**Community Services Block Grant (CSBG)**

**Annual Report – State Administration Module**

**Note**: The reporting timeframes for all information in the administrative module is based on the Federal Fiscal Year, which runs from October 1 of a given calendar year until September 30 of the following calendar year. When completing the annual report, respondents will first indicate the Federal Fiscal Year for which the state is submitting data. The Online Data Collection (OLDC) system will then auto-populate the administrative module with information from the appropriate year (year 1 or year 2) in the accepted CSBG State Plan. States will be able to update information in these sections, as necessary.

**SECTION A  
CSBG Lead Agency, CSBG Authorized Official, CSBG Point of Contact**

**A.1.** Confirm and update the following information in relation to the lead agency designated to administer the CSBG in the State, as required by Section 676(a) of the CSBG Act.

**A.1a.** Lead agency

[This section will auto-populate using information provided in the CSBG State Plan. The State should review all items and may update to note any changes that have taken place during the year. Any updates or changes will be noted in quality assurance reviews and may require brief explanation prior to acceptance of the annual report.]

**A.1b.** Cabinet or administrative department of this lead agency

[Auto-populated from the CSBG State Plan with option to update where applicable]

* Community Services Department
* Human Services Department
* Social Services Department
* Governor’s Office
* Community Affairs Department
* Other, describe:

**A.1c.** Division, bureau, or office of the CSBG authorized official **[Narrative, 2500 Characters]** [Auto-populated from the CSBG State Plan with option to update where applicable]

**A.1d.** Authorized official of the lead agency **[Narrative, 2500 Characters]**

[Auto-populated from the CSBG State Plan with option to update where applicable]

**Instructional note:** The authorized official could be the director, secretary, commissioner etc. as assigned in the designation letter (attached under item 1.3). The authorized official is the person indicated as authorized representative on the SF-424M.

**A.1e.** Street address **[Narrative, 2500 Characters]**

[Auto-populated from the CSBG State Plan with option to update where applicable]

**A.1f.** City **[Narrative, 2500 Characters]**

[Auto-populated from the CSBG State Plan with option to update where applicable]

**A.1g.** State **[Narrative, 2500 Characters]**

[Auto-populated from the CSBG State Plan]

**A.1h.** Zip code **[Narrative 10 Characters]**

[Auto-populated from the CSBG State Plan with option to update where applicable]

**A.1i.** Telephone number and extension **[Narrative, 10 – 15 characters including an option for 5 digit extension]**

[Auto-populated from the CSBG State Plan with option to update where applicable]

**A.1j.** Fax number **[Narrative, 10 characters]**

[Auto-populated from the CSBG State Plan with option to update where applicable]

**A.1k.** Email address **[Narrative, 50 characters]**

[Auto-populated from the CSBG State Plan with option to update where applicable]

**A.1l.** Lead agency website **[Narrative, 200 characters]**

[Auto-populated from the CSBG State Plan with option to update where applicable]

**A.2.** Please check additional programs administered by the State CSBG Lead Agency during the reporting year (FFY).

* Weatherization Assistance Program (WAP)
* Low Income Home Energy Assistance Program (LIHEAP)
* U.S. Department of Agriculture Programs (Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* U.S. Department of Housing and Urban Development (HUD) Programs (Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Other, describe: **If yes, please list below:**

**SECTION B**

**Statewide Goals and Accomplishments**

**B.1.** **Progress on State Plan Goals:** Describe progress in meeting the State’s CSBG-specific goals for State administration of CSBG as described in the CSBG State Plan.

**Goals:** [Actual Goals from the CSBG State Plan will be auto-populated from the accepted CSBG State plan]

* All Goals Accomplished: **[Narrative, 2500 characters]**
* Goals Partially Accomplished – describe progress:­­­­­­­­­­­­­­­­­­­­­ **[Narrative, 2500 characters]**
* Not Accomplished – explain  **[Narrative, 2500 characters]**

**Note:** This information is associated with State Accountability Measure 1Sa(i) and will be used in assessing overall progress in meeting State goals.

**B.2.** **CSBG Eligible Entity Overall Satisfaction Targets:** In the table below, provide the State’s most recent target for CSBG Eligible Entity Overall Satisfaction during the performance period (FFY)**.**

|  |  |  |
| --- | --- | --- |
| **Prior Year Target** | **Most Recent American Customer Satisfaction Index Survey Result** | **Future Target** |
| \_\_\_. **[Numerical, 3 digits]**  This cell should be left blank in the first year of submission of this new annual report format. | \_\_\_. **[Numerical, 3 digits]**  This cell should include the most recent result of the ACSI survey. OCS plans to issue ACSI surveys on a bi-annual basis. | \_\_\_. **[Numerical, 3 digits]**  Note: OCS issued Information Memorandum 150 providing guidance on establishing targets based on ACSI results. |

**Instructional Note:** Because the CSBG State Plan may cover two fiscal years, annual updates related to CSBG Eligible Entity satisfaction should be provided in this annual report. The State’s target score will indicate improvement or maintenance of the States’ Overall Satisfaction score from the most recent American Customer Survey Index (ACSI) survey of the State’s CSBG Eligible Entities. States that did not receive ACSI scores (i.e. States with only a single CSBG Eligible Entity) should not complete question B.2, but should provide narrative descriptions of other sources of customer feedback and the State’s response to that feedback in question B.3. For more information on the ACSI and establishment of targets, see [CSBG Information Memorandum #150 Use of the American Customer Satisfaction Index (ACSI) to Improve Network Effectiveness.](http://www.acf.hhs.gov/ocs/resource/csbg-im-150-use-of-the-american-customer-satisfaction-index-acsi-to-improve-network-effectiveness)

**B.3. CSBG Eligible Entity Feedback and Involvement:** How has the State considered feedback from CSBG Eligible Entities, OCS, public hearings, and other sources, and/or customer satisfaction surveys such as the American Customer Satisfaction Index (ACSI)? What actions have been taken as a result of this feedback?

**[Narrative - 2500 Characters]**

**B.4. State Management Accomplishment:** Describe what you consider to be the top management accomplishment achieved by your State CSBG office during the reporting year (FFY). Provide examples of how administrative or leadership actions led to improvements in efficiency, accountability, or quality of services and strategies.

**[Narrative – 2500 Characters]**

**B.5. CSBG Eligible Entity Management Accomplishments:** Describe three notable management accomplishments achieved by CSBG Eligible Entities in your state during the reporting year (FFY). Describe how responsible, informed leadership and effective, efficient processes led to high‐quality, accessible, and well‐managed services and strategies.

**[Narrative – 2500 Characters]**

**B.6. Innovative Solutions Highlights:** Provide at least three examples of ways in which a CSBG Eligible Entity addressed a cause or condition of poverty in the community using an innovative or creative approach. Provide the agency name, local partners involved, outcomes, and specific information on how CSBG funds were used to support implementation.

**[Narrative – 2500 Characters]**

**SECTION C  
CSBG Eligible Entity Update**

**C.1.** **CSBG Eligible Entities:** The table below includes a list of CSBG Eligible Entities in the State as described in the CSBG State Plan for this reporting year (FFY). Please review and note any changes or updates in this information. This table should include every CSBG Eligible Entity to which the State allocated 90 percent of CSBG funds during the reporting period (FFY). The table should not include entities that only receive remainder/discretionary funds from the State or tribes/tribal organizations that receive direct funding from OCS under Section 677 of the CSBG Act.)

| **1.CSBG Eligible Entity** | **2.Public or Nonprofit** | **3.Type of Entity**  **(choose all that apply)** | **4.Geographical Area Served by county (Provide all counties)** | **5.Brief Description of “Other”** |
| --- | --- | --- | --- | --- |
| **Auto-populated**  **[Narrative, 2500 characters]** | **Auto-populated [Select Public or Nonprofit]** | **Auto-populated**   * Community Action Agency * Limited Purpose Agency * Local Government Agency * Migrant or Seasonal Farmworker Organization * Tribe or Tribal Organization * Other (describe in column 5) | **Auto-populated [Narrative, 2500 characters]** | **Auto-populated [Narrative, 2500 characters]**  If “Other” is selected in column 3, provide further detail here |
| **ADD A ROW function** Note: rows may be added for each CSBG Eligible Entity funded by the State | | | | |

**C.2.** Total number of CSBG Eligible Entities:\_\_##\_\_ **[This will automatically update based on chart in C.1]**

**C.3. Changes to CSBG Eligible Entities List:** Did the list of CSBG Eligible Entities under item C.1 change during the reporting period (FFY)? If yes, briefly describe the changes. 🞎 Yes 🞎 No

**[If yes is selected – Narrative, 2500 characters]**

**Instructional Note: Limited Purpose Agency** refers to a CSBG Eligible Entity that was designated as a limited purpose agency under Title II of the Economic Opportunity Act of 1964 for the fiscal year 1981, that served the general purposes of a community action agency under Title II of the Economic Opportunity Act; did not lose its designation as a limited purpose agency under Title II of the Economic Opportunity Act as a result of failure to comply with that Act; and has not lost its designation as a CSBG Eligible Entity under the CSBG Act.

**Instructional Note: 90 percent funds** are the funds a State provides to CSBG Eligible Entities to carry out the purposes of the CSBG Act, as described under Section 675C of the CSBG Act.  A State must provide “no less than 90 percent” of their CSBG allocation, under Section 675B, to the Eligible Entities.

**SECTION D**

**Organizational Standards for CSBG Eligible Entities**

**Note:** Reference [CSBG Information Memorandum #138 State Establishment of Organizational Standards for CSBG Eligible Entities](http://www.acf.hhs.gov/ocs/resource/csbg-im-138-state-establishment-of-organizational-standards-for-csbg-eligible-entities)

**D.1.** **Assessment of Organizational Standards**: The CSBG State Plan indicated that the State would use the following organizational standards for its oversight of the CSBG:

**[One of the options below will be auto-populated from the CSBG State Plan based on the items checked in question 6.1 of the CSBG State Plan]**

* CSBG Organizational Standards Center of Excellence (COE) organizational standards (as described in IM 138) or a modified version of these standards.
* An alternative set of organizational standards as outlined in supporting documentation to the CSBG State plan.

**D.1a.**How did the State assess CSBG eligible entities against organizational standards, as described in IM 138?

[The checkbox below will be auto-populated from the CSBG State Plan with the option for the State to update information based on its actual implemented assessment process]

* Peer-to-peer review (with validation by the State or State-authorized third party)
* Self-assessment (with validation by the State or State-authorized third party)
* Self-assessment/peer review with State risk analysis
* State-authorized third party validation
* Regular, on-site CSBG monitoring
* Other

**D.1b.** Describe the assessment process as implemented by the State. Please describe any changes in the assessment process that occurred since the time of the State plan submission. Please note that with the exception of regular on-site CSBG monitoring, all assessment options above may include either on-site or desk review (or a combination). The specific State process should be described in the narrative. **[Narrative, 2500 characters]**

**D.2.** **Organizational Standards Performance:** In the table below, please provide the percentage of CSBG Eligible Entities that met all State-adopted organizational standards in the reporting period (FFY). The target set in the CSBG State Plan is provided in the left-hand column. For more information on the CSBG Organizational Standards, see [CSBG Information Memorandum #138.](http://www.acf.hhs.gov/ocs/resource/csbg-im-138-state-establishment-of-organizational-standards-for-csbg-eligible-entities)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Target vs. Actual Performance on the Organizational Standards** | | | | |
| **Fiscal Year** | **State CSBG**  **Plan Target** | **Number of Entities Assessed** | **Number that Met All (100%) of**  **State Standards** | **Actual Percentage Meeting All (100%) of State Standards** |
| Auto-populated | [Auto-populated target from question 6.6. of the State CSBG plan]. | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| **Progress Indicators**  *Indicate the number of entities that met the following percentages of Organizational Standards.* | | | | |
| Note – While the State targets the percent of CSBG Eligible Entities to meet 100% of the Organizational Standards, targets are not set in the State Plan for 90%, 80%, 70%, and 60% progress indicators. | | **Number of**  **Entities Assessed** | **Number that Met between 90% and 99% of State Standards** | **Actual Percentage** |
| [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| **Number of**  **Entities Assessed** | **Number that met between 80% and 89% of State Standards** | **Actual Percentage** |
| [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| **Number of Entities Assessed** | **Number that met between 70% and 79% of State Standards** | **Actual Percentage** |
| [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |

**Note:** This information is associated with State Accountability Measures 6Sa.

**D.2a.** In the space below, please identify the challenges and factors contributing to the difference between the target and actual results provided in the top row of Table D.2 (above).

**[Narrative, 2500 characters]**

**D.2b. Percentage Meeting Organizational Standards by Category.** In the table below, provide the number of eligible entities that met each category of the Organizational Standards. The percentage that met all standards in each category will be automatically calculated and totaled in the bottom row.

|  |  |  |  |
| --- | --- | --- | --- |
| **Percentage Meeting Organizational Standards by Category** | | | |
| **Category** | **Number of Entities Assessed** | **Number that Met All Standards in Category** | **Actual Percentage** |
| 1. **Consumer Input and Involvement** | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| 1. **Community Engagement** | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| 1. **Community Assessment** | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| 1. **Organizational Leadership** | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| 1. **Board Governance** | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| 1. **Strategic Planning** | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| 1. **Human Resource Management** | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| 1. **Financial Operations & Oversight** | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |
| 1. **Data and Analysis** | [Insert a number between 0 – 99] | [Insert a number between 0 – 99] | [Auto-calculated] |

**D.3.** **Technical Assistance Plans and Quality Improvement Plans:** In the table below, please provide the number of CSBG Eligible Entities with unmet organizational standards with Technical Assistance Plans (TAPs) or Quality Improvement Plans (QIPs) in place.

|  |  |
| --- | --- |
| **Technical Assistance Plans and Quality Improvement Plans** | |
| **Total Number of CSBG Eligible Entities with unmet organizational standards with Technical Assistance Plans (TAPs) in place** | [Insert a number between 0 – 99] |
| **Total Number of CSBG Eligible Entities with unmet organizational standards with Quality Improvement Plans (QIPs) in place** | [Insert a number between 0 – 99] |

**D.3.a.** If the State identified CSBG Eligible Entities with unmet organizational standards for which it was determined that TAPs or QIPs would not be appropriate, please provide a narrative explanation below. **[If no is selected – Narrative, 2500 characters]**

**Note:** D.3 is associated with State Accountability Measure 6Sb. QIPs are described in Section 678C(a)(4) of the CSBG Act. For additional information on corrective action and the circumstances under which a State may establish TAPs and QIPs, see [IM-138](http://www.acf.hhs.gov/ocs/resource/csbg-im-138-state-establishment-of-organizational-standards-for-csbg-eligible-entities), Pages 5-6.

**SECTION E**

**State Use of Funds**

**Note**: The reporting timeframes for expenditure information is based on the Federal Fiscal Year, which runs from October 1 of a given calendar year until September 30 of the following calendar year. States that operate according to a different fiscal year should analyze actual quarterly obligation of funds and report on obligations made during the time period of the Federal Fiscal Year.

**CSBG Eligible Entity Allocation (90 Percent Funds)** [Section 675C(a) of the CSBG Act]

**E.1. State Distribution Formula:** Did the State institute any changes in the distribution formula for the CSBG Eligible Entities during the reporting period covered by this report? 🞎 Yes 🞎 No

**E.1a** If yes, please describe any specific changes and describe how the State complied with assurances provided in Question 14 of the CSBG State Plan as required under Section C76(b)(8) of the State CBSG Act.

**[Narrative, 2500 characters]**

**E.2. Planned vs. Actual Allocation:** Using the table below, specify the actual allocation of 90 percent of CSBG funds to CSBG Eligible Entities, as described under Section 675C(a) of the CSBG Act.  While the CSBG State Plan allows for either percentages or dollar amounts, this table in the administrative report must be based on actual dollars allocated to each CSBG Eligible Entity during the Federal Fiscal Year (FFY). For each CSBG Eligible Entity receiving CSBG funds, provide the Funding Amount allocated to the CSBG Eligible Entity during the FFY.

| **Planned vs Actual CSBG 90 Percent Funds** | | | |
| --- | --- | --- | --- |
| **CSBG Eligible Entity** | **Planned** | **Actual** | |
| Funding Amount ($ or %) | Allocations  (Based on State Formula) | Obligations |
| Information in this cell will be auto-populated from the CSBG State Plan Section 5, Table 5.1, Column 1 | Information in this cell will be auto-populated from the CSBG State Plan, (Section 7, Table 7.2) and cannot be updated or changed. Amounts may have been presented in either a percentage or planned dollar amount. | [Numeric response, specify $ amount]  *Enter the dollar amount actually allocated to each CSBG Eligible Entity under the State formula for the period covered in the Federal Fiscal Year.* | [Numeric response, specify $ amount]  *Enter the actual dollar amount obligated to each CSBG Eligible Entity through contracts or subawards for the period covered in the Federal Fiscal Year.* |
| **Total** | Total will be auto-calculated | Total will be auto-calculated | Total will be auto-calculated |

**E.3. Actual Distribution Timeframe:** Did the State make funds available to CSBG Eligible Entities no later than 30 calendar days after OCS distributed the Federal award? 🞎 Yes 🞎 No

**E.3a.** If no, did the State implement procedures to ensure funds were made available to CSBG Eligible Entities consistently and without interruption? 🞎 Yes 🞎 No

**E.3b.** If the State was not able to make CSBG funds available within 30 calendar days after OCS distributed the Federal award and was not able to ensure that funds were made available consistently and without interruption, provide an explanation of the circumstances below along with a description of planned corrective actions.

**[Narrative, 2500 Characters]**

**Note:** Item E.3 is associated with State Accountability Measure 2Sa.

**Administrative Funds** [Section 675C(b)(2) of the CSBG Act]

**E.4.** What amount of State CSBG funds did the State obligate for administrative activities during the Federal Fiscal Year? The amount must be based on actual dollars allocated during the Federal Fiscal Year (FFY). If you provided a percentage in Question 7.6 in the CSBG State Plan, please convert to dollars.

|  |  |  |
| --- | --- | --- |
| **State Administrative Funds** | | |
| **CSBG State Plan** | | **Actual Amount Obligated** |
| [Auto-populated target from the CSBG State Plan Question 7.6] | [If entered in the CSBG State Plan as a percentage, convert and insert your number in dollars here.] | [Numeric response, specify $ amount] |

**[Narrative, 2500 Characters]**

**E.5.** How many State staff positions were funded in whole or in part with CSBG funds in the reporting period (FFY)? **[Insert a number between 0 – 99]**

|  |  |
| --- | --- |
| **State Staff Positions Funded** | |
| **CSBG State Plan** | **Actual Number** |
| [Auto-populated target from the CSBG State Plan question 7.7]. | [Insert a number between 0 – 99] |

**E.6.** How many State Full Time Equivalents (FTEs) were funded with CSBG funds in the reporting period (FFY)?

|  |  |
| --- | --- |
| **State FTEs** | |
| **CSBG State Plan** | **Actual Number** |
| [Auto-populated target from the CSBG State Plan question 7.8]. | [Insert a number between 0 – 99] |

**Remainder/Discretionary Funds** [Section 675C(b) of the CSBG Act]

**E.7.** Describe how the State used remainder/discretionary funds in the table below.

**Instructional Note:** While the CSBG State Plan allows for either percentages or dollar amounts, this table in the administrative report must be based on actual dollars obligated to each budget category during the Federal Fiscal Year (FFY). States that do not have remainder/discretionary funds will not complete this item.If a funded activity fits under more than one category in the table, allocate the funds among the categories. For example, if the State provides funds under a contract with the State Community Action Association to provide training and technical assistance to CSBG Eligible Entities and to create a statewide data system, the funds for that contract should be allocated appropriately between Row a and Row c. If an allocation is not possible, the State may allocate the funds to the main category with which the activity is associated.

**Note:** This information is associated with State Accountability Measures 3Sa.

| **Planned vs. Actual Use of Remainder/Discretionary Funds** | | | | |
| --- | --- | --- | --- | --- |
| **Remainder/**  **Discretionary Fund Uses**  (See 675C(b)(1) of the CSBG Act) | **Planned** | | **Obligated** | **Brief description of services/activities** |
| **Planned $** | **Planned %** | **Actual $** |
| 1. Training/technical assistance to CSBG Eligible Entities | Information in these cells will be auto-populated from the accepted CSBG State plan and cannot be updated or changed. | | [Enter actual $ for each item listed for this Federal Fiscal Year. | **Narrative 2500 characters – Briefly describe the actual services and activities funded for each category.** |
| 1. Coordination of State-operated programs and/or local programs | **Narrative 2500 characters** |
| 1. Statewide coordination and communication among CSBG Eligible Entities | **Narrative 2500 character**s |
| 1. Analysis of distribution of CSBG funds to determine if targeting greatest need | **[Narrative, 2500 characters]** |
| 1. Asset-building programs | **[Narrative, 2500 characters]** |
| 1. Innovative programs/   activities by CSBG Eligible Entities or other neighborhood groups | **Narrative, 2500 characters]** |
| 1. State charity tax credits | **[Narrative, 2500 characters]** |
| 1. Other activities, specify\_\_\_\_\_\_\_\_\_ | **[Narrative, 2500 characters]** |
| **Totals** | **Auto-calculated** | | **Auto-calculated** |  |

**E.8.** What types of organizations, if any, did the State work with (by grant or contract using remainder/discretionary funds) to carry out some or all of the activities in table E.7 (above).

**[Check all that apply and provide a narrative where applicable]**

* CSBG Eligible Entities (if checked, include the expected number of CSBG Eligible Entities to receive funds) **[Narrative, 2500 characters]**
* Other community-based organizations
* State Community Action association
* Regional CSBG technical assistance provider(s)
* National technical assistance provider(s)
* Individual consultant(s)
* Tribes and Tribal Organizations
* Other **[Narrative, 2500 characters]**
* None (the State will carry out activities directly)

**E.9. Total Obligations**: Total CSBG funds obligated for the Federal Fiscal Year (Review and confirm from the chart below).

|  |  |
| --- | --- |
| **Category** | **Actual Obligations** |
| **Obligations to CSBG Eligible Entities (from State CSBG 90% Formula Funds)** | Auto-populated from Table E.2 (total actual obligations in contracts and subawards) |
| **State Administrative Costs** | Auto-populated from Table E.4 (total actual obligations of administrative funds) |
| **Remainder/Discretionary Funds** | Auto-populated from Table E.7 (total actual obligations of State remainder/discretionary funds). |
| **Total Obligations in FY \_\_\_** | Total will be auto-calculated from the three rows above |
| **E.9a. Prior Year Carryover**  Of the total amount reported in the row above, the amount that represents carryover funding from the prior fiscal year. | [Numeric response, specify $ amount] |
| **E.9b. Carryover for this Fiscal Year**  Of the total CSBG amount to the State for this fiscal year, the amount that was unobligated and will carry forward to the next fiscal year. | [Numeric response, specify $ amount] |

**SECTION F  
State Training and Technical Assistance**

**F.1.** Describe how the State delivered CSBG-funded training and technical assistance to CSBG Eligible Entities by completing the table below. Add a row for each activity: indicate the timeframe; whether it was training, technical assistance or both; and the topic. CSBG funding used for this activity is referenced under item E.7 (Planned vs. Actual Use of Remainder/Discretionary Funds.)

**Note:** F.1 is associated with State Accountability Measure 3Sc.

[This table will be auto-populated with information provided in the State’s accepted CSBG State plan and should be reviewed and updated based on the actual activities implemented.]

| **Training and Technical Assistance** | | | |
| --- | --- | --- | --- |
| **Training, Technical Assistance, or Both** | **Topic** | **Actual Dates** | **Brief Description** |
| Auto-populated from Table 8.1 of the CSBG State Plan   * Training * Technical Assistance * Both | Auto-populated from Table 8.1 of the CSBG State Plan   * Fiscal * Governance/Tripartite Boards * Organizational Standards – General * Organizational Standards – for CSBG Eligible Entities with unmet standards on Technical Assistance Plans (TAPs) or Quality Improvement Plans (QIPs) * Correcting Significant Deficiencies Among CSBG Eligible Entities * Reporting * ROMA * Community Assessment * Strategic Planning * Monitoring * Communication * Technology * Other | [Enter Date or Range] | **[Narrative, 2500 characters]**  Provide additional brief explanation of the technical assistance activities implemented. If “Other" was selected in column 3, describe in this column. |
| **ADD a ROW function** Note: Rows may be added for each additional training | | | |

**F.2.** Indicate the types of organizations through which the State provided training and/or technical assistance as described in item F.1, and briefly describe their involvement? (Check all that apply.) **[Check all that applies and narrative where applicable]**

* CSBG Eligible Entities (if checked, provide the expected number of CSBG Eligible Entities to receive funds) **[Narrative, 2500 characters]**
* Other community-based organizations
* State Community Action association
* Regional CSBG technical assistance provider(s)
* National technical assistance provider(s)
* Individual consultant(s)
* Tribes and Tribal Organizations
* Other **[Narrative, 2500 characters]**

**SECTION G  
State Linkages and Communication**

**Note:** This section describes activities that the State supported with CSBG remainder/discretionary funds, described under Section 675C(b)(1) of the CSBG Act. **Note:** This item is associated with State Accountability Measure 7Sa.

**G.1.** **State** **Linkages and Coordination at the State Level:** Please review and confirm the areas for linkages and coordination that were outlined in the CSBG State Plan.

[The items below will be auto-populated based on responses to question 9.1. in the CSBG State Plan and may be updated.]

* State Low Income Home Energy Assistance Program (LIHEAP) office
* State Weatherization office
* State Temporary Assistance for Needy Families (TANF) office
* State Head Start office
* State public health office
* State education department
* State Workforce Innovation and Opportunity Act (WIOA) agency
* State budget office
* Supplemental Nutrition Assistance Program (SNAP)
* State child welfare office
* State housing office
* Other­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

**G.1a.** Describe the linkages and coordination at the State level that the State created or maintained to ensure increased access to CSBG services by communities and people with low-incomes that avoid duplication of services (as required by the assurance under Section 676(b)(5)) and identified in the CSBG State Plan . Describe or attach additional information as needed and provide a narrative describing activities including an explanation of any changes from the original CSBG State Plan.

**[Narrative - 2500 Characters]**

**G.2.** **State** **Linkages and Coordination at the Local Level:** Describe the linkages and coordination at the local level that the State created or maintained with governmental and other social services, especially antipoverty programs, to assure the effective delivery of and coordination of CSBG services to people with low-incomes and communities and avoid duplication of services (as required by assurances under Sections 676(b)(5) and (b)(6)). Review and update the narrative describing actual activities, including an explanation of any changes from the original CSBG State Plan. Attach additional information as needed.

**[Narrative, 2500 Characters]**

[This narrative box will be auto-populated with the actual response to question 9.2. from CSBG State Plan. The State will review and update the narrative describing actual activities, including an explanation of any changes from the original CSBG State Plan.]

**G.3.** **CSBG Eligible Entity Linkages and Coordination**

**G.3a State Assurance of CSBG Eligible Entity Linkages and Coordination:** Describe how the State assured that the CSBG Eligible Entities coordinated and established linkages to assure the effective delivery of and coordination of CSBG services to people with low-incomes and communities and avoid duplication of services (as required by the assurance under Section 676(b)(5)). Attach additional information as needed.

**[Narrative, 2500 Characters]**

[This narrative box will be auto-populated with the actual response to question 9.3. from CSBG State Plan. The State will review and update the narrative describing actual activities, including an explanation of any changes from the CSBG State plan.]

**G.3b** **State Assurance of** **CSBG Eligible Entity** **Linkages to Fill Service Gaps:** Describe how the CSBG Eligible Entities developed linkages to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations, according to the assurance under Section 676(b)(3)(B) of the CSBG Act.

**[Narrative, 2500 Characters]**

[This narrative box will be auto-populated with the actual response to question 9.3b. from CSBG State Plan. The State will review and update the narrative describing actual activities, including an explanation of any changes from the original CSBG State Plan.]

**G.4.** **Workforce Innovation and Opportunity Act (WIOA) Employment and Training Combined Plan Activities (if applicable):** If the State included CSBG employment and training activities as part of a WIOA Combined State Plan, as allowed under the Workforce Innovation and Opportunity Act, provide a brief narrative describing the status of WIOA coordination activities, including web links, if available, to any publicly accessible combined plans and reports.

**[Narrative, 2500 Characters]**

[Note: This narrative box will only be completed by States in which CSBG employment and training activities are included as part of a WIOA Combined State Plan. Because the WIOA Combined State Plan is in a separate system not administered by ACF, information cannot be auto-populated. The purpose of this section will be to provide an administrative update on State-level WIOA plan coordination for States with combined plans, rather than a report on employment and training outcomes at the CSBG Eligible Entity level. ]

**G.5.** **Coordination among CSBG Eligible Entities and the State Community Action Association:** Describe State activities that took place to support coordination among the CSBG Eligible Entities and the State Community Action Association.

**[Narrative, 2500 Characters]**

[This narrative box will be auto-populated with the actual response to question 9.8. from CSBG State Plan. The State will review and update the narrative describing actual activities, including an explanation of any changes from the original CSBG State Plan.]

**G.6.** **Feedback to CSBG Eligible Entities and State Community Action Association:** Describe how the State provided feedback to local entities and the State Community Action Association regarding its performance on State Accountability Measures.

**[Narrative, 2500 Characters]**

[This narrative box will be auto-populated with the actual response to question 9.10 from CSBG State Plan. The State will review and update the narrative describing actual activities, including an explanation of any changes from the original CSBG State Plan.]

**Note:** This information is associated with State Accountability Measure 5S(iii). The measure indicates feedback should be provided within 60 calendar days of the State receiving feedback from OCS.

**SECTION H  
Monitoring, Corrective Action, and Fiscal Controls**

**Monitoring of CSBG Eligible Entities** (Section 678B(a) of the CSBG Act)

**H.1.** Briefly describe the actual monitoring visits conducted during the reporting year including: full on-site reviews; on-site reviews of newly designated entities; follow-up reviews – including return visits to entities that failed to meet State goals, standards, and requirements; and other reviews as appropriate. If a monitoring visit was planned during the year but not implemented, provide a brief explanation in the far right column of the table below.

**Note:** This information is associated with State Accountability Measure 4Sa(i).

This table will be auto-populated with information provided in the State’s accepted CSBG State Plan. The information should be reviewed and updated based on the actual monitoring visits conducted. Additional rows may be added for monitoring visits that were not included in the original plan with an explanation of the circumstances in the description. A brief explanation for any visits that were included in the State plan but not conducted may be provided in the far right row.

| **CSBG Eligible Entity** | **Review Type** | **Actual Site**  **Visit Dates** | **Brief Description of Purpose** |
| --- | --- | --- | --- |
| Information in these cells will be auto-populate with projected visits in Table 10.1 from the CSBG State Plan. The State may add rows for additional monitoring visits conducted. The State may not delete visits that were included in the CSBG State Plan, but may provide a brief explanation for visits that were not conducted in the far right row. | **Dropdown Options:**   * Full onsite * Newly Designated * Follow-up * Other * No review | **Enter dates** | **Note**: If a monitoring visit was a part of the original state monitoring plan, note it as a scheduled monitoring visit. If the visit was not a part of the original monitoring plan, provide a brief explanation for the purpose of the visit (e.g. a follow-up regarding a special issue). This section should not be used to outline findings, but should simply note the purpose of the monitoring (e.g. follow-up regarding corrective actions).  **[Narrative, 500 characters]** |
| **ADD a ROW function Note: Rows may be added for each additional Monitoring Visit** | | | |

**H.2.** **Monitoring Policies:** Were any modifications made to the State’s monitoring policies and procedures during the reporting period (FFY)? 🞎 Yes 🞎 No

If changes were made to State monitoring policies and procedures, attach and/or provide a hyperlink to the modified documents. **[Attach a document or add a link]**

**H.3. Initial Monitoring Reports:** Were all State monitoring reports conducted in manner consistent with State monitoring policies and procedures and disseminated to CSBG Eligible Entities within 60 calendar days? 🞎 Yes 🞎 No

If no, provide the actual number of days for initial distribution of all monitoring reports and provide an explanation for the circumstances that resulted in delayed reports. **[Narrative 2500 characters]**

**Note:** This item is associated with State Accountability Measure 4Sa(ii).

**Corrective Action, Termination and Reduction of Funding and Assurance Requirements** (Section 678C of the CSBG Act)

**H.4.** **Quality Improvement Plans (QIPs):** Did all CSBG Eligible Entities on Quality Improvement Plans resolve identified deficiencies within the schedule agreed upon by the State and eligible entity? 🞎 Yes 🞎 No

If no, provide an explanation for the circumstances. **[Narrative 2500 characters]**

**Note:** The QIP information is associated with State Accountability Measures 4Sc.

**H.5.** **Reporting QIPs:** Did the State report all CSBG Eligible Entities with serious deficiencies from a monitoring review to the Office of Community Services within 30 calendar days of the State approving a QIP? 🞎 Yes 🞎 No

If no, provide an explanation for the circumstances. A plan to assure timely notification of OCS must be included in the next CSBG State Plan. **[Narrative 2500 characters]**

**Note:** This item is associated with State Accountability Measure 4Sa(iii)).

**Fiscal Controls and Audits**

**H.6.** **Single Audit Review:** In the table below, provide the dates of any CSBG Eligible Entity Single Audits in the Federal Audit Clearinghouse that were received and reviewed during the Federal Fiscal Year as required by the CSBG regulations applicable to 45 CFR 75.521. If the audit contained findings requiring a management decision by the State, provide the date the decision was issued.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Identification Number (EIN) of Agency | Date Audit Was Accepted by Federal Audit Clearinghouse | State Management Decision Required? | State Management Decision Issued within Six Months? | Date Management Decision Issued (if applicable) |
| [Numeric] | [Date] | [Y/N] | [Y/N/Pending] | [Date] |
| **Add a ROW function Note: Rows may be added for each additional Single Audit accepted by the Federal Audit Clearinghouse during the fiscal year.** | | | | |

**H.7. Single Audit Management Decisions:** Briefly describe any management decisions issued according to State procedures of CSBG Eligible Entity single audit. Provide the audit finding reference number from the Federal Audit Clearinghouse and describe any required actions and timelines for correction. **[Narrative, 2500 Characters]**

**Note:** This information is associated with State Accountability Measure 4Sd.

**SECTION I**

**Results Oriented Management and Accountability (ROMA) System**

**I.1. ROMA Participation:** In which performance measurement system did the State and CSBG Eligible Entities participate, as required by Section 678E(a) of the CSBG Act and the assurance under Section 676(b)(12) of the CSBG Act?

Auto-populated from the CSBG State Plan. State will review and confirm

* The Results Oriented Management and Accountability (ROMA) System
* Another performance management system that meets the requirements of section 678E(b) of the CSBG Act
* An alternative system for measuring performance and results

**I.1a.** If ROMA was selected in item I.1, provide an update on any changes in procedures or to data collection systems that were initiated or completed in the reporting period. **[Attachment and Narrative, 2500 characters]**

**I.1b.** If ROMA was not selected in item I.1, describe the system the State used for performance measurement. Provide an update on any changes in procedures or to data collection systems that were initiated or completed in the reporting period.

**[Narrative, 2500 characters]**

**I.2.** **State ROMA Support:** How did the State support the CSBG Eligible Entities in using the ROMA system or alternative performance measurement system in promoting continuous improvement? For example, describe any data systems improvements, support for community needs assessment, support for strategic planning, data analysis etc.

**[Narrative, 2500 characters or attach a document]**

**I.3.** **State Review of CSBG Eligible Entity Data**: Describe the procedures and activities the State used to review the ROMA data (i.e. all data from elements of the ROMA cycle) from CSBG Eligible Entities for completion and accuracy (e.g. methodology used for validating the data submitted annually by the local agencies).

**[Narrative, 2500 characters or attach a document]**

**I.4 State Feedback on Data Collection, Analysis, and Reporting**: State Accountability Measure 5S(ii) requires states to submit written feedback to each CSBG Eligible Entity regarding the entity’s performance in meeting ROMA goals, as measured through National Performance Indicator (NPI) data, within 60 calendar days of submitting the State’s Annual Report. Has the state provided each CSBG Eligible Entity written, timely (at a minimum within 60 days of the submission) feedback regarding the entity’s performance in meeting ROMA goals as measured through national performance data? 🞎 Yes 🞎 No

If no, describe the plan to assure timely notification of the CSBG Eligible Entities within 60 calendar days of submitting the State’s CSBG Annual Report. **[Narrative 2500 characters]**

**If yes, please describe.**

**Note:** This information is associated with State Accountability Measure 5S(ii).

**I.5.** **State and CSBG Eligible Entity Continuous Improvement.** Provide 2-3 examples of changes made by CSBG Eligible Entities to improve service delivery and enhance impact for individuals, families, and communities with low-incomes based on their in-depth analysis of performance data.

**[Narrative, 2500 characters or attach a document]**