**Grantee:** Click here to enter text. **Fiscal Year:** Click here to enter text.

1. **Mission Statement**
   1. What is your Tripartite Board’s mission statement?

Click here to enter text.

1. **Community Needs Assessment**
   1. What is the date of your most recent Community Needs Assessment?

Click here to enter text.

* 1. Briefly describe the process of completing your most recent Community Needs Assessment.

Click here to enter text.

* 1. What are the top three needs identified by your Community Needs Assessment and indicate whether it is an individual/family-level need or community-level need?

1. Choose an item. Click here to enter text.
2. Choose an item. Click here to enter text.
3. Choose an item. Click here to enter text.
4. **Service Delivery System**
   1. Please complete the table below with each of your funded programs as listed on the corresponding fiscal year’s contract Statement of Work. Add more lines if needed.

|  |  |  |
| --- | --- | --- |
| **Program or Sub-Grantee Name** | **Services/Activities** | **What identified needs are met through their services?** |
| 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. | Click here to enter text. |
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* 1. For those identified needs that are not currently being met by a program or sub-grantee, does the agency/Tripartite Board plan to meet those needs? If yes, how?

Click here to enter text.

* 1. Are you funding a Community Initiative?

Yes No

|  |
| --- |
| If yes, please begin the Community Initiative Status Form and only the questions that correspond to the phase the initiative is in (found on the CSP website: <https://health.wyo.gov/publichealth/rural/wyoming-community-services-program/>) |

1. **Existing Community Resources/Linkages**

Describe how your agency/Tripartite Board coordinates funding with other service providers in the community that have a similar stake in the mission of CSBG.

Click here to enter text.

1. **Community Initiatives**

Describe how your agency/Tripartite Board will address identified community level needs, if at all.

Click here to enter text.

1. **Data Analysis and Evaluation**

Describe how your agency/Tripartite Board determines whether its programs are effective at alleviating the causes and conditions of poverty within your community.

Click here to enter text.

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*Board Chair, signature Date*