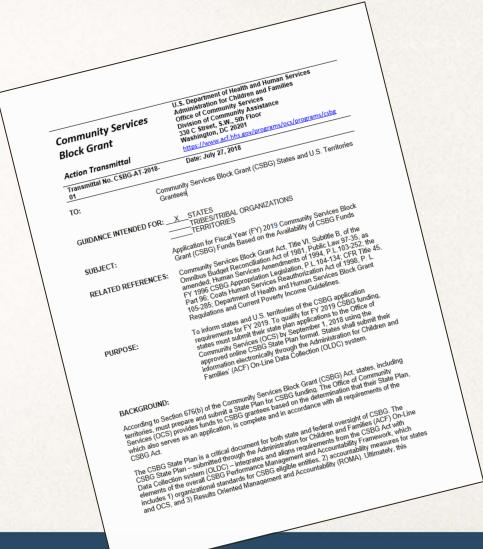
## CSBG State Plan Online Data Application Submission

Office of Community Services (OCS)
Division of Community Assistance (DCA)
Community Services Block Grant (CSBG)
August 15, 2018

## Welcome!

## **OCS** Guidance

- Action Transmittal
   (AT) 2018-02,
   Application for
   FY2019 Funds for
   State and Territories
   (based on the availability
   of CSBG funds)
  - Released July 27, 2018





## Overview and Reminders

## Today's Focus

- Online Data Collection (OLDC) system Refresher
- Completing the CSBG State Plan (CSP) Live Demo
- Submitting the CSP

## Reminder...

All Plans Due: Saturday, September 1, 2018

## **CSBG State Plan Overview**

- Received OMB Clearance July 2, 2018
- Revised and automated CSBG State Plan
  - Incorporates the 3 performance management efforts
  - Accessed through ACF's Online Data Collection System (OLDC)
  - Increases efficiency, improves data analysis

## CSBG State Plan Submission Groups

#### **GROUP A**

The following states are required to submit a one- or two-year plan for FY2019

Alabama Alaska Arizona Connecticut Delaware District of Columbia Florida Georgia Marvland Kansas Massachusetts Michigan Mississippi Nebraska **New Hampshire New Jersey** South Dakota Oregon Puerto Rico South Carolina Utah Vermont Virginia Washington state Wyoming

#### **GROUP B**

The following states are solely required to submit a SF-424M for FY2019, but may submit updates to their accepted plans

Idaho Arkansas California Colorado Hawaii Illinois Indiana Kentucky Louisiana lowa Maine Missouri Montana Nevada Minnesota **New Mexico New York** North Carolina North Dakota Ohio Oklahoma Pennsylvania Rhode Island Tennessee Texas

Wisconsin



West Virginia

#### **CSBG State Plan Webinar Series**

Webinar Title	Description	Date	Audience
Changes to CSP	A one-time webinar focused on the revisions made to the CSP	January 9	All states
State Plan Prep!	An annual webinar focused on refreshers to help you in completing your state plan	March 15	Group A
Button Down: Designation Letter(s), Authorizing Officials, Certifications	An annual webinar focused on requirements around the designation letter, authorizing officials, and certifications	April 17	Group A
<b>CSBG Eligible Entity Master List</b>	A one-time webinar on how to complete the new CSBG Eligible Entity Master List	July 30	All States
Submitting the SF-424M!	An annual webinar focused on refreshers for submitting the SF-424M	August 6	Group B
Great! We Made It!	A one-time webinar focused on the final changes made to the CSBG State Plan	August 14	All states
Submitting the Plan!	An annual webinar focused on refreshers for submitting the CSBG State Plan in OLDC	August 15	Group A

All recorded webinars can be found on the NASCSP website.



## **OLDC** Refresher



## **OLDC Overview**

- Allows for forms to be submitted quickly and securely
- OLDC roles are based on Grantee Job Types
  - Data Entry Create, edit and enter data into forms
  - Authorized Official Reviews and certifies forms
  - Grant Administrator Perform all actions of Data Entry and Authorized Official, as well as submitting and unsubmitting forms

If the roles from last year remain the same, there is no need to submit a new form!

## Register OLDC Accounts

- Individuals must have their own account
- Each state should have <u>at least one</u> user per job type
  - Grant Administrator
  - Authorized Official
  - Data Entry Person (Optional)
- Each person must have CSBG assigned to their account
- Verify that you have an account and the right role
  - Link to OLDC Access Form is available in AT 2018-02
  - Submit completed forms by August 17, 2018
  - Niki Frazier, <u>nikita.frazier@acf.hhs.gov</u>

## **Usernames and Passwords**

- New users will receive their username and passwords via two emails
  - Received from:

notifications@grantsolutions.gov

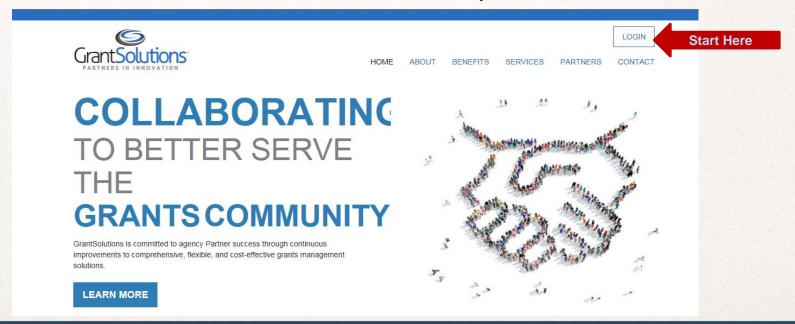
Contact support if either email is not received

Phone: 1-866-577-0771

help@grantsolutions.gov

## Logging into OLDC

- All users will access the Online Data Collection (OLDC) system via GrantSolutions (<a href="https://www.grantsolutions.gov">https://www.grantsolutions.gov</a>)
  - Chrome, Firefox or Internet Explorer



## **Accessing OLDC**

Enter your username and password, then click "Login"



 If you are unable to log into OLDC, contact the GrantSolutions helpdesk at <a href="mailto:help@grantsolutions.gov">help@grantsolutions.gov</a>



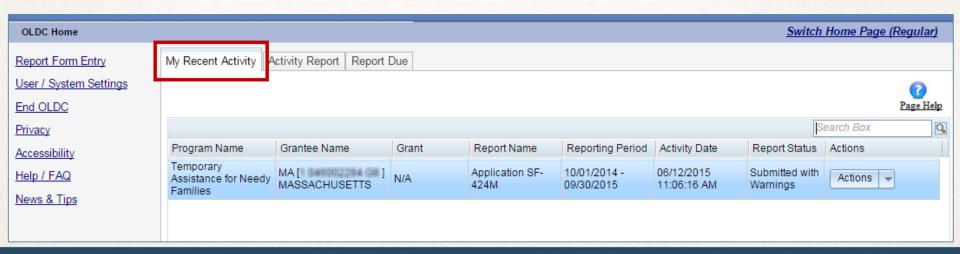
## Accessing OLDC continued

 The "GrantSolutions – Portal" screen appears. From the menu bar, select OLDC.



## **OLDC Home Tabs: My Recent Activity**

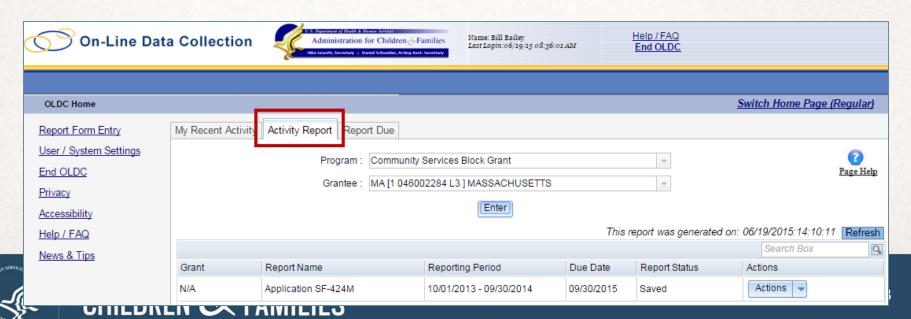
- My Recent Activity: Displays all forms recently accessed by the user. Possible Actions include:
  - View: View a form in read-only mode
  - Edit: Access the Report Sections screen in edit mode
  - Report Status: Navigate to the Report Form Status page





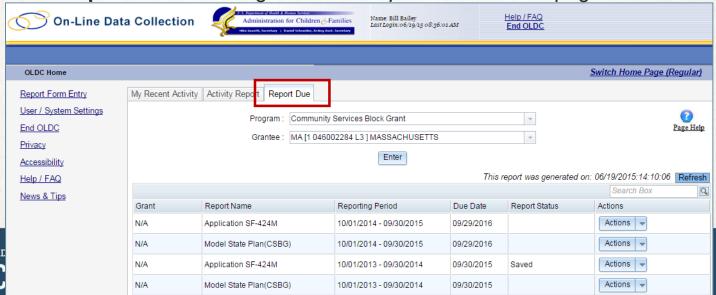
## **OLDC Home Tabs: Activity Report**

- Activity Report: Search for forms in progress, submitted, or approved over the past two years. To access historical data, use the Report Form Entry link from the main menu. Possible Actions include:
  - View: View a report in read-only mode
  - Edit: Access the Report screen in edit mode
  - Report Status: Navigate to the Report Form Status page



## **OLDC Home Tabs: Report Due**

- Report Due: Access plans that are currently available for submission. Once a plan is submitted, it is removed from this tab but can still be accessed from My Recent Activity, Activity Report, and from the Report Form Entry menu
  - View: View a plan in read-only mode
  - Create: Start a new plan by navigating to the Report screen in edit mode
  - Edit: Access an existing report in edit mode
  - Report Status: Navigate to the Report Form Status page

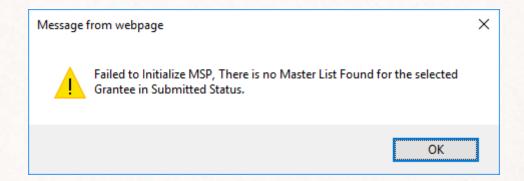




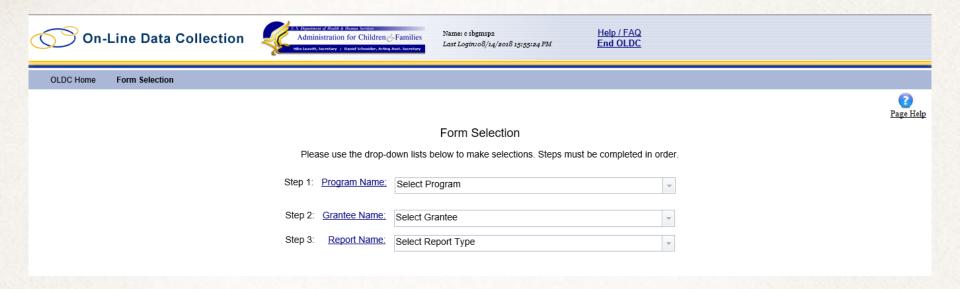
# Submitting New CSBG State Plans

## **CSBG Eligible Entity Master List**

First Submit CSBG Master List



## Report Form Entry



Step 1: Program Name: Select Community Services Block Grant

Step 2: Grantee Name: Select Your state

Step 3: Report Name: Select State Plan



## Report Form Entry continued

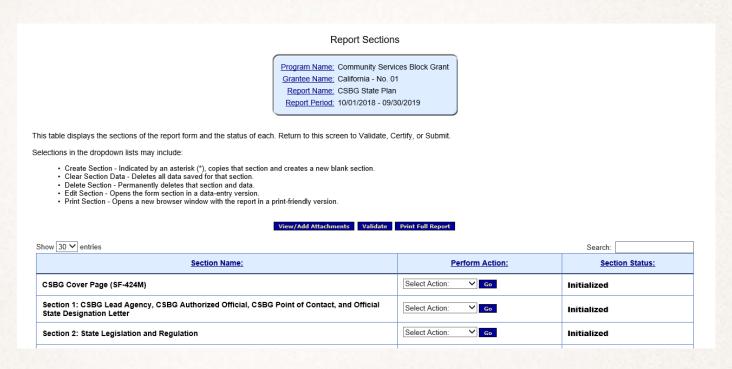
				Form Sel	ection		
		Plea	ase use the drop-o	lown lists below to make	selections. Steps must be	completed in order.	
		Step 1:	Program Name:	Community Services E	Block Grant	¥	
		Step 2:	Grantee Name:	AZ [1 741000283 A1] (	1993-2019) Arizona - No. 0	1	
		Step 3:	Report Name:	State Plan (CSBG)		•	
Step 4:	Repo	ort Period:					
	Reporting Period		od	Туре	Report Status		
		O 10/01/2019 - 09/30/2020		Annual			
	0	10/01/2018 - 09/30/2019		Annual			
Step 5:	S	Select Action: Nev	v / Edit / Revise R	eport			

Step 4: Report Period: Select FFY 2019 (October 1, 2018 – September 30, 2019)

Step 5: Select Action: Select New / Edit / Revise Report



## **Accessing Reports**



- "Report Sections" contains 16 sections (including the cover page)
- Each section's data is entered separately and sections may be saved individually



## Form Entry: Report Sections

- Report Section actions
  - Clear Section Data: To delete all data previously saved for a section, click the drop-down arrow next to a section, select Clear Section Data, and click Go
  - Edit Section: To begin entering data for a section, click the drop-down arrow next to a section, select Edit Section, and click Go
  - Print: To print a section, click the drop-down arrow next to a section, select
     Print Section, and click Go

You must complete Section 1 prior to completing other sections for validation purposes!

View/Add Attachments Validate Print Full Report				
Section Name:	Perform Actio	n:	Section Status:	
CSBG Cover page (SF-424M)	Select Action: ▼	Go	Initialized	
Section 1: CSBG Lead Agency, CSBG Authorized Official, CSBG Point of Contact, and Official State Designation Letter	Select Action: ▼ Select Action:	Go	Initialized	
Section 2: State Legislation and Regulation	Clear Section Data	Go	Initialized	
Section 3: State Plan Development and Statewide Goals	Edit Section Print Section	Go	Initialized	
	Coloot Action:		1 1/2 11 1	



## Cover Page (SF-424m)

If submitting a one-year plan, select:

1.a. Type of Submission: Plan

1.b. Frequency: Annual

1.d. Version: Initial

If submitting a two-year plan, select:

1.a. Type of Submission: Plan

1.b. Frequency: Other (2 Year)

1.d. Version: Initial





## Form Entry: Enter Data

- Data Entry Types
  - Text boxes: Enter free text. The character limitations vary for each text box. Text may be copied and pasted from MS Word.
  - Radio buttons: Circular; signifies that you can only select one option.
  - Checkboxes: Square; signifies that you can select all that apply.
  - Add rows and select drop-downs: Enter data, select items from a pre-populated drop-down list, and add additional rows when necessary.

## Form Entry: Action Buttons

View/Add Attachments

Validate

Print Full Report

- Report Section screen buttons
  - View/Add Attachments: Allows you to view attachments from this button
    - <u>Do not attach files</u> using this button all allowable attachments are attached to specific cells within the sections
  - Validate: Checks the Plan for errors or missing data
    - If there are no issues, the Plan is validated and ready to be certified by the Authorized Official
  - Print Full Report: Prints all sections as one complete report



## Report Entry: Attachments

- Attachments: Only attach files at the cell level
  - View all attachments from the "Report Form status" page or using the View/Add Attachments button
- Click the paper clip icon within a cell to attach one or more files
- Naming attachments:
  - Question Number and Header/Descriptive words (ex. 1.3. Designation Letter)
  - No special characters (except for the period)
- Attachments should be PDF format and not password protected

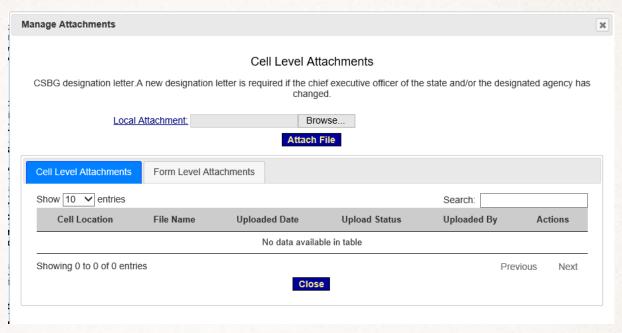
1.3. Designation Letter:

Attach the State's official CSBG designation letter. A new designation letter is required if the chief executive officer of the state and/or the designated agency has changed. 🗓





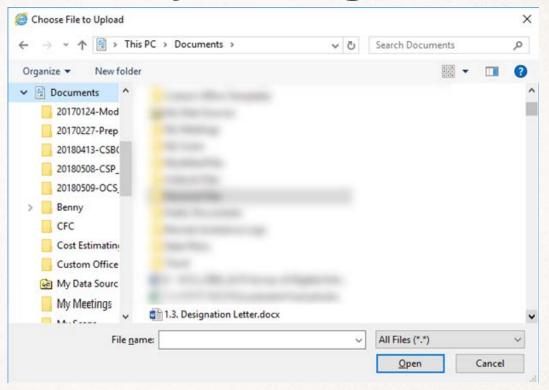
## Report Entry: Adding Attachment



- The "Cell Level Attachments" screen pops-up
- Click Browse



## Report Entry: Adding Attachments continued

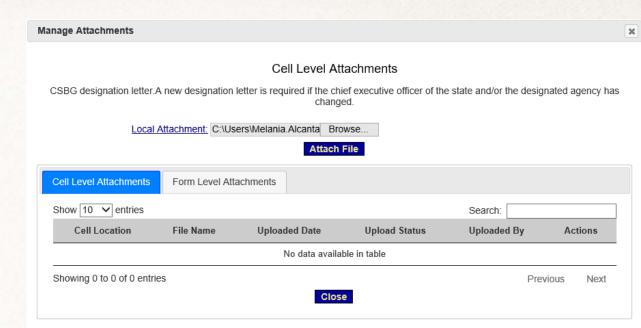


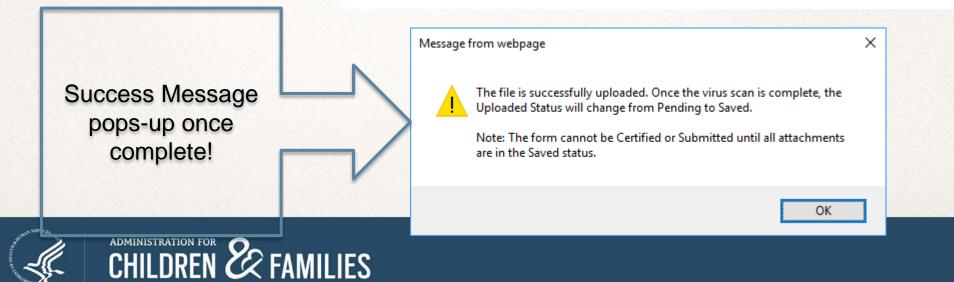
- In Windows Explorer window, select the correct file
- Click Open



#### Report Entry: Adding Attachments - Success!

- The "Cell Level Attachments" will pop-up
- Click Attach File





## Report Entry: Attachments continued

- The "Cell Level Attachments" screen refreshes and the document is attached
- The *Attachments* table contains the following columns:
  - Cell Location: Cell to which the document was attached
  - File Name: Document name link. Click the link to open the attachment
  - **Uploaded Date**: Shows date of upload
  - Upload Status: Should show as "Saved"
  - Uploaded By: Shows the username of the uploader
  - Actions: This allows you to Delete the attachment(s)
- Repeat the previous steps to add additional attachments
- Click Close when finished.

Cell Location	File Name	Uploaded Date	Upload Status	Uploaded By	Actions
Section 1: CSBG Lead Agency, CSBG Authorized Official, CSBG Point of Contact, and Official State Designation Letter CSBG designation letter. A new designation letter is required if the chief executive officer of the state and/or the designated agency has changed.	1.3. Designation Letter.docx	08/15/2018	Saved	c sbgmsp2	×

#### **Allowable Attachments**

- Attachments minimized
  - Character Limit Updated

Item No.	Item Title
1.3.	Designation Letter [Required]
2.3.	Legislation/Regulation
4.4.	Public Hearing Documentation [Required]
6.1b.	Alternative Organizational Standards [Required, as applicable]
10.2.	Monitoring Policies
15.1.	Lobby Certification
15.2.	Drug-free Workplace Certification
15.3.	Debarment Certification
15.4.	Environmental Tobacco Smoke



## Report Entry: Skip Logic

- Hides questions that are dependent on the response to a previous question
  - Hidden questions do not change the number order

#### **EXAMPLE**

Item 3.3a. requests narratives if you select "Other"

If you choose either of the "Other" options a narrative field will appear

## CSP REVISIONS

### Section 1 – 1.1 and 1.1a.

- CSBG Administrative Information
- 1.1 and 1.1a. Length of Plan and Time Period

1.1 Identify whether this is One-Year or a Two-Year Plan	One-Year   Two-Year	
1.1a Provide the Federal Fiscal Years this plan covers:	Year One 2019 ✓	Year Two 2020 V

Your response will impact the following questions:							
3.5.	6.5.	7.2.	7.6.	7.7.			
7.8.	7.9.	8.1.	8.1a.	10.1.			

## Section 1 - 1.2 - 1.5

Pre-populations, Updates and Pre-populations				
1.2. and 1.4.	Pre-populates - Identify if there are any changes - Update those specific items			
1.2b, 1.2d., & 1.4b.	Require new responses			
1.5.	New Question			

1.2.Lead Agency: Update the following information in relation to the lead agency designated to administer CSBG in the state, as required by Section 676(a) of the CSBG Act.

Information should reflect the responses provided in the Application for Federal Assistance, SF-424M.

Has information in regards to the state lead agency has changed since the last submission of the state plan? ○Yes ● No

#### 1.3. Designation Letter:

Attach the State's official CSBG designation letter. If either the governor or designated agency has changed, update the letter accordingly.

Instructional Note: The letter should be from the chief executive officer of the state and include, at minimum, the designated state CSBG lead agency and title of the authorized official of the lead agency who is to administer the CSBG grant award.

1.4. CSBG Point of Contact: Provide the following information in relation to the designated State CSBG point of contact. The State CSBG point of contact should be the person that will be the main point of contact for CSBG within the State.

Has Information in regards to the state point of contact has changed since the last submission of the state plan? ○Yes ● No

1.5. Provide the following information in relation to the <u>State Community Action Association</u>. There is currently a state Community Action Association within the state. 

Yes O No

Information in regards to the state Community Action Association has changed since the last submission of the state plan. 🔾 Yes 🖲 No



## Section 5 - 5.1. - 5.2.

5.1. CSBG Eligible Entities: In the table below, list each eligible entity in the State, and indicate public or private, the type(s) of entity, and the geographical area served by the entity.  Note: Table 5.1 pre-populates the Annual Report, Module 1, Table C.1.									
Туре	Types of Entities include Community Action Agency, <u>Limited Purpose Agency</u> , Local Government Agency, Migrant or Seasonal Farmworker Organization, Tribe or Tribal Organization, and Other								
#	CSBG Eligible Entity	Geographical Area Served by county (Provide all counties)	Public or Nonprofit	Type of Entity [choose all that apply]	Delete				
1	Test Eligible Entity 1	Montgomery County	Public V	Community Action Agency					
<u>2</u>	Test Eligible Entity 2	Prince Georges County, Allegany County	Non-Profit V	Community Action Agency					
3	Test Eligible Entity 3	Arlington	Public V	Community Action Agency Limited Purpose Agency					

- Pre-populates from Eligible Entity Master List
- Read-only
- 5.2. auto-calculates based on number of entities

## Section 5-5.3.

5.3 Changes to Eligible Entities List: Within the tables below, describe any changes that have occurred to the Eligible Entities within the state since the last federal fiscal Year (FFY), as applicable.
One or more of the following changes were made to the eligible entity list: [Check all that apply].
☐ Designation and/or Re-Designation
☐ De-designations and/or Voluntary Relinquishments
☐ Mergers
✓ No Changes to Eligible Entities List

If there are no changes from your previous submission

Select No Changes to Eligible Entities List

## Section 5 - 5.3a. - 5.3c.

<ul> <li>✓ Designation and/or Re-Designation</li> <li>✓ De-designations and/or Voluntary Relinquishments</li> <li>✓ Mergers</li> <li>No Changes to Eligible Entities List</li> </ul>				
5.3a Designation and Re-Designation: Identify a fiscal year.Include any eligible entities designated to serve an area previous designated) or that voluntarily relinquished its status as	sly not served by CSBG as well			
CSBG Eligible Entity	Туре	Start Date	Geographical Area Served	Delete
	Select			□
Add Se	ction 5 - 5.3a Designation and Re-D	Designation: 1 🗸 Add Delete	Marked Rows	
5.3b. Designation and Voluntary Relinquishme (de-designated) as defined under Section 676(c) and Sec Include any eligible entities designated to serve an area designated)	tion 676C of the Act, or volunta	rily relinquished their CSBG eli	gible entity status since the last Federal Fiscal Yea	r (FFY).
CSBG Eligible Enti	ty		Reason	Delete
	<b>O</b>	Select 🗸		
Add Section 5 -	5.3b De-Designations and Volunta	ry Relinquishments: 1 🗸 🔼	Delete Marked Rows	
5.3c. Mergers: In the table below, provide informat mergers or other combinations of two or more eligible e	•	the prior year state plan		
Original CSBG Eligible Entities	Surviving CSBG Eligible Entity	New Name (as applicable)	DUNS No.	Delete
Ĉ .	<b>\$</b>			

If there are changes - select the type of change and the correlating table will appear.

#### ENTER THE ELIGIBLE ENTITY OFFICIAL NAME AS SHOWN IN THE MASTER LIST



## **Section 6 – 6.4a.**

Auto-calculates # of exempted eligible entities

6.4a. Provide the specific eligible entities the state will exempt from meeting organizational standards, and provide a description and a justification for each exemption

Total Number of Exempt Entities: 1

CSBG Eligible Entity

Description / Justification

Delete

Add Section 6.4a Specific Eligible Entities: 1

The description/justification

can be repeated.

## Section 7 – 7.2, 7.6. and 7.9.

- How are you planning to allocate the 100% of the CSBG funds that you receiving between:
  - Eligible Entities (7.2.)
  - Administrative Funds (7.6.)
  - Remainder/Discretionary Funds (7.9.)

# When combined the percentages provided should equal 100%



## Section 9

9.9 Communication with Eligible Entities and the State Community Action Association:
In the table below, detail how the state intends to communicate with eligible entities, the State Community Action Association, and other partners identified under this State Plan on the topics listed below. For any topic that is not applicable, select "Not Applicable" under Expected Frequency.

# Subject Matter Expected Frequency Format Brief description of "Other" Upcoming Public and/or Legislative Hearings Select ✓ State Plan Development Select ✓ Organizational Standards Progress Select ✓ State Accountability Measures Progress Select ✓

- Select the Expected Frequency
  - If you choose Not Applicable Format and Brief Description will remain "read-only"
  - Every Other Option will open Format and Brief Description
  - Brief Description will only remain open if Other is chosen under Format



## Section 9



- Option to add additional Subject Matters
- Click "Add" to add additional subject matters
- You are not required to add additional subject matters

Test Eligible Entity 2

Test Eligible Entity 3

## Section 10 - 10.1.

10.1. Specify the proposed schedule for planned monitoring visits - 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. This is an estimated schedule to assist States in planning. States may indicate "no review" for entities the State does not plan to monitor in the performance period. Note: This information is associated with State Accountability Measure 4Sa(i); this response pre-populates the Annual Report, Module 1, Table H.1. Start Date of End Date of Last Brief **CSBG Eligible Entity** Monitoring Type Review Type Target Quarter Last Full Onsite Full Onsite Description Delete of "Other" Review Review Test Eligible Entity 1 Select

Add Monitoring Schedule - Year One: 1 V Add Delete Marked Rows

- Only provide details for the entities that you plan to review in the Federal Fiscal Year
- Monitoring Type

Select

Select

- Select "No Review" if there are not going to be reviewed
- Fields will remain "Read-Only"

## Section 10 - 10.1.

	CSBG Eligible Entity	Monitoring Type	Review Type	Target Quarter	Start Date of Last Full Onsite Review	End Date of Last Full Onsite Review	Brief Description of "Other"	Delete
		[5.11.0		E)(1.00.11	D/0/2040		No details required unless "Other" is selected under Monitoring Type	
1	Test Eligible Entity 1	Full On-site	Desk Review ✓	FY1 Q2 🗸	8/6/2018	8/10/2018	~	
2	Test Eligible Entity 2	No review 🗸						
							If "Other" is selected under Monitoring Type, please provide an explanation here	
3	Test Eligible Entity 3	Other 🗸	Onsite Review V	FY1 Q2 🗸	8/13/2018	8/17/2018		
							Y	
	Add Monitoring Schedule - Year One: 1 V Add Delete Marked Rows							

#### Brief Description of "Other"

- No details required unless "Other" is selected under Monitoring Type
- If "Other" is selected under Monitoring Type, please provide an explanation here

## Section 12 - 12.1

```
12.1. Required Income Eligibility:

Provide the income eligibility threshold for services in the state.

[Check one item below.]

125% of the HHS poverty line \( \times \times \times \times \) X% of the HHS poverty line (fill in the threshold) \( \times \times \times \times \times \times \) Varies by eligible entity
```

- Previously allowed Select All that Applies (Checkboxes)
- Now only allows Select One (Radio Button)
  - Additional details are required if X%... or Varies by... is selected

#### **CSBG State Plan Submission Process Steps**

Save Retains information Validate
Checks rules
and saves data

Certify
Applies
electronic
signature

Submit
Official
submission to
ACF/CSBG

## **CSBG Federal Staff Contacts**

## **Program Questions,** contact your CSBG Program Specialist

- Crystal Crews Regions IV(b), V, VII Crystal.crews@acf.hhs.gov
- Isaac Davis Regions III, VI, IX isaac.davis@acf.hhs.gov
- Jamia Furbush Regions II, VIII, X jamia.furbush@acf.hhs.gov
- Jonna Holden Regions I, IV(a) jonna.holden@acf.hhs.gov

## Technical Questions and OLDC Access Concerns

- Monique Alcantara melania.alcantara@acf.hhs.gov
- Niki Frazier nikita.frazier@acf.hhs.gov

Also copy

<u>CSBGStates@acf.hhs.gov</u> to ensure prompt response

# Questions?