**Grantee:** Click here to enter text. **Fiscal Year:** Contract Execution date through 9/30/22

1. **Community Needs Assessment**

What are the top three needs identified by your COVID-19 Community Needs Assessment Addendum? Indicate whether they are individual/family-level needs or community-level needs.

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. |
| 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. |
| 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. |

* 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. Describe your agency’s/Tripartite Board’s plan to coordinate services and/or funding with other organizations/entities (e.g., churches, local governments, schools, non-profits, etc.) to meet the needs of impacted individuals and families. Also, describe any efforts that will be undertaken with to avoid duplication of services.

Click here to enter text.

1. **Data Analysis and Evaluation**

Describe how your agency/Tripartite Board determines whether its programs are effective at *enhancing poverty-fighting efforts, and preventing, preparing for, and responding to the impacts of the COVID-19 pandemic within your community.*

Click here to enter text.