Home Mgmt 041		x		20926		////////	2325	23251	0	23,251	1300	17.8854	12	
In-Home II - Personal Care 042		x		356729		////////	39637	396366	0	396366	13762	23.7184	115	
In-Home III Personal Care 045		x		293796		////////	32644	326440	0	326440	12081	27.4808	95	
Congregate 180	x				130102	////////	14456	144558	16200	160758	11162	12.9509	225	
Home Delivered 020	x			200554		////////	22284	222838	28800	251638	22768	9.7873	375	
Adult Day Care 030	x				50000	////////	5556	55556	0	55556	1586	35.0227	51	
						////////	0	0	0	0	0	0		
						////////	0	0	0	0	0	0		
						////////	0	0	0	0	0	0		
						////////	0	0	0	0	0	0		
						////////	0	0	0	0	0	0		
Total	////////	////////	93678	872005	180,102	1,145,785	127311	1273096	45000	1318096	68578	////////	1153	

*Adult Day Care & Adult Day Health Care Net Service Cost			Certification of required minimum local match availability. Required local match will be expended simultaneously with Block Grant Funding.	<i>Michael Coe</i> <i>Administrative</i> Authorized Signature, Title Community Service Provider	<i>10-25-18</i> Date
	ADC	ADHC			
Daily Care	33.07				
Transportation	0				
Administrative	1.9527				
Net Ser. Cost Total	35.023				

<i>Linda A. Hummel</i> <i>10/25/18</i> Signature, County Finance Officer Date		Signature, Chairman, Board of Commissioners Date	
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