**COLUSA-GLENN-TRINITY COMMUNITY ACTION PARTNERSHIP**

**REQUEST FOR FUNDS APPLICATION**

**FOR COMMUNITY SERVICES BLOCK GRANT 2022/2023**

**PLEASE RESPOND TO THIS REQUEST NO LATER THAN: December 17, 2021**

Name of Applicant/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Formation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount being requested under this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional amount requested, if funds become available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All funded organizations will be required to expend dollars and report to the Glenn County Community Action Department in accordance with Federal, State and Local Guidelines.**

Organizations requesting funds must provide a narrative (minimum one page) incorporating the following information:

* + 1. **Description of Applicant**
			1. Describe Applicant’s history, ability, and capacity to provide services in alignment with CGTCAP’s Mission and Vision (provided above)
			2. Applicant’s mission statement, general goals and objectives.
			3. Summary of programs currently or previously administered.
		2. **Problem Statement**
			1. Problem(s) the proposed project will address, and why you believe it is important to meet this need?
		3. **Description of Project**
			1. Describe plans for implementation with a general timeline for outreach, marketing, and recruitment of program participants.
			2. How will services reach specific communities/ populations?
			3. How will services assist low-income families/ individuals attain economic security, safety net programs, and/or self-sufficiency programs for low-income residents?
			4. How many low-income residents do you expect to serve and how low-income status will be verified?
			5. Please list all of the program’s geographic location(s) and population(s) served.
		4. **Project Evaluation**
			1. How the success of your services will be measured?
		5. **Fiscal**

Organizations requesting funds must provide a complete project budget and budget narrative (Maximum 4 pages).

* + - 1. Total Organizational Revenue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			2. Description of accounting system and how funding will be controlled.
			3. How will funds be coordinated with other resources?

**CERTIFICATIONS**

If recommended for funding, will your organization be able to provide Certification of Liability Insurance in the amount of $2,000,000? YES: \_\_\_\_\_\_ NO\_\_\_\_\_\_\_

If recommended for funding, does your organization agree to provide services in accordance with the State and Program Income Guidelines, assuring that only those individuals with incomes at or below 100% the Office of Management and Budget (OMB) Poverty Guidelines or current Federal Poverty Level, or who are otherwise eligible, will be provided services under this Contract? The current income guidelines are listed in in Attachment 1. YES: \_\_\_\_\_\_ NO\_\_\_\_\_\_\_

If recommended for funding, will your organization agree to adhere to the CSBG Subcontractor Monitoring Policy (See Attachment 1-Exhibit G)? YES: \_\_\_\_\_\_ NO\_\_\_\_\_\_\_

I hereby certify that all information in this Request for Funds is correct. I understand that I may need to submit additional documentation or information before any funds are awarded. I realize that submittal of this Request for Funds does not constitute a contract or assurance of funding between my organization and the Colusa-Glenn-Trinity Community Action Partnership.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

 **Attachment 1 Poverty Guidelines**

**2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

**Persons in family/household**

**Poverty guideline**

**For families/households with more than 8 persons, add $4,540 for each additional person.**

**1 $12,880**

**2 $17,420**

**3 $21,960**

**4 $26,500**

**5 $31,040**

**6 $35,580**

**7 $40,120**

**8 $44,660**

**Attachment 2**

**Glenn County Community Action Department**

**Colusa-Glenn-Trinity Community Action Partnership**

**Delegate Monitoring Guidelines**

**The agency Glenn County Community Action Department administers Community Services Block Grant funds on behalf of the Colusa, Glenn, and Trinity counties. The agency subcontracts with Colusa and Trinity County agencies to provide safety-net services in alignment with the CAP Plan to alleviate poverty, by serving low-income and vulnerable populations residing in both counties.**

**In an effort to ensure programs and services are delivered in accordance to the CSBG grant guidelines and deliverables. The subcontractors are monitored as follows:**

1. A Sub-contractors Monitoring will be scheduled either an on-site monitoring and/or desk audit. Once the monitoring is completed the subcontractor will receive a monitoring quality assurance report with any findings to be corrected. This will occur on an annual base***.*** Client files will be reviewed for CDBG program compliance (refer to attachment)

*Colusa Sub-contractors—March*

*Trinity Sub-contractors-February*

1. Random selection of CSBG client assisted files will be monitored and evaluate for program compliance. The CSBG Program Manager will request a client rooster and the selection will be made from the list. The information will be e-mailed by using the Encrypting PDF of client file format. (see attachment)
2. Provide a completed report to the sub-contractor within two weeks of the office visit monitoring/desk audit.
3. Bi-annual training and technical assistance will be provided to sun-contractor in the areas of evaluation, data, compliance, program development and reporting. However training and/or technical assistance can be, provide at any time at the request of the sub-contractor.
4. Sub-contractors are provided legislation updated, funding changes, new regulations and information that impacts CSBG service delivery on a monthly basis as updated are given by CSD.

**Instructions for Encrypting PDF of Client File**

1. Scan your Documents or save them in PDF format.
2. Open the PDF and choose **Tools** > **Protect** > **Encrypt** > **Encrypt with Password**.
3. If you receive a prompt, click **Yes** to change the security.
4. Select **Require A Password To Open The Document**, then type the password in the corresponding field. For each keystroke, the password strength meter evaluates your password and indicates the password strength.



*Password Security - Settings let you set a password to open a PDF*

1. Select an Acrobat version from the **Compatibility** drop-down menu. Choose a version equal to or lower than the recipients’ version of Acrobat or Reader.



*Options control compatibility with previous versions and type of encryption*

1. Select an encryption option:

**Encrypt All Document Contents**

Encrypts the document and the document metadata. If this option is selected, search engines cannot access the document metadata.

1. Click **OK**. At the prompt to confirm the password, retype the appropriate password in the box and click **OK**.

CSBG Client File Requirements

January through December

1. **Application for services (agency specific)**
	1. **Collect demographics (CSBG Annual Report- Module 4 All Characteristics)**
	2. **Income eligibility verified (See Federal Poverty Guideline)**
	3. **File must have copies of income verification for eligibility confirmation and audit purposes**
	4. **Residency verification (lives in the county) or homeless (hotel receipt or self-declaration/perjury statement)**
	5. **NOTE: CSBG does not require legal status or legal residency for services to be provided**
	6. **Copies of ID or verification of identity**
2. **Intake Assessment (See Family Self-Sufficiency Matrix)**
	1. **Based on Service Domain**
	2. **Intake – Entrance to program date**
	3. **Assessment period: Monthly or Quarterly**
	4. **Exit- Upon completion of program (track outcomes)**
	5. **Outcomes documented for CSBG Annual Report (Module 4)**
3. **Case Notes**
	1. **Completed when having any contact with the client in-person, by phone, by mail or referral(s) status/completion.**
	2. **Case notes must follow clear history of service—all case notes will be reviewed by audit/monitoring by funder.**
4. **Documents**
	1. **Case plan and/or Goals (developed with client)**
	2. **Copies of vouchers, passes, purchase orders, or other financial assistance documentation**
	3. **Copies of referrals sent on behalf of client to other agencies/partners**
	4. **Copies of case plan completion documents**
	5. **Copies of income verification and changes during assessment periods**
	6. **Track/Log of trainings, workshops or sessions attended by client/family to meet case plan**
5. **Closed Cases**
	1. **Completed assessment**
	2. **Domain Outcomes captured**
	3. **Quarterly Report & Annual Report Completed (data)**
	4. **Enter data on system to reflect client exiting program/closing**
	5. **Retain records/file for a 5-year period, after closing the case.**