

Housekeeping

Please mute your phone/computer.



Technical Difficulties? Try exiting the webinar and logging back in.



Please sign-in the chat box with your name and organization name.



Use the chat box to ask questions.



CSBG CARES Program Overview

Cobb County has been awarded CSBG Supplemental funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) from the GA Department of Human Services. The funds authorized under the CSBG CARES Act are intended to address the unmet needs from the impact of the COVID-19 disaster.

Cobb County's CSBG CARES Act allocation is \$99,219.00.

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

Minimum Applicant Requirements

1. Nonprofit status for at least one (1) full year, or two (2) full years of operating as a subsidiary (a corporation owned or controlled in whole or in part) of a nonprofit entity, or a local governmental entity or agency within Cobb County.
2. Verification of registration with the Georgia's Secretary of State Office at the time of application.
3. Verification of registration with the U.S. System for Award Management and be free from debarment.
4. An active Board of Directors within the last 12 months.
5. 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. Audit findings will make the applicant ineligible to receive assistance.
6. Written copy of financial management procedures, including staff responsibilities and required procedures.
7. At least twelve (12) months experience directly related to the proposed project or program.
8. Proof of insurance for the following types of insurance, as applicable for services provided: General Liability, Auto Liability, and Worker's Compensation

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
Federal Poverty Guideline

CSBG MAXIMUM HOUSEHOLD INCOME LIMITS

**Federal Poverty Guidelines
Effective April 1, 2020**

FAMILY SIZE	125% OF POVERTY GUIDELINES
1	\$15,900
2	\$21,550
3	\$27,150
4	\$32,750
5	\$38,350
6	\$43,950
7	\$49,550
8	\$55,150
*For each additional household member beyond eight (8) add \$5,600	

Source: U.S. Department of Housing and Urban Development (HUD) <https://www.hudexchange.info>

Survey Monkey Apply Registration Overview



Application Registration Instructions

ALL APPLICANTS MUST REGISTER TO APPLY

- When a user registers to a SurveyMonkey Apply site as an applicant, an account is created for them within the SM Apply database.
- However, **registration is site-specific**. Therefore, even if the user has an account within SM Apply they will need to re-register for our site.
- When registering, applicant must ensure that the password that they enter and confirm **matches the password that exists within SM Apply**. If necessary, they will also be able to reset their password during this process.
- Once they have been registered, an account will be created for them within our site and they will be able to login in the future. If a password is reset for the profile, the updated password will be applied to **all** sites where the profile exists.

Application Registration Instructions

First-time applicants should select the “Register” button to access the application

2022 CSBG CARES ACT GRANT APPLICATION



CSBG CARES ACT Program 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. Cobb County's CSBG allocation is **\$99,219.00**

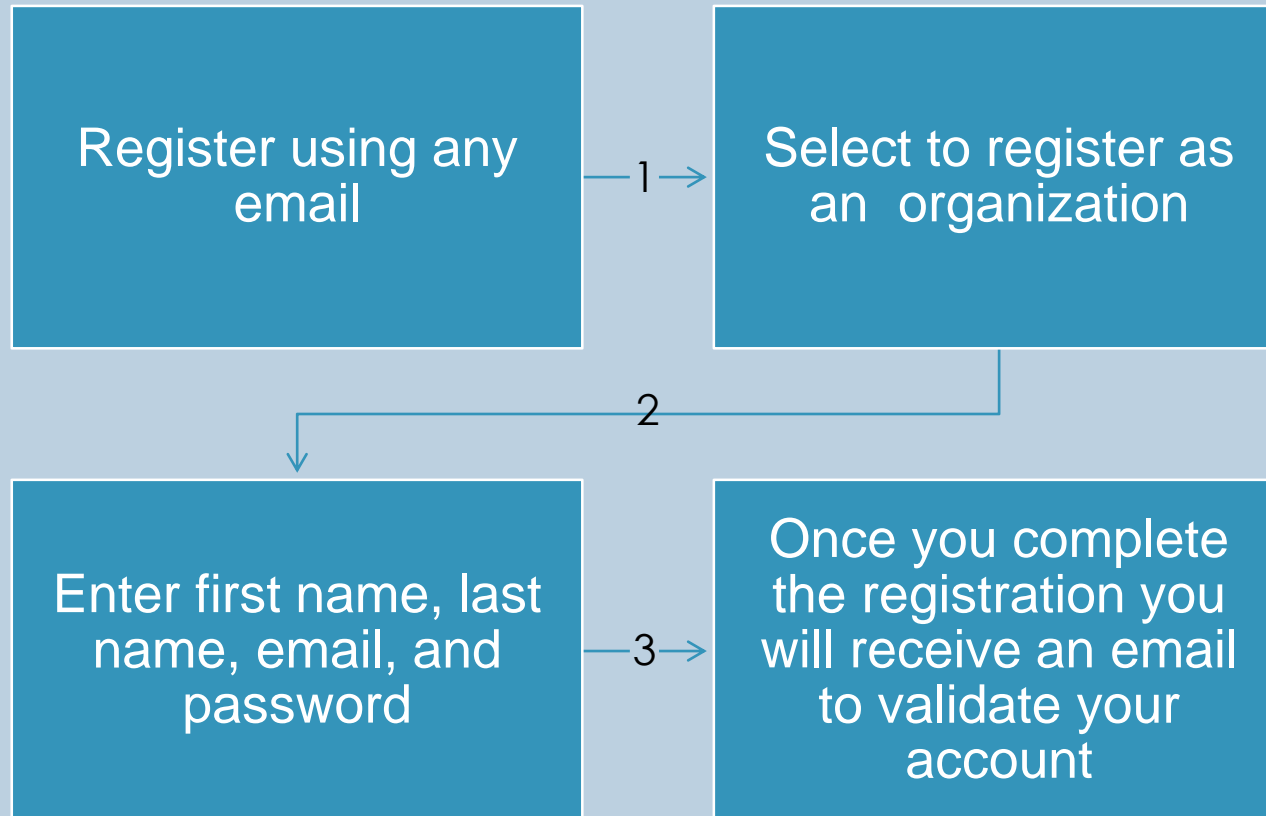
Log In

Register



Application Registration Instructions

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The screenshot shows a registration form with the following elements:

- Register with:** Social media login options for Facebook (f), Twitter, and Google (G).
- OR:** Separator between social media and standard registration.
- Registration Type:** Radio buttons for "Register as an individual" and "Register as an organization" (selected).
- First name:** Text input field.
- Last name:** Text input field.
- Email:** Text input field.
- Password:** Text input field with a strength indicator and a toggle for visibility.
- Confirm password:** Text input field with a toggle for visibility.
- Terms and Conditions:** A line of text stating "By registering for an account, you agree to our [terms of service](#) and [privacy policy](#)."
- reCAPTCHA:** A checkbox labeled "I'm not a robot" and a reCAPTCHA logo with links for "Privacy" and "Terms".
- CREATE ACCOUNT:** A prominent yellow button at the bottom.



Account Validation

Applicant will receive an email to confirm email address to validate account and a confirmation of registration email

Dear Victoria Torres,

In order to validate your SurveyMonkey Apply for the CDBG Program Office Application cycle account we require you to verify your email address.

Please click the link below to help us validate that it's really you and your account should be ready to go.

Thanks,
The SurveyMonkey Apply Team

[Confirm email address](#)



Dear Victoria Torres,

You have successfully registered for the following site, **Cobb County CDBG Program Office**, as an Applicant. You can click on the link below to take you to your Applicant portal.

Thank you,
Victoria Torres

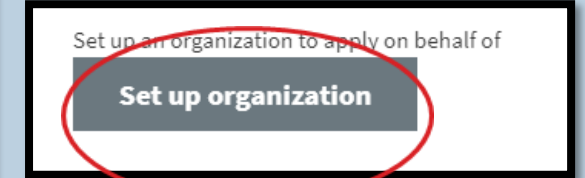
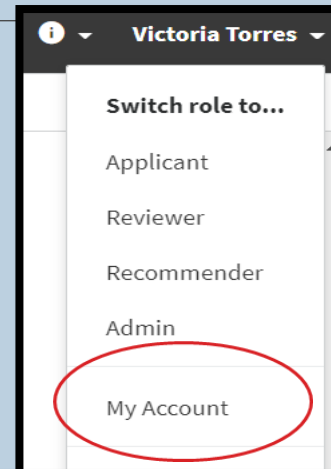
[Go to site](#)

How To Set Up An Organization

I already have an Individual Account, how do I register as an Organization?

If you are already a member of a site as an Individual and wish to register on behalf of an organization:

1. Login to your Individual account within the site
2. Click on your name in the top right corner
3. Go to **Account Settings**
4. Click **Setup Organization**
5. Complete all required fields for the organization
6. Click **Continue** to create the organization



To apply for programs on behalf of an organization, we need the following information about your organization.

Organization name

Address (optional)

City (optional)

Country (optional)

Select a country

Organization email (optional)

Welcome!

You have successfully registered for a SurveyMonkey Apply account for Cobb County CDBG Program Office

Continue to site

CONTINUE

Application Page

Click

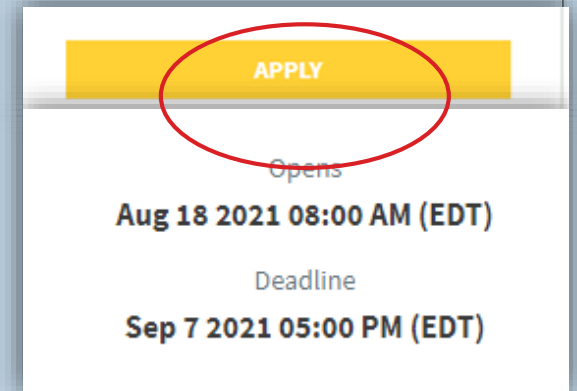
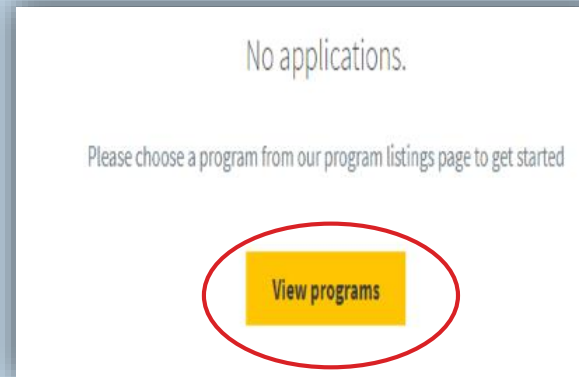
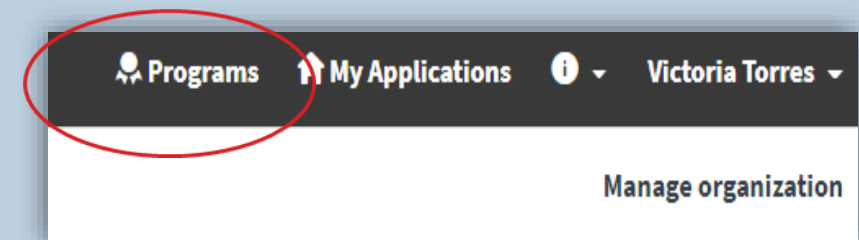
- After you register as an organization you will be directed to the home page; click programs to apply.

Name

- You will be requested to name your application the moment you click to apply to the program.

Click

- If you don't see the application on your home page, click the (Tab programs)

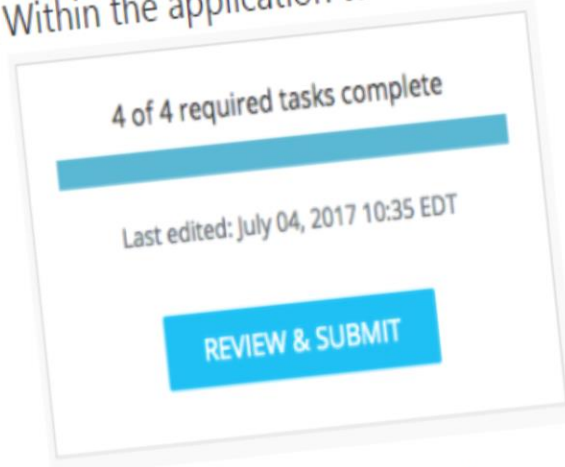
A screenshot of a dialog box titled "Name your application" with a close button (X) in the top right corner. It contains a text input field with the value "Training purpose-VT" and a character count "75 characters maximum". At the bottom right, there are two buttons: "CANCEL" and "CREATE APPLICATION".

Application Submission

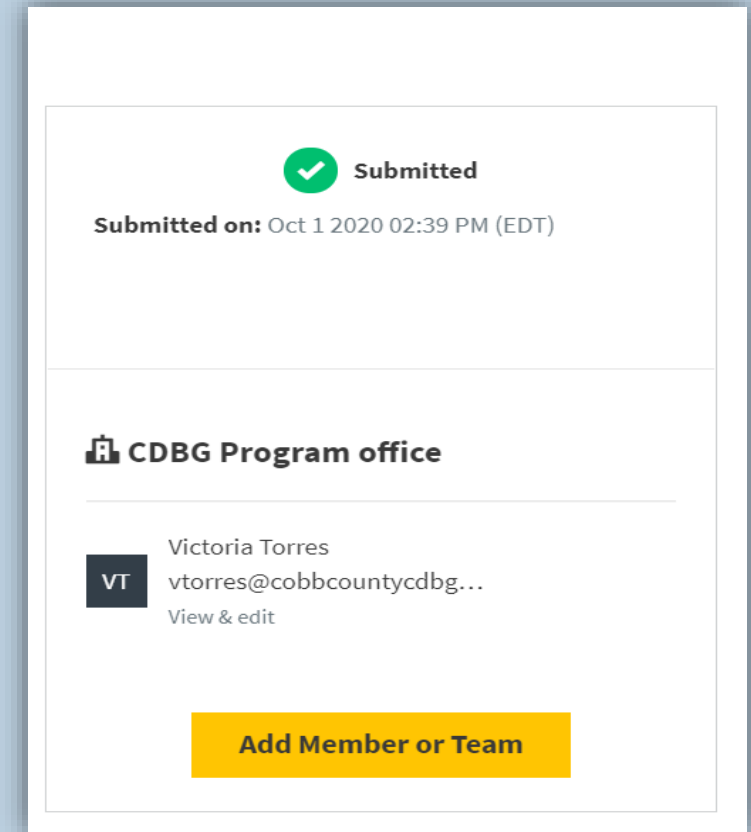
To be able to submit your application you will first need to complete all required tasks within your application.

Once all tasks are complete, submit your application by performing the following steps:

1. Within the application to submit, select **Review & Submit**



2. **Review** application materials
3. Once you've reviewed all your completed tasks, you can click to **Submit Your Application**.
4. Choose to proceed back to your applications or View More Programs.



How To Add Member To Application

Add members individually

1. Login as an organization administrator
2. Click on **Manage Organization** in the top right corner
3. Click on **Members**
4. Click on **Add Member**
5. Enter the **First Name**, **Last Name**, and **Email Address** of the member
6. Select if they will have Administrative or Non-Administrative Access. Refer to [What are the different Member Roles?](#) for more information
7. *Optional:* If you have teams created, click to add them to a team
8. *Optional:* Notify the user that you are adding them to the organization

4 Add members

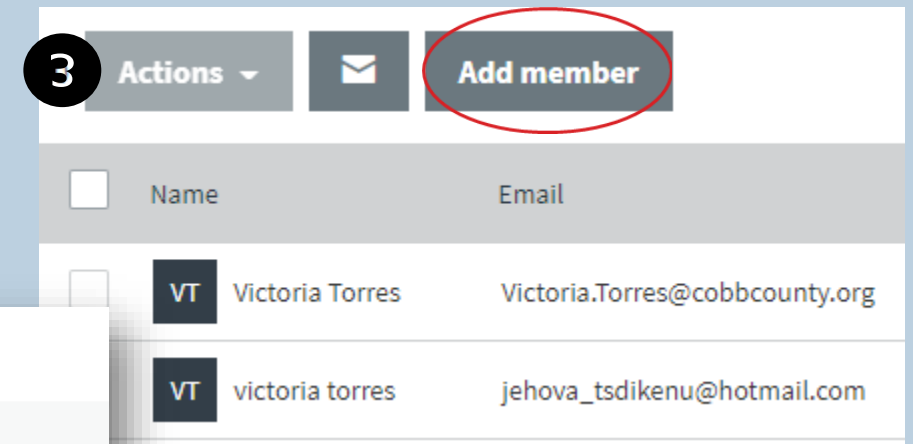
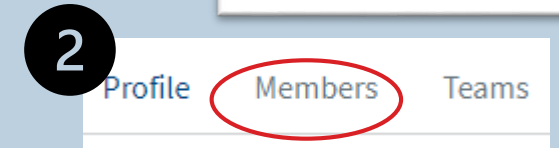
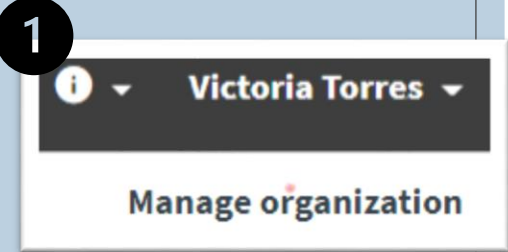
First name

Last name

Email: (required)

Role:

- ☒ Non-administrator
☐ Organization administrator



How To Add Member To Application

- Once a member was added to your account. You may return to the application and click the add member tab within the form.
- A second screen will open to click on the member's name you wish to add to the application.

0 of 1 tasks complete

Last edited: Dec 2 2020 10:43 AM (EST)

REVIEW **SUBMIT**

Deadline: Dec 14 2020 02:00 PM (EST)

CDBG Program office

VT Victoria Torres
Victoria.Torres@cobbcount...
View & edit

Add Member or Team

Add members to application

0 Search...

☐ Members & teams

☐ **VT** victoria torres
jehova_tsdikenu@hotmail.com

CANCEL **ADD**

Application Upload Error

I get an error when uploading a file

There are a few potential reasons why you may experience issues uploading your file:

1. **The file isn't in an available format.**

Check to ensure that the file type you're trying to upload matches the requested formats.

2. **The file doesn't meet size restrictions.**

Check to ensure that the file type you're trying to upload does not exceed the maximum file size of the upload task.

3. **You're attempting to Upload more files than allowed**

Confirm that the number of files you're uploading is within the range of the minimum and the maximum number of files required.

4. **The file is encrypted**

SurveyMonkey Apply won't accept encrypted files. To upload your file, it will need to be unencrypted.

5. **The file is corrupted**

It is possible that the file you're trying to upload is a corrupted file. To resolve the issue, **re-save the file to a new folder** on your computer and attempt to upload the file again.

6. **A task related issue.**

Depending on the issue it's also possible that the error is related to another Setting on the task. For example, you're [unable to edit the task](#).

Application Preview/Print/Download Application

How do I preview my application?

There are two ways to Preview your application within the site:

From the My Applications Page

1. Click on the **More Options** icon in the top right corner of the tile of the application you wish to Preview
2. Select **Preview**

Can I print/download my online application

There are three ways to print/download your application within the

From the "My Applications" Page

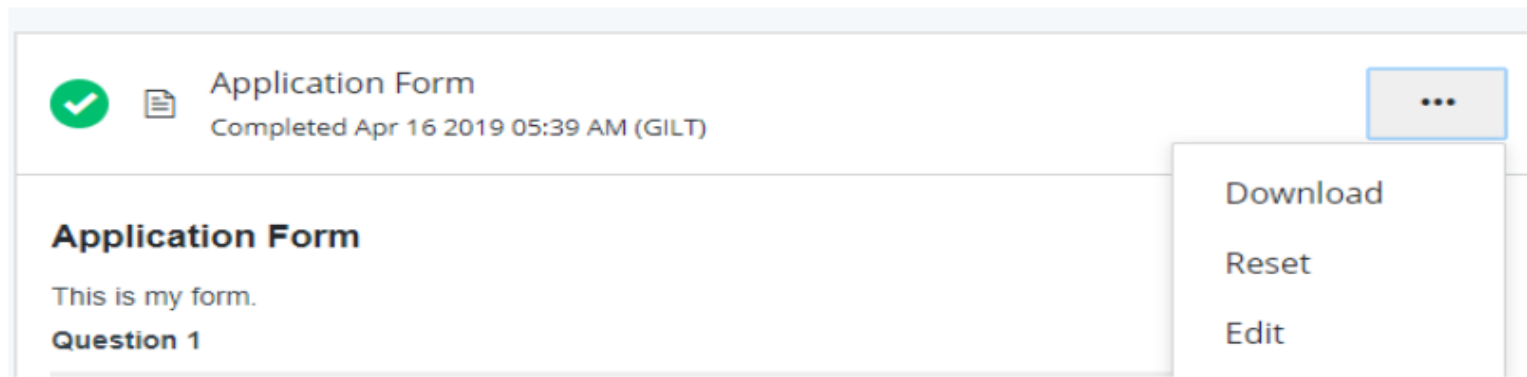
1. Click on the **More Options** icon in the top right corner of the
2. Click **Download**

Edit A Completed Application

If you have previously pressed Marked as Complete on a form, but have not yet Submitted your application, you can choose to make Edits to your task.

1. Enter your application
2. Click on the task you wish to edit
3. Click on the **More Options** icon in the top right corner of the task
4. Click **Edit**
5. Click **Previous/ Next** to navigate between the pages and make your changes
6. When done, navigate to the last page and press **Mark as Complete**

If you experience difficulties editing your task or this option isn't available, see [Why can't I edit my task?](#)



The screenshot shows a task card for 'Application Form' with a green checkmark icon and a document icon. Below the title, it says 'Completed Apr 16 2019 05:39 AM (GILT)'. A 'More Options' menu is open, showing 'Download', 'Reset', and 'Edit' options. The 'Edit' option is highlighted. Below the menu, the card content is visible, showing 'Application Form', 'This is my form.', and 'Question 1'.

Edits can be made to a complete application until the application cycle ends.

APPLICATION SECTIONS

21

Application Sections 1-2

* 1. AGENCY INFORMATION

NAME

MAILING ADDRESS

TELEPHONE NUMBER

CONTACT PERSON

EMAIL ADDRESS

DUNS#

TAX ID#

CONTACT TITLE

Program Category

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

* 2. PROJECT INFORMATION

PROGRAM TITLE

PROGRAM LOCATION

PROJECT TYPE

Application Sections 3-4

Requested Funding

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

***3. REQUESTED FUNDING**

Please list all costs related to the requested CSBG CARES project.

TOTAL PROGRAM COST

TOTAL CSBG CARES 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 it's current form?

How long has the Organization had
it's 501 (c) (3) status? If your
Organization is a government entity,
enter N/A.

How many years has the Organization
conducted the project/program for
which it is requesting funding?

Application Section 5

5. ORGANIZATION CAPACITY

Please submit a response for the following questions.

1. What percentage of Organization's budget is grant funded?

2. How many program staff persons are dedicated to this project (ie. Case Managers, Intake Coordinators)?

3. Does the organization have

☐ YES

administrative staff (ie. Accountants,

☐ NO

Executive Director) dedicated to this

grant?

4. Has the organization secured

☐ YES

funding for the administrative staff for

☐ NO

this project?

Organization Capacity

Organization list number and names of key staff for the requested project.

Application Section 6

*6. TARGET POPULATION

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

1. List 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 an estimate of the 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:

4. Please describe in detail the proposed activity to be funded.

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

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.

Projected Outcomes at the end of the bar

		Employment
Row 1	Select a Service	Education
Row 2	Select a Service	Select a Services
Row 3	Select a Service	Select a Services
		Select a Services

Services & Projected Outcomes

Select the proposed services (*eligible CSBG activities*) from the drop down boxes and indicate the number of outcomes projected for the 2022 Program Year.

***Please use scroll bar to scroll to the right to make additional selections.
Make sure to selected service under the correct type**

Application Section 7-8

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

Employment

Education

Income Management

8. Provide the projected outcome total for next three (3) years. Use the total projected outcomes number from the table above 7.1 for the CSBG CARES Program.

2022

2023

2024

Services & Projected Outcomes cont'd

Select the proposed services (*eligible CSBG CARES activities*) from the drop down boxes and indicate the number of outcomes projected for the 2022 Program Year.

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

Application Section 9-10

9. 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.

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

Application Section 10 -11

Budget

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

10. BUDGET PROPOSAL

Complete the following budget:

Individual financial items grouped by cost centers and their eligible expenses.

(please scroll the bar to the right for selections of each service category.)

	Line item statement of requested CSBG CARES FUNDS	Line Item statement of OTHER FUNDS used to carryout program activities.	The TOTAL of CSBG CARES FUNDS and OTHER FUNDS
1.1 Salary/Wages: Total compensation paid for the direct CSBG CARES program activity labor of persons employed by the agency.	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

11. BUDGET PROPOSAL NARRATIVE

DESCRIBE

1. For each line item listed in your budget, provide a detailed description of how CSBG CARES 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.

Application Attachments 1-9 & Checklist

Upload required documents for Attachments 1-9. Each upload must be a single PDF.

Utilize the checklist to ensure all required documents are included in the application.



ATTACHMENT 1:

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

1. The applicant must

- have nonprofit status for at least one (1) full year, **or**
- have two (2) full years of operating experience under another nonprofit entity, **or**
- be a local governmental entity or agency

It is optional only for (government agencies, etc.)

Upload a file

APPLICATION CHECKLIST

- ☐ ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant
- ☐ ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For a
- ☐ ATTACHMENT 3: Provide one copy each of the last two most recent audited financial statements
- ☐ ATTACHMENT 4: Provide list of board members and a copy of board meeting minutes authorizing the Interest Statement from the Board of Directors.
- ☐ ATTACHMENT 5: Provide funding commitments displayed on letterhead, resumes of principal staff, and the applicant's previous related program activities
- ☐ ATTACHMENT 6: Provide a copy of the agency's written financial management procedures, policies, and
- ☐ ATTACHMENT 7: Provide a copy of Certificate of Insurance.
- ☐ ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management
- ☐ ATTACHMENT 9: Provide a projected timeline of proposed activities.

Acknowledgements & Certification

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.

Authorized Representative

Remember to sign and date your application.

CONFLICT OF INTEREST ACKNOWLEDGMENT

	SELECT YES OR 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 Agency Board members?	<input type="text" value="Select"/>	<input type="text"/>
Do any family relationships (by blood or marriage) exist between staff in your organization and/or Cobb County Board of Commissioners?	<input type="text" value="Select"/>	<input type="text"/>

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 - AUTHORIZED REPRESENTATIVE

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.

PLEASE ADD NAME AND TITLE

Helpful Application Tips

Points to consider when completing the Application for funding:



Preparing the Grant Application

- ❖ Ensure budget amounts are consistent in the application.
- ❖ Provide detailed project descriptions and performance outcomes.
- ❖ Make sure the service population is clearly identified.
- ❖ Describe record-keeping and/or reporting methods.
- ❖ Ensure application is tailored to specific grant program and program year.
- ❖ Proofread your application prior to submission.
- ❖ Allow sufficient time to complete the application.
- ❖ Be aware of eligible/ineligible costs.

Organizational and Administrative Capacity

- ❖ Clear plans and internal policies to deliver the proposed services.
- ❖ Adequate staff dedicated to the project to deliver the proposed services.
- ❖ A formalized system for tracking annual performance outcomes.

Financial Capacity

Consider what percentage of the agency's budget are contributed by grant funds in determining if projects can be sustained in the case of delayed reimbursements.

Helpful Application Tips

Points to consider when completing the Application for funding



Reimbursable Grants

- ❖ Funding is provided to grant subrecipients after expenses have been incurred by the agency. Grant funds are reimbursable to the receiving agency based on actual receipts submitted for eligible projects.
- ❖ Clearly indicate the organizational financial capacity to front program costs.

Program Areas

- ❖ Clearly define how you intend to service your targeted population for each grant.
- ❖ Ensure that the proposal narrative in the grant application corresponds to an eligible activity of the grant in which you are seeking funding for.

Leveraging and Collaboration

- ❖ Collaboration and Resource Leveraging can improve your capacity by working with others that complement your mission and allow smaller organizations to learn from experts in the field.
- ❖ Grant applications should identify organization's partners and leveraging resources from other sources.
- ❖ Provide detail description that the organization has secured funding from other resources to use for the proposed activity.

Grant Application Review Process

1. An **Applications Review Committee** comprised of CDBG Program Office staff, County staff, and other impartial stakeholders in the community convene to review applications.
2. Application Rating Forms and Site Visit Forms are distributed to the Committee for scoring and site assessment. This process may take up to **4-6 weeks**.
3. The Committee will meet to discuss results and determine **funding recommendations**.
4. A **Public Notice** is published with a **30-day public comment period** and a Public Review Meeting is held to receive comments on the recommendations.
5. Upon completion of the 30-day public comment, an Agenda Item is prepared for **approval by the Board of Commissioners (BOC)**.
6. Funding **approvals/declinations notices** are sent after BOC approval.

Cobb County CDBG Program Office



**192 Anderson Street, Suite 150
Marietta, GA 30060**

Phone:

770-528-1455

Email: Info@cobbcountycdbg.com

Website: www.cobbcounty.org/cdbg