

American Rescue Plan Act (ARPA) Funding Application

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

- [Board Resolution - vaccination incentive.pdf](#) - 2021-11-01 02:13:16 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:**

COVID Vaccination Incentive

*** Organization Name:**

Kanawha Hospice Care, Inc.

*** Address:**

1606 Kanawha Blvd W

*** Primary Contact Person:**

Chris Rawlings

Title:

CEO

*** Phone:***** Email:**

3047688523

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:

Dede Talbott Dr. Shelda Martin Betty Ireland Don Wilson Andy Kelso Dr. David Clayman Rich Bishoff Richard Wilbur III Miles Cary Judy Deegan

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
150,000	150,000	25,000,000

Request Summary

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

Topics that may be included but not limited to:

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

We would like to follow in the city of Charleston's footsteps and provide a \$750 cash award to all our employees who are vaccinated. We believe this will increase our company's vaccination rate as well as provide additional community protection to decrease the spread of COVID-19.

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
 Expand an existing program/project

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

Yes No

If no, when is expected completion year?

Payment would occur in year of funding

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**
- Other**

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

We would like to follow in the city of Charleston's footsteps and provide a \$750 cash award to all our employees who are vaccinated. We believe this will increase our company's vaccination rate as well as provide additional community protection to decrease the spread of COVID-19.

5. Describe the need for this program/project:

We are a not-for-profit and thus do not want to use our donor's funds to make such a payment. We hope the city of Charleston will support us in this endeavor to increase our vaccination rates as well as reduce community spread.

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:

Collaboration would be primarily with the city of Charleston. Indirect collaboration would be with health departments and local medical providers.

8. How will duplication of services be prevented?

Only one payment will be made.

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.

Target recipients will be employees of Kanawha Hospice Care, Inc. We anticipate approximately 200 payments to vaccinated individuals.

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

Everyone employed at Kanawha Hospice Care, Inc. is eligible if they will be vaccinated.

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

Not a continuing activity.

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

We anticipate an increase in the number of vaccinated employees as well as a decrease in community spread of COVID - 19.

Budget

*** 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

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?

We will not be able to do an incentive payment for employees to get vaccinated.

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

This is a one time incentive payment.

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

The organization's Human Resource and Accounting departments will process this payroll payment through our ADP payroll system. Any funds not used will be returned to the city of Charleston.

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

The exact payment will have a separate payroll code so we can run a report to determine the exact amount of funding needed to make this payment.

REQUESTED BUDGET WORKSHEET

Revenue Source Projections

List all Estimated Funding for this Program/Project

* Proposed City ARPA Funding	Internal/Self-Funding
Charleston 150,000	0
Donations/Other Fundraising	Government Grants/Other
0	0
* TOTAL REVENUE	
150,000	

Expenses Projections

List all Estimated Expenses for this Program/Project

Salaries/Wages

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
150,000	0	150,000

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
0	0	0

Total Expenses

* Amount Requested from City	* Amount from Other Sources	* Total Estimated Expenses
150,000	0	150,000

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

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 serv

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.

COVID - 19 has impacted us in nearly every imaginable way. Our patients are very frail and if they catch COVID-19 it is very likely they will not recover. We lost an employee to COVID-19 in May 2020 which negatively affected morale. Patients and families have been hesitant to use our inpatient facilities as they are concerned about visiting policies based on what hospitals and nursing homes have enacted. We are wanting to encourage our staff to get vaccinated so we can keep our patients safe and begin to return to normal.

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

N/A

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

It will increase the number of individuals vaccinated in Charleston, reduce community spread and reduce the strain on our healthcare infrastructure.

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:

CEO

* ORGANIZATION NAME:

Kanawha Hospice Care, Inc.

Upload a File

Choose File No file chosen

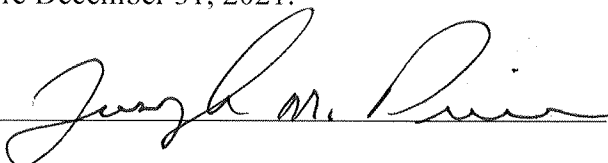
BOARD RESOLUTION

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 pay a onetime \$750 incentive payment to employees who are vaccinated.

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 employees of Kanawha Hospice Care, Inc who are fully vaccinated on or before December 31, 2021.

BY: 

Title: Secretary of the Board of Directors

Organization: Kanawha Hospice Care, Inc.

Date: _____