**Community Services Block Grant (CSBG)**

**FY2024 Grantee Application for Funds**

**Due: Friday, June 2, 2023**

|  |
| --- |
| **Program Information** |
| **Legal Name** |  | **Projected Allocation** | **$**  |
| **Counties Served** |  | **Federal Tax ID #** |  |
| **Entity Type** | ☐ Private☐ Public  |  **# of sub- grantees** |  | **UEI #** |  |
| **Date of Public Hearing** |  | **Location of Hearing** |  |
| **Self-Assessed STAR Risk Score** |  | **CSP Assessed STAR Risk Score** |  |
| **FY24 - Level of Monitoring Assigned** |  |

*The CSP will not consider incomplete applications, including missing attachments or other requested documentation. Applications must be complete and turned in by the close of business.*

*An Application Guidance Manual and CSP Forms are available on the* [*CSP website*](https://health.wyo.gov/publichealth/rural/wyoming-community-services-program/)*.*

|  |
| --- |
| **Checklist of Required Attachments (CSP Forms)** |
| ☐ | Tripartite Board Roster  |
| ☐ | STAR Risk Assessment |
| ☐ | Training and Technical Assistance Need Form (One Per Entity) |
| ☐ | Community Action Plan (CAP) & Mapping Worksheet |
| ☐ | OPTIONAL – Community Initiative: Complete Module 3 (Ask CSP) |
| ☐ | OPTIONAL – Discretionary Funds for CNA: Collaborative Letters of Support |
| **Checklist of Required Attachments (Non-CSP Forms)** |
| ☐ | Most Recently Completed CNA |
| ☐ | System for Award Management (SAM) Registration Proof |
| ☐ | Secretary of State (SOS) Filing Information (N/A for Public Agencies) |
| ☐ | Certificate of Insurance  |
| ☐ | Assurances |
| ☐ | Federal Funding Accountability and Transparency Act (FFATA) |
| **SUB-GRANTEE Agencies ONLY - Checklist of Required Attachments (CSP Forms)** |
| ☐ | Sub-Grantee Application(s) (One Per Sub)  |
| ☐ | Sub-Grantee Assurances (One Per Sub) |
| ☐ | Training and Technical Assistance Need Form(s) (One Per Sub) |
| ☐ | Sub-grantee Community Action Plan (CAP) & Mapping Worksheet(s) (One Per Sub) |
| ☐ | Last year’s sub-grantee monitoring results (One Per Sub) |
| ☐ | Sub-grantee monitoring tool (if not using CSP’s) |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |
| Email |  | Phone |  |

1. **Eligible Entity Point of Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |
| Email |  | Phone |  |
| Mailing Address |  | City, Zip |  |

1. **Fiscal Point of Contact (ONLY if different than Point of Contact)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |
| Email |  | Phone |  |

1. **TRIPARTITE BOARD**
2. **Meetings**

|  |  |  |  |
| --- | --- | --- | --- |
| How often is the Tripartite Board required to meet? |  | What is the date of the next upcoming meeting? |  |

1. **Seats**

|  |  |
| --- | --- |
| Total Seats Allowed In Bylaws: | # |
| # Seats Available | *Public* | *Private* | *Low-Income* |
| # | # | # |
| Seats Filled  | # | # | # |
| Seats Vacant | # | # | # |

Attach your Tripartite Board Roster to this application.

1. **Vacancies**

If you have any current vacancies, please provide a narrative explaining when the seat became vacant and how the Tripartite Board plans to fill those vacancies (recruitment efforts, timeline to replace, etc.).

|  |
| --- |
| Enter Text |

1. **REQUEST FOR DISCRETIONARY FUNDS**

Collaborative Community Needs Assessments will be prioritized for discretionary funds. CSBG organizations requesting discretionary funds for a Community Needs Assessment should demonstrate collaboration between multiple community organizations. Grantees may request up to $5,000 for the first county, and $1,500 for additional counties served. Grantees may also request up to $5,000 in discretionary funds for training and technical assistance and/or capacity building activities.

1. **Collaborative Community Needs Assessment**

If requesting discretionary funding for a Collaborative Community Needs Assessment, letters of collaboration from community partners are required.

| a. | How many letters of collaboration are included? |  |
| --- | --- | --- |
| b. | Amount being requested. | $ |
| c. | When was your last CNA conducted? |  |
| d. | How much is the CNA expected to cost in total?  | $ |
| e.  | What % of the total cost will be paid by CSBG? | % |

1. **Training & Technical Assistance / Capacity Building**

|  |  |  |
| --- | --- | --- |
| a.  | Amount being requested. | $  |
| b. | Describe your identified training and/or technical assistance need(s)? |
| c. | Describe how these funds will help you meet the need. |
| d. | Write a budget summary explaining what expenses will be paid with CSBG funds. If the CSBG funds will not cover 100% of the expenses, what other funding sources will be used to offset the costs? |

1. **ENTITY'S BUDGET REQUEST**
2. **Total Budget** *(Based on Requested Discretionary & Preliminary Allocation Amounts)*

| **REQUESTED DISCRETIONARY FUNDS**(Must be Requested in Section 3) | **Annual Budgeted Amount** |
| --- | --- |
| Select For Each Category You Are Requesting:☐ Community Needs Assessment ☐ Agency Capacity Building ☐ T & TA  | **$**  |
| **Subtotal Discretionary Expenses** | **$**  |
|  |  |
| **ALLOCATION FUNDS - CSBG EXPENDITURE DOMAINS**(Entities with Sub-Grantees - Compile Sub-Grantee Budgets)  | **Annual Budgeted Amount** |
| Agency Capacity Building (ONLY For Non-Discretionary Funds)☐ Community Needs Assessment ☐ Tripartite Board Expenses  | **$**  |
| Employment (FNPI & SRV #1) | **$**  |
| Education & Cognitive Development (FNPI & SRV #2) | **$**  |
| Income, Infrastructure, and Asset Building (FNPI & SRV #3) | **$**  |
| Housing (FNPI & SRV# 4) | **$**  |
| Health and Social/Behavioral Development (FNPI & SRV #5) | **$**  |
| Civic Engagement & Community Involvement (FNPI & SRV #6) | **$**  |
| Support Services (SV #7) | **$** |
| Linkages (Justify how the funds will be used) | **$**  |
| Membership (CSNOW, Region VIII, Other) | **$** |
| CSBG Conference – Social Drivers of Health Summit | **$** |
| CSBG **Required** Annual In-Person Meeting  | **$** |
| CSBG **Direct** Salaries and Wages (not allocated w/in domains) | **$** |
| Other (Justify how the funds will be used) | **$**  |
| **Subtotal Direct Expenses**  | **$**  |
|  |  |
| **INDIRECT FUNDS** *(See* [*OMB Circular A-122, CSBG IM #37*](https://www.acf.hhs.gov/ocs/policy-guidance/csbg-im-37-definition-and-allowability-direct-and-administrative-cost-block)*)* | **Annual Budgeted Amount** |
| **Total Indirect Expense**s | **$** |
| Indirect Expenses Percentage of Total Allocation | % |
| Justification required if requesting administrative costs over 19% of the total CSBG allocation. |
|  |
| **TOTAL BUDGET Request** |  |

1. **Salaries and Wages Budget Detail**

ONLY complete if **CSBG** funds will pay a portion or all of an employees’ salary or wage.

* ***REQUIREMENT*** *– All invoices for salaries/wages must include documentation of the % of time allocated to CSBG funds and other funding sources.*

|  |  |  |  |
| --- | --- | --- | --- |
| Title/Position | Annual Salary | Time Spent on CSBG (%) | CSBG Portion of Salary |
|  | $ | % | $ |
|  | $ | % | $ |
|  | $ | % | $ |
|  | $ | % | $ |

1. **Sub-Grantee Budget Detail** (*ONLY* for Entities with Sub-Grantees)

|  |  |
| --- | --- |
| **LIST EACH SUBGRANTEE SEPARATELY** | **Annual Budgeted Amount** |
| Sub-Grantee Name | **$** |
| Sub-Grantee Name | **$** |
| Sub-Grantee Name | **$** |
| Sub-Grantee Name | **$** |
| Sub-Grantee Name | **$** |
| **Subtotal Sub-Grantee Expenses** | **$**  |

1. **ONLY: TRIPARTITES WITH SUB-GRANTEES**
2. **Last Year’s Sub-grantee Monitoring**

|  |
| --- |
| Did you monitor each sub-grantee the previous year? ☐ YES ☐ NO |
| List each sub-grantees with a TAP, QIP or in need of additional monitoring for this year. |  |

1. **Sub-grantee Monitoring Tools.**

*Entities may select to use a monitoring tool other than the CSP Sub-grantee Monitoring Tool, but they must attach the tool they will be using.*

☐ Using the CSP Sub-Grantee Monitoring Tool.

☐ Different Tool than the CSP Sub-Grantee Monitoring **(ATTACH With Application)**

1. **Coming Year’s Sub-Grantee Monitoring**

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.

|  |
| --- |
| Enter Text Here |

**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 a public hearing was held on /2023 at .

☐ 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 with the OMB Uniform Guidance.

☐ I understand that CSBG funds are monitored based on set minimum rules and level of risk.

* A minimum monitoring schedule is available for review on the [CSP Website.](https://health.wyo.gov/publichealth/rural/wyoming-community-services-program/)
* Desk reviews and Organizational Standard reviews will occur at least annually.
* On-site monitoring will occur at least every 3 years.
* Additional monitoring may be determined based on risk level or past performance.

To the best of my knowledge and belief, statements and data in this application, including the attachments and other documentation, are true and correct. The submission of the application and attachments have been duly authorized by the governing Tripartite Board of the eligible entity and, if needed, the eligible jurisdiction has been briefed.

Signature, Tripartite Board Chair/President/Contract Signatory Date

Printed Name

Title

Signature, Grant Director/Contract Signatory Date

Printed Name

Title