

**COMMUNITY SERVICES BLOCK GRANT
INFORMATION SYSTEM
(CSBG/IS)**

SURVEY

of

**FISCAL YEAR 2008
COMMUNITY SERVICES BLOCK GRANT**

by

**THE NATIONAL ASSOCIATION FOR STATE
COMMUNITY SERVICES PROGRAMS**

May 2008

NAME OF AGENCY:

NAME OF PERSON COMPLETING REPORT:

TELEPHONE NUMBER:

ADDRESS:

PLEASE RETURN BY _____ TO: _____

Part I: Section A. State Use of CSBG Funds

1. State Reporting Period (month/day/year)

From: To:

2. Total CSBG funds expended in FY 2008 for:

	Planned	Actual
a. Eligible Entities	<input type="text"/>	<input type="text"/>
b. State Administrative Costs	<input type="text"/>	<input type="text"/>
c. Discretionary Projects	<input type="text"/>	<input type="text"/>
d. Total Funds	<input style="border: 2px solid black;" type="text"/>	<input style="border: 2px solid black;" type="text"/>

3. Of the total in 2d, how much represents carryover funding from the previous fiscal year?

4. Carry-forward of FY 2008 funds to FY 2009 programs

5. State CSBG funds (see instructions)

6. TOTAL CSBG funds expended by State in FY 2008

Database will calculate
(A2d + A5)

Part I: Section B. General Information on Local CSBG Agencies

1. Eligible entities receiving FY 2008 funds:

(Please attach a list of eligible entities, their addresses, and their award amounts.)

- | | |
|--|---|
| a. Number of Community Action Agencies (CAAs)
among eligible entities | <input type="text"/> |
| b. Number of Limited Purpose Agencies (LPAs)
among eligible entities | <input type="text"/> |
| c. Number of organizations serving migrant or
seasonal farmworkers | <input type="text"/> |
| d. Number of these also counted in a or b | <input type="text"/> |
| e. Number of tribal organizations | <input type="text"/> |
| f. Number of these also counted in a, b, or c | <input type="text"/> |
| g. Number of units of local government | <input type="text"/> |
| h. Number of these also counted in a, b, c, or e | <input type="text"/> |
| i. Others designated eligible by statute | <input type="text"/> |
| j. Number of these also counted in a, b, c, or e | <input type="text"/> |
| k. Total unduplicated number of eligible entities | <input style="border: 2px solid black;" type="text"/> |

2. Were previously funded eligible entities dropped in FY 2008?

(If yes, indicate number and reason.) Yes No

Number:

Reason:

3. State allocation method:

(Please select the method that best describes the current practice for allocations within the state.)

- | | | | |
|------------------------|--------------------------|--|--------------------------|
| Historic | <input type="checkbox"/> | Hold Harmless + Formula | <input type="checkbox"/> |
| Base + Formula | <input type="checkbox"/> | Other (please specify): | <input type="checkbox"/> |
| Formula Alone | <input type="checkbox"/> | <input style="width: 200px; height: 40px;" type="text"/> | |
| Formula with variables | <input type="checkbox"/> | | |

Part I: Section B. General Information on Local CSBG Agencies

4. Coverage of counties

a. Percent of state's counties receiving CSBG services at year end from local CSBG operators. a.

b. Number of counties newly receiving CSBG services in FY 2008 (if any). b.

c. Name of newly served county(ies) in FY 2008:

5. Uses of Discretionary Project Funds (if listed in Section A, Item 2.c)

- a. What types of organizations received the awards?
- | | | |
|--|----|----------------------|
| 1. Indian Tribes or tribal organizations | 1. | <input type="text"/> |
| 2. Migrant or farmworker organizations | 2. | <input type="text"/> |
| 3. State subgrantee associations | 3. | <input type="text"/> |
| 4. Eligible entities | 4. | <input type="text"/> |
| 5. Other (please specify below): | 5. | <input type="text"/> |

Total Discretionary Funds Expended **Total a.**

- b. For what purposes were the awards given?
- | | | |
|---|----|----------------------|
| 1. Awards to local agencies for expansion to new areas | 1. | <input type="text"/> |
| 2. Grants for exemplary or demonstration programs | 2. | <input type="text"/> |
| 3. Competitive grants for exemplary or demonstration programs | 3. | <input type="text"/> |
| 4. Training or technical assistance for local agencies | 4. | <input type="text"/> |
| 5. Statewide programs | 5. | <input type="text"/> |
| 6. General support | 6. | <input type="text"/> |
| 7. Other (please specify below): | 7. | <input type="text"/> |

Total Discretionary Funds Expended **Total b.**

The totals of a. and b. should match both each other and Item 2.c. in Section A.

Part I: Section C. General Information on State CSBG Office

1. Please identify the cabinet or administrative department of your state CSBG office.

<input type="checkbox"/> Community Services Department	<input type="checkbox"/> Governor's Office
<input type="checkbox"/> Human Services Department	<input type="checkbox"/> Community Affairs Department
<input type="checkbox"/> Social Services Department	<input type="checkbox"/> Other (please specify):
	<input type="text"/>

2. What is the division, bureau, or office of the CSBG Administrator?

3. Other programs directed by the CSBG Administrator in FY 2008

a. Does the CSBG Administrator also direct Community Food and Nutrition Programs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Does the CSBG Administrator also direct DOE Weatherization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Does the CSBG Administrator also direct part or all of the Low Income Home Energy Assistance Program (LIHEAP) bill payment and/or crisis assistance programs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1) If yes, does the CSBG Administrator also direct the LIHEAP energy conservation program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Does the CSBG Administrator also direct USDA programs? If yes, please list titles.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
e. Does the CSBG Administrator also direct HUD programs? If yes, please list below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
f. Does the CSBG Administrator also direct any other federal programs for the homeless?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. How many federal or state programs not listed above are also directed by the CSBG Administrator? (List titles of other programs below, including Head Start):	<input type="text"/>
<input type="text"/>	

Part I: Section C. General Information on State CSBG Office

4. Was the state CSBG office subject to a reorganization in FY 2008, such as an expansion or contraction of programs, or a transfer of the CSBG office to a different division or department?

Yes No

If yes, please describe change (attach extra page if necessary):

5. State statute regarding CSBG:

- a. Does your state have a statute authorizing Community Services programs? (If yes, please attach.)

Yes No

- b. Did your state legislature enact authorizing legislation, or amendments to an existing authorizing statute during FY 2008?

Yes No

Please check those items which describe provisions of the current statute.

- 1) What is the termination date of the current statute?

- 2) Does it "grandfather" CAAs?

Yes No

- 3) Does it specify the terms, or formula, for allotting 90% pass-through funds among eligible entities?

Yes No

- 4) Does it require local grantees to match CSBG funds?

Yes No

- 5) Does it provide for the designation of new eligible entities?

Yes No

- 6) Does it provide for the de-designation of eligible entities?

Yes No

- 7) Does it specify a process the state CSBG agency must follow to re-designate an existing eligible entity?

Yes No

- 8) Does it designate the bureau, division, or office in state government that is to be the state administering agency?

Yes No

- 9) If it has other provisions, please list them:

6. a. Did it cost more in FY 2008 than the federally allowed limit in your state's CSBG allocation for your state to effectively administer the range of services and activities required by the CSBG Act?

Yes No

- b. If yes, what was the amount of these extra costs?

- c. If yes, were state funds used to supplement federal administrative expenditures?

Yes No

- d. If yes, what was the amount of the supplemental state funds?

7. a. How many state positions were funded in whole or in part by CSBG funds?

- b. How many Full Time Equivalent (FTEs) were funded with CSBG funds?

Part I: Section D: Accomplishments and Coordination of Funds

Please do NOT use acronyms.
See instructions for further details.

1. **What do you consider to be the top management or program accomplishments achieved by both your agency and your state during your FY 2008 program year? Please briefly describe both of them.**

Top Agency Accomplishment:

Top State Accomplishment:

2. **Please provide one narrative or anecdotal account of how agency programs, funded at least in part by CSBG (a) eliminated a cause of poverty, or (b) eliminated a condition of poverty so that one or more households were moved out of poverty status. Please indicate whether the activity was completely funded by the CSBG, or if not, why the CSBG was important to the outcome.**

3. **Please provide a description of one innovative program funded at least in part by the CSBG that has demonstrated success in eliminating a cause or causes of poverty and/or a condition(s) of poverty in your community.**

Use additional pages if necessary.

Part I: Section D: Accomplishments and Coordination of Funds

4. Please describe one project or activity that linked resources from several sources to mobilize or coordinate a solution to a poverty problem in the community. Demonstrate how CSBG “works” as it funds staff activities, investments, or services that meet a previously unmet community need. Please be sure to include the following items:
- a. Agency name (no acronyms please)
 - b. Program name
 - c. Purpose
 - d. Need for the program
 - e. CSBG service category
 - f. Description of program/project (include: # of participants, community changes achieved, resources added, etc.)
 - g. Impact (including the number of people or areas affected) and results
 - h. Uses of CSBG funds – please be specific (Examples: *planning, staff salaries, facilities, staff-supported coordination or fundraising, funding direct services, guaranteeing loans, etc.*)
 - i. Type of resource contributed by each partner (Examples: *monetary, in-kind, services, etc.*)
 - j. Role of your agency in program (include tasks performed as well as funding levels)
 - k. Partners and partners’ roles (include tasks performed as well as funding levels)

For examples of the types of narratives to be submitted here, please see the instructions.

5. Please provide brief descriptions of one youth-focused and one senior-focused initiative that describe how CSBG funding was used and coordinated with other programs and resources. Include the following elements:
- a. Identity of other programs and partners
 - b. Amounts contributed by other programs and partners
 - c. Is CSBG funding involved? If so, what is the role of CSBG? If not, be sure to specify that no CSBG is included.
 - d. Impact and results

Use a separate sheet for your answers

Part I: Section E. CSBG Expenditures by Service Category

Agency reporting: _____

Table 1: Total amount of CSBG funds expended in FY 2008 by Service Category

Service Category	CSBG Funds
1. Employment	
2. Education	
3. Income Management	
4. Housing	
5. Emergency Services	
6. Nutrition	
7. Linkages	
8. Self Sufficiency	
9. Health	
10. Other	
Totals:	

Of the CSBG funds reported above, \$ _____ were for administration.
 (Please consult the instructions regarding what constitutes "administration.")

Table 2: Of the funding listed in Table 1: Funds Supporting Programs for Youth and Seniors

Demographic Category	CSBG Funds
1. Youth (Individuals aged 12 to 18)	
2. Seniors (Individuals aged 55 and up)	

Part I: Section F. Other Resources Administered and Generated

Subsection II. State Resources

a. State Appropriated Funds Used for the Same Purpose as Federal CSBG Funds

a. \$

Note: Verify with State Administrator that this figure matches state submission in Section A, Item 5.

- b. State Housing and Homeless Programs (include housing tax credits)
- c. State Nutrition Programs
- d. State Day Care and Early Childhood Programs
- e. State Energy Programs
- f. State Health Programs
- g. State Youth Development Programs
- h. State Employment and Training Programs
- i. State Head Start Programs
- j. State Senior programs
- k. State Transportation Programs
- l. State Education Programs
- m. State Community and Economic Development Programs
- n. State Rural Development Programs
- o. State Family Development Programs

b.	\$
c.	\$
d.	\$
e.	\$
f.	\$
g.	\$
h.	\$
i.	\$
j.	\$
k.	\$
l.	\$
m.	\$
n.	\$
o.	\$

p. Other State Sources:

i.)	\$
ii.)	\$
iii.)	\$
iv.)	\$

Total State Other p. \$

TOTAL: STATE RESOURCES	\$ <input type="text"/>
<i>If any of these resources were also reported under Subsection I (Federal Resources), please estimate the amount.</i>	\$ <input type="text"/>

Part I: Section F. Other Resources Administered and Generated

Subsection III. Local Resources

- a. Amount of unrestricted funds appropriated by local government a. \$
- b. Value of Contract Services b. \$
- c. Value of in-kind goods/services received from local government. c. \$

TOTAL: LOCAL PUBLIC RESOURCES

\$

If any of these resources were also reported under Subsection I or II, please estimate the amount.

\$

Subsection IV. Private Sector Resources

- a. Funds from foundations, corporations, United Ways, other non-profits a. \$
- b. Other donated funds b. \$
- c. Value of other donated items, food, clothing, furniture, etc. c. \$
- d. Value of in-kind services received from businesses d. \$
- e. Fees paid by clients for services e. \$
- f. Payments by private entities for goods or services for low-income clients or communities f. \$
- g. Number of volunteer hours donated g.

TOTAL: PRIVATE SECTOR RESOURCES

\$

If any of these resources were also reported under Subsection I, II or III, please estimate the amount.

\$

ALL OTHER RESOURCES

TOTAL: (FEDERAL, STATE, LOCAL, PRIVATE)
less amount of double count in Subsection II, III, IV

\$