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**Community Services Block Grant (CSBG)**

**FY2021 Sub-Grantee Application for Funds**

**Due: COB May 11, 2020**

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| --- | --- | --- | --- |
| **Program Information** | | | |
| **Sub-Grantee:** | Click here to enter text. | **Projected Allocation Amount:** | **$** Click here to enter text. |
| **Federal Tax ID:** | Click here to enter text. | **DUNS #:** | Click here to enter text. |

*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 | Section 3.B |
|  | Mapping Worksheet | Section 4.C |
|  | Assurances | CSBG Act |

1. **GENERAL INFORMATION**
2. **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. **PROGRAMMATIC INFORMATION**
2. **Mission Statement**

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| Please list your agency’s Mission Statement below. |
| Click here to enter text. |

1. **Services Provided**

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| Please provide a narrative of the services being provided through the use of CSBG funds and other partners, and the expected outcomes of such. |
| Click here to enter text. |

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

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| --- | --- |
| **Revenue**  Provide the projected annual allocation given to you by the Wyoming CSP/Grantee | |
| **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) | **$**Click here to enter text. |
| Indirect Costs (if applicable) | **$**Click here to enter text. |
| **TOTAL** | **$**Click here to enter text. |

1. **Budget**

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| Please complete a budget for your agency, and attach as a part of your Grantee’s application. |

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 Share (FTE)** |
| 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. |
| 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. |
| Click here to enter text. | **$**Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |

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 service provision.* |

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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 service provision.* |

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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 services and outcomes, and attach as a part of your Grantee’s application. |

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. |

**Official Board Action**

*Submission of this form indicates official action taken by the applicant’s governing Board of Directors 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 Board of Directors of the applicant/lead jurisdiction and other participating jurisdictions, if any.**

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Signature, Board Chair/President/Contract Signatory

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Printed Name, Board Chair/President/Contract Signatory

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Title

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Date