



**PUBLIC HEALTH
DIVISION**



**RURAL AND
FRONTIER HEALTH**

WYOMING DEPARTMENT HEALTH COMMUNITY SERVICES PROGRAM
122 West 25th Street, Suite 102E, Cheyenne, WY 82002
(307) 777-8940

Community Services Block Grant (CSBG) Policies

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WYOCSP | Wyoming Community Services Program

Dated: November, 2019
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSBG Policy #1: Financial Eligibility and Verification

POLICY #1

Anyone receiving services supported by CSBG funds must **NOT** have an income that exceeds 125% of the Federal Poverty Level, and there must be documented proof of income for the past 30 days.

Income should be verified at the time of the initial application for CSBG services. The verification must indicate the client's income and source(s) of income at the time of application and/or review the signature of the case worker, the date the income was verified, and acknowledgement that the client is at or below 125% poverty. Short-term clients whose cases are closed, and then reopened again for CSBG services at a later date, must have their income verified again at the time of reapplication.

Proof of income documentation must be in the file of each person served through CSBG funding. This documentation must also be uploaded into the state supported CSBG database to allow for desk monitoring by the county grantee and the State's Community Services Program manager.

Clients receiving ongoing CSBG funded programs/services must have their income reviewed and verified every 90 days, unless receiving only SSI benefits, SSI retirement, railroad retirement, or other continuous unearned income.

Clients with no income at the time of application must sign and date a self-declaration form attesting to that fact. The case worker must also sign and date that form. For ongoing CSBG clients, this form must be dated within one month from the date of application and monthly thereafter if there is no change in the client's income.

A CSBG funded program that has clients transitioning off CSBG services due to their income being over the 125% poverty rate are allowed up to three (3) months to transition a client out of a self-sufficiency program. The case worker must document in the client's case file the need for

this transition time and the case management that is being provided to prepare the client for the transition. The transition work with the client should be initiated when it is determined that the client is over the CSBG eligibility guidelines. Ongoing case documentation through this transition time should thoroughly explain the steps being taken by the agency/staff and client during this transition period.

Benefits from the following programs are **NOT** counted as income when determining financial eligibility for CSBG funded services: SNAP, WIC, LIEAP, Housing Choice Voucher, Public Housing, Permanent Supportive Housing, HUD-VASH, Child Care Voucher, and Affordable Care Act Subsidy.

Definitions

Income. Regular payments that are received, not periodic payments that cannot be counted on, should be considered as income in determining eligibility for CSBG services.

Regular Payment. Those that come from social security, SSI, SSDI, TANF, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, child support, military family allotments, private pensions, government employee pensions, regular insurance or annuity payments. The income for individuals on social security or SSDI who have Medicare deducted from their benefit check before they receive it, should have only the net amount they receive considered as income. Tribal per capita payments received less frequently than monthly (e.g., quarterly, semiannually, annually) are excluded from consideration as income.

Wages and Salary. In considering income for eligibility, **gross income** from wages and salary should be used.

Farm and Non-Farm Self Employment. For individuals with farm and non-farm self-employment for income, the adjusted gross income from the prior year taxes should be used.

WYOCSP | Wyoming Community Services Program

Dated: January 2018
To: Community Services Block Grant (CSBG) Eligible Entities
From: Regina Dodson, Wyoming Department of Health, Public Health Division
Community Services Program Manager
Reference: CSBG Policy #2: Board Size and Composition

POLICY #2

Community Services Block Grant funded eligible entities must have a minimum of three (3) Tripartite Board Members, or a maximum of fifteen (15) members, unless the eligible entity is receiving funding for multiple counties.

Tripartite Board members must reside in the county that is receiving the CSBG funding. The Tripartite Board composition will be composed to ensure that:

- Not fewer than one-third (1/3) of the members are persons chosen in accordance with democratic selection procedures adequate to assure that these members (A) are representative of low-income individuals and families in the neighborhood served; (B) reside in the neighborhood served; and (C) are able to participate actively in the development, planning, implementation, monitoring, and evaluation of programs under the CSBG.
- One-third (1/3) of the board members are elected public officials, or their appointed representatives, holding office on the date of selection to the board.
- No less than one (1) person from the public, such as officials or members of business, industry, labor, faith based organizations, law enforcement, education, etc. is included on the board.
- The number of board members representing persons with low-incomes must always be equal to or more than the number of elected public officials or their representative. The number of board members representing persons with low-incomes must also always be equal to or more than the number of persons from the public.
- Eligible entities who receive funds to serve more than one county must have a representative from that county as a member of the Tripartite Board.

WYOCSP | Wyoming Community Services Program

Dated: November 14, 2019
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSBG Policy #3: Monitoring Policy and Procedure

POLICY #3

CSP will monitor all grantees for compliance with performance goals, administrative standards, financial management requirements, federal statutes, and state requirements. Grantees will monitor all Sub-grantees for compliance with performance goals, administrative standards, financial management requirements, federal statutes, and state requirements annually.

At a minimum, CSP will conduct:

- a full on-site review of each grantee at least once during a three (3) year period;
- a full on-site review of each newly designated Grantee immediately after the completion of the first year in which such entity receives funds through CSP;
- a desk review of each eligible entity, who is not being monitored on-site during the current grant cycle, at least once annually;
- follow-up reviews, including prompt return visits to Grantees and their Sub-grantees, that fail to meet the goals, standards, and requirements established by the CSBG Act and the State Plan, as necessary; and
- other reviews as appropriate, including reviews of Grantees and their Sub-grantees that have had other federal, state or local grants terminated for cause.

Furthermore, if a Grantee's award has not been terminated, but it appears that there are significant management, programmatic, or financial problems, CSP may perform a "special" review as needed. CSP may also perform a "special" review of any Sub-grantee if it appears that there is significant management, programmatic, or financial problems, as needed.

Monitoring activities for both Grantees and Sub-grantees can include, but are not limited to:

- verification of contract compliance;

- observation of service provision and types of assistance provided;
- provision of training and technical assistance in direct services and administrative areas by the grantee for its staff persons and for its sub-grantees;
- attendance at regularly-scheduled governing board meetings, to observe board functioning and operation to verify consistency with the provisions of proper Tripartite Board practices and procedures;
- review of the governing board files to verify board composition and to review minutes for verification of proper board practices;
- review of the client and related program files to ensure appropriate paper trails, with emphasis on income eligibility verification; documentation of funds used and purpose; case management;
- one-on-one contact with grantees and sub-grantees (to the extent practicable) staff persons for the purpose of soliciting input with regard to program performance and other areas;
- one-on-one contact with current program clients and/or ex-clients (to the extent practicable) for the purpose of soliciting input as to options about program effectiveness, and related areas;
- confirmation of each grantee's (and sub-grantee's) last audit, and the period covered;
- conversations with staff members of grantees and sub-grantees for the purpose of ascertaining what kinds of opportunity for corrective action and improvement is needed;
- consistent contact with grantees and sub-grantees by telephone, in writing, or at information-sharing meetings;
- collection of data and information from grantees and sub-grantees (i.e., monthly performance and fiscal reports) in addition to other information either requested or voluntarily submitted to CSP; and
- review of annual grant applications to assure compliance with federal and state assurances, and all applicable requirements of the CSBG Act.

PROCEDURE

CSP Monitoring of Grantees

Before the CSP conducts a program on-site monitoring visit of a Grantee and/or its Sub-grantees, the Grantee will receive advance notice of the proposed on-site visit, no less than 30 days before. Prior to conducting the on-site visit, the CSP will complete the desk monitoring tool as a preliminary review. Any questions that could not be answered via the desk monitoring procedure will be address during the on-site visit. Prior to the

on-site visit, the CSP will send the Grantee the CSBG Risk Assessment and the Internal Controls Questionnaire for completion no later than two weeks before the scheduled on-site visit. These documents can be mailed, faxed, or emailed.

During the program on-site monitoring visit, the CSP will complete a thorough review using a monitoring tool. This tool will be provided to the Grantee with the program on-site monitoring visit notification letter and posted on the Wyoming Department of Health, Community Services Program webpage.

In order for the CSP to be efficient with the time allotted for a program on-site monitoring visit, the Grantee and/or its Sub-grantees are required to make requested documents available for the CSP to review. Additional documentation may be requested in advance of the on-site visit.

Upon completion of the program on-site monitoring review, the CSP will conduct an exit conference, with the Grantee and/or its Sub-grantees reviewed. Preliminary areas of noncompliance discovered during the on-site visit will be summarized and discussed with the Grantee and/or its Sub-grantees during the exit conference. During such, the Grantee and/or its Sub-grantees will be given the opportunity to provide comments and present additional information or explanation regarding specific deficiencies as time permits.

The CSP will complete a formal monitoring report, outlining any findings the Grantee and/or its Sub-grantees may have in relation to any areas of monitoring. A brief description will be provided for each finding, as well as reference to any relevant OMB Circular, CSBG Act, CSP policy, or any other relevant guidance. A clear explanation as to why the evidence gathered led to the CSP to conclude that the Grantee and/or its Sub-grantees are not in compliance will be provided. The CSP may then decide to issue a Corrective Action Plan (CAPL) or a Quality Improvement Plan (QIP) in relation to the findings. Guidance on the two is addressed within the Corrective Action Plan (CAPL) and Quality Improvement Plan (QIP) section (page number?).

Grantee Monitoring of Sub-Grantees

Grantees must conduct a program on-site monitoring visit for each of their Sub-grantees at least once every contract year. The CSP has developed a Sub-grantee monitoring tool that Grantees may use during their monitoring visit, however the use of such is not required. The Grantee must monitor the following areas for compliance:

- a. Administrative review
- b. Programmatic review
- c. Contractual compliance
- d. Fiscal controls and procedures
- e. Clients files and eligibility
- f. Results Oriented Management and Accountability (ROMA)

The Grantee must complete a formal monitoring report, outlining any findings the Sub-grantee(s) may have in relation to any areas of monitoring. The formal monitoring report should be completed within 60 days after the visit and copies of the report should be provided to the Sub-grantee(s) and the CSP. A brief description will be provided for each finding, as well as reference to any relevant OMB Circular, CSBG Act, CSP policy, or any other relevant guidance. A clear explanation as to why the evidence gathered led the Grantee to conclude that its Sub-grantee(s) are not in compliance must be provided. Any Sub-grantee with significant findings should be placed on a Corrective Action Plan (CAPL) or a Quality Improvement Plan (QIP). A follow-up visit should be scheduled no later than one year of the first visit, or consistent with the timeframe established in the CAPL or QIP. A follow-up report should be completed within 60 days after the follow-up and copies of the follow-up report should be provided to the sub-grantee and the CSP. Any consistent noncompliance issues should be reported to the CSP as appropriate.

- a. The Grantee must have a policy in place to address monitoring findings and corrective action and resolution of such. The Grantee may choose to adopt the CSP's policy (Policy #4: Correction Action, Termination, or Reduction of Funding) as their own. Addressing monitoring findings must follow Grantee policy.
- b. Grantees must inform the CSP of any monitoring findings, either within the monitoring report, or through its own separate document. The CSP may choose to do a follow-up monitoring visit, or carefully monitor the resolution of Sub-grantees' findings throughout the fiscal year and beyond.

Desk Monitoring

The CSP will complete a desk monitoring tool with the necessary use of documentation uploaded into CAP60, any expenditure reports and fiscal documents sent to the CSP monthly for reimbursement, as well as through the use of requested additional documents and materials made available to the CSP by the Grantee and/or its Sub-grantees. It is the CSP's discretion to select the documents and materials for desk review.

The CSP will complete a formal desk monitoring report, outlining any findings the Grantee and/or its Sub-grantees may have in relation to any areas of monitoring. A brief description will be provided for each finding, as well as reference to any relevant OMB Circular, CSBG Act, CSP policy, or any other relevant guidance. A clear explanation as to why the evidence gathered led to the CSP to conclude that the Grantee and/or its Sub-grantees are not in compliance will be provided. The CSP may then decide to issue a Corrective Action Plan (CAPL) or a Quality Improvement Plan (QIP) in relation to the findings. Guidance on the two is addressed within the Corrective Action Plan (CAPL) and Quality Improvement Plan (QIP).



WYOMING DEPARTMENT HEALTH COMMUNITY SERVICES PROGRAM
122 West 25th Street, Suite 102E, Cheyenne, WY 82002
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Dated: July 1, 2024
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSP Policy #4: Redistribution, De-Designation and Close-Out

POLICY #4

The Community Services Program (CSP), in accordance with the [CSBG Act](#), assures that any CSBG Eligible Entity (EE) that received funding the previous fiscal year will not have its funding terminated or reduced below its proportional share except in the circumstances of a statewide redistribution of funds, voluntary relinquishment, or non-voluntary de-designation through failure to comply with State standards, requirements or the State Plan.

Statewide Redistribution

- A. CSP may determine that a state-wide redistribution of funds is necessary when:
 - 1. There are new census or other appropriate data results available.
 - 2. A new Grantee(s) is designated as an EE.
 - 3. To respond to severe economic or demographic dislocation or changes.
- B. In such instances, CSP shall provide the proposed changes to the allocation formula and the research behind the proposal at a public hearing. The public hearing may occur:
 - 1. At the same time as the legislative hearing, held once every three years.
 - 2. At the same time as the State Plan public hearing held biannually.
 - 3. During a public hearing held specifically for this purpose.

Voluntary Relinquishment of Eligible Entity Status

- A. EEs may select to voluntarily relinquish their EE status and designated service area(s).
- B. EEs with more than one service area may elect to relinquish one or more of its designated service areas.
- C. The EE should provide notice to CSP of their decision to voluntarily relinquish through a formal letter. The letter should include:

1. The EE's decision to “voluntarily relinquish” its designation.
 2. The designated service area(s) to be voluntarily relinquished.
 3. The execution date of the relinquishment and service suspension.
 4. Signature by the Tripartite Board Chair.
 5. Attached Tripartite Board meeting minutes documenting the Board's decision to voluntarily relinquish their EE status.
- D. Upon written notice that an EE has decided to voluntarily relinquish its EE status for a designated service area, CSP will initiate close-out procedures and formally report the change to OCS.

De-Designation

- A. De-designation results from the termination of an EE (as detailed in the process noted below), or from another circumstance that prevents the EE from serving as the designated area's community action agency. With termination, CSP no longer recognizes the former Grantee as eligible to receive future or continued CSBG funding.
- B. Termination of Eligible Entity Status:
1. CSP may implement this policy when, based on monitoring, review, or investigation, a Grantee has failed in one or more of the following ([Sections 676\(c\)\(1\)\(B\) and 676\(c\)\(2\)](#)):
 - i. To comply with the terms of the WDH contract or State Plan.
 - ii. To provide CSBG services.
 - iii. To meet the State's appropriate standards, goals, or other requirements, including performance objectives and Organizational Standards.
 - iv. To maintain the Tripartite Board Structure according to *Policy #2: Tripartite Board Size and Composition* and [Section 676B of the CSBG Act](#).
 - v. Additionally, termination may be pursued when:
 - 1) The EE is engaged in fraudulent or illegal activity related to CSBG program management.
 - 2) The EE failed to act pursuant to a formal suspension of payment of CSBG funds.
 - 3) The EE maintained severe and/or persistent deficiencies in the management of the CSBG program.

2. Termination of the designation of an EE is pursued only when all attempts to resolve the issues through training and technical assistance, corrective action or Technical Assistance Plans (TAPs), and Quality Improvement Plans (QIPs) have been exhausted or are deemed not appropriate.
3. CSP shall document the basis for the determination and the specific deficiency or deficiencies that must be corrected. CSP shall also record any correspondence or other communications related to the determination of performance deficiencies and enforcement actions.
4. Examples of situations in which the CSP may determine that technical assistance, a TAP, or QIP is not appropriate, as outlined in [Information Memorandum \(IM\) #116](#), may include:
 - a. A deficiency for which the EE has the expertise and skills available within the organization to make corrective actions without assistance;
 - b. A deficiency for which technical assistance has been previously provided and the EE has failed to institute corrective actions;
 - c. Multiple, widespread, and/or repeated deficiencies that cannot feasibly be addressed through technical assistance;
 - d. A deficiency that involves evidence of fraudulent reporting or use of funds, or other evidence of criminal wrongdoing and therefore presents a risk requiring immediate action.
5. In most instances, CSP expects deficiencies identified during routine monitoring or follow-up, review of organizational standards, or review of other compliance requirements to be addressed and resolved in a Technical Assistance Plan (TAP). In such cases CSP will provide an explanation of the non-compliance, will create a plan in partnership with the EE, and will support the EE in reaching compliance by providing directed training and technical assistance as deemed appropriate. TAPs must be resolved by the established date. EEs may request an extension by providing CSP with justification, progress made toward resolution, and a timeline for the extension. Extensions may be approved at the discretion of the CSP.
6. In instances in which the CSP has received whistle-blower complaints, referrals from a State or Federal investigative office, or evidence or suspicion of misuse of Federal or State funds, the CSP may suspend funds until a detailed review of actual expenditures has been completed or deficiencies have been resolved.
 - a. The withholding of funds will be determined on an individual basis, based on the seriousness of the circumstances.

- b. In such an event, the EE will be notified in writing of CSP's intent to suspend payment of CSBG funds. The notification will identify the grounds for the suspension and may define the quality improvement necessary to resolve the suspension.
 - c. If the EE wishes to appeal the action and remove the suspension, it must submit a written request, via email no later than ten (10) business days after the issuance of the suspension notice to the CSP Program Manager.
 - i. The request must be signed by the EE signatory authority and chair of the Tripartite Board.
 - ii. The request must include what actions the EE has or will take to address the reasons for the suspension.
 - d. CSP will respond to the request with its decision within ten (10) days of receipt. The decision will include the reason for the continued suspension or for the removal of the suspension and any stipulations for such removal, if applicable.
7. In the event that CSP has determined there to be a significant or continued deficiency, in which a TAP has not been resolved or was deemed not appropriate, and cause exists for termination, CSP will take the following steps ([Section 678C](#)):
- a. In writing, inform the eligible entity of the deficiency to be corrected, including the requirement that it be corrected and the date for completion.
 - b. In writing, offer training and technical assistance, if appropriate, to help correct the deficiency and,
 - i. Submit to the Health and Human Services (HHS) Secretary, through the Office of Community Services, a report describing the training and technical assistance offered; or
 - ii. If the CSP determines that training and technical assistance are not appropriate, the CSP should submit to the HHS Secretary, through the Office of Community Services, a report describing the reason for the determination.
 - c. In writing, provide the EE an opportunity to submit a Quality Improvement Plan (QIP) for CSP approval, if deemed appropriate.
 - i. The EE must develop the QIP within 60 days of being informed about the deficiency and receiving CSP approval to submit a QIP.

- 1) The QIP will outline the actions that will be taken to correct the deficiency and a timeline for completion.
 - ii. The CSP, no later than 30 days after receiving the QIP, will inform the entity in writing of the CSP's:
 - 1) Approval of the QIP as submitted, or
 - 2) Required modification(s) to the QIP and the reason for the modification(s), or
 - 3) Denial of the QIP and the reason for the denial.
- d. If the QIP is either denied or approved/modified, but not completed on time, CSP will:
 - i. Provide notice of the failure to correct, if applicable;
 - ii. Provide notice of the initiation of termination or reduction in funding proceedings; and
 - iii. Provide the EE an opportunity to request a hearing prior to the final decision.
 - 1) If the EE does not request a hearing, the CSP will notify the eligible entity and OCS of the final decision to terminate or reduce funding.
 - 2) If the EE requests a hearing and it is determined that there is cause for termination or reduction in funding, the CSP will notify the eligible entity and OCS of the final decision to terminate or reduce funding.
- e. EEs notified of the final decision to terminate or reduce funding have the right to request a Federal Review within 30 days of the notice from the CSP, as outlined in [IM #116](#) and in accordance with [45 CFR §96.92](#).
 - i. If an EE does not request a Federal Review within the 30-day limit, the CSP's final decision will become effective immediately.
 - ii. If an EE does request a Federal Review in accordance with the rules stated, CSP will provide to the OCS:
 - 1) A copy of the notice provided in advance of the hearing that includes the date of the notice and the date of the hearing;
 - 2) The name of the presiding hearing official;

- 3) The name(s) of official(s) or individual(s) responsible for the determination of hearing findings or decisions (e.g. the CSBG State Official);
 - 4) The names of the individuals participating in the hearing; and
 - 5) Documentation of evidence presented at the hearing.
- iii. If an EE does request a Federal Review in accordance with the rules stated, CSP will not discontinue present or future funding, until:
- 1) The OCS has had ninety days to review all necessary documentation provided by the CSP.
 - 2) The OCS has not completed its review within ninety days, at this point, the CSP's final decision shall become effective immediately.

Voluntary Relinquishment and De-Designation Close-Out and Continued Requirements

- A. When an EE experiences a status change due to voluntary relinquishment, termination, or other means, the previously designated EE shall be required to complete the CSP CSBG close-out procedures, including facilitating an on-site visit by CSP personnel and completing the grant close-out tool.
- B. The agency must also do the following in accordance with [2 CFR 200.344](#):
1. Retain CSBG client and personnel files in accordance with their file retention policies, or for at least three (3) years following the end date of the designation, whichever is longer.
 2. Submit all financial, performance, and other reports as required by the contract's terms and conditions no later than 30 days after the end date of the designation, or an earlier due date if specified by CSP.
 3. Retain financial records, supporting documents, statistical records, and all other records pertinent to the CSBG grant for at least three (3) years from the date the final expenditure report is submitted.
 4. Liquidate all obligations incurred under the contract and return any unspent CSBG funds not later than 90 calendar days following the end date of the designation, or November 15 of that year, whichever is earlier.
 5. Take all reasonable measures to:
 - a. Account for any real and personal property acquired with CSBG funds by providing CSP with property records that include a description of the property,

- a serial number or another identification number, the location, use, and condition of the property, and any other factors under [2 CFR 200.313](#); and to
- b. Follow all disposition requirements for property with a unit cost of \$5,000 or greater as set by [2 CFR 200.313](#).
 - c. Comply with any requests for data or financial records by CSP or WDH for three (3) years following the end date of designation.
 - d. Facilitate the transfer of designation to a new agency for the unserved service area to the best of their ability.
6. Closeout occurs upon the final payment by WDH CSP to the agency for allowable reimbursable costs under the contract.
7. The closeout of the CSBG award does not affect any of the following:
- a. The right of WDH CSP to disallow costs and recover funds based on a later audit or other review. WDH CSP must make any cost disallowance determination and notify the local government within the record retention period of 3 years.
 - b. The obligation of the agency to return any funds due as a result of later refunds, corrections, or other transactions including final indirect cost rate adjustments.
 - c. WDH Audit Requirements.

Definitions

- A. Proportional Share: The amount of non-discretionary CSBG funds an entity receives as a percentage of the funds administered to the State of Wyoming. An EE's proportional share is determined by the allocation chart and the awarded amount for the service area based on the established poverty level.
- B. Redistribution: A change to the allocation formula used to determine the proportional share of the CSBG funds distributed to service areas administered by the EEs.
- C. Voluntary Relinquishment: The voluntary choice by a CSBG EE to relinquish their EE status.
- D. Termination: The non-voluntary suspension of funding to and status of a CSBG EE.



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122 West 25th Street, Suite 102E, Cheyenne, WY 82002
(307) 777-8940

Dated: July 1, 2024
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program (CSP)
Reference: CSP Policy #5: Eligible Entity Designation and Re-Designation

POLICY #5

In accordance with the [CSBG Act](#), the Community Services Program (CSP), acting as the state passthrough agency for CSBG funds, attains the right to designate CSBG Eligible Entities (EEs).

Tripartite Board Requirement for Designation

A. To serve as an EE, an agency must implement a Tripartite Board in accordance with *Policy #2: Tripartite Board Size and Composition* and Section 676B of the [CSBG Act](#).

Eligible Entity Designation Will Occur When

- A. An EE has gone out of business;
- B. An EE voluntarily relinquishes their status;
- C. CSP has lawfully terminated an EE's designation;
- D. A geographic area is unserved or underserved for any other reason; or
- E. An EE cannot, or will not, meet the Tripartite Board requirements as set in *Policy #2: Tripartite Board Size and Composition* and Section 676B of the [CSBG Act](#).

Eligible Entity Designation Selection

- A. EE designation will be in accordance with the [CSBG Act](#) (42 U.S.C. 9901 et seq.) and [CSBG Information Memorandum \(IM\) # 42](#).
- B. In the first round of review, the CSP may not consider a political subdivision or an organization other than a private nonprofit organization, even if such a subdivision or public organization already serves as an eligible entity or receives CSBG funds.
- C. CSP may determine EE designation among private non-profit organizations, who are:
 - 1. Current EEs in an area contiguous with the unserved area or within a reasonable proximity.

2. Not current EEs that provide services in the unserved area and have been determined to be capable of providing a range of services and meeting the requirements of the CSBG Act.
- D. If the CSP cannot identify a viable private non-profit organization as a designated EE, the CSP may determine EE designation among political subdivisions of the State, who are:
1. Current EEs that are located within a reasonable proximity to the area.
 2. Not current EEs that have been determined to be capable of providing a range of services and meeting the requirements of the CSBG Act.

Designation During a Termination Review

- A. If an EE has been notified of the CSP's final decision to terminate or reduce funding and a Federal Review Hearing has been requested by the EE, the CSP will follow the steps outlined in *Policy #4: De-designation or Reduction in Funding*.
- B. During the Federal Review process, the CSP may begin soliciting requests from current non-profit EEs interested in receiving a Temporary Designation. However, the CSP may not award any funds until OCS confirms the State's final decision to terminate or reduce funding or once the ninety-day period for Federal Review has passed.

Temporary Designation

- A. In the event that a service area becomes unserved or underserved, CSP reserves the right to assign a Temporary Designation to a current non-profit EE without going through a competitive application process.
- B. The term of a Temporary Designation will be determined by the CSP.
- C. The CSP will base a Temporary Designation on an EE's demonstrated effectiveness in meeting the goals and purposes outlined in the [CSBG Act](#). Preference for a Temporary Designation may be given to EEs who are able to demonstrate:
1. The agency's tripartite support to increase the CSBG service area;
 2. The agency's capacity to increase its service area;
 3. The projected services, outcomes, and staffing for the service area;
 4. How the projected services and staff will address the needs of the area; and,
 5. An ability to successfully meet the Organizational Standards and other State/Federal requirements.
- D. After a Temporary Designation is made, the CSP reserves the right to:
1. Extend the Temporary Designation to a Permanent Designation, or

2. Initiate a complete application process.

Competitive Designation Application Process

- A. When an unserved area becomes available, and CSP does not designate a Temporary Designation, CSP may open a competitive application process to current EEs, private non-profit organizations, and public entities according to the Eligible Entity Designation Selection.
- B. The application may include, but is not limited to:
 1. Assurances to abide by State and Federal requirements.
 2. Community Action Plan.
 3. Other required supporting documents.
- C. During the competitive application process, CSP must base the determination on organizations that have demonstrated effectiveness in meeting the goals and purposes outlined in the CSBG Act. Preference in the competitive application process may be given to EEs who are able to demonstrate:
 1. The agency's tripartite support to increase the CSBG service area;
 2. The agency's capacity to increase its service area;
 3. The projected services, outcomes, and staffing for the service area;
 4. How the projected services and staff will address the needs of the area; and,
 5. An ability to successfully meet the Organizational Standards and other State/Federal requirements.
- D. Competitive applications will be reviewed and scored by CSP. Applicants will be notified of the final determination.

Re-Designation

- A. Re-designation of an agency may occur if a previously designated agency voluntarily relinquished its designation and applies to serve an unserved area.
- B. The re-designation must ensure that the agency has addressed any challenges that led to its voluntary relinquishment and is successful in the application process to be identified to serve the unserved area.
- C. CSP will consider re-designation in a manner consistent with the federal guidance provided by the Office of Community Services, CSBG [Information Memorandum No.116](#), [Section 676A](#) of the CSBG Act, and with the policies and processes identified above in the designation process.



Dated: February 2019
To: Community Services Block Grant (CSBG) Eligible Entities
From: Regina Dodson, Wyoming Department of Health, Public Health Division
Community Services Program Manager
Reference: CSBG Policy 6: Purchase and Distribution of Gift and Gas Cards

POLICY #6

CSBG Grantees and Sub-grantees must comply with the limitations and prohibitions as stated in federal *CSBG statute (42 U.S.C. 9901 et seq.)*, which includes Section 678F (42 U.S.C. 9918), and any subsequent amendments. All proposed expenses will be considered within the context of the proposed activities. Providing gift cards, prepaid cards, and gas cards is a permissible use of CSBG funds, particularly in an emergency/disaster situation, as long as the expenditure can be justified as meeting one or more of the statutory purposes of the CSBG program.

1. Programs that use grant funds to purchase gift cards, prepaid cards, gas cards, gift certificates, bus passes, vouchers, and other like items for clients must establish internal controls in the form of written policies and procedures that, at a minimum:
 - a. Ensure the security of the items;
 - b. Address appropriate distribution to clients: and
 - c. Create a line item in the budget specific to these costs
2. Programs are required to use a log to inventory and track distribution and use of the cards, certificates, passes, vouchers. A log template should be developed by the grantee or the grantee may approve one developed by the sub-grantee. The log must contain the following:
 - a. Source of each item (e.g., Wal-Mart, Safeway);
 - b. Individual serial number or other identifier of each item;
 - c. Denomination (value) of each item;
 - d. Date each item was purchased (if applicable);
 - e. Date issued to client;
 - f. Date item was documented in client's case file;

- g. Identification of client (name or confidential identifier);
 - h. Name of case manager;
 - i. Purpose of item or description of products or service to be purchased with item; and
 - j. The client must sign a receipt that shows the type of card, voucher, certificate, and bus pass. This receipt must be put in the client's file.
3. The written policies and procedures, as well as the log, must be made available to the Department upon request and may be reviewed during program site visits.



**PUBLIC HEALTH
DIVISION**



**RURAL AND
FRONTIER HEALTH**

WYOMING DEPARTMENT HEALTH COMMUNITY SERVICES PROGRAM
122 West 25th Street, Suite 102E, Cheyenne, WY 82002
(307) 777-8940

Dated: November 1, 2024
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSP Policy #7: Indirect Cost Rate or Cost Allocation Plan

POLICY #7

In accordance with the [CSBG Act](#), the Office of Community Services [Organizational Standard 8.12](#), the Uniform Guidance [2 CFR Part 200](#), and the U.S. Department of Health and Human Services (HHS) rule [45 CFR Part 75](#), CSBG Eligible Entities (EEs) will be subject to the determined indirect cost rate, allocation plan, or current De Minimis rate when developing an annual CSBG budget, expending funds according to that budget, and in any modification of that budget.

Eligible Entities With a Federally Negotiated Indirect Cost Rate (NICR)

- A. EEs must provide the State's Community Services Program (CSP) a detailed cost allocation plan or a currently approved determined or provisional NICR once at first acceptance of EE designation, and again following any update or request.
- B. The indirect cost rate should be negotiated with the EE's largest Federal funder and provided to CSP upon every update. An indirect cost rate provides systematic and accurate charges and results in an equitable distribution of indirect costs. For further clarity, [CSBG Informational Memorandum #20](#) (IM 20) discusses indirect cost rate principles.

Eligible Entities Without a NICR Using a Detailed Cost Allocation Plan

- A. Any EE without a NICR may instead develop a detailed cost allocation plan. Guidance on developing a cost allocation plan can be found on the Community Action Program Legal Services, Inc. (CAPLAW) website and their [Cost Allocation Toolkit](#).
- B. EEs must allocate shared costs to each cost objective either according to the proportional benefit that the cost objective receives from that cost or, if that cannot be determined because of the interrelationship of the work involved, by some reasonable, documented method. If a detailed cost allocation plan is used, no costs will be determined as indirect. The detailed cost allocation plan must be approved by the EE's Tripartite Board and shared with the CSP.

Eligible Entities Without a NICR Using the De Minimis Rate

- A. EEs that do not provide an approved cost allocation plan or negotiated indirect cost rate to CSP must abide by the current De Minimis rate.

Uniform Guidance on Indirect Costs

- A. According to the Uniform Guidance, indirect costs are those that benefit all programs administered by the Grantee and are not readily assignable to a particular final cost within a program (IM 20). These costs are necessary and beneficial to all programs, such as central management and administrative functions.

- B. Indirect costs allowable under the CSBG Act include:

1. Those related to the general management of the grantee organization such as,

- i. Strategic direction,
- ii. Board development,
- iii. Executive Director functions,
- iv. Accounting,
- v. Budgeting,
- vi. Personnel,
- vii. Procurement,
- viii. Rent, and
- ix. Legal services.

2. These will often be termed “administrative” costs, and for the purpose of the Community Services Program, they will be considered the same as indirect costs in accordance with [CSBG Informational Memorandum #37](#) (IM 37) Definition and Allowability of Direct and Administrative Cost Block Appropriation and Allocations.

Definitions

- A. Cost Allocation: The method used to determine and document the connection between the costs an organization incurs and the programs or services that they provide.
- B. Cost Allocation Plan: A written document that describes the methods used to charge both direct and shared costs to various programs/cost centers.
- C. Indirect Cost: Those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective.
- D. Indirect Cost Rate: An agreement between a federal agency and a nonprofit federal grantee that establishes the maximum amount of indirect costs that the nonprofit may claim in its

federal awards by calculating the organization's indirect costs as a percentage of direct costs. In order to obtain a Federally Negotiated Indirect Cost Rate (NICR), the nonprofit organization must determine which of their federal funding sources will serve as their cognizant agency and follow the procedures of the Division of Cost Allocation of that agency. The NICR should be currently approved and may be determined or provisional.



Dated: February 2019

To: Community Services Block Grant (CSBG) Eligible Entities

From: Regina Dodson, Wyoming Department of Health, Public Health Division
Community Services Program Manager

Reference: CSBG Policy 9: Disaster Relief

POLICY #9

In instances where a Grantee's service area may be affected by a major disaster the State CSP office will adjust the timeframe for review and the necessary documentation time frame in order to provide the maximum assistance to individuals affected by the disaster.

In order to adjust the client eligibility and verification, Grantees must contact the State CSP office for permission to do so. If permission is granted, Grantees and their sub-grantees may do the following:

- If households or individuals have been made low-income due to the local disaster, Grantees and sub-grantees can disregard CSP Policy 1 whereas individuals must have documentation for the past 30 days. Instead, individuals may provide documentation from the past 7 days.
 - In accordance with CSP Policy 1, if an individual or household has no income, they need to sign a zero income self-declaration form.



Dated: February 2019
To: Community Services Block Grant (CSBG) Eligible Entities
From: Wyoming Department of Health, Public Health Division
Community Services Program Manager
Reference: CSBG Policy 10: Procurement Policy

POLICY #10

In accordance with OMB Guidance, Grantees must use one of the following methods of procurement.

1. **Micro-Purchases:** Purchase of supplies or services using simplified acquisition procedures. No quotations are required and equitable distributions are to be made. Micro-purchases are \$3,000 or less.
2. **Small Purchases:** Small purchase procedures are simple and informal procurement methods for securing services, supplies, or other property that does not exceed \$150,000. Price or rate quotations must be obtained from a minimum of three (3) qualified sources.
3. **Sealed Bids:** Sealed bids are publicly solicited. Bidders will be evaluated on their ability to meet the terms and conditions of the request and by their bid amount. Once selected, the bidder will receive a contract with a firm, fixed rate. This is the preferred method for procuring construction. This procurement method shall be used for projects greater than \$150,000.
4. **Request for Proposals (RFP):** RFP's are publicly solicited, competitive proposals that will be used when a sealed bid is not appropriate for the items/services being procured. Grantees are able to include specific questions of their choosing and then evaluate proposals with weighted scoring. Once selected, the proposer will receive a contract with a firm, fixed rate. Competitive proposals shall be used when Grantee is procuring items and/or services greater than \$150,000. This method requires:
 - a. Requests for proposals must be publicized and identify all evaluation factors and their importance. Any response must be considered to the maximum practical extent.
 - b. Proposals must be solicited from at least three (3) qualified sources.

- c. The Grantee must have a written process for the evaluation of proposals, any weighted scoring system and for selecting recipients.
 - d. Contracts must be awarded to the proposer who is most advantageous to the Grantee, with price and other factors considered.
5. Non-competitive Proposals: If the Grantee procures items and/or services greater than \$150,00 without using a competitive bid or proposal process, the Grantee must be able to document that at least one or more more of the following apply:
- a. The item is a unique item and/or services that is only available only from a single source.
 - b. There is an urgent need or demand that precludes any delays that could result from the sealed bid or RFP process.
 - c. The pass-through entity (State CSP) expressly authorizes noncompetitive proposals in response to a written request from the Grantee.
 - d. After solicitation of multiple sources, competition is determined inadequate.




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Michael A. Ceballos
 Director

Mark Gordon
 Governor

Policy Title:	WDH Financial Statements and Audits	
Policy Number:	FS-2001	
Effective Date:	November 1, 2019	
Revision Date:		
Approval:	 Michael A. Ceballos, Director	11/01/19 Date

Purpose

The purpose of this publication is to set forth a policy which:

- 1) Provide control and accountability over financial statements and audits of the Wyoming Department of Health; and
- 2) Assist the department in gathering and maintaining information needed for the preparation of financial statements.

The policy is the requirements the Wyoming Department of Health (WDH) must meet.

Definitions

Generally Accepted Government Auditing Standards (GAGAS): The standards apply to both financial and performance audits of government agencies.

Audit: an official inspection of an organization’s accounts. The highest level of assurance that financial statements are free of material misstatement and are fairly presented based on generally accepted accounting principles. Organization’s internal control are working.

Reviews: Limited assurance of an organization’s accounts. Inquiries and analytical procedures present a reasonable basis for expressing that no material modifications to the financial statements are necessary; they are in conformity with generally accepted accounting principles.

Audited entity: The entity that is subject to a GAGAS engagement, whether that engagement is a financial audit, attestation engagement, review of financial statements, or performance audit (paragraph 1.27e).

Auditor: An individual assigned to planning, directing, performing engagement procedures or reporting on GAGAS engagements (including work on audits, attestation engagements, and reviews of financial statements) regardless of job title. Therefore, individuals who may have the title auditor, information technology auditor, analyst, practitioner, evaluator, inspector, or other similar titles are considered auditors under GAGAS (paragraph 1.27f).

Attestation engagement: An examination, review, or agreed-upon procedures engagement conducted under the GAGAS attestation standards related to subject matter or an assertion that is the responsibility of another party (paragraph 1.27a).

Review of financial statements: The objective of the auditor when performing a review of financial statements is to obtain limited assurance as a basis for reporting whether the auditor is aware of any material Glossary Page 219 GAO-18-568G Government Auditing Standards modifications that should be made to financial statements in order for the financial statements to be in accordance with the applicable financial reporting framework. A review of financial statements does not include obtaining an understanding of the entity's internal control, assessing fraud risk, or certain other procedures ordinarily performed in an audit (paragraph 1.20) ¹.

Requirements for WDH

1. Subrecipients expending \$750,000 or more in federal funds (not just WDH) during their fiscal year must have a single audit every year.²
2. Subrecipients expending \$500,000 to \$749,999 in federal funds during their fiscal year must have an independent audit every three (3) years and provide a review of financial statements each year for which an audit is not conducted.
3. Subrecipients expending \$100,000 to \$499,999 in federal funds during their fiscal year must have an independent audit every five (5) years and provide a review of financial statements each year for which an audit is not conducted.
4. Subrecipients expending less than \$100,000 in federal funds during their fiscal year must provide financial statements to WDH for review each year.
5. Financial statements must be submitted within nine (9) months after the end of the entities fiscal year.
6. Exemptions:
 - WDH reserves the right to delay or temporarily exempt a subrecipient from this policy, in the case of start-up, size of agency, hardship, or other unforeseen reason if it is in the best interest of WDH and/or the subrecipient's purpose to do so. The

¹ GAO-18-568G. Published 7/17/18 aka Yellow Book

² §200.501

subrecipient shall request such a delay or temporary exemption in writing and WDH shall concur in the decision.

- This delay or temporary exemption does not extend to those entities required to obtain a single audit.
7. If the subrecipient's financial records are a component of a larger agency audit, the subrecipient has the responsibility to obtain the audit report from the reporting entity and send such audit to WDH. Example, if the grantee is the County Public Health office, the county's audit report is required.
 8. WDH reserves the right to require an audit and to examine and/or audit any financial records of any subrecipient during the grant award period and within three (3) years following the conclusion of the final audit that covered the grant award period.
 9. In cases of continued inability or unwillingness on the part of the subrecipient to conduct or supply a requested audit, WDH reserves the right to impose any sanctions, as described in Title 2 C.F.R. subpart F and Remedies of Noncompliance (§ 200.338), upon the subrecipient until such time as a requested audit is received by WDH.

§200.425 Audit services.

- (a) A reasonably proportionate share of the costs of audits required by, and performed in accordance with, the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507), as implemented by requirements of this part, are allowable.
- (b) The costs of a financial statement audit of a non-federal entity that does not currently have a federal award may be included in the indirect cost pool for a cost allocation plan or indirect cost proposal.
- (c) Pass-through entities may charge federal awards for the cost of agreed-upon-procedures engagements to monitor subrecipients (in accordance with Subpart D—Post Federal Award Requirements of this part, §§200.330 Subrecipient and contractor determinations through 200.332 Fixed Amount Subawards) who are exempted from the requirements of the Single Audit Act and Subpart F—Audit Requirements of this part. This cost is allowable only if the agreed-upon-procedures engagements are:
 - (1) Conducted in accordance with GAGAS attestation standards;
 - (2) Paid for and arranged by the pass-through entity; and
 - (3) Limited in scope to one or more of the following types of compliance requirements:
 - activities allowed or unallowed;
 - allowable costs/cost principles;
 - eligibility; and reporting.

Review:

This policy will be reviewed annually by the Chief Financial Officer, Fiscal Services, unless circumstances require modifications to the policy.

Responsible Party:

Eric McVicker, C.P.A., Chief Financial Officer

Forms:

None.

References:

None.

Training:

None.