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**Community Services Block Grant (CSBG)**

**FY2024 Sub-Grantee Application for Funds**

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

| **Program Information** | | | |
| --- | --- | --- | --- |
| **Entity Legal Name** |  | **Projected Allocation** | **$** |
| **Counties Served** |  | **Federal Tax ID #** |  |
| **Entity Type** | PUBLIC or PRIVATE | **UEI #** |  |

*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. Required CSP Forms for 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/)

| **SUB-GRANTEE: Checklist of Required Attachments** | |
| --- | --- |
| ☐ | Sub-Grantee Application (One Per Sub) |
| ☐ | Assurances (One Per Sub) |
| ☐ | Training and Technical Assistance Need Form (One Per Sub) |
| ☐ | Community Action Plan (CAP) Mapping Worksheet (One Per Sub) |

1. **GENERAL INFORMATION**
2. **Point of Contact**

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

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

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

1. **Services Provided**

| 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. **PLANNING**
2. **Community Needs Assessment**

| Did your agency participate in the creation of the last CNA? | Enter YES or NO |
| --- | --- |
| How does your agency plan to address the identified needs from the last CNA? Please provide an explanation below: | |
| Click here to enter text. | |

1. **Community-Level Initiatives**

| Are you currently considering or working on a community initiative or funded project? | Enter YES or NO |
| --- | --- |
| If completing one or more community-level initiatives, please begin the Module 3 Community Initiative Form and submit with this application. | |

1. **OBJECTIVES, GOALS & NATIONAL PERFORMANCE INDICATORS**
2. **Federal Objectives**

| *Select one or more federal objectives, as listed in Information Memorandum #152, to be addressed through service provision.* |
| --- |

| ☐ | Employment |
| --- | --- |
| ☐ | Education and Cognitive Development |
| ☐ | Income, Infrastructure, and Asset Building |
| ☐ | Housing |
| ☐ | Health and Social/Behavioral Development (includes 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**

| *Select one or more National Goals to be addressed through service provision.* |
| --- |

| ☐ | 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. |
| ☐ | Goal 4: Partnerships among Supporters and Providers of Service to Low-Income People are Achieved |
| ☐ | Goal 5: Agencies Increase Their Capacity to Achieve Results |
| ☐ | Goal 6: Low-Income People, Especially Vulnerable Populations, Achieve Their Potential by Strengthening Family and Other Supportive Systems |

1. **National Performance Indicators**

| Please complete the CAP Mapping Worksheet for all services and outcomes, and attach as a part of your Grantee’s application. |
| --- |

1. **BUDGET**
2. **Total Budget** *(Based on Preliminary Allocation Amounts)*

| **ALLOCATION FUNDS - CSBG EXPENDITURE DOMAINS** | **Annual Budgeted Amount** |
| --- | --- |
| Agency Capacity Building  ☐ Community Needs Assessment ☐ 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) | **$** |
| Linkages (Justify how the funds will be used) | **$** |
| Services (SRV) | **$** |
| Membership (CSNOW, Region VIII, Other) | **$** |
| CSBG Conference – Social Drivers of Health Summit | **$** |
| CSBG Annual In-Person Meeting | **$** |
| 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 Detail**

| *Only complete if you are using CSBG funds to pay a portion or all of employees’ salaries and wages.* |
| --- |

| **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. |
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**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.**

Signature, Board Chair/President/Contract Signatory Date

Printed Name

Title

Signature, Grant Director/Contract Signatory Date

Printed Name

Title