

Home and Community Care Block Grant for Older Adults

Durham Center for Senior Life
 406 Rigsbee Avenue, Ste 202
 Durham, NC 27701

County Funding Plan
Provider Services Summary

DAAS-732
County: Durham
Budget Period: July 2026 through June 2027
Revision #: **Date:**

Services	Serv. Delivery (Check One)		A				B	C	D	E	F	G	H	I
	Direct	Purchase	Block Grant Funding				Required Local Match	Net Service Cost	NSIP Subsidy	Total Funding	Projected HCCBG Units	Projected Reimburse Rate	Projected HCCBG Clients	Projected Total Units
			Access	In-Home	Other	Total								
Senior Center Operation	X		\$ -	\$ -	\$ 413,540	\$ 413,540	\$ 45,949	\$ 459,489	\$ -	\$ 459,489	-	\$ -	2,500	-
Information & Case Assistance	X		\$ 120,215	\$ -	\$ -	\$ 120,215	\$ 13,357	\$ 133,572	\$ -	\$ 133,572	-	\$ -	250	-
Congregate Nutrition	X		\$ -	\$ -	\$ 220,831	\$ 220,831	\$ 24,537	\$ 245,368	\$ 11,918	\$ 257,286	14,898	\$ 16.4699	122	14,898
Transportation (General)	X		\$ 13,759	\$ -	\$ -	\$ 13,759	\$ 1,529	\$ 15,288	\$ -	\$ 15,288	421	\$ 36.3387	14	421
Adult Day Care	X		\$ -	\$ 26,510	\$ -	\$ 26,510	\$ 2,946	\$ 29,456	\$ -	\$ 29,456	327	\$ 90.0107	7	327
Adult Day Health	X		\$ -	\$ 18,045	\$ -	\$ 18,045	\$ 2,005	\$ 20,050	\$ -	\$ 20,050	211	\$ 95.0169	3	211
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
Total			\$ 133,974	\$ 44,555	\$ 634,371	\$ 812,900	\$ 90,323	\$ 903,223	\$ 11,918	\$ 915,141	15,857		2,896	15,857

Certification of required minimum local match availability.
 Required local match will be expended simultaneously
 with Block Grant Funding.

Crystally Wright
 5/14/2026 | 2:29 PM EDT
 Signature, County Finance Officer Date

Diana Brown Lewis 5/8/2026
 Authorized Signature, Title Date
 Community Service Provider
 Signature, Chairman, Board of Commissioners Date