

North Carolina Department of Health and Human Services



Community Services Block Grant Program

**Fiscal Year 2012-13 Application for Funding
Project Period July 1, 2012 – June 30, 2013
Application Due Date: February 15, 2012**

Applicant Information	
Agency:	
Federal I.D.	
DUNS Number:	
Administrative Office Address:	
Mailing Address:	
Telephone Number:	
Board Chairperson:	
Board Chairperson's Address: (where communications should be sent)	
Board Chairperson's Term of Office:	
Executive Director:	
Executive Director Email Address:	
Agency Fiscal Officer:	
Fiscal Officer Email Address:	
CSBG Program Director:	
CSBG Program Director Email Address:	

North Carolina Department of Health and Human Services
Office of Economic Opportunity
Verna P. Best, Director
2013 Mail Service Center
Raleigh, North Carolina 27699-2013
verna.best@dhhs.nc.gov
<http://www.ncdhhs.gov/oeo/>

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.

Item	Included (√) or N/A
Signed Application Certification (blue ink only)	
Signed Board Membership Roster (blue ink only)	
Board of Directors Officers and Committees	
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 225 – Agency Budget Information	
Form 225N-Budget Narrative	
Documentation of Submission to County Commissioners	
<u>Appendices (to be attached by the Applicant):</u>	
<ul style="list-style-type: none"> • Organizational Chart 	
<ul style="list-style-type: none"> • Job Description and Resume for the Agency's Executive Director 	
<ul style="list-style-type: none"> • Job Description and Resume for the Agency's Chief Financial Officer 	
<ul style="list-style-type: none"> • Affirmative Action Plan 	
<ul style="list-style-type: none"> • Documentation of Public Hearings for Initial Planning Process: 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Copy of Public Notice(s) from Newspaper(s) 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Agenda of Public Meeting(s) 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Copy of Attendance Sheet(s) 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Minutes of Public Meeting(s) 	
<ul style="list-style-type: none"> • Documentation for Notice of Intent to Apply: 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Copy of advertisement(s) 	
<ul style="list-style-type: none"> • Documentation of Submission to County Commissioners: 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Certified document from county clerk 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Commissioners' comments or minutes (if applicable) 	
<ul style="list-style-type: none"> • Cognizant-Approved Indirect Cost Agreement 	
<ul style="list-style-type: none"> • Cost Allocation Plan 	

**Community Services Block Grant Program
Fiscal Year 2012-13 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(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	Address	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 coincide with the directives outlined in the agency's bylaws. A current Board of Directors Member Profile is on file for each member.

Board of Directors Chairperson

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			
Committee Name:			
Committee Name:			
Committee Name:			
Committee Name:			
Committee Name:			
Committee Name:			

*To be completed by agencies serving multiple counties.

**Community Services Block Grant Program
Fiscal Year 2012-13 Application for Funding
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	DHHS Excels-Goal 2 Expand understanding and use of information to enhance the health and safety of North Carolinians
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1. Explain in detail how each of the following was involved in the planning and development of this strategic plan.
 - a. The Poor:
 - b. The Staff:
 - c. The Board:

ROMA Goal 5 Agencies increase their capacity to achieve results	DHHS Excels-Goals 1 and 2 Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Expand understanding and use of information to enhance the health and safety of North Carolinians
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2. Describe your agency's method and criteria for identifying poverty causes and list the identified causes. Also describe the methods and criteria used to determine priority and selection of strategies to be implemented that will address the poverty causes.

ROMA Goal 1, 2, 3 and 6 Low income People Become More Self-Sufficient; The conditions in which low income people live are improved; Low-income people own a stake in their community; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems	DHHS Excels- Goal 4 Provide services to individuals and families identified as being at risk of compromised health and safety.
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3. Describe activities that your agency has undertaken or plans to advocate for and empower low-income individuals and families to achieve a greater sense of authority over their own lives and future.

ROMA Goals 1, 2 4, 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; Partnerships among supporters and providers of services to low-income people are achieved; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and support systems	DHHS Excels-Goals 1 and 2 Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Expand understanding and use of information to enhance the health and safety of North Carolinians
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4. Describe how your agency plans to make more effective use of, and to 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.

**Community Services Block Grant Program
Fiscal Year 2012-13 Application for Funding
Planning Process Narrative (continued)**

5. 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.

<p>ROMA Goal 2, 4 and 6 Low income People Become More Self-Sufficient; Partnerships among supporters and providers of services to low-income people are achieved; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems</p>	<p>DHHS Excels-Goals 1 and 3 Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Offer outreach and services to individuals and families identified as being at risk of compromised health and safety.</p>
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6. 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).

<p>ROMA Goal 5 and 6 Agencies increase their capacity to achieve results; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems</p>	<p>DHHS Excels-Goals 1 and 5 Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Provide services and protection to individuals and families experiencing serious health and safety needs who are not, at least temporarily, able to assist themselves.</p>
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7. 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.
8. 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 Investment Act of 1998.

<p>ROMA Goal 4 and 6 Partnerships among supporters and providers of services to low-income people are achieved; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems</p>	<p>DHHS Excels-Goal 5 Provide services and protection to individuals and families experiencing serious health and safety needs who are not, at least temporarily, able to assist themselves.</p>
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9. Describe how your agency will ensure coordination with the emergency energy crisis intervention program under title XXVI (relating to low-income home energy assistance).

**Community Services Block Grant Program
Fiscal Year 2012-13 Application for Funding
Planning Process Narrative (continued)**

<p>ROMA Goals 4 and 5 Partnerships among supporters and providers of services to low-income people are achieved; Agencies increase their capacity to achieve results</p>	<p>DHHS Excels-Goals 1 and 2 Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Expand understanding and use of information to enhance the health and safety of North Carolinians</p>
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10. 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.

<p>ROMA Goals 1 and 5 Low-income People Become More Self-Sufficient; Agencies increase their capacity to achieve results</p>	<p>DHHS Excels-Goal 1 Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians.</p>
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11. Describe activities that your agency has undertaken or plans to undertake to establish a pool of unrestricted funds to further the agency's mission and reduce dependency on government funding.

- a. Funds to support services for low-income persons
- b. Funds to support the overall agency

<p>ROMA Goal 2, 4 and 6 Low income People Become More Self-Sufficient; Partnerships among supporters and providers of services to low-income people are achieved; Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems</p>	<p>DHHS Excels-Goals 1 and 3 Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians; Offer outreach and services to individuals and families identified as being at risk of compromised health and safety.</p>
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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. Does your agency calculate return on investment for your CSBG program? If so, please explain and give the calculation.

**Community Services Block Grant Program
Fiscal Year 2012-13 Application for Funding
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, 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. Explain why the problem exists. Identify the segment of the population and give the number of people experiencing the problem. Explain how the persons are adversely affected.

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

3. Resources Available:
 - a. Agency Resources:
 - b. Community Resources:
4. Resources Needed:
 - c. Agency Resources:
 - d. Community Resources:

Section III: Goal and Strategy

5. Long-Range Goal:
6. Strategies for Achieving Long-Range Goal:

**Community Services Block Grant Program
Fiscal Year 2012-13 Application for Funding
One-Year Work Program
Form 212**

Section I: Project Identification							
1. Project Name:							
2. Poverty Cause Name:							
3. Long-Range Goal:							
4. Selected Strategy:							
5. Project Period:	July 1, 2012	To	June 30, 2013	Plan Year		of	
6. CSBG Funds Requested for this Project:							
7. Total Number Expected to Be Served:							
a. Expected Number of New Clients							
b. Expected Number of Carryover Clients							
8. Number expected to be moved above Federal Poverty Guidelines this year (Self-Sufficiency Projects):							
9. Percent of Long-Range Goal Expected to be Met this Year (For projects other than Self-Sufficiency):							

Section II: One-Year CSBG Program Objective and Activities					
Activities	Position Title(s)	Implementation Schedule			
		First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Objective:					

**Community Services Block Grant Program
Fiscal Year 2012-13 Application for Funding
One-Year Work Program
Form 212 (continued)**

10. Use the tables below to enter your agency's projected outcome results (targets). The outcome measures will be included in the agency's CSBG contract.

All CSBG grantees operating self-sufficiency projects are required to complete Table 1. All CSBG grantees operating non self-sufficiency projects are required to enter applicable outcomes in the Table 2. If your agency operates more than one non self-sufficiency project, please add tables as needed. There should be one table of outcome measures per project.

Table 1 Outcome Measures for Self-Sufficiency Projects	
Project Name:	Expected to Achieve the Outcome in Reporting Period (Target)
Outcome Measures	
Number of persons served	
The number of low-income families rising above the poverty level	
The average change in annual income per participant family (in whole #'s)	
The number of participants obtaining employment	
The number of participants obtaining jobs with medical benefits	
The participant average wage rate	
The number of participants completing education/training programs	
The number of participants securing standard housing	
The number of participants provided emergency assistance	

Table 2 Outcome Measures for Non Self-Sufficiency Projects	
Project Name:	Expected to Achieve the Outcome in Reporting Period (Target)
Outcome Measures	
Number of persons served	

**Community Services Block Grant Program
 Fiscal Year 2012-13 Application for Funding
 One-Year Work Program
 Form 212 (continued)**

11. 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 2012-13 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 how administrative policies and procedures are monitored by the Board of Directors.

3. Describe how the Board acts on monitoring, assessment and evaluation reports.

4. Describe the Board's procedure for conducting the agency self-evaluation.

5. 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 when the next evaluation will begin and be completed.

**Community Services Block Grant Program
Fiscal Year 2012-13 Application for Funding
Administrative Support Worksheet
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	

OEO Form 225N-The Budget Narrative

Item	Description		
Section III-Budget Summary			
Indirect Cost Rate Information			
Section IV-Salary and Wages			
Staff Names and Positions			
Section IVa-Budget Support Data			
Fringe Benefits			
Communications			
Section IVb-Budget Support Data			
Equipment			
Section IVc-Budget Support Data			
Space Costs			
Travel			
Supplies/Materials			
Section IVd-Budget Support Data-Contractual			
Sub-contractor [DBA if applicable]		Primary Contact	
Address/Phone			
Service Description			
Payment Arrangement		Contract Duration	
Sub-contractor [DBA if applicable]		Primary Contact	
Address/Phone			
Service Description			
Payment Arrangement		Contract Duration	
Section IVe-Budget Support Data			
Client Services			
Other			



**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 OEO February 15, 2012.]

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

Witness/Notary

Date