

FFY2020 COMMUNITY SERVICES BLOCK GRANT



APPLICATION OVERVIEW



2020 Application Cycle:

Monday, October 1, 2018 - Friday, November 2, 2018

Cobb County CDBG Program Office

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Deputy Director

October 9, 2018

CSBG Objective

The ***primary objective*** of the CSBG Program is to alleviate the causes and conditions of poverty in communities.

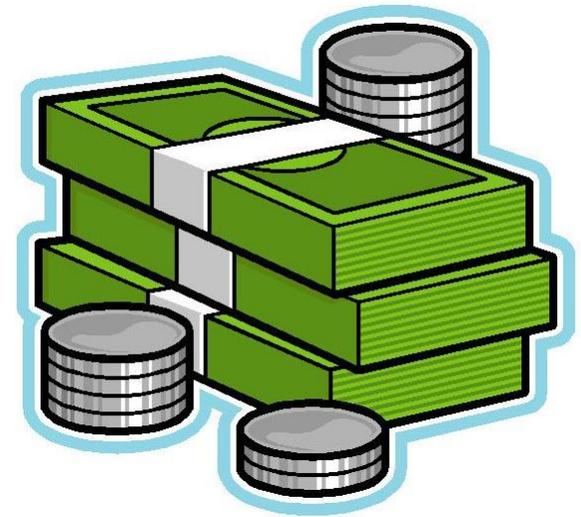
Created by the Federal Omnibus Budget Reconciliation Act of 1981.



CSBG Funding

FFY2019 CSBG Allocation for Cobb
County: **\$765,786.00**

***Proposals accepted for: “ELIGIBLE”
and “FUNDABLE” activities***



Eligible Services & Costs

■ **Eligible Services:**

- **Education** including tutoring, GED Literacy, and Parent Education
- **Emergency Services** including rental, utility, food assistance
- **Health** including medical and dental assistance
- **Nutritional Meal Programs**
- **Income Management** and Credit Recovery
- **Housing** Placement
- **Self Sufficiency** to include employment and job retention, transportation, day care services

■ **Eligible Costs:**

- Labor, supplies and materials
- Operations and maintenance of facility where service occurs
- Payments related to the provision of eligible services
- Cannot just provide operational support to nonprofits
- Must document costs



Client Eligibility



Clients must meet the following criteria to be eligible for services:

U.S. Citizen or
legally-admitted alien



Cobb County
resident



Household income not to
exceed 125% of the ⁵
Federal Poverty Guideline

Income Eligibility

CSBG MAXIMUM HOUSEHOLD INCOME LIMITS

COBB COUNTY CSBG PROGRAM

Effective: February 1, 2018

PERSONS IN FAMILY/ HOUSEHOLD	125% FEDERAL POVERTY GUIDELINE
1	\$15,175
2	\$20,575
3	\$25,975
4	\$31,375
5	\$36,775
6	\$42,175
7	\$47,575
8	\$52,975
*For each additional household member beyond eight (8) add \$5,400	

Source: HHS Federal Poverty Guidelines; Federal Register, Document Number 2018-00814

CSBG Program Requirements

Subrecipients must adhere to the following program requirements:

- Monthly Programmatic & Expenditure Reports are mandatory (even if no activity has occurred)
- Data management through EasyTrak
- Reimbursable Grant (full documentation of all expenses must be included)
- Subject to annual monitoring



Application Overview



Application Submission

- Checklist details submission requirements and necessary documentation
- 1 **original** application with attachments & 1 **copy** with attachments should be submitted to the Cobb County CDBG Program Office no later than **4:00 p.m. on Friday, November 2, 2018.**
- Label all attachments to correspond with checklist
- Must submit audit or audited financial statements

Submission Requirements	Documentation	Check if Enclosed
1. The applicant must a. have nonprofit status for at least one (1) full year, or b. have two (2) full years of operating experience under another nonprofit entity, or c. be a local governmental entity or agency (governmental agencies can skip to line 5)	ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant	<input type="checkbox"/>
2. The applicant must be registered to conduct business in the State of Georgia at the time of application. (Not applicable to governmental agencies)	ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov	<input type="checkbox"/>
3. The applicant must have an audit or audited financial statements (if budget is less than \$25,000 annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each audited financial statement must be submitted with the application. Reviews and Compilations will not be accepted. Audit findings will make the applicant ineligible to receive assistance. (Not applicable to governmental agencies)	ATTACHMENT 3: Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable.	<input type="checkbox"/>
4. Non-profit organizations must have an active Board of Directors within the last 12 months. (Not applicable to governmental agencies)	ATTACHMENT 4: Provide list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of Conflict of Interest Statement from the Board of Directors.	<input type="checkbox"/>
5. The applicant must have at least twenty-four (24) months experience directly related to the proposed project or program.	ATTACHMENT 5: Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant's previous related program activities.	<input type="checkbox"/>
6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.	ATTACHMENT 6: Provide a copy of the agency's written financial management procedures, and a current organization chart.	<input type="checkbox"/>
7. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker's Compensation	ATTACHMENT 7: Provide a copy of Certificate of Insurance.	<input type="checkbox"/>
8. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit www.sam.gov	ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management.	<input type="checkbox"/>

All submitted materials will be used in determining the organization's eligibility for funding.

Application Sections 1-4

I. AGENCY INFORMATION			
Agency Name:			
Mailing Address:			
Telephone Number:		Email:	
Contact Person:		Title:	
DUNS Number:		Tax ID #:	
II. PROGRAM INFORMATION			
Program Title:			
Program Location:			
Program Category:			
III. REQUESTED FUNDING			
Total Program Cost:			
Total CSBG Amount Requested:			
Percentage of CSBG Investment: <i>(CSBG Amount Requested/ Total Program Cost)</i>			
IV. ORGANIZATION INFORMATION			
1. What is your organization's mission statement?			
2. How long has the Organization existed in its current form?			
3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A?			
4. How many years has the Organization conducted the project/program for which it is requesting funding?			

Important: Requested Funding

The total amount requested should match the amount listed on the Budget Sheet.

Important: Program Category

Should be an eligible CSBG Activity (*i.e. education, employment, health & social development, housing, income management or self-sufficiency/ multiple domain*).

Application Sections 5-6

V. ORGANIZATION CAPACITY	
1. What percentage of the Organization's budget is grant funded?	
2. How many program staff persons are dedicated to this project (i.e. Case Managers, Intake Coordinators)?	
3. Does the organization have administrative staff (i.e. Accountants, Executive Director) dedicated to this grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has the organization secured funding for the administrative staff for this project?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Important: Organizational Capacity
 Organization list number and names of key staff for the requested project.

VI. TARGET POPULATION	
<i>CSBG eligible clients must have a household income of 125% of the Federal Poverty Guidelines, reside in Cobb County, and have proof of citizenship.</i>	
1. Describe the target population/category of persons to be served in Cobb County: (i.e. seniors 62+, homeless, abused children or women, or persons with disabilities):	
2. Please provide the actual number of persons to be served:	
3. Please describe how your organization will verify and document income for the proposed persons or households to be served:	

Important: Target Population
 The target population should clearly identify the category of persons to be served (i.e. seniors 62+, homeless, abused children or women or persons with disabilities).

Application Section 7

VII. SERVICES & PROJECTED OUTCOMES							
Select the proposed services from the drop-down boxes below. Then, indicate the number of outcomes projected for the 2020 Program Year. Eligible CSBG Services are grouped into six (6) Service Categories: Education, Employment, Health and Social Developmental, Housing, Income Management and Asset Building, and Multiple Domains. <i>Select no more than a total of three (3) proposed services from the drop-down boxes below.</i>							
Service Category	Services	Projected Outcomes	Services	Projected Outcomes	Services	Projected Outcomes	Projected Outcomes
Example: This Program provides rental assistance with case management & crisis intervention services.	Multiple Domains: Case Management (measured in individuals)	25	Housing: Rent Payments (Including Emergency Rent Payments) (measured in households)	25	Multiple Domains: Crisis Counseling/Intervention (measured in households)		10
Employment	Choose an Item		Choose an item.		Choose an item.		
Education	Choose an Item		Choose an item.		Choose an item.		
Income Management	Vocational Training On-the-job Skills Train Apprenticeships/Intern Job Readiness Traini		Choose an item.		Choose an item.		
Housing	Career Counseling W		Choose an item.		Choose an item.		
Health & Social Development	Career Coaching (me Resume Developmen Interview Skills Traini		Choose an item.		Choose an item.		
Self Sufficiency/ Multiple Domains	Job Placements (mea Choose an Item		Choose an item.		Choose an item.		
Provide the projected outcome total for next three (3) years. Use the total projected outcomes number from the table above for the 2019 Program Year.							
Example: The total number of outcomes for case management, emergency rent, & crisis intervention services is 60.							
Example:	2020	60	2021	65	2022	70	
Proposed:	2020		2021		2022		
Describe program accomplishments by outlining the outcomes and outputs of the previous two (2) years.							

Important: Services & Projected Outcomes
 Select the proposed services (eligible CSBG activities) from the drop down boxes and indicate the number of outcomes projected for the 2020 Program Year.

Application Section 8

VIII. NARRATIVE
Please provide a detailed description to the following questions:
1. Outline the methods and provide supporting data used to identify the need(s) for the proposed program (i.e. community input, surveys, input from other agencies).
2. Identify the methods used to determine client eligibility for services, including case management protocols from intake to the closeout of cases.
3. Please discuss any experience your organization has in reporting, record-keeping requirements and system(S); in place to track family and agency outcomes.

Important: Narrative
Provide details regarding the organization's experience with record-keeping.

Application Section 9

IX. BUDGET PROPOSAL			
Complete the following budget:			
Individual financial items grouped by cost centers and their eligible expenses.	Line item statement of requested CSBG funds.	Line Item statement of other funds used to carryout program activities.	The sum of CSBG funds and other funds.
LINE ITEMS	CSBG FUNDS	OTHER FUNDS	TOTAL FUNDS
1.1 Salary/Wages: Total compensation paid for the direct CSBG program activity labor of persons employed by the agency.			
1.2 Fringe Benefits (Employer Share): Employer's portion of health insurance, life insurance, retirement contributions, unemployment and other taxes, and disability benefits, including payroll taxes paid by the employer.			
2.1 Travel: Costs may be either in-state or out-of-state and include agency vehicle related expenses and employee.			
2.2 Consumable Supplies: Supplies used by clients, including personal articles such as clothing, bedding, toiletries, etc., used or consumed directly by clients benefitting from the CSBG program.			
2.3 Rent/Maintenance: The actual payment of rental costs to a third party for use of the facility and property. Operation costs, such as cost of utilities, security, janitorial service, pest extermination, and refuse collection services.			
2.4 Insurance & Bonding: Insurance premiums for all types of insurance which protect the recipient against loss.			
2.5 Transportation: Postage including stamps and special handling costs, freight and express mail charges, and any other costs of transporting materials, documents, or communications.			
2.6 Other: Printing, employee development, telephone and postage, including any benefits expected to be paid by your agency directly to vendors on behalf of eligible clients.			
3. Indirect Cost (%) Appl. to CSBG: Percentage rate approved by cognizant agency as applied to approved federal fund expenditure base.			
3.1 Admin. Cost - Other Fund Source: General management of the grantee organization, such as strategic direction, Board development, Executive Director functions, accounting, budgeting, personnel, procurement, and legal services.			
4. Equipment: Non-expendable personal property with a unit cost of \$5,000 or more and having a useful life of more than one year.			

Important: Budget

Identify the amount of CSBG funds requested and the amount of secured funds for the project. The total funds should equal the amount of CSBG funds requested and secured funds for the project. The total amount requested should match the amount listed in Section III of the application.

Application Section 10

X. BUDGET PROPOSAL NARRATIVE

1. For each line item listed in your budget, provide a detailed description of how CSBG funds will be used to support your program.

2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years for this project.

Important: Budget Narrative:
Describe in detail how will grant funds be used to support your program.

Application Section II

XI. CONFLICT OF INTEREST ACKNOWLEDGEMENT	
Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.	
Do any family relationships (by blood or marriage) exist between staff in your organization and/or Cobb County Board of Commissioners? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.	
ACKNOWLEDGED RESPONSIBILITY TO ABIDE BY ALL DHS AND COBB COUNTY REQUIREMENTS	
The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by Omnibus Reconciliation Act of 1981, P.L. 97-35, and Community Service Block Grant Act, as amended in 1998 by the "Coates Human Services Reauthorization Act of 1998, P.L. 105-285 and Cobb County. Please select the following link to comprehensively review the CSBG regulations: https://www.acf.hhs.gov/ocs/resource/csbg-statute-and-regulations Yes <input type="checkbox"/> No <input type="checkbox"/>	
CERTIFICATION	
I certify that the applicant agency meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with all federal requirements. I also certify that the organization is a certified IRS 501(c) (3) non-profit or governmental agency. I agree to adhere to the above provisions for all programs receiving assistance from the Georgia Department of Human Services. All board and staff members have disclosed any potential conflicts of interests that could violate CSBG Program regulations <u>at this time</u> or at a later date. I further certify that I have reviewed the contents of this application and deem them to be accurate and true.	
<i>Authorized Representative</i>	
Signature	Date
Printed Name	Title

Important: Conflict of Interest - Please check the appropriate boxes regarding Conflict of Interest and Acknowledgement of Responsibility.

Organizations with a relationship with Board or BOC will not be excluded from funding.

Important: Authorized Representative

Remember to sign and date your application.

**Please contact us with any questions you have
regarding your application.**

**CDBG Program Office Main Phone
770-528-1455**

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