



CSBG CARES ACT APPLICATION

APPLICATION CYCLE: Friday, June 5, 2020 - Friday, June 26, 2020

CSBG CARES ACT OVERVIEW

Cobb County has been awarded CSBG funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) from the GA Department of Health Services. The funds authorized under the CSBG CARES Act are intended to address the consequences of increasing unemployment and economic disruption as a result of COVID- 19. Cobb County's CSBG CARES Act allocation is \$1,119,234.

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 COVID 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

The Community Service Block Grant provides core funding to local agencies to reduce poverty, revitalize low-income communities, and to empower low-income families to become self-sufficient. The Program provides support for nonprofit agencies that provide services for low-income persons in Cobb. Eligible households include those whose incomes are at or below 200 percent of the federal poverty level, as defined by the Office of Management and Budget.

Eligible services provided by CSBG approved agencies include, but are not limited to:

- **Employment Services:** Internships, Skills Training, Job Search, and Employment
- **Education Services:** Child/ Youth Programs, School Supplies, and Adult Education Programs
- **Support Services covering Multiple Domains:** Case Management, Childcare Payments, Transportation Assistance, Documents Assistance, and Re-entry Services.
- **Housing Services:** Housing Placement (including Emergency Shelter), Eviction Prevention, and Utility Assistance
- **Health/Mental/ Social/Behavioral Services:** Health Assessments and Screenings, Support Groups, Dental Services, and Family Development Skills
- **Income and Asset Building Services:** Counseling Services, Benefits Coordination, and Asset Building

Eligibility for CSBG COVID-19 funds effective as of April 1, 2020.

Family Size*	200% of Poverty Guideline
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
*For each additional household member beyond eight (8) add \$8,960.00.	

1. AGENCY INFORMATION

Agency Name

Mailing Address

Telephone Number

Email

Title

Contact Person:

DUNS Number

Tax ID #

2. PROGRAM INFORMATION

Program Title:

Program Location

Program Category

3. REQUESTED FUNDING

Total Program Cost

Total CSBG Amount Requested

Percentage of CSBG CARES Investment: (CSBG CARES Amount Requested/ Total Program Cost)

4. ORGANIZATION INFORMATION

What is your

Organization's mission statement?

How long has the

Organization existed in its current form?

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?

5. 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?

4. Has the Organization

secured funding for the

administrative staff for this

project?

6. TARGET POPULATION

CSBG CARES eligible clients must have a household income of 200% 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:

1. Please describe how

your Organization will

verify and document

income for the proposed

persons or households to

be served:

7. SERVICES & PROJECTED OUTCOMES

Select the proposed services from the list below, NO MORE THAN 3 SERVICE PER CATEGORY. Then, indicate the number of outcomes projected for the CSBG CARES funding (please scroll the bar to the right for selections of each service category).

Select services for Education

Employment	<input type="text"/>	<input type="text"/>
Education	<input type="text"/>	<input type="text"/>
Income Management	<input type="text"/>	<input type="text"/>
Housing	<input type="text"/>	<input type="text"/>
Health & Social Development	<input type="text"/>	<input type="text"/>
Self Sufficiency/ Multiple Domains	<input type="text"/>	<input type="text"/>

8. Indicate the number of outcomes projected for the CSBG CARES Program for the services.

Employment	<input type="text"/>
Education	<input type="text"/>
Income Management	<input type="text"/>
Housing	<input type="text"/>
Health & Social Development	<input type="text"/>
Self Sufficiency/ Multiple Domains	<input type="text"/>

9. Provide the projected outcome total for next three (3) years. Use the total projected outcomes number from the table above for the CSBG CARES Program.

2021	<input type="text"/>
2022	<input type="text"/>
2023	<input type="text"/>

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

11. NARRATIVE

Please provide a detailed description to the following questions:

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

Identify the methods used to determine client eligibility for services, including case management protocols from intake to the closeout of cases.

Please discuss any experience your Organization has in reporting, record-keeping requirements and system(s); in place to track family and agency outcomes.

12. BUDGET PROPOSAL

Complete the following budget. Please line item statement of requested CSBG funds with other funds and Sum the total of CSBG+other 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.

13. BUDGET PROPOSAL NARRATIVE

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

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

14. ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant

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)

No file chosen

15. ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov

The applicant must be registered to conduct business in the State of Georgia at the time of application. (Not applicable to governmental agencies)

No file chosen

16. ATTACHMENT 3: Provide one copy each of the last two most recent audited financial statements that meet the criteria described.

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)

No file chosen

17. 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.

Non-profit organizations must have an active Board of Directors within the last 12 months. (Not applicable to governmental agencies)

No file chosen

18. ATTACHMENT 5: Resumes of principal staff and personnel directly working on the project; including descriptions of the applicant's previous related program activities provided.

The applicant must have at least twenty-four (24) months experience directly related to the proposed project or program.

No file chosen

19. ATTACHMENT 6: Provide a copy of the agency's written financial management procedures, and a current organization chart.

The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.

No file chosen

20. ATTACHMENT 7: Provide a copy of Certificate of Insurance.

Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker's Compensation

No file chosen

21. ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management.

Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit www.sam.gov

No file chosen

22. ATTACHMENT 9: Provide a projected timeline of proposed activities.

The contract period for the project, if approved, will begin October 1, 2020 and ends on September 30, 2021.

No file chosen

23. 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. Other (please specify)

24. 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.

25. 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

26. 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.

Signature

Title

27. Date/ Time

Date / Time

Date		Time		AM/PM
<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>	<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>