

**Federal Fiscal Year 2021**

# **COMMUNITY SERVICES BLOCK GRANT APPLICATION**



**Cobb County CDBG Program Office**  
192 Anderson Street, Suite 150  
Marietta, GA 30060

**Application Cycle begins Tuesday, October 1, 2019 and  
ends at 4:00 p.m. on Friday, November 1, 2019**



## SUBMITTAL INSTRUCTIONS

Please provide one (1) original application with attachments & one (1) application copy with attachments to the Cobb County CDBG Program Office no later than 4:00 p.m. on Friday, November 1, 2019. Please label all attachments.

### CHECKLIST

| Submission Requirements   | Documentation   | Check if Enclosed        |
|---|---|--------------------------|
| 1. The applicant must<br>a. have nonprofit status for at least one (1) full year,<br>or<br>b. have two (2) full years of operating experience under another nonprofit entity, or<br>c. be a local governmental entity or agency<br>(governmental agencies can skip to line 5)   | <b>ATTACHMENT 1:</b> 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)   | <b>ATTACHMENT 2:</b> Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: <a href="http://www.sos.ga.gov">www.sos.ga.gov</a>   | <input type="checkbox"/> |
| 3. The applicant must have an audit or <b>audited</b> financial statements (if budget is <b>less than \$25,000</b> annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each <b>audited</b> financial statement must be submitted with the application. <b>Reviews and Compilations will not be accepted.</b> Audit findings will make the applicant ineligible to receive assistance. (Not applicable to governmental agencies) | <b>ATTACHMENT 3:</b> Provide one copy each of the last two most recent audited financial statements that meet the criteria described.   | <input type="checkbox"/> |
| 4. Non-profit organizations must have an active Board of Directors within the last 12 months. (Not applicable to governmental agencies)   | <b>ATTACHMENT 4:</b> 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.   | <b>ATTACHMENT 5:</b> Resumes of principal staff and personnel directly working on the project; including descriptions of the applicant's previous related program activities provided.  | <input type="checkbox"/> |
| 6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.   | <b>ATTACHMENT 6:</b> 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   | <b>ATTACHMENT 7:</b> 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 <a href="http://www.sam.gov">www.sam.gov</a>  | <b>ATTACHMENT 8:</b> Provide proof of registration with the U.S. System for Award Management.   | <input type="checkbox"/> |
| 9. The contract period for the project, if approved, will begin October 1, 2020 and ends on September 30, 2021.   | <b>ATTACHMENT 9:</b> Provide a projected timeline of proposed activities.   | <input type="checkbox"/> |

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



## Community Services Block Grant Program Overview

The Community Services Block Grant (CSBG) is a federally funded program that provides formulaic grants to alleviate the conditions of poverty in communities. The objective of CSBG is to address the causes of poverty by implementing programs and services that empower low-income families and individuals, revitalize low-income communities, and improve the economic self-sufficiency of low-income customers.

CSBG funding supports projects that:

- Lessen poverty in communities
- Address the needs of low-income individuals including the homeless, migrants and the elderly
- Provide services and activities addressing employment, education, better use of available income, housing, nutrition, emergency services and/or health

Typically, CSBG funds are being used for the following types of programs:

- **Education** - vocational skills training, cultural opportunities for disadvantaged children, GED assistance for high school dropout, adult and youth literacy training.
- **Employment** - job creating economic development programs which result in the employment and self-sufficiency of low-income persons.
- **Health & Social Development** - health related activities including transportation to medical services, medical and dental screening, immunizations, prevention and treatment assistance and medication/prescriptions and other related services.
- **Housing** - includes aid to renters seeking a residence, landlord/tenant rights education and arbitration
- **Income Management** - programs to encourage better use of available income that includes family budget counseling, financial management, credit, income taxes and social security.
- **Self-Sufficiency/Multiple Domain** -comprehensive family case management programs that promote, empower and nurture family members toward self-sufficiency.

Annually, the Cobb County CDBG Program Office requests proposals from local non-profit organizations and government entities to carry out eligible activities in the County. This funding application is for the period beginning October 1, 2020 through September 30, 2021.

A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the Chairman and Cobb County Board of Commissioners (BOC). Recommendations for grant awards will be provided upon release of Cobb County's FFY2021 CSBG allocation.



In order for a project or program to qualify for CSBG funds, all program beneficiaries must be 125% or below the Federal Poverty Guidelines. The following table reflects the current Federal Poverty Guidelines income limits for one- to eight person households.

**2019**  
**125% FEDERAL POVERTY GUIDELINES (FPG)**  
**ANNUALLY, MONTHLY & WEEKLY INCOME LEVELS**  
*Effective: February 1, 2019*

| FAMILY SIZE | ANNUALLY | MONTHLY | WEEKLY  |
|-------------|----------|---------|---------|
| 1           | \$15,613 | \$1,301 | \$300   |
| 2           | \$21,138 | \$1,762 | \$406   |
| 3           | \$26,663 | \$2,222 | \$513   |
| 4           | \$32,188 | \$2,682 | \$619   |
| 5           | \$37,713 | \$3,143 | \$725   |
| 6           | \$43,238 | \$3,603 | \$831   |
| 7           | \$48,763 | \$4,064 | \$938   |
| 8           | \$54,288 | \$4,524 | \$1,044 |
| Each Add 'l | \$5,525  | \$460   | \$106   |



| 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?                  |  |           |  |
| 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>(i.e. Case Managers, Intake Coordinators)</i> ?        |  |           |  |
| 3. Does the Organization have administrative staff <i>(i.e. Accountants, Executive Director)</i> 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"/> |           |  |



## VI. TARGET POPULATION

**CSBG eligible clients must have a household income of 125% of the Federal Poverty Guidelines, reside in Cobb County, and have proof of citizenship.**

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:

## VII. SERVICES & PROJECTED OUTCOMES

Select the proposed services from the drop-down boxes below. Then, indicate the number of outcomes projected for the 2021 Federal Fiscal 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. **Select no more than a total of three (3) proposed services from the drop-down boxes below.**

| Service Category   | Services  | Projected Outcomes | Services  | Projected Outcomes | Services  | Projected Outcomes |
|--|---|--------------------|---|--------------------|---|--------------------|
| <b>Example:</b> This Program provides rental assistance with case management & crises 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  | Choose an item.   |                    | Choose an item.   |                    | Choose an item.   |                    |
| Housing  | Choose an item.   |                    | Choose an item.   |                    | Choose an item.   |                    |
| Health & Social Development  | Choose an item.   |                    | Choose an item.   |                    | Choose an item.   |                    |
| Self Sufficiency/ Multiple Domains   | 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 2021 Federal Fiscal Year.

**Example:** The total number of outcomes for case management, emergency rent, & crisis intervention services is 60.

|                  |             |           |             |           |             |           |
|------------------|-------------|-----------|-------------|-----------|-------------|-----------|
| <b>Example:</b>  | <b>2021</b> | <b>60</b> | <b>2022</b> | <b>65</b> | <b>2023</b> | <b>70</b> |
| <b>Proposed:</b> | <b>2021</b> |           | <b>2022</b> |           | <b>2023</b> |           |



Describe program's accomplishments by outlining the outcomes and outputs of the previous two (2) years.

## 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.



| 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.  |  |   |  |
| 5. Subcontract: Professional and technical services needed for the operation of the CSBG funded program.  |  |   |  |





**X. BUDGET PROPOSAL NARRATIVE**

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

2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three (3) years for this project.



# **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 ☐ No ☐

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 ☐ No ☐

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 ☐ No ☐

## **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 at this time 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.

### **Authorized Representative**

|  |
|--|
|  |
|--|

|                     |              |
|---------------------|--------------|
| <b>Signature</b>    | <b>Date</b>  |
|                     |              |
| <b>Printed Name</b> | <b>Title</b> |