***Community Services Block Grant Program***

**Request for Designation Consideration Application to become an Eligible**

**Community Services Block Grant Entity**

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| **Agency Information Cover Page** |
| Agency: |  |
| Federal I.D. |  |
| DUNS Number: |  |
| Administrative Office Address: |  |
| Mailing Address (include the 4-digit zip code extension): |  |
| Telephone Number: |  |
| Fax Number: |  |
| Board Chairperson: |  |
| Board Chairperson’s Address:(where communications should be sent) |  |
| Executive Director: |  |
| Executive Director Email Address: |  |
| Agency Fiscal Officer: |  |
| Fiscal Officer Email Address: |  |
| Counties Served to be with CSBG funds: |  |

**Submit to:**

Marionna C. Poke Stewart

North Carolina Department of Health and Human Services

Office of Economic Opportunity

 2420 Mail Service Center / Raleigh, North Carolina 27699-2420

919-527-6250

#### Board Powers and Composition

The Board of Directors has, at a minimum, the power to:

(If no, attach an explanation.) YES NO

1. Appoint Executive Director \_\_\_ \_\_\_

2. Determine personnel, organization, fiscal and program policies \_\_\_ \_\_\_

3. Determine overall program plans and priorities \_\_\_ \_\_\_

4. Make final approval of all programs, proposals and budgets \_\_\_ \_\_\_

5. Enforce compliance with all grant conditions \_\_\_ \_\_\_

6. Ensure the extent and quality of participation of the poor in the

 planning and evaluation of programs \_\_\_ \_\_\_

Are any of the above powers subject to concurrence, veto, or modification by any other local official or authority, other than by delegation by the governing board?

(If yes, explain in the space provided below) \_\_\_ \_\_\_

Are any of the above powers delegated?

(If yes, explain in the space provided below)  **\_\_\_ \_\_\_**

**Board Membership**

Total number of Board of Directors seats per bylaws: **\_\_\_\_\_\_\_\_**

**Members of the Board of Directors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name/ Office** **[if applicable]** | **Address** | **County** | **Date Seated** | **DateTerm Expires** |
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**Assurances**

The undersigned, Chairperson of the Board of Directors of (enter name of the agency), hereby assures and certifies that:

1. Funds made available pursuant to this designation will be used:

 (A) To support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.), homeless families and individuals, migrant or seasonal farmworkers, and elderly low-income individuals and families to enable the families and individuals to:

1. remove obstacles and solve problems that block the achievement of self-sufficiency (including self-sufficiency for families and individuals who are attempting to transition off a state program carried out under part A of title IV of the Social Security Act);
2. secure and retain meaningful employment;

(iii) attain an adequate education, with particular attention toward improving literacy skills of the low-income families in the communities involved, which may include carrying out family literacy initiatives;

(iv) make better use of available income;

1. obtain and maintain adequate housing and a suitable living environment;
2. obtain emergency assistance through loans, grants, or other means to meet immediate and urgent family and individual needs; and
3. achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to document best practices based on successful grassroots intervention in urban areas, to develop methodologies for widespread replication; and strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;

Assurances (continued)

2. Subsequent to Designation as an Eligible Entity, the Board of Directors will be selected by the agency and will be constituted so as to assure that:

 (A) The Board of Directors is composed of at least 15 members and no more than 51;

 (B) Board membership is as follows:

1. one-third are elected public officials, currently holding office, or their representatives, except that if the number of elected officials reasonably available and willing to serve is less than one-third of the membership of the Board, membership on the Board of appointive public officials may be counted in meeting the one-third requirements;
2. at least one-third of the members are persons chosen in accordance with democratic selection procedures to assure that they are representative of the poor in the area served;
3. the remainder of the members are officials or members of business, industry, labor, religious, welfare, education, or other major groups and interests in the community.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Board Chairperson Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Typed or Printed Name of Board Chairperson**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency**

**Program Narrative**

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.

* **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.
1. **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 exists; 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*)**

1. **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**

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| **Section I: Project Identification** |
| 1. Project Name: |  |
| 2. Project One-Year Objective: |  |

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| **Section II: One-Year CSBG Program Activities** |
| Activities | Position Title(s) | Numbers to be Served or Implementation Schedule |
|  | First Quarter | SecondQuarter | ThirdQuarter | FourthQuarter |
| Total Number of Participants to Be Served: |  |  |  |  |  |
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**Community Services Block Grant Program**

 **One-Year Work Plan (continued)**

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| **Section II: One-Year CSBG Program Activities**  (continued) |
| Activities | Position Title(s) | Numbers to be Served or Implementation Schedule |
|  | First Quarter | SecondQuarter | ThirdQuarter | FourthQuarter |
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**One-Year Work Program**

**Outcome Measures**

Use the table below to enter your agency’s targeted outcome results. Please refer to *Performance Measures and Definitions* on pages 7-9 of the *Community Services Block Grant Request for Designation Consideration Application Instructions*.

|  |
| --- |
| **Table 1****Outcome Measures for (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 in the agency’s year-end report. |
| The average wage rate of employed participant families. | This measure does not require a target, but must be reported in the agency’s year-end report. |
| (Add measures as applicable. Refer to pages 7-9 of the Instructions for guidance.) |  |
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| **Appendix A****Certification of Eligibility Documents** |
| **Item** | **Yes** | **No\*** |
| Articles of Incorporation |  |  |
| Audit or Schedule of Grantee Receipts and Expenditures Report and Certification and Sworn Statement |  |  |
| Fidelity Bond |  |  |
| Agency Bylaws |  |  |
| Agency Personnel Policies and Procedures Manual |  |  |
| Agency Financial Policies and Procedures Manual |  |  |
| IRS 501(c)(3) Designation Letter |  |  |
| Agency Organizational Chart |  |  |
| Assurance of Compliance with Civil Rights Laws and Regulation ( Non-Discrimination Policy) |  |  |
| Resolution from the Board of County Commissioners(Required if selected) |  |  |
| Resolution from the Board of Directors |  |  |
| Certification of Accounting System |  |  |
| Indirect Cost Rate Agreement |  |  |
| Cost Allocation Plan |  |  |
| Job Descriptions and Resumes of Executive Director and Finance Officer  |  |  |
| Certification of No Overdue Taxes |  |  |
| Conflict of Interest Policy |  |  |
| Agency Strategic Plan |  |  |
| Most recent monitoring evaluation/correspondancefrom the agency’s two largest funders |  |  |

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**\*Please provide an explanation for any item checked NO.**

**Appendix B**

**Additional Documents**

Provide any or all the documents listed below. Also, your agency has the option to submit other documents that you deem appropriate and relevant for the consideration of the Review Team.

1. Letters of Support
2. Endorsements
3. Agreements
4. Annual Report
5. Other Documents