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**Community Services Block Grant (CSBG)**

**FY2021 Grantee Application for Funds**

**Due: COB May 11, 2020**

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| --- |
| **Program Information** |
| **Grantee:** | Click here to enter text. | **Projected Allocation Amount:** | **$**Click here to enter text. |
| **Eligible Entity Type:** | Choose an item. | **Federal Tax ID #:** | Click here to enter text. |
| **Service Area** *(by county)***:** | Click here to enter text. | **DUNS #:** | Click here to enter text. |
| **Sub-Grantees:** | [ ]  Yes [ ]  No | **If yes, how many Sub-Grantees will receive funds?** | Choose an item. |

*The CSP will not consider incomplete applications, including missing attachments or other requested documentation, for award of funds. Applications turned in for final submission must include all needed information by close of business May 11, 2020. All required attachments can be found on the CSP website, at:* [*https://health.wyo.gov/publichealth/rural/wyoming-community-services-program/*](https://health.wyo.gov/publichealth/rural/wyoming-community-services-program/)

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| **Checklist of Required Attachments** |
|[ ]  Budget *(for Grantee and each Sub-Grantee(s))* | Section 3.B |
|[ ]  Mapping Worksheet *(for each program and Sub-Grantee(s))* | Section 4.C |
|[ ]  Community Action Plan (CAP) | Section 5.A |
|[ ]  STAR Risk Assessment | Section 6.A |
|[ ]  System for Award Management (SAM) Registration Proof | WDH Contract |
|[ ]  Secretary of State (SOS) Filing Information (private agencies only) | WDH Contract |
|[ ]  Proof of Insurance | WDH Contract |
|[ ]  Assurances *(for Grantee and Sub-Grantee(s))*  | CSBG Act |
|[ ]  Federal Funding Accountability and Transparency Act (FFATA) | WDH Contract |

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| *\*\*\*The Community Initiative Status Form (CISF), while it will not be included as an attachment to this application, should be started. CISFs will be submitted to CSP at the end of each fiscal year, by October 10th each year, completed to the extent of the completion of a phase. Each Program/Sub-Grantee completing community-level work should have their own CISF.\*\*\** |

1. **GENERAL INFORMATION**
2. **Contract Signatory**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click here to enter text. | **Title:** | Click here to enter text. |
| **Mailing Address:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **City/Zip:** | Click here to enter text. | **Email:** | Click here to enter text. |

1. **Point of Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click here to enter text. | **Title:** | Click here to enter text. |
| **Mailing Address:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **City/Zip:** | Click here to enter text. | **Email:** | Click here to enter text. |

1. **Public Hearing** *(required prior to submission of application)*

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| --- | --- | --- | --- |
| **Date of Public Hearing:** | Click here to enter a date. | **Location:** | Click here to enter text. |

1. **TRIPARTITE BOARD**
2. **Seats**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Seats Prescribed by Bylaws:** | Click here to enter text. | **Total Current Vacant Seats:** | Click here to enter text. |
| **Total Number of Seats Reserved from Each Sector:** | ***Public*** | ***Private*** | ***Low-Income*** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Vacancies**

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| If you have any current vacancies, please provide a narrative explaining how the Tripartite Board plans to fill those vacancies, including recruitment efforts for those members of the low-income sector (if a low-income vacancy exists). |

Click here to enter text.

1. **Roster**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** *(if vacant, please list as ‘Vacant Seat’)* | **Address** | **Phone Number** | **Sector** | **Date Seated** | **Term Expiration** | **County Representing** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |

1. **Meetings**

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| --- | --- | --- | --- |
| **How often is the Tripartite Board required to meet?** | Click here to enter text. | **Date of the next Tripartite Board meeting?** | Click here to enter a date. |

1. **BUDGET**
2. **Budget Summary Table**

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| **Revenue**Provide the projected annual allocation given to you by the Wyoming CSP |
| **TOTAL** | **$**Click here to enter text. |
| **Expenses**List budget category subtotals from your detailed budget. Total must match projected allocation |
| Sub-Grantees (grants) | **$**Click here to enter text. |
| Direct Costs (administrative/board) | **$**Click here to enter text. |
| Indirect Costs (if applicable) | **$**Click here to enter text. |
| **TOTAL** | **$**Click here to enter text. |

1. **Budget**

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| Please complete a budget for the Grantee and all Sub-grantees (if applicable) as an attachment for this section.  |

1. **Discretionary Funds**

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| *Discretionary funds are a separate allocation awarded by CSP to help offset the cost of completing a Community Needs Assessment and/or to assist in training and technical assistance, or agency capacity building activities. Based upon need and availability of funds, Grantees may request up to $5,000 to aid in the completion of the Community Needs Assessment, and no limit on assistance for the other aforementioned activities. Discretionary awards will prioritize Community Needs Assessment funding before other activities are considered for funding.* |

1. **Discretionary – Community Needs Assessment**

Does your county/service area need to complete a Community Needs Assessment for this fiscal year?

[ ] Yes [ ] No

If yes, what amount are you requesting (up to $5,000)?

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| **Discretionary – CNA**  |
| **$**Click here to enter text. |

1. **Discretionary – T/TA, Agency Capacity Building**

Are you requesting discretionary funding to support training and technical assistance activities, or agency capacity building?

[ ] Yes [ ] No

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| If yes, please describe in detail what activities will take place, and how discretionary funds will be used. |

 Click here to enter text.

If yes, what amount are you requesting?

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| **Discretionary – T/TA, Agency Capacity Building** |
| **$**Click here to enter text. |

1. **Salaries and Wages Detail**

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| *Only complete if you are using CSBG funds to pay a portion or all of employees’ salaries and wages.* |

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| --- | --- | --- | --- | --- |
| **Title/Position** | **Annual Salary** | **# of Months** | **Time Spent on CSBG (%)** | **CSBG Portion of Salary** |
| Click here to enter text. | **$**Click here to enter text. | Choose an item. | Click here to enter text. | **$** Click here to enter text. |
| Click here to enter text. | **$**Click here to enter text. | Choose an item. | Click here to enter text. | **$** Click here to enter text. |
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| Click here to enter text. | **$**Click here to enter text. | Choose an item. | Click here to enter text. | **$** Click here to enter text. |

1. **Funded Projects**

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| *If you will not be funding Sub-Grantees this year, please just list your agency’s information and leave the remainder of the cells blank.*  |

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| --- | --- | --- | --- | --- |
| **Sub-Grantee/Program Name** | **Allocation Amount** | **DUNS #** | **Service/Project Description** | **Need(s) Met by Service Provision** |
| Click here to enter text. | **$**Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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1. **DATA REPORTING**
2. **Federal Objectives**

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| *Select one or more federal objectives, as listed in Information Memorandum #152, to be addressed through the service provision of the Grantee and/or Sub-Grantee(s).* |

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| --- |
|[ ]  **Employment** |
|[ ]  **Education and Cognitive Development** |
|[ ]  **Income, Infrastructure, and Asset Building** |
|[ ]  **Housing** |
|[ ]  **Health and Social/Behavioral Development (include Nutrition)** |
|[ ]  **Civic Engagement and Community Involvement** |
|[ ]  **Services Supporting Multiple Domains** |
|[ ]  **Linkages (e.g. partnerships that support these domains)** |
|[ ]  **Agency Capacity Building** |
|[ ]  **Other (e.g. emergency management/disaster relief)** |

1. **National Goals**

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| *Select one or more National Goals to be addressed through the service provision of the Grantee and/or Sub-Grantee(s).* |

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|[ ]  **Goal 1: Individuals and families with low-incomes are stable and achieve economic security.** |
|[ ]  **Goal 2: Communities where people with low-incomes live are healthy and offer economic opportunity.** |
|[ ]  **Goal 3: People with low-incomes are engaged and active in building opportunities in communities.**  |

1. **National Performance Indicators**

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| Please complete a Mapping Worksheet for all programs, including Sub-Grantees (if applicable) as an attachment(s) for this section. |

1. **PLANNING**
2. **Community Action Plan**

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| Please complete a Community Action Plan as an attachment for this section.  |

1. **Community-Level Initiatives**

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| If completing one or more community-level initiatives, please begin the Community Initiative Status Form (CISF). CISFs will be submitted to CSP at the end of each fiscal year, by October 10th each year, completed to the extent of the completion of a phase. |

1. **RISK**

**A. STAR Risk Assessment**

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| Please complete the STAR Risk Assessment as an attachment for this section. |

**STAR Risk Assessment Score:** Click here to enter text.

1. **TRAINING AND TECHNICAL ASSISTANCE**
2. **Needs**

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| *Select one or more areas of needed training and technical assistance. For those items not listed, please select “other” and provide a detailed description of the needed service.*  |

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|[ ]  **Organizational Standards** |
|[ ]  **ROMA** |
|[ ]  **Reporting (targets, NPIs, service mapping)** |
|[ ]  **Sub-grantee Monitoring** |
|[ ]  **Quarterly Performance Reports** |
|[ ]  **Expenditure Reports** |
|[ ]  **Contract Requirements** |
|[ ]  **CAP60** |
|[ ]  **Self-Sufficiency/Case-Management** |
|[ ]  **Effective Board Management** |
|[ ]  **Linkages** |
|[ ]  **Community-level Initiatives** |
|[ ]  **Office of Management and Budget Guidance**  |
|[ ]  **Other (please specify):** Click here to enter text. |

1. **SUB-GRANTEES**

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| *Only complete this section if you will be granting funds to Sub-Grantees for direct service.*  |

1. **Monitoring**

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| Please describe the Tripartite Board’s plan for monitoring each Sub-Grantee within the fiscal year, to maintain compliance with CSP Policy #3: Monitoring Policy and Procedure.  |

Click here to enter text.

1. **Monitoring Tools**

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| **Will you be using CSP’s Sub-Grantee Monitoring Tool**? *(Use of CSP’s Sub-Grantee Monitoring Tool is not required, but available to use)* | [ ]  Yes [ ]  No |
| **If no, please describe the elements or attach a copy of the Tripartite Board’s Sub-Grantee Monitoring Tool.** | Click here to enter text. |

**Official Tripartite Board Action**

*Submission of this form indicates official action taken by the applicant’s governing Tripartite Board authorizing application for these funds.*

[ ] I certify that CSBG funds will not be used for construction-related expenses.

[ ] I certify that CSBG funds will not be used for any type of political activity.

[ ] I certify that CSBG funds will be used in accordance to the OMB Uniform Guidance.

**To the best of my knowledge and belief, statements and data in this application, including the attachments and other documentation, are true and correct and the submission of such has been duly authorized by the governing Tripartite Board of the applicant/lead jurisdiction and other participating jurisdictions, if any.**

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Signature, Board Chair/President/Contract Signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name, Board Chair/President/Contract Signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

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Date