

American Rescue Plan Act (ARPA) Funding Application

[Print](#)**Submitted by:****Status:** Open**Priority:** Normal**Assigned To:** Jonathan Storage**Due Date:** Open**Attachments**

- [Board Resolution - Debt Resolution & YTD 9-2021.pdf](#) - 2021-11-01 03:32:15 pm



**American Rescue Plan Act (ARPA)
Funding Application
Non-Profit, Community Groups, Neighborhood Associations, and Businesses
APPLICATION DEADLINE: December 15th 2021**

Application must be completed in full to be considered. Submit completed application and enclosures/attachments by email to ARPA@cityofcharleston.org, or mail to City Manager's Office, 501 Virginia Street East Charleston, WV 25301.

All requests for funding **must be directly related to COVID-19 mitigation or recovery efforts** and must fall within the parameters of at least one of the goals set by the treasury department along with other requirements listed within this application.

GENERAL INFORMATION

*** Name of Project/Program:**

Payoff of Hubbard Hospice House Charleston Building Commission Lease Revenue Bonds

*** Organization Name:**

Kanawha Hospice Care, Inc.

*** Address:**

1606 Kanawha Blvd W

*** Primary Contact Person:**

Title:

CEO

*** Phone:**

8035868159

*** Email:**

crawlings@hospicecarewv.org

Federal Tax ID:

34-1337316

If applicable: DUNS Number:

173847294

To obtain a DUNS number please visit <https://fedgov.dnb.com/webform> After obtaining, please register your organization with the System for Award Management at <https://sam.gov/SAM/>

List the organization’s owner(s), Board of Directors, senior staff members, and other key members:

Andy Kelso Betty Ireland Carol Hartley Dr. David Clayman Dede Talbott Don Wilson Dill Battle Joe Price Judy Deegan Marion Jones Mark Grigsby Miles Cary Rich Bishoff Richard Wilbur III Ryan Lindsay Sally Barton Sharon Rowe Dr. Shelda Martin Twana Smith

Describe any partner organizations, their roles, and your relationship with them:

BUDGETARY OVERVIEW - Must match Budget Worksheet

* Funds Requested	* Total Program/Project Cost	Annual Organization Budget
2,093,270	2,093,270	25,000,000

Request Summary

1. Provide a narrative overview/summary of the request.

Topics that may be included but not limited to:

- a. Purpose and anticipated outcomes
- b. Individuals, entities, or communities served
- c. How the pandemic has necessitated this request
- d. Amount of any estimates and bids received to date
- e. Timeline for project completion

COVID - 19 has created various difficulties and headwinds for not-for-profits. In particular, we are going on nearly two years of having limited fundraisers and other awareness events which assist with funding our mission and services across Kanawha County. Furthermore, we have had to limit our service capacity due to a nursing shortage caused by extremely high travel nursing wages by major hospital systems across the country to battle COVID-19. These factors have results in significant losses at our inpatient facilities and rising wage pressures to secure staff without any offset from CMS reimbursements. Retiring this debt would allow us to redirect those funds to clinical staff and salaries to reopen our full facility.

Attach any additional information such as bids, concepts, designs, letters of support, etc. If submitting electronically the documents must be in PDF, Excel, or Word format and total file size must not exceed 10 megabytes.

Program/Project Details

*** 1. The funding will be used to:**

- Start a new program/project
- Maintain an existing program/project

* 2. If funded, will the program/project be completed within FY 2022?

If no, when is expected completion year?

Yes No

3. Which eligible ARPA Expenditure Category does this program/project represent (See <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf> for further details)? Please check all that apply:

- Public Health
- Negative Economic Impacts
- Services to Disproportionately Impacted Communities
- Premium Pay
- Infrastructure
- Expand an existing program/project

4. Briefly describe the program/project funds are being requested for:

We are requesting these funds to use to paydown our Charleston Building Commission Lease Revenue Bonds obtained in 2006 and 2007 to construct Hubbard Hospice House. Due to the COVID-19 pandemic, we have faced various challenges in our ability to increase wages and staff our inpatient facility to capacity. Additionally, we have been negatively impacted by being unable to hold successful fundraisers to the degree we could prior to the pandemic.

5. Describe the need for this program/project:

The Hubbard hospice house provides inpatient hospice services to those at end of life and supports their families and friends with multidisciplinary care teams.

6. List other Charleston organizations in Charleston that address this need:

None.

7. Describe the level of collaboration with other organizations on this program/project:

None.

8. How will duplication of services be prevented?

Hubbard Hospice House is the only standalone inpatient hospice facility in Charleston and Kanawha county.

Program Requirements and Objectives

1. Identify the target recipients of proposed services. Specify the number of City residents the program will serve during the fiscal year and explain the basis upon which this number is calculated.

The facility could potential service in excess of 2,000 individuals and families a year in the Charleston area.

2. List any eligibility requirements the program has with respect to age, gender, income, or residence.

Anyone is eligible to receive our services.

3. If this is a continuing activity, describe a measurable outcome of the previous year's work regardless of funding source.

Historically, with fundraisers and more staffing the facility was able to come much closer to funding the debt service. COVID-19 has created some headwinds in this regard. The measurable outcomes are the number of terminal lives we can serve annually as well as supporting friends and families.

4. If this is a new program describe two anticipated measurable outcomes for the proposed program.

N/A

*** 1. Has the organization received funding from the City of Charleston in the past for a similar program/project?**

Yes No

*** 2. Has the organization requested funding from other Federal, State, or Local government entities for any program/project support related to COVID-19?**

Yes No

3. If yes, explain from which entities and the amounts requested for each program/project.

Kanawha Hospice Care, Inc. requested funding through the paycheck protection program. The organization also received a payment through the Provider Relief Funding program.

4. List any other Federal, State, Local, or private funding or grant awards received in the last three years and the amount and status of each award.

AEP - \$25,000 - 2021 United Way of Central West Virginia - \$10,000 - 2021

Budget

5. Briefly summarize project revenues and expenses related to this request. This should coincide with the budget worksheet.

The revenues associated with this project would be the payment by the city of Charleston of \$750 per vaccinated employee. The expenses would be exactly the same as the revenues as a payroll wage payment to each vaccinated employee.

6. If this request is not fully funded, what adjustments to the program/project is the organization prepared to make?

If this request is partially funded or not funded we will have to continue to evaluate staffing needs, operational funding and other mechanisms to ensure the citizens of Charleston have access to a need facility.

7. Describe the plan for sustainability of the program/project or initiative after the requested award has been exhausted.

Paying down the debt associated with the construction of this facility will allow us to redirect funds to salaries. As we are able to hire more staff we can open more beds and create increased sustainability.

8. Briefly describe the organization's fiscal oversight / internal controls to minimize opportunities for fraud, waste, and mismanagement.

The organization's Accounting department in conjunction with the City of Charleston and our financial institution will assure all granted funds are appropriately used to pay down outstanding loans.

9. How does your agency plan to separate ARPA funds from other agency funds for purposes of identification, tracking, reporting and auditing?

The funds would be held in escrow and remitted to the bond holders.

REQUESTED BUDGET WORKSHEET

Revenue Source Projections

List all Estimated Funding for this Program/Project

*** Proposed City ARPA Funding**

2,093,270

Internal/Self-Funding

0

Donations/Other Fundraising

0

Government Grants/Other

0

*** TOTAL REVENUE**

2,093,270

Expenses Projections

List all Estimated Expenses for this Program/Project

Salaries/Wages

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
0	0	0

Benefits & Matchings

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
0	0	0

Contracted Services

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
0	0	0

Program Materials

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
0	0	0

Marketing

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
0	0	0

Supplies

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
0	0	0

Other

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
2,093,270	0	2,093,270

Total Expenses

* Amount Requested from City	* Amount from Other Sources	* Total Estimated Expenses
2,093,270	0	2,093,270

NOTE: Revenues and Expenses must balance, and the use of requested funds must be directly related to COVID-19 recovery efforts.

Other

Organizational Details

1. Describe the history of the organization and its current programs and activities.

Kanawha Hospice Care, Inc. has been serving the residents of southern WV for over 40 years. We provide high quality hospice and palliative care services to all who need our help. As a not-for-profit we provide these services without regard to an individual's ability or propensity to pay.

2. Provide the organization's mission statement/purpose.

Mission - Providing compassionate care and affirming life through hospice , palliative and other supportive care services to the patients, families and communities we serve. Vision - To serve our patients and families with inclusive care through innovative, multidisciplinary approaches and diverse community partnerships. Embracing our history of high-quality hospice care and rising to meet the expanding need of healthcare services in our communities.

3. List any third-party references that can verify the organizations qualification or prior grant experience.

Centers for Medicare and Medicaid Services (CMS) United Way of Central West Virginia Office of Health Facility Licensure and Certification West Virginia Health Care Authority

COVID-19 Impact

1. Explain the impact of the COVID-19 pandemic and how it relates to your request. For example, reduction in services, closures, increased costs, community impact, etc.

Due to the COVID-19 pandemic, we have faced various challenges in our ability to increase wages and staff our inpatient facility to capacity. Additionally, we have been negatively impacted by being unable to hold successful fundraisers to the degree we could prior to the pandemic. These factors have led to a sharp reduction in inpatient services and bed closures as well as increase payroll and operating expenses due to additional PPE needs.

2. If funds are being requested to replace revenue lost due to COVID-19, provide details, and attach supportive documentation.

YTD income statement for inpatient hospice units in Charleston is provided in the attachment.

3. If awarded, how will ARPA funding aid in the recovery from the COVID-19 pandemic?

ARPA funds which can pay down our outstanding bonds will allow us to reallocate debt service funds to wages. Higher wages will allow us to compete with larger health systems who are luring our local nurses to larger cities with extreme compensation offers. Once we are able to become fully staffed the increase in bed availability will allow us to operating closer to breakeven. Furthermore, as COVID-19 become more of an endemic versus a pandemic we will be able to have more fundraisers with larger attendance and more financial support for our services.

THE APPLICANT UNDERSTANDS:

*

- 1. This application and other materials submitted to the City may constitute public records which may be subject to disclosure under the West Virginia Freedom of Information Act. Documents containing sensitive information may be marked as "confidential."

*

- 2. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program, and the applicant or its representative may be subject to civil and/or criminal prosecution.

THE APPLICANT CERTIFIES THAT:

*

- 1. I have reviewed the US Treasury guidelines regarding the eligible uses of American Rescue Plan State and Local recovery funds. <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-fund/request-funding>

*

- 2. By submitting this request, I represent that I am an authorized officer, or member of the organization for which I am submitting, and the information contained in my submittal is true and correct to the best of my knowledge and belief.

*

- 3. The information submitted to the City of Charleston ("City") in this application, and substantially in connection with this application, is true and correct.

*

- 4. The applicant is in compliance with applicable laws, regulations, ordinances and orders applicable to it that could have an adverse material impact on the project. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory action by a governmental entity or inadequate capital to complete the project.

*

- 5. The applicant is not in default under the terms and conditions of any grant or loan agreements, leases or financing arrangements with its other creditors that could have an adverse material impact on the project.

*

- 6. I understand and agree that I must disclose, and will continue to disclose, any occurrence or event that could have an adverse material impact on the project.

*

- 7. I certify that the requested funding is needed to ensure this program/project will occur within the City limits of Charleston West Virginia.

*

- 8. The Board of Directors or governing body of the organization has approved submission of this application. Please attach a copy of the authorizing resolution or meeting minutes using the file upload.

* Signature

* Date

Chris Rawlings

11/02/2021

Authorized representative of Applicant/Organization

Format: MM/DD/YYYY

* PRINTED NAME:

Chris Rawlings

* TITLE OF APPLICANT:

*** ORGANIZATION NAME:**

Kanawha Hospice Care, Inc.

Upload a File

No file selected.

CEO

BOARD RESOLUTION

October 28, 2021

The Board of Directors of Kanawha Hospice Care, Inc. held a virtual vote on October 28, 2021 and passed the following resolution.

Be it resolved that Kanawha Hospice Care, Inc., hereby authorizes Christopher Rawlings, the Chief Executive Officer of Kanawha Hospice Care, Inc., to apply for American Rescue Plan Act (ARPA) funding to request for funds to pay down Charleston Building Commission Lease Revenue Bonds Series 2006 and 2007 maturity in February 2026 and December 2033, respectively and associated with the construction of Hubbard Hospice House at 1001 Curtis Price Way, Charleston, WV 25311 in the amount of \$2,093,270.

Be it also resolved that Kanawha Hospice Care, Inc., hereby authorizes Christopher Rawlings, the Chief Executive Officer of Kanawha Hospice Care, Inc., to act on its behalf to enter into an agreement with the city of Charleston to receive and administer payment to the bond holders should the request of funding be fulfilled.

BY: 

Title: Secretary of the Board of Directors

Organization: Kanawha Hospice Care, Inc.

Date: _____



For the Nine Months Ending September 30, 2021

HOSPICE HOUSE OPERATIONS	Year to Date		Difference	Year to Date		Difference
	Actual	Budget		Actual - 21	Actual - 20	
Patient Revenue	\$4,119,740	\$4,781,960	(\$662,221)	\$3,888,907	\$230,833	
Unreimbursed Care	(\$355,876)	(\$308,618)	(\$47,258)	(\$247,458)	(\$108,418)	
Net Patient Revenue	\$3,763,864	\$4,473,342	(\$709,479)	\$3,641,449	\$122,415	
Operating Expenses	(\$5,406,097)	(\$5,185,216)	(\$220,882)	(\$4,882,677)	(\$523,420)	
Total Inpatient Units Revenue (Loss)	(\$1,642,234)	(\$711,873)	(\$930,360)	(\$1,241,228)	(\$401,006)	