# Pre-Approval Grant Request

*Request # 05827601*

## General Grant Information

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**1. Guilford county employee name**: Kirsten Paulson

**2. Guilford county employee email address**: kpaulso@guilfordcountync.gov

**3. Name of grant**: Bringing Value Home Innovation Funding

**4. Department name**: PUBLIC HEALTH

**5. Application due date**: 07/02/2025

**6. Name of the sponsor or funding agency**: Community Care of North Carolina, Inc (CCNC

**8. What is the source of funding for this grant?**: Not Sure

**9. Will Guilford County be the prime recipient of grant funding or a subrecipient/contractor?**: Prime

**10. What is the period of performance (start and end date of the agreement)?**: 07/01/2025-6/30/2026

**11. When does the funder anticipate notifying grantees that their proposal was awarded or not awarded?**: Already Awarded

**12. Does the application indicate renewal options are available?**: No

**13. Funding Opportunity Description**: New Grant

**14. Does the grant application require any of the following?**: N/A - There is not an application for this agreement

**15. Please enter the web address (URL) for the grant application so that we may review the relevant materials.**:
https://www.communitycarenc.org/

**16. Please upload a copy of the grant guidance / funding opportunity**: CCNC - Bringing Value Home Innovation Funding.pdf

**17. Please list the name of the Guilford County employee serving as the primary point of contact for this grant application.**: LaTanya Pender

**18. To your knowledge, has the Guilford County department seeking to apply for this grant received grant funding from this sponsor agency in the past? ***: No

**19. Please briefly describe the purpose of the proposed program, service or activity to be supported by this grant funding.**: Acceptable uses for these funds include, but are not limited to:

• Expanding access to care by offering open access scheduling

• Developing practice-based solutions to reduce unnecessary ED and Inpatient Utilization

• Improving quality performance, particularly for targeted Medicaid PHP Quality Measures

• Employing new ways to engage unengaged patients

• Implementing Practice Innovations that align with CCNC’s mission

**20. Submission of this Notice of Intent to Submit a Grant has been reviewed by:**: Other

**21. If you selected "Other" in the question above, please list the person's name below. If you selected "None of the Above" please provide additional about your department's internal approval process below.**: LaTanya Pender and Louise Baldwin

**22. Will the proposal include a request for new or temporary positions?**: No

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**25. If awarded, does implementing the grant require any of the following?**: Other

**26. If the grant requires match, what type of match is allowed?**: No match required

**28. Does this grant require reporting?**: Not applicable

**30. How will the grant application be submitted?**: Other

**31. Is this a collaborative proposal with other Guilford County departments?**: No

**33. Is this a collaborative proposal with any non-Guilford County entities?**: No

**35. Which of the following Board of Commissioners goals and key strategic actions does this grant align with?**: Community Health & Vitality

**36. Please feel free to upload any additional documentation you would like included in the review (if applicable).**: Payment Voucher 00001479-190.pdf,Payment Voucher 0001479-191.pdf

**37. Additional Questions or Comments?**: Public Health did not initiate this request. CCNC allocated the award based on approximately $16.70 per member calculated using our March 2025 Medicaid Standard Plan Prepaid Health Plan (PHP) attribution of 2,348 as reported to CCNC in the Beneficiary files from each PHP and payment has already been received by Finance.

## Finance Review Information

**Is department able to satisfy reporting needs for SEFSA, if applicable?**: N/A

**Dept/County able to meet Internal control/closeout requirements?**: Yes

**Approved By Finance Department?**: Yes

## Legal Review Information

**Adequate timeframe for public notice/hearing requirements, if any?**: N/A

**Are the department and/or County able to satisfy conformance requirements of the award?**: N/A

**Is the applicant aware of and compliant with all standard certifications required?**: NA

**Approved by Legal Department?**: Yes

## Assistant County Manager Review Information

**Approved by Assistant County Manager?**: Yes

## Attachments