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**Community Services Block Grant (CSBG)**

**FY2024 Grantee and Sub-Grantee Application for Funds**

***Instruction Manual***

| **A few notes to be mindful of as you are completing the applications:*** 2024 Allocations will not be finalized until Mid April 2023 at the earliest
	+ *Please use your FY 2023 allocation in the interim or wait until the end of April to finalize the application and funded amounts.*
* Sub-Grantee Applications are much shorter, but do require some attachments.
	+ *Please include Sub-Grantee attachments in the Grantee Applications*
	+ Remember to **clearly label all sub-grantee applications** and their associated attachments.
* The Community Initiatives will be completed on a Module 3 form from the Annual Report. Grantees contemplating or completing a project or community initiative should reach out to CSP for the form. Attach the completed form with this application.
* BOTH Grantees and Sub-Grantees need to sign the Assurances.
* Submissions:
	+ Applications must be edited in Word. They can be submitted to the CSP either in Word or PDF format
	+ **All Excel attachments must be submitted in Excel format**
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**PROGRAM INFORMATION**

1. Enter the legal name of your organization.
2. Enter the projected allocated amount once received from CSP.
3. Enter the counties your agency serves.
4. Enter your federal Tax ID number and UEI number.
5. Select whether your agency is public or private
6. Enter the number of sub-grantees you distribute funds to. If none, leave blank or write 0.
7. All grantees are required to hold a public hearing. Enter the date of the public hearing and location.
8. Complete the STAR Risk assessment, attach the form with your application, and enter your risk score in the box.
9. **GENERAL INFORMATION**
	1. **Contract Signatory**

This is the individual who will be signing the contract with WDH. Typically, for Public Entities, this is the County Treasurer, and for Private Entities, this is the Board Chair.

* 1. **Point of Contact**

This is the individual who maintains the daily functions of CSBG. Usually, this individual is the Executive Director or Grants Coordinator.

* 1. **Fiscal Point of Contact**

This is the individual who maintains the accounting functions for CSBG. Usually this individual works within the accounting department.

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

Enter the frequency requirements as prescribed by your bylaws, and select a date for the next board meeting, at the time of application completion, from the calendar drop down menu.

* 1. **Seats**

Please list seat prescriptions as set in your bylaws.

1. **Roster:**

Complete the Tripartite Board Roster attachment. You can add rows to the table by highlighting the last row of the table, right-click, and select “Insert”, then “Insert Rows Below”. Continue to do this until you have a sufficient amount of rows for all of your board members. If no term limits exist, put “N/A” in the “Term Expiration” column.

* 1. **Vacancies**

If reporting any vacancies, they should exist at the time of the application, or as an anticipated vacancy at the start of the fiscal year.

1. **REQUEST FOR DISCRETIONARY FUNDS**

The purpose of discretionary funds is to provide funding to CSBG organizations to complete a **Collaborative Community Needs Assessment** and for other training and technical assistance needs. Based upon need and availability of funds, Grantees may request up to **$5,000** for a CNA 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 capacity building activities.

* 1. **Past Funding**

Identify the total amount of discretionary funding given to you in the past 3 years.

* 1. **Community Needs Assessment**
1. Submit a letter(s) of collaboration with the application.
2. Enter the amount being requested,
3. Enter the date of last CNA
4. Enter the expected total cost of the CNA, and how much of the total expense will be covered by CSBG funds.
	1. **Training & Technical Assistance/ Capacity Building**
5. Enter the amount being requested.
6. Describe the agency needs for training or capacity building.
7. Explain how the funds will help you meet that need.
8. Provide a budget outlining how much of the total expense will be covered by CSBG funds.
9. **BUDGET**
	1. **Budget**

This budget section will be used to inform the creation of the Scope of Work (SOW) attached to the awarded contract to which grantees are required to follow in the completion of their duties. This will also inform the INvoice to be sent to CSP for reimbursement. No additional spreadsheet is required.

The budget identifies only the total allocated amount to each category under Discretionary, Direct and Indirect expenses. Discretionary funding should be the same as what is requested in Section 3 above. This is funding not already allocated to the grantee.

Grantee allocated amounts should be budgeted through the Direct and Indirect expense categories. Direct Expenses include the CSBG Expinditure Domains: agency capacity building, employment, education, income and asset building, housing, health and social/behavioral, civic engagement, support services, and linkages. Additionally, you can allocate direct expenses to membership fees, attending the CSBG conference or meetings, and salaries and wages paid by CSBG funds (if not already distributed within a domain). If one or more of these line items does not apply to your application, place “$0” in the line item.

In this budget you will need to split administrative costs, salaries and wages, and project or service costs across domain areas:

* Salaries and wages paid by CSBG funds should be distributed across domain categories when possible, or included in the “CSBG Salaries and Wages” line when not possible. For example, if an employee paid with CSBG funds spends 30% of their work hours providing services which fit under the “education” domain, 30% of their expected salary costs should be attributed to that domain budget line.
	+ The total salary for this employee should then be further described in sub-section B.
* Similarly, if a project or program paid by CSBG funds spends 55% of their budget on services under the “housing” domain and 45% on services under the “employment” domain then 55% of the budget costs should be attributed to the Housing domain budget line and 45% of the budget costs should be attributed to the Employment domain budget line.

Indirect Expenses list all other budget funds which may support the agency but which are not directly related to CSBG activities. For more information please see the [IM #37](https://www.acf.hhs.gov/ocs/policy-guidance/csbg-im-37-definition-and-allowability-direct-and-administrative-cost-block): Definition and Allowability of Direct and Administrative Cost.

The “Total Budget” line should be equal the total allocation amount + the requested discretionary funds. Grantees wishing to move 30% or more of funds between line items must request and receive approval from the CSP manager.

This format is intended to help you more accurately report your expended funds in Module 2 of the Annual Report.

* 1. **Salaries and Wages Detail**

This should only include the positions that are paid with CSBG funds. For Grantees, this table should include positions from your Sub-Grantees too. Include the name of the position, not the individual. The percent (%) of time spent on CSBG-related work, should be the percent of their total salary that is paid out of CSBG. For example, if the Executive Director’s annual salary is $65,000 at 12 months, and they spend 75% of their time on CSBG, their CSBG portion would be $48,750 ($65,000 x .75 = $48,750).



To help Grantees track this month-to-month, a CSBG Time/Work Form will be provided (optional).

* 1. **Sub-Grantee Budget Detail**

Funding to Sub-grantees should be included in the funds distributed across the domains as stated above but should also be noted in sub-section C. This should include the total allocated amount each sub-grantee will receive. Sub-grantees will be required to indicate how this funding is further distributed on the Sub-Grantee Application Budget. In the grantee application budget, list the sub-grantee names and their allocated amount.

1. **SUB-GRANTEES**

 Grantees, only complete this section if you have Sub-Grantees.

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

As per the WDH 2023 Contract, and CSP Policy #3: Monitoring Policy and Procedure, Grantees are required to monitor their Sub-Grantees on-site annually. Please note here whether you monitored each grantee last year. Also list any sub-grantees which received a TAP, QIP, or was in need of additional monitoring.

1. **Monitoring Tools**

Use of the CSP Sub-Grantee Monitoring Tool is not required but is available. Please indicate whether or not you and the Tripartite Board will be utilizing such in your annual monitoring. If not, please provide a narrative or itemized list of the topics covered in the Grantee/Service Area-specific Sub-Grantee Monitoring Tool being used. If it is easier to provide the information with an attachment, please indicate so in the application, and submit your narrative or Sub-Grantee Monitoring Tool with the application and the required attachments.

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

As per the WDH 2023 Contract, and CSP Policy #3: Monitoring Policy and Procedure, Grantees are required to monitor their Sub-Grantees on-site annually. *Please use this question to describe the plan and/or schedule for monitoring.* If it is easier to provide the information with an attachment, please indicate so in the application, and submit your narrative or schedule of monitoring with the application and the required attachments.

1. *Submit last year’s sub-grantees monitoring results to the CSP with this application.*

**ATTACHMENTS**

Ensure that you are submitting all of the following attachments in addition to your application:

1. Tripartite Board Roster
	1. See section 2B above.
2. STAR Risk Assessment
3. Training and Technical Assistance Need Form
	1. This form has been updated to reflect the CSBG Grantee capacity priorities determined by the **Center of Excellence.** In each section reflect on your agency and staff capacity and identify which topic areas are the most challenging through ranking, (1= Most challenging).
	2. This form will be shared with CSNOW to inform training and technical assistance needs and training agendas throughout the year.
4. Community Action Plan (CAP) & Mapping Worksheet
	1. *Further explanation below.*
5. Most recently completed Community Needs Assessment
6. (Optional) CNA Collaborative Letters of Support
	1. An optional format is provided but there is no standard for these letters. However they should include confirmation of agreement and shared funds if possible.
7. (Optional) Module 3- Community Initiative
	1. *Further explanation below.*
8. Systems for Award Management (SAM) Registration Proof
	1. Ensure that what you submit shows proof of current registration and your UEI number if possible. It is your responsibility to find, print and submit this attachment. This is required for the WDH Contract process.
9. Secretary of State Filing Information
	1. The SOS filing information is only required for private agencies to confirm good standing. It is your responsibility to find, print and submit this attachment. This is required for the WDH Contract process.
10. Proof of Insurance
	1. Submit the most recent proof of insurance. If the coverage period only covers a portion of the grant year, submit the updated version to CSP when available. This is required for the WDH Contract process.
11. Assurances
	1. Assurance must be completed for each grantee and each sub-grantee. This is an attestation to abide by the requirements of the CSBG Act. Signature is required for application approval.
12. Federal Funding Accountability and Transparency Act (FFATA)
13. **STAR Risk Assessment**

The STAR Risk Assessment needs to be completed using Excel, as it auto-populates your scores. Please refer to the “Risk Categories and Risk Factors” scale to determine where your agency sits. Simply input your scores for each question (1-5) and it will auto-calculate your total score, based on all of the categories, found on the second tab, “Agency STAR Results”. Please enter your overall score in the application.



*\*\*\*Sub-Grantees are not required to complete the STAR Risk Assessment for submission of their application, but it may be a useful tool for Grantees to use in monitoring.*

* 1. **Monitoring Schedule**

Grantees shall be monitored every 3 years. Please review the monitoring schedule on the [CSP Website](https://health.wyo.gov/wp-content/uploads/2022/10/CSBG-Monitoring-Schedule-.jpg). Grantees to be monitored in the upcoming fiscal year will be contacted directly by CSP around April-May of that year. All first year grantees will be monitored within their first year.

1. **Community Action Plan (CAP) & Mapping Worksheet**

This is intended to be a working document throughout the year whereby Grantees set goals and track their progress towards those goals each quarter. This document will be sent to the CSP with the application and then again on 01/10/2021, 04/10/2024, 07/10/2024 and 09/10/2024.

* 1. **Signatures**
		1. On this page the Board Chair must sign in acknowledgement of the establishment of the goals in the CAP.
		2. The Board Chair must also provide updates on the agency’s ability to spend their allocated amount, sign, and submit the updates at the dates listed above.
	2. **ROMA, Mission & CNA**
		1. Results Oriented Management & Accountability (ROMA)
1. Identify the number of agency members which have attended ROMA training in the last 5 years.
2. Identify the number of agency members with ROMA certification.
3. Select whether a ROMA-certified trainer has assisted in the implementation of the Community Action Plan and clarify how your agency utilizes ROMA guidelines.
	1. Increasing the number of ROMA certified agency members is a great way to increase agency capacity (*see subsection D Agency Goals below*)
		1. Mission Statement
4. The Tripartite Board’s mission statement should go here, not the mission statement of your Sub-Grantees.
	* 1. Community Needs Assessment
5. Attach your most recent Community Needs Assessment to the application.
6. Please identify the top three agency, community, ***and*** individual needs that were prioritized as a part of the CNA.
	1. **Services, Linkages & Evaluation**
		1. Service Delivery System
7. This should list the programs, projects and sub-grantees along with their activities or service provisions. In the third column you must explain how those services/activities help your agency achieve a Community Action Plan goal or a need identified in your CNA and listed on the sheet before. As you fill this out, reflect on whether these programs or sub-grantees actually meet the necessary agency/community/ individual needs and support your agency in the achievement of your organizational goals and chosen national goals.
	* 1. Community Resources
8. Which community partners provide services to supplement your own and which meet the unmet needs identified in the CNA? (Please list organizations other than any sub-grantees).
9. Confirm whether you have a formal agreement with any of the community partners. (Show proof of these agreements in organizational standards, *Standard 2.1*).
	* 1. Community Partnerships & Linkages
10. Describe any partnerships that the Tripartite Board, Agency, and/or Sub-Grantees have with non-CSBG providers in the community or state. How do client’s needs get met when the Grantee and/or Sub-Grantees cannot meet it? Note whether any agreements are in place with these partners and what funding is provided.
	* 1. Unmet Needs
11. List whether there are any unmet needs, those not addressed by your agency’s actions or your identified community partners.
12. Identify how your agency/Tripartite Board plans to meet the identified unmet needs. This could be through new methods of service delivery, searching out new connections with potential community partners, or other methods.
	* 1. Data Analysis and Evaluation
13. How will the Tripartite Board monitor and evaluate programs for success? Is there a process in place for the Tripartite Board to determine when CSBG is producing successful outcomes? Explain your methodology for evaluation.
14. Reflect on your agency’s accomplishments over the last year and briefly describe how effective you have been at service provision or program implementation and whether you have achieved your target outcomes. Do you have a good ratio of success? Were your targets achievable but challenging? Did your impact reach everyone you could or needed to? Have they achieved sustainability?
	* 1. Continuous Improvement
15. Provide an example of ways in which your organization addressed a cause or condition of poverty in the community in an innovative or creative manner. Include specific information on how CSBG funds were used.
16. Provide an example of how your agency has improved service delivery based on your analysis of performance data. What changes have you made recently to ensure your agency is effective in its delivery.
	1. These questions directly inform the submission of *Module 1* of the Annual Report.
	2. **Agency Strategic Goals**
		1. As part of the organizational standards all CSBG grantees need to develop and work to achieve organizational and agency goals (*Standard 6.3*). These should be related to your mission, the top needs identified in the CNA, the National CSBG Objectives and Goals, and in consideration of what services your community partners provide (gaps in community service areas).
		2. A sample of this sheet completed is provided for reference.
		3. Identify which National CSBG Goals your agency plans to address through programs or service provision. Select one or both:
17. *Agency will increase their capacity to achieve results*
18. *Partnerships with providers of services to low-income people are achieved*
	* 1. If you selected “*Agency will increase capacity…*” as a goal, select 1-5 Federal Objectives to improve Board, Leadership and Staff Capacity.
19. To choose a goal, click into a cell under an option (Board, Leadership, Staff, Free), click on the down arrow that appears on the right to select the goal from the drop down list.
20. Identify the community stakeholders necessary to achieve this goal.
	* 1. If you selected “*Partnerships with providers...*” as a goal, select up to 4 organizational options with which to increase partnerships with.
21. To choose an option click into a cell then click on the down arrow that appears on the right to select the organizational option from the drop down list.
22. List the names of the organizations/agencies that fit within those options if known.
	* 1. Identify at least 3 strategies you will implement to achieve your selected goals. These will likely be the steps/actions required to achieve the goals.
23. If you have more than three ‘steps’ you can enter multiple under each strategy box.
	* 1. Explain your monitoring process to track progress on goal achievement, and the responsible parties for each action. The processes will likely depend on the goals you selected in “iv” and “v”, and your strategies.
		2. Provide updates as to your progress in achieving your chosen agency goals. List 3 (or more) achievements or implemented actions (from what you have listed above). These should clearly show that your agency is attempting to achieve your chosen goals. You must submit updates to CSP regularly at the dates listed below.
24. Monitor Oct-Dec Progress (Due to CSP Jan 10th)
25. Monitor Jan-Mar Progress (Due to CSP Apr 10th)
26. Monitor Apr-Jun Progress (Due to CSP July 10th)
27. Final Progress Statement (Due to CSP Sept 10th)
	1. This is the final update on your progress in achieving the chosen goals. Depending on the goals chosen, completion may not be possible within a 1-year period. If this is the case, you can choose these goals again in the next CAP or choose new goals. Goal achievement is preferred.
	2. **Individual/Family Strategic Goals - Mapping Worksheet**
		1. Identify which National CSBG Goals your agency plans to address through programs or service provision.
		2. Choose an Individual and Family Service Domain from the first column. This MUST be selected first as it informs the options for selection in the following columns. To select a domain, click into a cell and then click the down arrow that appears on the right to select the domain from the drop down list.
28. You MUST select a domain for every line with an NPI (Outcome).
	* 1. To select an outcome, click into a cell and then click the down arrow that appears on the right to select the NPI from the drop down list.
29. If you select “Other” the cell in the next column to the right will turn white and you will be able to enter an explanation/other NPI.
	* 1. To select a service, click into a cell and then click the down arrow that appears on the right to select the service from the drop down list.
30. These options are dependent on the selected domain in the first column.
	* 1. Enter the number of unduplicated clients expected to achieve the outcome.
		2. Explain the type of documentation that will be collected to mark proof of achievement.
		3. Identify any Community Partners that share service provision for this Domain & NPI.
		4. You will need to complete a new line for **each** NPI, service, and Target
31. If you provide multiple services under an NPI, you will need to make a new line for each service.
	* 1. This sheet will be provided to CAP60 to support your data collection for the year.
32. **Community-Level Initiatives**

A Community Initiative will be recorded in a Module 3 Annual Report form.

This should be used when an agency is reporting outcomes for Goal 2, creating “Communities where people with low-incomes live are healthy and offer economic opportunity.” According to the Federal Office of Community Services (OCS), community-level work can be done in four (4) phases: Formative Phase, Formal Planning Phase, Active Implementation Phase, and Maturity Phase. A community-level initiative can take years to fully mature and produce reportable outcomes. Please review the Module 3 and the [Dear Colleague Letter-2020-14](https://www.acf.hhs.gov/ocs/resource/csbg-dear-colleague-2020-14-community-level-transformation-module-3-guidance): Community-Level Transformation for more information.

While the Module 3 does NOT need to be added as an attachment for the submission of the application if no initiative is planned, you and your sub-grantees should begin to familiarize yourselves with the community initiatives and the reporting requirements.

You can request a Module 3 form from the CSP.