***Community Services Block Grant***

**Instructions**

**Request for Designation Consideration (RFDC) Application to become an Eligible**

**Community Services Block Grant Entity**

**Introduction**

The Community Services Block Grant (CSBG) Request for Designation Consideration Application, instructions and budget form are located on the North Carolina Office of Economic Opportunity (OEO) web site (<http://www.ncdhhs.gov/oeo/>).

**Purpose**

The purpose of the Community Services Block Grant (CSBG) is to provide a range of services and activities having a measurable impact on the causes of poverty in the community. The CSBG provides core funding to local agencies for the primary purpose of reducing poverty through revitalizing low-income communities and empowering low-income families to become self-sufficient and/or economically independent.

The application process aligns with the elements of Results Oriented Management and Accountability (ROMA) which form a continuous cycle of Assessment, Planning, Implementation, Achievement of Results and Evaluation. The application process produces a framework for achieving the **National ROMA Goals:**

1. Low-income people become more self-sufficient.
2. The conditions in which low-income people live are improved.
3. Low-income people own a stake in their community.
4. Partnerships among supporters and providers of services to low-income people are achieved.
5. Agencies increase their capacity to achieve results.
6. Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other support systems.

**Application Packet Components**

Application Packets must be assembled in the following order:

# **Cover Letter** **– The cover letter should include confirmation that the Board of Directors has approved the submission of the RFDC Application and should be signed by the CEO/Executive Director and/or Board Chairperson.**

1. **Agency Information Cover Page** – Complete this page by providing the basic agency identifying information as requested. Be sure to identify the county in which your agency is applying for funding beside “Application County.”
2. **Board Powers and Composition** – Applicant should provide the requested information.
3. **Board Membership** – Applicant should provide the requested information and list each board member by name, address and note if the member is an officer. (i.e., Chairperson, Vice-Chairperson, Secretary, etc.)
4. **Assurances** – The Assurances must be signed by the agency’s Board Chairperson.
5. **Program Narrative** – See the detailed instructions for preparing the Program Narrative beginning on page 3 of these Instructions.
6. **One-Year Work Plan –** See the instructions and example on pages 5-6.
7. **Outcome Measures Table -** See the instructions beginning on page 7.
8. **Budget** – This is a separate Excel document on OEO’s web site (refer to “Designation 2023” on the site) and must be completed by each applicant agency. The detailed instructions are in Tab 1 of the Budget. Use the allocation to the county or counties for which your agency is applying to serve. The projected FY 2024-25 allocations for the counties are: Caswell $62,691; Person $95,125; Rockingham $229,230.
9. **Appendices** – There are two parts to the Appendices:
10. Appendix “A” must include all of the documents listed under **Certification of Eligibility Documents**, in the order that they are listed.
11. Appendix “B” should include attachments such as letters of support, endorsements, agreements and any other documentation deemed appropriate for Review Committee’s consideration. **It is recommended that Appendix B have a “Table of Contents” to make it easier for reviewers to locate supportive documentation cited in the Program Narrative or in the attachment.**

General Requirements

* All pages must be numbered in consecutive order, including the Appendices, beginning with the Agency Information Cover Page.
* The application packet must contain **an original plus five (5) complete copies** (each stapled in the upper left-hand corner).
* Applications must be received or postmarked no later than **5:00 pm on May 16, 2025**, and should be mailed to:

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| --- | --- |
| US Postal Service  North Carolina Department of Health and Human Services  Office of Economic Opportunity  Marionna C. Poke-Stewart, Director  2420 Mail Service Center  Raleigh, North Carolina 27699-2420  [Marionna.Poke-Stewart@dhhs.nc.gov](mailto:Marionna.Poke-Stewart@dhhs.nc.gov) | FedEx, UPS or other Carriers  North Carolina Department of Health and Human Services  Dorothea Dix Campus  Hargrove Building  Office of Economic Opportunity  Marionna C. Poke-Stewart, Director  820 South Boylan Avenue  Raleigh, North Carolina 27603  [Marionna.Poke-Stewart@dhhs.nc.gov](mailto:Marionna.Poke-Stewart@dhhs.nc.gov) |

**Program Narrative**

* The Program Narrative should not exceed five (5) pages in length with a 12-point font size and all pages numbered.
* Each partof the Program Narrative should be titled as indicated and presented in the same order as listed. Supporting documentation for the narrative can be included in Appendix B. The sections to be addressed in the Program Narrative are as follows:
* **Part I – Introduction:**
* Provide a brief history of the organization including the agency’s mission.
* Provide information regarding the agency’s current operations:
* programs operated;
* funding sources;
* number of participants served.
* Describe demonstrated effectiveness in obtaining positive outcomes for low-income families in carrying out funded projects over the past three years. Include activities that your agency has undertaken to advocate for and empower low-income individuals and families to achieve self-sufficiency/economic independence. Specific agency outcomes and successes should be included.
* Describe your agency’s current Board (Governance) structure.  Detail actions necessary to transition your current Board to meet the required tripartite structure inclusive of recruitment strategies specifically targeted towards ensuring a democratic selection process for the low-income sector.
* **Part II – Conditions of Poverty in the Agency’s Service Area:**
* Community Assessment:
* Describe your agency’s method and criteria for identifying poverty causes in the service area.
* List and describe the identified causes of poverty. Provide a detailed description of the poverty cause which clearly identifies the problem; why the problem exist; the segment of the population experiencing the problem; how many individuals/families are experiencing the problem; and how they are adversely affected. Provide source data to support any numerical and statistical information as well as methodologies used to obtain the data.

**Program Narrative (*continued*)**

* **Part III – Agency and Community Resource Analysis:**
* Describe efforts being used to solve the problems identified in your community assessment and the resources that are needed to effectively eliminate or have a major impact on the problem. Your analysis of needed and available resources includes both agency and community resources. The Resource Analysis will help to determine whether or not utilization of your agency's resources will have an impact on solving the problem.
* Describe how your agency will coordinate and form partnerships with other organizations and programs including: Statewide welfare reform efforts; public and private resources; religious organizations, charitable groups, community organizations, 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.

1. **Part IV – Fiscal Operations:**

* Describe your current fiscal operational structure referencing applicable agency policies and procedures, designation of duties and operating systems that demonstrate internal controls.
* Describe the process for the resolution of any audit findings (if applicable) in the past three years.
* Has the agency experienced any subsequent events since the last financial audit? If yes, please provide the details.
* Describe your bank reconciliation process.

**Community Services Block Grant Program**

**One-Year Work Plan**

**Section I: Project Identification**

Project Name: Give a brief descriptive title of the project.

Project One-Year Objective: The objective must be a measurable statement of what will be achieved during the project year. The statement should include the number of low-income individuals/families to be served.

**Section II: One-Year CSBG Program Activities**

Activities: Activities must be listed to clearly describe how the project will be carried out to ensure the objective will be accomplished. Please address all the critical activities of the program.

Position Title(s): Show the title of the position(s) responsible for carrying out each project activity. Position titles listed as "all staff" or "CSBG Staff" are not acceptable. All positions paid with CSBG funds should be included and the responsibility level should be consistent with salary information in the budget form.

Implementation Schedule: Indicate the number of participants to be served each quarter or dates when the activity will be completed. If activities listed in the Implementation Schedule do not directly involve participants, the dates that the activities will be completed or will occur must be listed.   Add rows to the table as needed.

**Example: Section I: Project Identification and Section II: One-Year CSBG Program Activities**

The example for “Section I: Project Identification” and “Section II: One-Year CSBG Program Activities” on the following page is to be used for guidance only. Please complete the activities based on identified needs in your community.

**Community Services Block Grant Program**

**One-Year Work Plan**

**EXAMPLE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section I: Project Identification** | | | | | | |
| 1. Project Name: | **PROMISES** | | | | | |
| 2. Project One-Year  Objective: | To provide comprehensive case management services to 80 low-income families/individuals by June 30, 2024. | | | | | |
| **Section II: One-Year CSBG Program Objective and Activities** | | | | | | |
| Activities | | Position Title(s) | Implementation Schedule | | | |
|  | | | First Quarter | Second  Quarter | Third  Quarter | Fourth  Quarter |
| Total Number of Participants to Be Served: | | 80 | 20 | 20 | 20 | 20 |
| Conduct outreach and recruitment using the media, referrals, flyers, brochures, community canvassing, meetings with partners, referrals, telephone/email contacts and walk-ins. Outreach to include both public and private sectors. | | CSBG Director  Case Managers  Employment Coordinators  Intake Specialist | 7/1/23 - 6/30/24 | 7/1/23 - 6/30/24 | 7/1/23 - 6/30/24 | 7/1/23 - 6/30/24 |
| Identify and enroll self-sufficiency participants into the program. Complete initial intake eligibility data entry, assessment and paperwork. (Generate letters for ineligible applicants.) | | Case Managers | 20 | 20 | 20 | 20 |
| Conduct ongoing reassessment and follow-up of participants to include bi-monthly contacts and case notes | | Case Managers | 20 | 20 | 20 | 20 |
| ***Coordinate*** comprehensive services inclusive of but not limited to:   * Case Management Activities * Orientation * Goal Plan Development * Service Delivery/Follow-Up * Training * Home Visits * Stabilization Services * Crisis Intervention * Supportive/Transition Services * Child Care * Transportation * Education/Employment * Training * Basic Skills * HS/Diploma/GED or College * Vocational Training * Job Development & Placement * Employment Counseling * Job Referrals/Advocacy   based on individual participant’s needs  and resources. | | CSBG Director   Case Managers  Employment Coordinators  Intake Specialist | 20 | 20 | 20 | 20 |
| Provide quarterly and year-end reports to State Office (OEO) on Outcome Measures | | CSBG Director  Case Managers | 7/1/23 - 6/30/24 | 7/1/23 - 6/30/24 | 7/1/23 - 6/30/24 | 7/1/23 - 6/30/24 |
| Provide Staff Development and Training | | CSBG Director | 7/1/23 - 6/30/24 | 7/1/23 - 6/30/24 | 7/1/23 - 6/30/24 | 7/1/23 - 6/30/24 |

**One-Year Work Program**

**Outcome Measures**

Outcome reporting is required for all CSBG projects. Use the Outcome Measures table in the Request for Designation Consideration (RFDC) Application to enter your agency’s targeted outcome results for July 1, 2023-June 30, 2024.

Twelve required measures are shown with an asterisk in the table below. In addition to these required measures, the Performance Measures and Definitions table can be used as a resource for targeting and reporting additional outcomes associated with your CSBG project model(s). There are eight eligible project models (Self-Sufficiency, Employment, Education, Nutrition, Housing, Income Management, Information & Referral and Emergency Assistance).

In addition to outcomes achieved as a result of your agency’s direct service provision through CSBG, outcomes should also be targeted and reported on participant family achievement as a result of a successful referral to partnering service providers in the local community. A successful referral is one which has been documented and verifies that the participant family used the agency’s referral to receive a service and as a result, achieved an outcome. Once a referral is made, follow-up is necessary with the participant family and/or the partnering agency in order to track and verify the referred participant family’s achievement of an outcome.

| **Performance Measures and Definitions** | |
| --- | --- |
| **Measure** | **Definition** |
| 1. **The number of participant families served.\*** | Total number of participant families enrolled to participate in agency’s CSBG program(s). |
| 1. **The number of low-income participant families rising above the poverty level.\*** | Total number of low-income participant families whose income rose above the poverty level in accordance with family size and was maintained for a minimum of 90 consecutive days. |
| 1. **The average change in the annual income per participant family experiencing a change.\*** | This measure does not require a target but must reported in the agency’s year-end report. The average change is the positive or negative (increase or decrease) change in the annual income of all participant families served as documented with initial income as of July 1, 2023, for carryover participant families and at enrollment for new participant families and ending June 30, 2024, or at date of program exit if prior to June 30, 2024. This dollar amount is obtained by computing the change in income for each participant family served who experienced a change in income, adding those figures together for a sum total and dividing the sum total by the number of participant families with a change in annual income. (Participant families experiencing no change should not be included.) |
| 1. **The number of participant families obtaining employment.\*** | Total number of participant families entering the program unemployed and obtaining. |
| 1. **The number of participant families who are employed and obtain better employment.\*** | Total number of participant families obtaining better employment. Better employment considers increase in wages as a result of promotion (salary increase), increase in hourly wage, an increase in work hours, or obtaining another job resulting in increased wages. |
| 1. **The average wage rate of employed participant families.\*** | This measure does not require a target but must reported in the agency’s year-end report. The average of wage of participant families earning employment wages. This dollar amount is obtained by adding the hourly wage rates of all participant families earning employment wages and dividing the sum total by the number of participant families earning wages. (Participant families who do not receive employment wages should not be included.) |
| 1. **The number of jobs with medical benefits obtained.\*** | Total number of participant families securing jobs that offer medical benefits. Note for this outcome documentation must be available that the employer offers (provides) the benefit as part of the employment compensation package; however, the family does not have to participate in/receive the benefit. |
| 1. **The number of participant families completing education/training programs.\*** | Total number of participant families completing educational/training programs. Note for this outcome, completion should result in a diploma, certification, credential or license. |
| 1. **The number of participant families securing standard housing.\*** | Total number of participant families obtaining standard housing (moving from a sub-standard housing situation). Sub-standard housing is defined as a structure that lacks adequate indoor plumbing (running water or toilet), is overcrowded, has structural deficiencies, infestations and/or other uninhabitable conditions. Conversely, standard housing is defined as a structure with adequate indoor plumbing (running water or toilet), is not overcrowded, is free of structural deficiencies, infestations and/or other conditions that would make it uninhabitable. Participant families who are homeless and obtain standard housing as defined should be counted in this measure. |
| 1. **The number of participant families provided emergency assistance.\*** | Total number of participant families provided emergency assistance. Emergency Assistance is defined as an immediate, short-term service provided to meet an urgent need relative to stabilization which may not initially be related to employment or education/training to prevent or mitigate crisis typically associated with food, shelter, fuel, utility cut-off, medicine, basic clothing and household items. |
| 1. **The number of participant families provided employment supports.\*** | Total number of participant families provided direct assistance to support employability such as child care, transportation, uniforms, supplies and other assistance specific to employment. These supporting services often make the difference between success and failure in participant family’s efforts to obtain a job or to retain a job once it is acquired. |
| 1. **The number of participant families provided educational supports.\*** | Total number of participant families provided direct assistance to support education activities such as tuition childcare, transportation, uniforms, supplies, books and other assistance specific to education. These supporting services often make the difference between success and failure in a participant’s efforts to complete training or education resulting in a certification, diploma or degree. |
| 1. **The number of participant families provided with food to counteract conditions of starvation and malnutrition.** | The number of participant families provided with food to prevent medical conditions resulting from lack of nutrients needed for the maintenance of life. |
| 1. **The average dollar value of nutrition assistance received per participant family.** | This measure does not require a target.  The average dollar value of nutrition assistance received. This dollar amount is obtained by dividing the sum total of value of nutrition assistance provided by the number of participant families receiving nutrition assistance. |
| 1. **The total amount of community resources mobilized for emergency assistance.** | This measure does not require a target.  This dollar amount represents the sum total of dollars expended on participant families receiving emergency assistance from all sources inclusive of non-CSBG funding from community partners in addition to other inter-agency funding streams. |
| 1. **The number of participant families who become homeowners.** | Total of participant families who become homeowners. |
| 1. **The number of homeless persons placed in a shelter.** | Total number of homeless participant families obtaining shelter. |
| 1. **The number of participant families maintaining housing.** | Total number of participant families who through receipt of services provided by the agency’s CSBG program(s) were able to maintain housing and/or were not evicted or subject to foreclosure. |
| 1. **Number of participant families demonstrating the ability to complete and maintain a budget for a minimum 90 days.** | Total number of participant families that complete a budget and are able to maintain the income and expenditures established for 90 consecutive days. |
| 1. **Number of participants that increase savings through an IDA or other savings account.** | Total number of participant families who increase savings through an Individual Development Account or other savings account within a financial institution. |
| 1. **Aggregate amount of participant families’ savings through IDA or other savings accounts.** | This measure does not require a target.  The dollar amount represents the sum total of dollars saved by participant families through an Individual Development Account or other savings account within a financial institution. |

**Appendices**

**Appendix A “Certification of Eligibility Documents”**

Applicants must include all of the documents listed under **Certification of Eligibility Documents**, in the order that they are listed. Applicants must provide an explanation for any item that is marked “No.”

**Appendix B “Additional Documents”**

Applicants can provide any or all of the documents listed below. Also, applicants have the option to submit other documents they may deem appropriate or relevant for the consideration of the Review Team.

* Letters of Support
* Endorsements
* Agreements
* Annual Report
* Other Documents