

North Carolina Department of Health and Human Services



Community Services Block Grant Program

Fiscal Year 2020-21 Application for Funding

Project Period July 1, 2020 – June 30, 2021

Application Due Date: February 14, 2020

Agency Information			
Agency:			
Agency:			
Federal I.D.			
DUNS Number:			
Administrative Office Address:			
Mailing Address (include the 4-digit zip code extension):			
Telephone Number:			
Fax Number:			
Proposed Funding:	CSBG: \$	Additional Resources: \$	Agency Total Budget: \$
Application Period:	Beginning: July 1, 2020	Ending: June 30, 2021	
Board Chairperson:			
Board Chairperson's Address: (where communications should be sent)			
Board Chairperson's Term of Office (enter beginning and end dates):			
Executive Director:			
Executive Director Email Address:			
Agency Fiscal Officer:			
Fiscal Officer Email Address:			
CSBG Program Director:			
CSBG Program Director Email Address:			
Counties Served with CSBG funds:			
Agency Operational Fiscal Year:			

North Carolina Department of Health and Human Services
Office of Economic Opportunity –
2420 Mail Service Center / Raleigh, North Carolina 27699-2420

Proposed Funding

CSBG: Enter the proposed amount of CSBG funds allocated for FY 2021.

Additional Resources: Enter the amount of other resources the agency expects to receive during the 2021 program year. If an exact figure is not known at this time, the best possible estimate.

Agency Total Budget: Enter the sum of CSBG and Additional Resources for the period of July 1, 2020 - June 30, 2021.

Checklist to Submit a Complete Community Services Block Grant (CSBG) Application

Please put a check mark in the appropriate box to show that you have included the completed document with your application. All documents are required with the exception of those that say "if applicable."

Item	Included (✓)
Signed Application Certification (blue ink only)	
Signed Board Membership Roster (blue ink only)	
Board of Directors Officers and Committees	
Board of Directors Community Needs Assurance	
Planning Process Narrative	
Form 210 – Agency Strategy for Eliminating Poverty	
Form 212 – One-Year Work Program	
Monitoring, Assessment and Evaluation Plan	
Form 212A – CSBG Administrative Support Worksheet (if applicable)	
Form 6844S – Agency Budget Information	
Form 6844N-Budget Narrative	
<u>Appendices (to be attached by the Applicant):</u>	
• Organizational Chart (do not include names)	
• Job Description and Resume for the Agency's Executive Director	
• Job Description and Resume for the Agency's Chief Financial Officer	
• Job Descriptions for all CSBG employees (do not include names)	
• Affirmative Action Plan	
• Documentation of Public Hearings for Initial Planning Process:	
Copy of Public Notice(s) from Newspaper(s)	
Agenda of Public Meeting(s)	
Copy of Attendance Sheet(s)	
Minutes of Public Meeting(s)	
• Documentation for Notice of Intent to Apply:	
Copy of advertisement(s)	
• Documentation of Submission to County Commissioners:	
Notarized document from county clerk	
Commissioners' comments or minutes (if applicable)	
• Cognizant-Approved Indirect Cost Agreement	
• Copy of the Proposal Application submitted to the cognizant agency for approval of the Indirect Cost Rate	
• Cost Allocation Plan (if applicable)	
• Vehicle Registrations (<i>must be up-to-date</i>)	
• State Certification-No Overdue Tax Debts	
• State Certification-Contractor Certification required by N.C. Law	
• Federal Certifications	
• Cost Allocation Plan Certification	
• Federal Funding Accountability and Transparency Act (FFATA)	
• Central Contractor Registration (CCR) (<i>must be up-to-date</i>)	

Checklist to Submit a Complete Community Services Block Grant (CSBG) Application
(continued)

Item	Included (✓)
<ul style="list-style-type: none"> • IRS Tax Exemption Verification- verifies the agency's 501 (c) (3) status <i>(must be dated after July 1, 2014)</i> 	
<ul style="list-style-type: none"> • Conflict of Interest Policy <i>(must have been approved within the past 5 years and must be notarized)</i> 	
<ul style="list-style-type: none"> • Contractual Agreements/leases <i>(must be current within contract period)</i> 	

**Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
Certification and Assurances**

Public Hearing on the Initial Plan

We herein certify that a public hearing as required by 10A NCAC 97B .0402 Citizen Participation in the Application Process occurred on _____ for the initial planning process for the agency's current project plan and the agency has maintained documentation to confirm the process of the public hearing.

For multi-county providers, indicate the date and the county the hearing was held.

Date	County	Date	County

County Commissioners' Review

We herein certify that the application for this project period was submitted to the Board of County Commissioners for review and comment on _____ as required by 10A NCAC 97C .0111(b)(1)(A).

For multi-county providers, indicate the county and date the application for funding was presented to the Board of County Commissioners as required by 10A NCAC 97C .0111(B).

Date	County	Date	County

Board of Directors Approval of the Application

I hereby certify that the information contained in the attached application is true and the Board of Directors has reviewed and approved this application for the Community Services Block Grant Program.

Date of Board Approval: _____

Board Chairperson: _____
(Signature) (Date)

Finance Committee Chairperson: _____
(Signature) (Date)

Board of Directors' Membership Roster

Total Seats Per Agency Bylaws		Total Current Vacant Seats	
Total Number of Seats Reserved for Each Sector	Poor	Public	Private
Total Number of Vacant Seats Per Each Sector	Poor	Public	Private

Name	County of Residence	Community Group/ Area Represented	Date Initially Seated [month/year]	Number of Terms Served [completed]	Current Term Expiration [month/year]
Representatives of the Poor					
1.					
2.					
3.					
4.					
5.					
6.					
Public Elected Officials					
1.					
2.					
3.					
4.					
5.					
6.					
Representatives of Private Organizations					
1.					
2.					
3.					
4.					
5.					
6.					

The signature of the Board of Directors Chairperson certifies that the persons representing the poor were selected by a democratic process and that there is documentation on file that confirms the selection of all board members. In addition, by signing below, the Board of Directors Chairperson confirms that the selection of all board members coincides with the directives outlined in the agency's bylaws and that a current Board of Directors Member Profile is on file for each member.

Board of Directors Chairperson

Board of Directors' Membership Contact Listing

[illegible]

Board of Directors' Officers and Committees

Note: All committees of the board should fairly reflect the composition of the board (10A NCAC 97C .0109). Be sure to identify the chairperson and other committee positions.

Name	Office	Sector Represented	County Represented*
Officers of the Board			
	Chairperson		
Committee Name:			
	Chairperson		
Committee Name:			
	Chairperson		
Committee Name:			
	Chairperson		
Committee Name:			
	Chairperson		
Committee Name:			
	Chairperson		
Committee Name:			
	Chairperson		

*To be completed by agencies serving multiple counties.

Community Service Block Grant

Board of Directors Contractual Certifications

I, _____ (board chairperson name and name of applicant) certify the information in the following categories by initialing each certification and signing below:

- ☐ **A. Conflict of Interest:** I certify that a Conflict of Interest Policy is in place and that a copy of the policy can be found in the Employee Policy Manual and in the Board Member Handbook. I also certify that all members of the Board of Directors and all staff annually sign "Conflict of Interest" forms and that copies of Board member signatures are kept in the Board Minutes Book while copies of employee signatures are retained in the personnel files.
- ☐ **B. Board of Director Orientation/Training:** I certify that a Board Member Orientation Policy is in place and that it is utilized as new Board members are assigned to the Board. I also certify that all Board members attend an annual Board Training each year and record of such is reflected in the Board minutes. The most recent Board Training occurred on (date)
- ☐ **C. Agency-wide Audit:** I certify that (name of auditing firm/auditor) performs an audit annually. The audit is completed each year and submitted for review by the Board. The most recent audit for program year (date range) was submitted and accepted by the Board at the (date) meeting and is on record in said minutes.

Certification (Original Signature)

Signature of Chairperson/President

Date

Community Service Block Grant Certification of Community Assessment

The _____ (applicant) has conducted a Community Assessment of its service area within the past three (3) years utilizing the following method(s):

(Check one or more of the following methods)

- ☐ Surveys of the community(s) - door to door, telephone, etc.
- ☐ Review of Records - agency intake forms, program participant records, etc. (may be used with at least one other type of needs assessment; will not meet compliance on its own)
- ☐ Review of demographical information - U.S. Census, welfare statistics, unemployment statistics, etc.
- ☐ Discussions/information/testimony provided by individuals and community members - social service professionals, agency staff, program participants, etc.
- ☐ Public meetings to solicit input on community needs
- ☐ Other (Describe) _____

The most recent Community Assessment was completed on: _____
(date)

The Community Assessment was completed by: _____
(agency or contractor)

It is expressly understood that this Community Assessment should include community and consumer input. It is to be used as a basis for prioritizing the needs of the low-income population in the service area and for planning the applicant's projects to meet those needs.

It is further understood that documentation validating that a Community Assessment was completed and is to be retained by the applicant and is subject to review by the Office of Economic Opportunity.

Please provide a 4-5 sentence summary of your most recent Community Needs Assessment:

(continue to next page)

The following is a list of needs as prioritized, with community input, through the needs assessment process.

1.	4.
2.	5.
3.	6.

Certification (Original Signature)

Signature of Chairperson/President

Date

**Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
Planning Process Narrative**

1. Explain in detail how each of the following was involved in the planning and development of this strategic plan.
 - a. Low-Income Community:
 - b. Agency Staff:
 - c. Agency's Board Members:
2. Describe how and what information was gathered from the following key sectors of the community in assessing needs and resources during the community assessment process and other times. These should ideally be from each county within your agency's service area:
 - a. Community-based organizations:
 - b. Faith-Based Organizations:
 - c. Private Sector:
 - d. Public Sector:
 - e. Educational Sector:
3. Describe your agency's method and criteria for identifying poverty causes including how the agency collected and analyzed qualitative and quantitative data in identifying those causes.
4. Describe activities that your agency has undertaken to advocate for and empower low-income individuals and families to achieve economic independence and security.
5. Describe how your agency plans to make more effective use of, coordinate and form partnerships with other organizations and programs including: State welfare reform efforts; public and private resources; religious organizations, charitable groups, and community organizations.
6. Describe how your agency will establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals, to avoid the duplication of such services and to fill identified gaps in services, through the provision of information, referrals, case management and follow-up consultations.
7. Provide a description of how your agency will support innovative community and neighborhood-based initiatives related to the purposes of the Community Services Block Grant (fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging effective parenting).
8. Describe activities that your agency has undertaken or plans to undertake, on an emergency basis, for the provision of such supplies and services, nutritious foods and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals.

**Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
Planning Process Narrative (continued)**

9. Describe how your agency will coordinate the provision of employment and training activities with entities providing activities through statewide and local workforce investment systems under the Workforce Innovation and Opportunity Act. Provide the dollar amount of your allocation that will go towards employment training.
10. Describe how your agency will ensure coordination with the emergency energy crisis intervention program under title XXVI (relating to low-income home energy assistance).
11. Describe the needs of low-income youth and your agency's efforts to promote increased community coordination and collaboration in meeting the needs of low-income youth.
12. Describe your agency's method for informing custodial parents in single-parent families that participate in CSBG programming about the availability of child support services. In addition, describe your method for referring eligible parents to the child support office[s].
13. Describe activities that your agency has undertaken or plans to undertake, to address the Department's priorities which includes:
 - Combat the **Opioid Crisis** by focusing on policies and practices that prevent opioid misuse, addiction and overdose;
 - Develop better outcomes for **Early Childhood** learners to ensure that they are healthy, safe and nurtured, learning and ready to succeed;
 - Expand **NCCARE360**, a statewide database that provides resource information for medical providers and human services professionals in response to social determinants of health like housing stability, food security, transportation access and interpersonal safety; and
 - Implement **Healthy Opportunities** that improve the health, safety and well-being of North Carolinians by addressing conditions in which people live that directly impacts health.

**Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
OEO Form 210**

Agency Strategy for Eliminating Poverty

Planning Period: _____

Section I: Identification of the Problem (use additional sheets if necessary)

1. Give the Poverty Cause name(s), rank the poverty cause(s) and identify which one(s) the agency will address.
2. Describe the poverty cause(s) in detail in the community with appropriate statistical data (include data sources).
 - (A) Explain why the problem exists.
 - (B) Identify the segment of the population and give the number of people experiencing the problem.
 - (C) Provide demographic information of those adversely effected inclusive of:
 - (a) Gender
 - (b) Age
 - (c) Race/Ethnicity for the agency's service area
 - (D) Explain how the persons are adversely affected.

Section II: Resource Analysis (use additional sheets if necessary)

- (E) Resources Available:
 - a. Agency Resources:
 - b. Community Resources:
- (F) Resources Needed:
 - c. Agency Resources:
 - d. Community Resources:

Section III: Objective and Strategy

(G) Objective Statement:

Strategies for Objective:

OEO Form 210 (continued)

Section IV: Results Oriented Management and Accountability Cycle (use additional sheets if necessary)

Organizational Standard 4.3 requires that an agency's strategic plan and Community Action Plan document the continuous use of the ROMA cycle and use the services of a ROMA trainer.

- (H) Community Needs Assessment: Please summarize the primary needs of your community as determined through the Community Needs Assessment, and explain which of those are Family, Agency, or Community Needs, and why.
- (I) Achievement of Results and Evaluation: Please discuss your agency's achievement of results from last year. What were the successes and why were those areas successful? What areas did not meet targets or expectations and why were those areas not as successful? What Improvements or changes will be made for this year's work plan to achieve desired results and better meet the needs of the community?
- (J) Please name the ROMA trainer who provided services used in developing this community Action Plan and describe what specific services were provided.

Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
One-Year Work Program
OEO Form 212

Section I: Project Identification				
1. Project Name:				
2. Mission Statement:				
4. Objective Statement:				
5. Project Period:				
6. CSBG Funds Requested for this Project:	July 1, 2020	To	June 30, 2021	
7. Total Number Expected to Be Served:				
a. Expected Number of New Clients				
b. Expected Number of Carryover Clients				

One-Year Work Program
OEO Form 212 (continued)

Section II: One-Year CSBG Program Objective and Activities				
Identified Problem	Service or Activity	Outcome Expected	NPIs (List all NPIs applicable to activity)	Position Title(s)

One-Year Work Program
OEO Form 212 (continued)

Section II: One-Year CSBG Program Objective and Activities				
Identified Problem	Service or Activity	Outcome Expected	NPIs (List all NPIs applicable to activity)	Position Title(s)

One-Year Work Program
OEO Form 212 (continued)

Section III: Program Administration and Operations					
Administration, Services, Operations Outcome Expected	Position Title(s)	Implementation Schedule			
		First Quarter	Second Quarter	Third Quarter	Fourth Quarter

**Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
One-Year Work Program
OEO Form 212 (continued)**

9. Use the tables below to enter your agency's targeted outcome results. The performance measures will be included in the agency's CSBG contract.

All CSBG grantees operating self-sufficiency projects are required to enter program targets in Table 1. Please refer to *Performance Measures and Outcomes Definitions* on page 7 of the Fiscal Year 2020-21 CSBG Application Instructions. If your agency operates more than one project, you will also need to complete Table 2 on the following page and also enter specific program targets. There should be one table of outcome measures per project.

Table 1 Outcome Measures for Project 1 (enter project name)	
Measure	Expected to Achieve the Outcome in Reporting Period (Target)
The number of participant families served.	
The number of low-income participant families rising above the poverty level.	
The number of participant families obtaining employment.	
The number of participant families who are employed and obtain better employment.	
The number of jobs with medical benefits obtained.	
The number of participant families completing education/training programs.	
The number of participant families securing standard housing.	
The number of participant families provided emergency assistance.	
The number of participant families provided employment supports.	
The number of participant families provided educational supports.	
The average change in the annual income per participant family experiencing a change.	This measure does not require a target but must be reported.
The average wage rate of employed participant families.	This measure does not require a target but must be reported.

Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
One-Year Work Program
OEO Form 212 (continued)

Table 2 Outcome Measures for Project 2 (enter project name)	
Measure	Expected to Achieve the Outcome in Reporting Period (Target)
The number of participant families served.	

Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
One-Year Work Program
OEO Form 212 (continued)

CSBG Expenditure by Service Category					
A.2. CSBG Expenditures Domains	Target CSBG Funds	Actual Q1	Actual Q2	Actual Q3	Final
A.2a. Employment					
A.2b. Education and Cognitive Development					
A.2c. Income, Infrastructure, and Asset Building					
A.2d. Housing					
A.2e. Health and Social/Behavioral Development <i>(includes nutrition)</i>					
A.2f. Civic Engagement and Community Involvement					
A.2g. Services Supporting Multiple Domains					
A.2h. Linkages <i>(e.g. partnerships that support multiple domains)</i>					
A.2i. Agency Capacity Building					
A.2j. Other <i>(e.g. emergency management/disaster relief)</i>					
A.2k. Total CSBG Expenditures (auto calculated)					

Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
One-Year Work Program
OEO Form 212 (continued)

10. For Community Action Agencies that serve multiple counties, provide a breakdown of the expected *number of persons served* in each designated county in the table below. Show the total *number of persons served* in the table.

Number of Families to be Served Per County											
Agency Name:											
Project Name:											
County											Total
Total Planned											
Project Name:											
County											Total
Total Planned											

**Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
Monitoring, Assessment and Evaluation Plan**

1. Describe the role and responsibilities of the following in the assessment and evaluation of agency programs.
 - a. Board of Directors:
 - b. Low-Income Community:
 - c. Program Participants:
 - d. Others:
2. Describe the systematic approach for collecting, analyzing and reporting customer satisfaction data to the Board of Directors.
3. Describe how administrative policies and procedures are monitored by the Board of Directors.
4. Describe how the Board acts on monitoring, assessment and evaluation reports.
5. Describe the Board's procedure for conducting the agency self-evaluation.
6. Summarize the results of the Board's most recent self-evaluation. Describe how the information has been or will be used to develop the agency's next Strategy for Eliminating Poverty. Indicate the timeframe and planned activities for the next evaluation.

**Community Services Block Grant Program
Fiscal Year 2020-21 Application for Funding
CSBG Administrative Support Worksheet
OEO Form 212A**

1. Administrative Support requested for (Name of Grant):		
2. Total amount of Administrative Support requested: \$		
3. Brief description of grant including the name of the funding source:		
4. Total Grant Amount:	\$	
5. Give the reason for requesting Administrative Support from CSBG and describe how the funds will be used: (Attach supporting documentation in the Appendices)		
6. How will the agency track the CSBG funds used for Administrative Support?		
7. Basis for determining amount of Administrative Support needed. (Please select either Indirect Costs or Cost Allocation, not both.)		
Indirect Costs		
Indirect Cost Base:		
Indirect Cost Rate %:	%	
Indirect cost base amount for this grant:	\$	
Percent indirect allowed by funding source for this grant:	%	
Dollar amount indirect allowed by funding source for this grant:	\$	
Cost Allocation		
Percent of administrative costs allowed by funding source for this grant %:	%	
Dollar amount of administrative costs allowed by funding source for this grant:	\$	
8. Actual numerical calculation used to determine Administrative Support needed:		
9. Administrative Support to be applied: (choose one)	Monthly	
	Quarterly	
	Annually	

CONTRACT BUDGET NARRATIVE
STATE OF NORTH CAROLINA DIVISION OF SOCIAL SERVICES
OFFICE OF ECONOMIC OPPORTUNITY
Form 6844N

Name of Agency:

Section A – Salaries and Wages

Section B – Fringe Benefits

Section C – Equipment Purchases

Section D - Communication

Section E – Space costs

Section F – Travel/Employee Development

Section G - Supplies and Materials

Section H – Contractual Services

Section I - Client Services

Section J - N/A

Section K - Other

Section L – Indirect Costs

**Community Services Block Grant [CSBG]
Documentation of Submission to County Commissioners**

Background: The North Carolina Administrative Code [10A NCAC 97C.0111 (b)(1)(A)] requires that each CSBG grant recipient submit its Community Anti-Poverty Plan [grant application] to each County Commissioner Board that it serves.

Instructions: This form is to be completed and notarized by the Clerk to the Board.

Agency Name: _____

County: _____

Date of Application Submission: _____

[Note: This application should be submitted to the County Commissioners at least thirty [30] days prior to application submission to the Office of Economic Opportunity [OEO]. The grant application is due to OEO **February 14, 2020**.

Clerk to the Board should initial all items below.

_____ The agency submitted a complete grant application for Commissioner review.

_____ The Clerk to the Board will be responsible for assuring that the application is distributed to the Commissioners.

_____ Commissioners' comments provided those to the agency. (If applicable)

Clerk to the Board

Date

Notary

Date