

**N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF ECONOMIC OPPORTUNITY**

**American Reinvestment and Recovery Act/Community Services Block Grant Program
AARA/CSBG**

**Application for Funding
(Upon Contract Execution – September 30, 2010)**

Agency Name:

Office of Economic Opportunity

**N. C. Department of Health and Human Services
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**N.C. Department of Health and Human Services
Office of Economic Opportunity**

**COMMUNITY SERVICES BLOCK GRANT PROGRAM
RECOVERY ACT APPLICATION FOR FUNDING**

| | | | | |
|---------------------|--|--------------------|-----------|--|
| Original Submission | | (Please check one) | Amendment | |
|---------------------|--|--------------------|-----------|--|

| SECTION I. IDENTIFICATION | |
|----------------------------------|--|
| Grantee/Agency Name: | |
| Mailing Address: | |
| Administrative Office Address: | |
| Telephone Number: | |
| E-Mail Address: | |
| Executive Director: | |
| Date Submitted: | |

| SECTION II. CERTIFICATION |
|----------------------------------|
|----------------------------------|

This application for American Reinvestment & Recovery Act/Community Services Block Grant Program funding contains the following documents which have been reviewed and approved by the grantee Board of Directors or duly appointed Board committee:

- Agency Identification and Certification
- Recovery Planning Process Narratives
- Agency Strategy for Recovery Implementation (OEO Form 210-R)
- Agency Recovery Work Program (OEO Form 212-R)
- Recovery/CSBG Administrative Worksheet (OEO Form 212-AR)
- Agency Recovery Budget (OEO Form 225-R)
- Recovery Plan for Monitoring, Assessment and Evaluation

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|-------------------------------------|
| |
| Date of Board or Committee Approval |

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|---------------------------------|
| |
| Typed Name of Board Chairperson |

| | |
|--------------------------------|------|
| | |
| Signature of Board Chairperson | Date |

RECOVERY PLANNING PROCESS NARRATIVE

ROMA Goals 1, 3 and 5:

Low-Income People Become More Self-Sufficient
Low-income People Own A Stake in Their Community
Agencies increase their capacity to achieve results

1. Explain in detail how each of the following was involved in the planning and development of this strategic plan.

The Poor:

The Staff:

The Board:

ROMA Goals 1, 2, 5 and 6

Low-Income People Become More Self-Sufficient
The conditions in which low-income people live are improved
Agencies increase their capacity to achieve results
Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems

2. Provide a description of the service delivery system to be used to ensure that low-income individuals and families hardest hit by the recession are served comprehensively through direct service provision, information and referrals, case management and follow-up consultations while eliminating duplication of services.

2.a. Describe activities that your agency plans to undertake to impact Employment (jobs created/jobs saved), Education, Income Management, Housing, Nutrition, Emergency Services and Healthcare for low-income individuals and families hardest hit by the economic recession.

ROMA Goal 4

Partnerships among supporters and providers of services to low-income people are achieved

3. Describe existing and possible partnerships your agency will explore to coordinate activities and resources with other public and private resources that support Recovery Act goals.

ROMA Goal 5:

Agencies increase their capacity to achieve results

4. Describe your agency's procurement procedures and internal control systems used for accountability and transparency in contracting with service providers and other fiscal management related practices.

N.C. Department of Health and Human Services
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ARRA/Community Services Block Grant Program

AGENCY STRATEGY FOR RECOVERY IMPLEMENTATION – FORM 210-R

Strategy

Amended Strategy

Planning Period

to

SECTION I. CAUSE (PROBLEM) IDENTIFICATION (Use additional sheets if necessary)

(1) Economic Condition/Cause Name

(2) Describe your agency's method for identifying poverty causes and list the identified causes.

(3) Economic Condition/Cause Description:

SECTION II. RESOURCE ANALYSIS (Use additional sheets if necessary)

(4) Resources Available:

(5) Resources Needed:

SECTION III. GOAL AND STRATEGY

(6) Goal:

(7) Strategies for Achieving Goal: {Detail all strategies to be implemented/Use an asterisk (*) to denote Selected Strategy}

AGENCY STRATEGY FOR RECOVERY IMPLEMENTATION – FORM 210-R
(Continuation Page)

Economic Condition/Cause Name

N.C. Department of Health and Human Services
Office of Economic Opportunity
ARRA/Community Services Block Grant Program

AGENCY RECOVERY WORK PROGRAM – FORM 212-R

| | | | | | |
|---------------------|--------------------------|--------------------|--|-----------|--------------------------|
| Original Submission | <input type="checkbox"/> | (Please check one) | | Amendment | <input type="checkbox"/> |
|---------------------|--------------------------|--------------------|--|-----------|--------------------------|

SECTION I. PROJECT IDENTIFICATION

| | | | | | | |
|---|-------------------|----|--|--|--|--|
| 1. Project Name: | | | | | | |
| 2. Economic Condition/ Cause Name: | | | | | | |
| 3. Goal: | | | | | | |
| 4. Selected Strategy: | | | | | | |
| 5. Project Period: | | To | | | | |
| 6. ARRA Funds Requested for this Project: | <u>ARRA/CSBG:</u> | | | | | |
| 7. Number Expected to Be Served: | <u>ARRA/CSBG:</u> | | | | | |

SECTION II. PROJECT DESCRIPTION

| Project Objective And Activities | Position Title | Implementation Schedule | | | | |
|-------------------------------------|----------------|-------------------------|------------------|-----------------|------------------|-----------------|
| | | First Period | Second Period | Third Period | Fourth Period | Fifth Period |
| | | | | | | |

AGENCY RECOVERY WORK PROGRAM – FORM 212-R
(Continuation Page)

Project Name:

| Project Objective And Activities | Position Title | Implementation Schedule | | | | |
|-------------------------------------|----------------|-------------------------|------------------|-----------------|------------------|-----------------|
| | | First Period | Second Period | Third Period | Fourth Period | Fifth Period |
| | | | | | | |

N.C. Department of Health and Human Services
Office of Economic Opportunity
ARRA/Community Services Block Grant Program

RECOVERY/CSBG ADMINISTRATIVE SUPPORT WORKSHEET – FORM 212-AR

Original Submission

Amendment

(1) Administrative Support requested for: (Name of grant)

(2) Brief description of grant, including name of funding source:

Total Grant Amount \$ _____

=====

(3) Reason for requesting Administrative Support (attach supporting documentation):

=====

(4) Amount of Administrative Support requested: \$ _____

=====

(5) Basis for determining amount of Administrative Support needed:
(Please choose 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 admin costs allowed by funding source for this grant \$ _____

(6) Actual numerical calculation used to determine amount of Administrative Support needed:

(7) Administrative Support to be applied: _____ Monthly _____ Each Three-Month Period

RECOVERY PLAN FOR MONITORING, ASSESSMENT AND EVALUATION PLAN

1. Describe the role and responsibilities of the following for assessing and evaluating the agency's ARRA implementation:

Board of Directors:

Low-Income Community:

Program Participants:

Others:

2. Describe how your agency will determine and document participant eligibility.

3. Describe how the Staff and Board will prepare and/or respond to monitoring, assessment and evaluation reports to ensure accountability and transparency:

4. Based on your agency’s ARRA/CSBG project, list outcome measures to be used to monitor your agency’s success in addressing the following: Employment (jobs created/jobs saved), Education, Income Management, Housing, Nutrition, Emergency Services and Healthcare.
5. Complete the chart below:

| Key Outcome Measures | Number expected to achieve the outcome |
|--|---|
| <p><u>Self-Sufficiency</u></p> <p>The number of low-income families rising above the poverty level</p> | |
| <p><u>Employment</u></p> <p>The number of jobs created and/or saved</p> <p>The number of participants obtaining employment</p> <p>The number of job placements paying more than minimum wage</p> <p>The participant average wage rate</p> <p>The number pre-employment trainings resulting in skills certification</p> <p>The number of participants receiving employment supports (uniforms, supplies, transportation, etc.)</p> | |
| <p><u>Income Management</u></p> <p>The average change in annual income per participant family</p> <p>The number of participants demonstrating the ability to complete and maintain a budget for at least 90 days</p> <p>The number of financial management/credit counseling opportunities made available</p> <p>The number of participants who increase their income through tax preparation programs, court-ordered child support and /or energy efficiency programs such as Weatherization</p> | |

| Key Outcome Measures (continued) | Number expected to achieve the outcome |
|--|---|
| <p><u>Education</u></p> <p>The number of participants completing education/training programs</p> <p>The number of participants receiving educational supports (tuition assistance, books, supplies, transportation, etc.)</p> | |
| <p><u>Nutrition & Healthcare</u></p> <p>The number of participants obtaining jobs with medical benefits</p> <p>The number of participants obtaining food/nutrition staples and/or assistance</p> <p>The number of participants obtaining healthcare services needed to gain or retain employment</p> <p>The number of participants receiving support to access health care services</p> | |
| <p><u>Housing</u></p> <p>The number of participants securing standard housing</p> <p>The number of safe and affordable housing units created and/or preserved</p> <p>The number of foreclosure preventions</p> | |
| <p><u>Emergency Services</u></p> <p>The number of participants provided emergency assistance such as vendor payments for fuel/energy bills, rent/mortgage, medical care, legal assistance, transportation, clothing, protection from violence, temporary shelter, clothing, etc.</p> | |