# CSBG Annual Report Module I

## How-To Guide for completing Module I within OLDC

ADMINISTRATION FOR
CHILDREN & FAMILIES
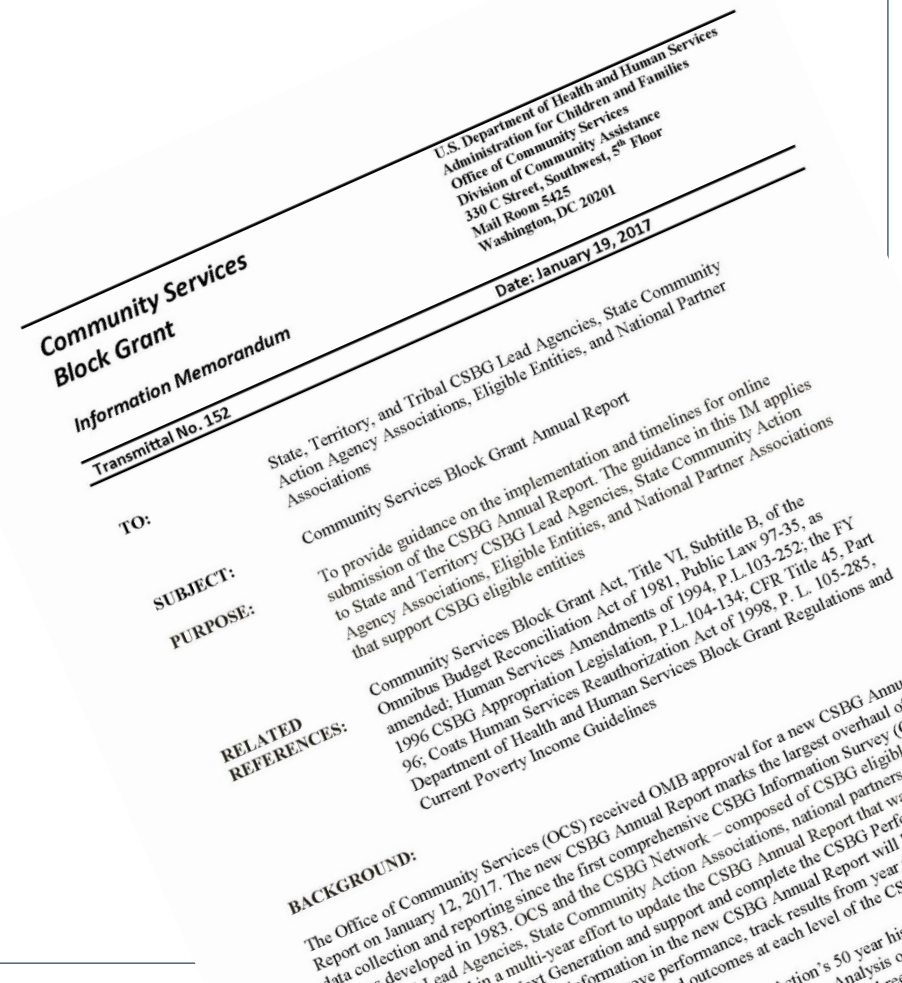
# Topics

- ❑ Important Dates
- ❑ Quick Links
- ❑ Login and Access
- ❑ Completing the Report
- ❑ Tidbits
- ❑ Submission
- ❑ Contact List

ADMINISTRATION FOR
CHILDREN & FAMILIES

# Important Dates

❑ Annual Report Clearance Received – January 19

❑ OLDC Available – March 2

❑ Module I Submission Due – April 7

❑ Information Survey Submission Due – April 7

# Quick Links

Information Memorandum for CSBG Annual Report
https://www.acf.hhs.gov/ocs/resource/csbg-im-152-annual-report

OLDC
https://home.grantsolutions.gov/home/

Module I
https://www.acf.hhs.gov/sites/default/files/ocs/rpt_csbg_annual_report_final.pdf

More information about the IS Survey can be found:
http://nascsp.org/CSBG/604/CSBG-IS-Survey.aspx?iHt=23

# Getting Started

# Website & Login Information

❑ Go to the following Web Address:

https://home.grantsolutions.gov/

❑ Login using the login name and password received from OLDC

If you have questions about your login information please contact Niki Frazier

Nikita.Frazier@acf.hhs.gov

# **Accessing OLDC**

## Once logged in – select *OLDC*

# Accessing the Report

Select *Report Form Entry* on the left side of the screen

# Form Selection

## Form Selection

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1: Program Name: [Select Program ▼]

Step 2: Grantee Name: [Select Grantee ▼]

Step 3: Report Name: [Select Report Type ▼]

Web Accessibility | Privacy and Security Notice | Freedom of Information Act | Disclaimers

# Form Selection: Step 1

## Step 1: Program Name
### Select *Community Services Block Grant*

### Form Selection

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1: Program Name: | Community Services Block Grant

Step 2: Grantee Name: | Select Grantee

Step 3: Report Name: | Select Report Type

Web Accessibility | Privacy and Security Notice | Freedom of Information Act | Disclaimers

# Form Selection: Step 2

## Step 2: Grantee Name
Select *your state* from the dropdown

### Form Selection

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1:   Program Name:   Community Services Block Grant

Step 2:   Grantee Name:   DC [1 536001131 A4] (1993-2016) DISTRICT OF COLUMBIA

Step 3:   Report Name:   Select Report Type

Web Accessibility  |  Privacy and Security Notice  |  Freedom of Information Act  |  Disclaimers

# Form Selection: Step 3

## Step 3: Report Name
### Select *Annual Progress (Module – 1)*



**Form Selection**

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1: Program Name: Community Services Block Grant

Step 2: Grantee Name: DC [1 536001131 A4] (1993-2016) DISTRICT OF COLUMBIA

Step 3: Report Name: Select Report Type

- Select Report Type
- Annual Progress (Module - 1)
- Expenditures (FFR SF-425)
- Expenditures - Archive (SF-269A)
- Mandatory Grant Application (SF-424 - M)
- Model Plan (CSBG)
- Review (CSBG Model Plan)

Web Accessibility |

# Form Selection: Step 4

**Step 4: Report Period**
Select the dates for the fiscal year on which you are reporting
This is extremely important as it will pull information from your correct State Plan

## Form Selection

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1:  Program Name:  Community Services Block Grant

Step 2:  Grantee Name:  DC [1 536001131 A4] (1993-2016) DISTRICT OF COLUMBIA
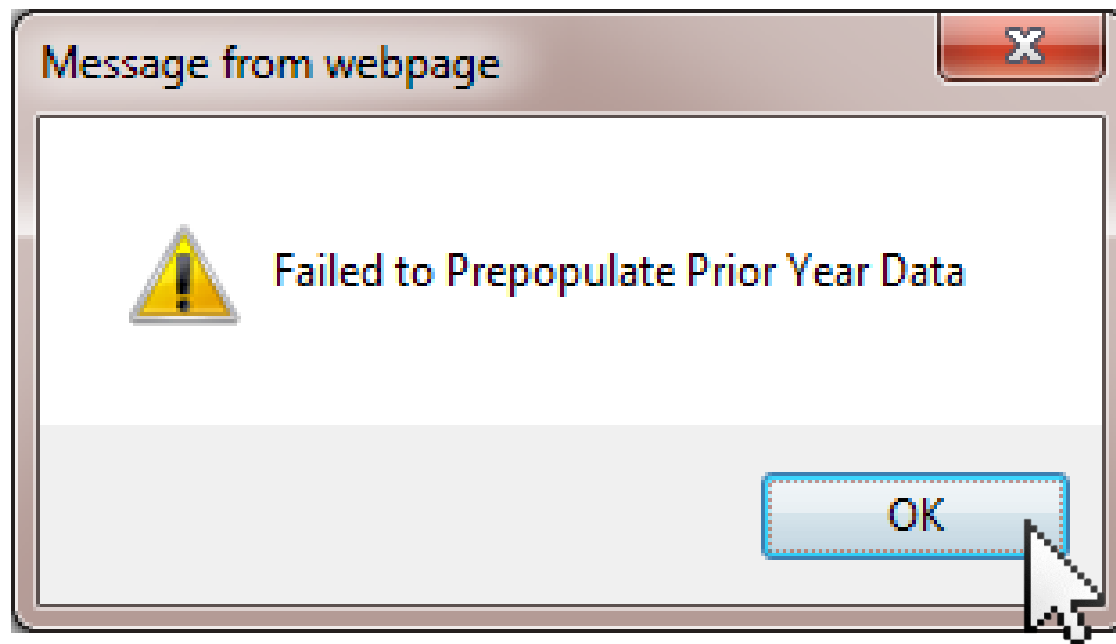
Step 3:  Report Name:  Annual Progress (Module - 1)

Step 4:  Report Period:

| | Reporting Period | Type | Report Status |
|---|---|---|---|
| ○ | 10/01/2017 - 09/30/2018 | Annual | |
| ○ | 10/01/2016 - 09/30/2017 | Annual | |
| ◉ | 10/01/2015 - 09/30/2016 | Annual | |
| ○ | 10/01/2014 - 09/30/2015 | Annual | |
| ○ | ▮/2013 - 09/30/2014 | Annual | |

Choose Reporting Period FY 2016 to populate information from your 2016 CSBG State Plan!

# Form Selection: Step 4 continued

Note: Should you select the wrong reporting period,
the Annual Report will not populate
Instead you'll receive this error:



Message from webpage

⚠ Failed to Prepopulate Prior Year Data

OK

Just click ok and you'll be taken back to the Form
Selection Page

# Form Selection: Step 5

## Step 5: Select Action
Select *New / Edit / Revise Report* from the dropdown
Select Enter

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1: Program Name: | Community Services Block Grant
Step 2: Grantee Name: | DC [1 536001131 A4] (1993-2016) DISTRICT OF COLUMBIA
Step 3: Report Name: | Annual Progress (Module - 1)

Step 4: Report Period:

| | Reporting Period | Type | Report Status |
|---|---|---|---|
| ○ | 10/01/2017 - 09/30/2018 | Annual | |
| ○ | 10/01/2016 - 09/30/2017 | Annual | |
| ◉ | 10/01/2015 - 09/30/2016 | Annual | |
| ○ | 10/01/2014 - 09/30/2015 | Annual | |
| ○ | 10/01/2013 - 09/30/2014 | Annual | |

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

Enter

# Report Sections

## Report Sections

Program Name: Community Services Block Grant
Grantee Name: DISTRICT OF COLUMBIA
Report Name: CSBG Annual Report
Report Period: 10/01/2016 - 09/30/2017

This table displays the sections of the report form and the status of each. Return to this screen to Validate, Certify, or Submit.

Selections in the dropdown lists may include:

- Create Section - Indicated by an asterisk (*), copies that section and creates a new blank section.
- Clear Section Data - Deletes all data saved for that section.
- Delete Section - Permanently deletes that section and data.
- Edit Section - Opens the form section in a data-entry version.
- Print Section - Opens a new browser window with the report in a print-friendly version.

View/Add Attachments   Validate

| Section Name: | Perform Action: | Section Status: |
|---|---|---|
| Section A - Module 1 - State Administration | Select Action: ∨ Go | Initialized |
| Section B - Statewide Goals and Accomplishments | Select Action: ∨ Go | Initialized |
| Section C - CSBG Eligible Entity Update | Select Action: ∨ Go | Initialized |
| Section D - Organizational Standards for Eligible Entities | Select Action: ∨ Go | Initialized |
| Section E - State Use of Funds | Select Action: ∨ Go | Initialized |
| Section F - State Training and Technical Assistance | Select Action: ∨ Go | Initialized |
| Section G - State Linkages and Communication | Select Action: ∨ Go | Initialized |
| Section H - Monitoring, Corrective Action, and Fiscal Controls | Select Action: ∨ Go | Initialized |
| Section I - Results Oriented Management and Accountability (ROMA) System | Select Action: ∨ Go | Initialized |

View/Add Attachments   Validate

# Report Sections

❑ To begin, select the dropdown arrow under *Perform Action.*
❑ Select *Edit Section* from the dropdowns.
❑ Select *Go.*

| Section Name: | Perform Action: | Section Status: |
|---|---|---|
| Section A - Module 1 - State Administration | Select Action: / Clear Section Data / Edit Section / Print Section [Go] | Initialized |
| Section B - Statewide Goals and Accomplishments | [Go] | Initialized |
| Section C - CSBG Eligible Entity Update | Select Action: ⌄ [Go] | Initialized |
| Section D - Organizational Standards for Eligible Entities | Select Action: ⌄ [Go] | Initialized |
| Section E - State Use of Funds | Select Action: ⌄ [Go] | Initialized |
| Section F - State Training and Technical Assistance | Select Action: ⌄ [Go] | Initialized |
| Section G - State Linkages and Communication | Select Action: ⌄ [Go] | Initialized |
| Section H - Monitoring, Corrective Action, and Fiscal Controls | Select Action: ⌄ [Go] | Initialized |
| Section I - Results Oriented Management and Accountability (ROMA) System | Select Action: ⌄ [Go] | Initialized |

[View/Add Attachments] [Validate]

# Response Options

❑ Auto-Populated & New Responses

    ❑ Narratives

    ❑ Radio Buttons

    ❑ Checkboxes

    ❑ Skip Logics

    ❑ Attachments

    ❑ Auto-Calculations

ADMINISTRATION FOR
CHILDREN & FAMILIES
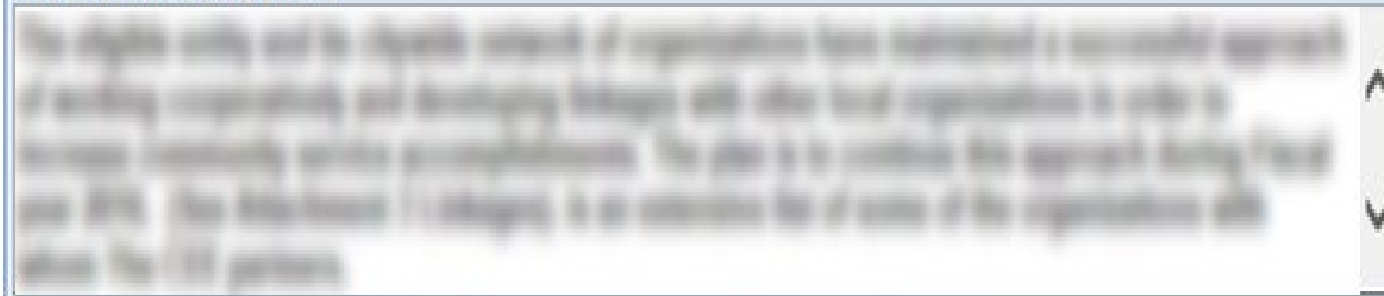
# Auto-Populated Responses: Narratives (Editable)

**Narratives**

Editable responses are marked by a white background
**To Edit:** Click within the text field to begin editing

# Auto-Populated Responses: Narratives (Read-Only)

Example of Read-Only Auto-Populated Response

Original text from the State Plan

No white background

# New Responses: Narratives

## Narratives
Click within the field to start typing your response
Text fields allow for 2500 characters

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 approach should be described in the narrative.

Insert text here.

# Auto-Populated Responses: Radio Buttons

**Radio Buttons** *(shown as a circle)*
Click the new response to update

## Original Response

| A1.b. Cabinet or administrative department of this lead agency |
|---|
| ○ Community Services Department |
| ◉ Human Services Department |
| ○ Social Services Department |
| ○ Governors Office |
| ○ Community Affairs Department |
| ○ Other, describe |

## Updated Response

| A1.b. Cabinet or administrative department of this lead agency |
|---|
| ○ Community Services Department |
| ○ Human Services Department |
| ◉ Social Services Department |
| ○ Governors Office |
| ○ Community Affairs Department |
| ○ Other, describe |

*Note: Radio Buttons only allow for one selection*

# Auto-Populated Responses: Checkboxes

**Checkboxes** *(shown as a square)*
Select and unselect checkboxes as applicable

## Original Response

| D.1a. How did the State assess CSBG Eligible Entities against organizational standards, as described in IM 138? |
| --- |
| ☑ 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 |

## Updated Response

| D.1a. How did the State assess CSBG Eligible Entities against organizational standards, as described in IM 138? |
| --- |
| ☐ 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 |

*Note: Checkboxes allow for more than one selection*

# New Responses: Skip Logic

**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 Assitance Program (LIHEAP)

☐ U.S. Department of Agriculture Programs

☐ U.S. Department of Housing and Urban Development (HUD) Programs

☐ Other, Describe

## Skip Logic

Some checkboxes and radio buttons will result in having to also provide a narrative.

A text field will appear after selecting the applicable radio button/checkbox.

**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 Assitance Program (LIHEAP)

☑ U.S. Department of Agriculture Programs

Specify

Insert text here.

☐ U.S. Department of Housing and Urban Development (HUD) Programs

☐ Other, Describe

# Auto-Populated Responses: Tables – Narratives

Within a table, changing the responses are similar



**Narratives**
Click within the text field to begin editing

# Auto-Populated Responses: Tables – Dropdowns

Within a table, changing the responses are similar

| 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. | | | | | C.2. Changes to Eligible Entities List: Did the list of eligible entities under item C.1 change during the reporting period (FFY)? If yes, briefly describe the changes. | |
|---|---|---|---|---|---|---|
| C.1a. CSBG Eligible Entity | C.1b. Public or Non Profit | C.1c. Type of Entity ( Choose all that apply ) | C.1d. Geographical Area Served by County ( Provide all counties ) | C.1e. Brief Description of "Other" | C.2a. Yes/No | C.2b. Briefly describe changes |
| Allen Action Agency, Inc. | Nonprofit | Community Action Agency (CAA) / Limited Purpose Agency / Local Government Agency / Migrant or Seasonal Farmworker Organization | Allen | | ○ Yes ○ No ◉ Mark for Delete | Test |
| ASSIST Agency, Inc. | Nonprofit | Community Action Agency (CAA) / Limited Purpose Agency / Local Government Agency / Migrant or Seasonal Farmworker Organization | Acadia, Jeff Davis, Vermilion | | ◉ Yes ○ No ○ Mark for Delete | Test |

**Dropdowns**
Click the arrow to view the options and then select the correct option

# Auto-Populated Responses: Tables – Choose All That Apply

Within a table, changing the responses are similar



**Choose all that apply**
Select a new option, or hold down the *CTRL* key to select multiple/additional options

# Auto-Populated Responses: Tables – Adding a Row

Within a table, changing the responses are similar

| Training and Technical Assistance | | | | | | |
|---|---|---|---|---|---|---|
| Training | Topic | Conducted | Actual Dates Start Date | End Date | Brief Description | Delete |
| Training ∨ | Select ∨ | ○ Yes ○ No | | | | ☐ |
| Technical Assistance ∨ | ROMA ∨ | ○ Yes ○ No | | | | ☐ |
| Both ∨ | Monitoring ∨ | ○ Yes ○ No | | | | ☐ |
| Technical Assistance ∨ | Other ∨ | ○ Yes ○ No | | | | ☐ |

Add Section F.1.: 1 ∨  **Add**  **Delete Mar**

**Date Picker**

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# Auto-Populated Responses: Tables – Adding a Row

Within a table, changing the responses are similar



| Training and Technical Assistance | | | | | | |
|---|---|---|---|---|---|---|
| **Training** | **Topic** | **Conducted** | **Actual Dates** | | **Brief Description** | |
| | | | **Start Date** | **End Date** | | |
| Training | Select | Yes No | | | | |
| Technical Assistance | ROMA | Yes No | | | | |
| Both | Monitoring | Yes No | | | | |
| Technical Assistance | Other | Yes No | | | | |

Add Section F.1.: 1  **Add**  **Delete Ma...**

Date picker calendar showing February 2017

**Date Picker**
A calendar will appear for you to select a date

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# Auto-Populated Responses: Tables – Adding a Row

Within a table, changing the responses are similar

| Training and Technical Assistance | | | | | | |
|---|---|---|---|---|---|---|
| **Training** | **Topic** | **Conducted** | **Actual Dates** | | **Brief Description** | |
| | | | **Start Date** | **End Date** | | |
| Training ∨ | Select ∨ | ○ Yes ○ No | 2/27/2017 × ∨ | ∨ | | |
| Technical Assistance ∨ | ROMA ∨ | ○ Yes ○ No | ∨ | ∨ | | |
| Both ∨ | Monitoring ∨ | ○ Yes ○ No | ∨ | ∨ | | |
| Technical Assistance ∨ | Other ∨ | ○ Yes ○ No | | ∨ | | |

**Date Picker**
The date will appear

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# Auto-Populated Responses: Tables – Adding a Row

Within a table, changing the responses are similar



**Add**
Allows for an additional row to be added

# Auto-Populated Responses: Tables – Deleting a Row

Within a table, changing the responses are similar



**Delete**
Allows for the row to be deleted.

# New Responses: Attachments

## Attachments

Some questions will allow for you to add an attachment to include additional information.

In order to add an attachment, click the paperclip to the right of the question.

> **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-income people and communities under the CSBG State Plan and 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.
>
> G.1a. Attachments

# New Responses: Attachments

A new window will pop-up titled **Cell Level Attachments**.
Click *Browse.*

# New Responses: Attachments

The Window Explorer will pop-up.
Select the document and then click *Open*.



**Note**
When attaching documents, please be sure to include the question number in the file name.
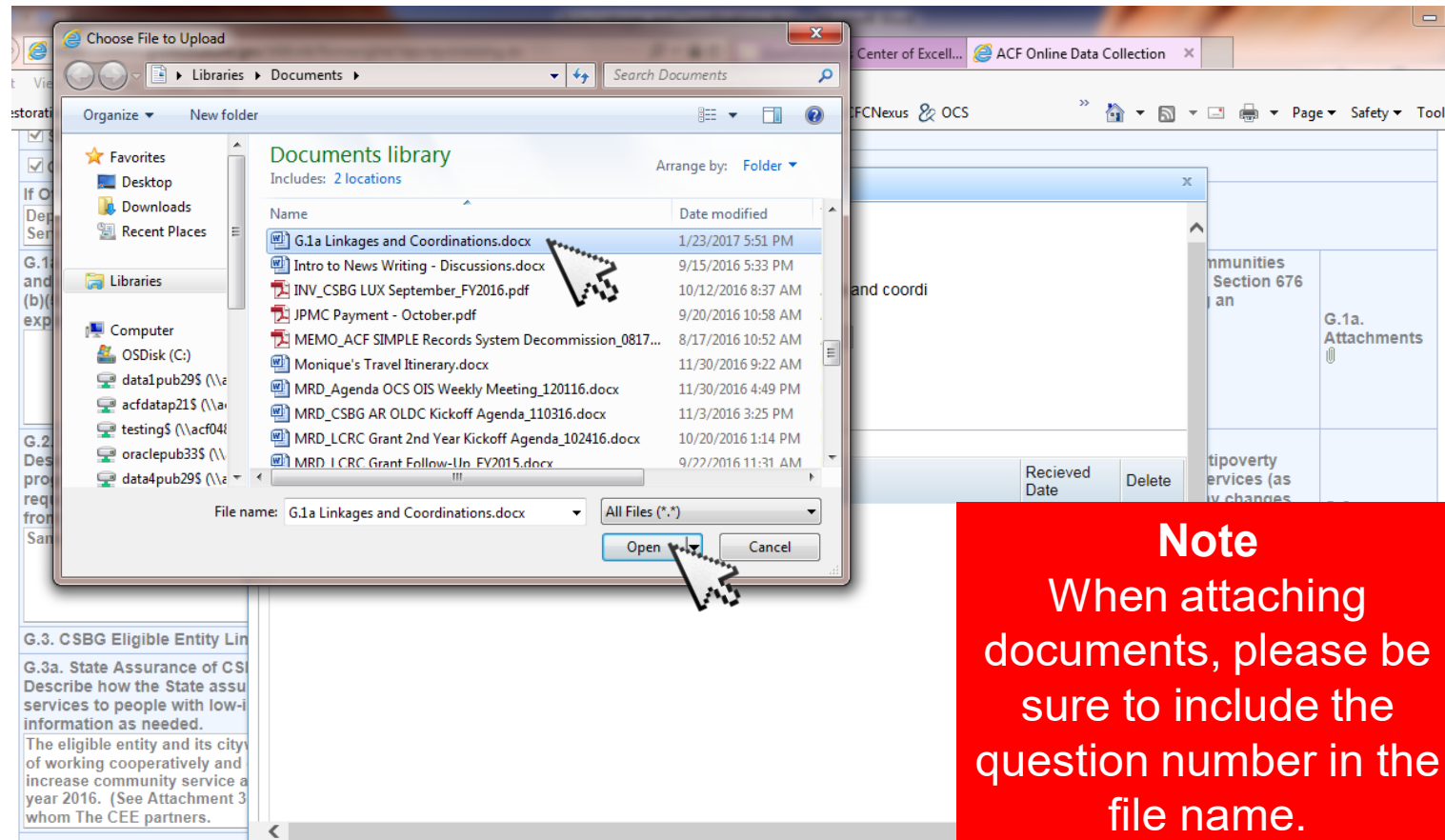
# New Responses: Attachments

Selecting open will bring you back to the Attachments window. Select *Attach File*
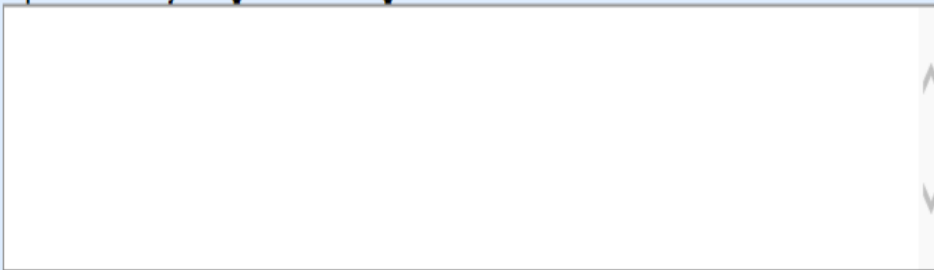
# New Responses: Attachments

The file will appear in the table.
Red X will delete the file if needed.
To return to the Report, "X" out of the window.

# New Responses: Attachments

## The paperclip will now be green!



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-income people and communities under the CSBG State Plan and 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.

G.1a. Attachments

# New Responses: Auto-Calculations

Some questions have auto-calculations.
In order for the system to calculate, you will have to hit save at the top of the report.

| 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 | 6 | | 0.00% |
| 2. Community Engagement | 6 | | 0.00% |
| 3. Community Assessment | 6 | | 0.00% |
| 4. Organizational Leadership | 6 | | 0.00% |
| 5. Board Governance | 6 | | 0.00% |
| 6. Strategic Planning | 6 | | 0.00% |
| 7. Human Resource Management | 6 | | 0.00% |
| 8. Financial Operations & Oversight | 6 | | 0.00% |
| 9. Data & Analysis | 6 | | 0.00% |

Previous Section    Save    View/Add Attachments    Validate    Next Section

# New Responses: Auto-Calculations

After completing the fields and clicking *Validate,* the responses will auto-calculate.

| 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 | 6 | 6 | 100.00% |
| 2. Community Engagement | 6 | 5 | 83.33% |
| 3. Community Assessment | 6 | 4 | 66.67% |
| 4. Organizational Leadership | 6 | 3 | 50.00% |
| 5. Board Governance | 6 | 2 | 33.33% |
| 6. Strategic Planning | 6 | 1 | 16.67% |
| 7. Human Resource Management | 6 | 4 | 66.67% |
| 8. Financial Operations & Oversight | 6 | 3 | 50.00% |
| 9. Data & Analysis | 6 | 2 | 33.33% |

# Tidbits

- ❑ Timing Out
- ❑ Actions Buttons
- ❑ Saving
- ❑ Validating
- ❑ Submission

# Timing Out

❏ OLDC will time out after 20 minutes of inactivity

❏ Responding to questions <u>does not</u> register as activity within the system

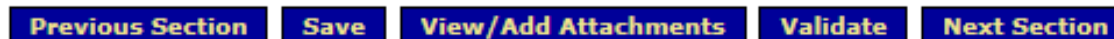# Timing Out

❑ Clicking on *Page Titles* and *Action Buttons* <u>will</u> register as activity within the system

❑ Attaching documents <u>will</u> register as activity within the system

Page Titles – Located at the top of each screen
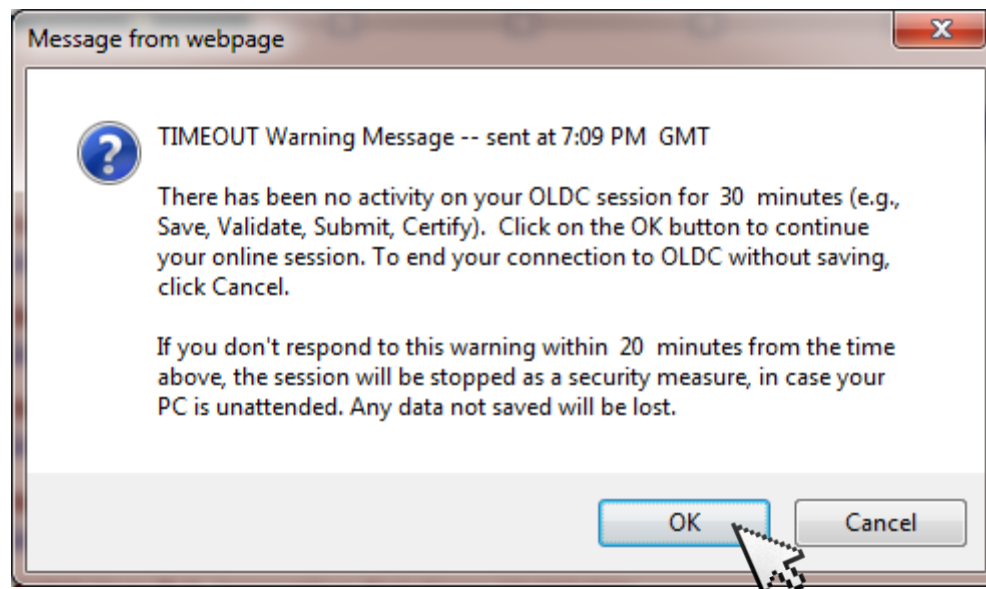
OLDC Home    Form Selection    Report Sections ▾    **Report**    Report Form Status

Action Buttons – Located at the top and bottom of the report

**Previous Section**    **Save**    **View/Add Attachments**    **Validate**    **Next Section**

# Timing Out

You will receive the following message if you have been inactive too long.
Simply click *OK* to return to the form.

# Action Buttons

Previous Section | Save | View/Add Attachments | Validate | Next Section

**Previous Section** — Will take you back to the previous section

**Save** — Will save any changes that you have made so far

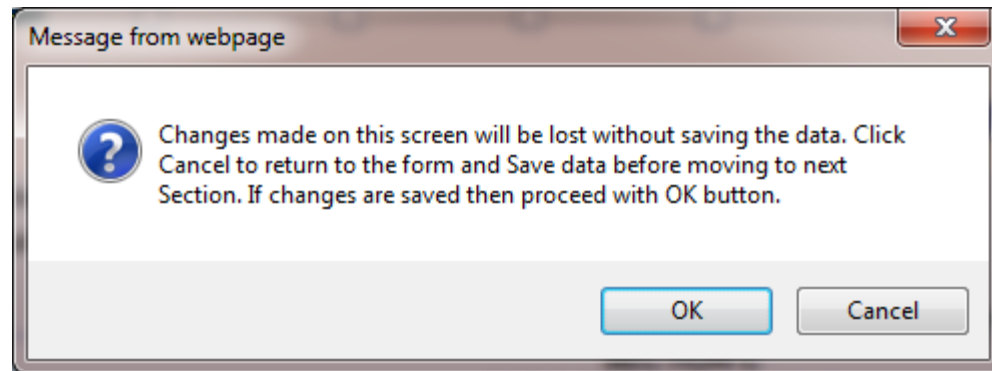**View/Add Attachments** — Will open the attachment window

**Validate** — Will check whether there are any errors throughout the report

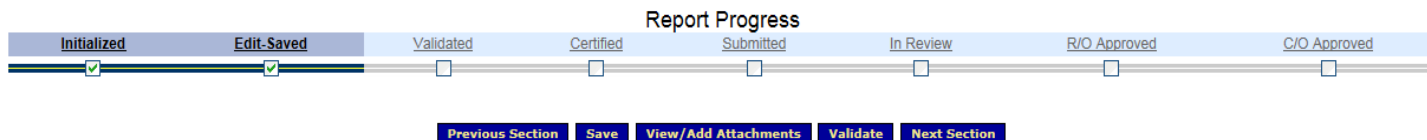**Next Section** — Will take you forward to the next section

# Saving

❑ Save Often! **Save**

❑ This registers as activity and will ensure that you do not lose any information

❑ When leaving any page, a warning message will appear. If you saved, click *Ok*. If not, hit *Cancel*


Message from webpage

Changes made on this screen will be lost without saving the data. Click Cancel to return to the form and Save data before moving to next Section. If changes are saved then proceed with OK button.

OK    Cancel

❑ Save and then proceed

# Validating

❑ Validate after completing each section – this will also save current progress

❑ After validating, any errors will appear at the top of the screen

# Validating

Each Error has a *Short Description, GoTo Error* link & *Long Description*

Includes the Question Number and a short description

Takes you to the question

**Error #3: [19418] Item B.3. Eligible Entity Feedback and Involvement.**

[Goto Error] [Long Description]

Provides further details on the cause of the error

Message from webpage

⚠ Under Item B.3., you must describe how the State considered feedback from outside sources, including eligible entities, OCS, surveys and public hearings

OK

48
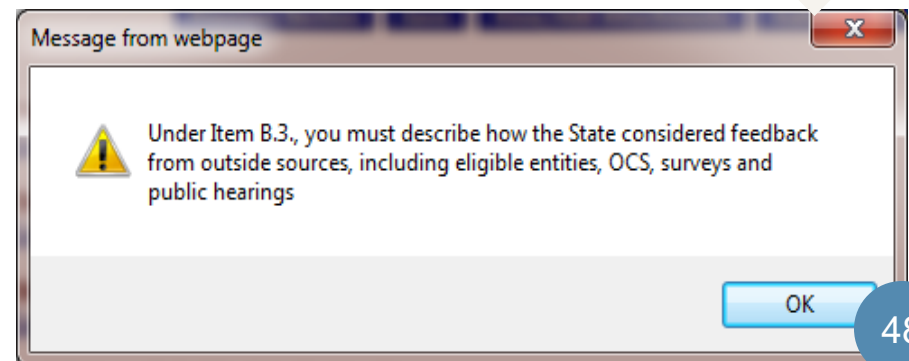
# Validating – Clearing Errors

❑ Errors are failures to respond to an item(s)

- Could be a missed narrative/attachment, checkbox, date picker, and/or radio button.
- System verifies that a response has been given.
- System does <u>not</u> verify the actual response.

❑ To clear an error:
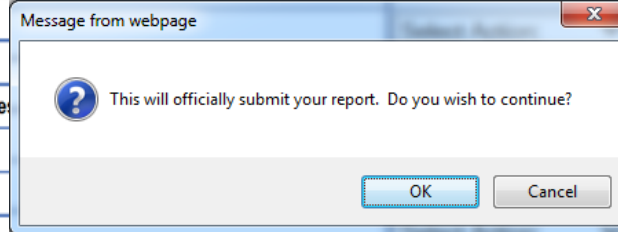
- Respond to the Item.
- Validate again.

**Note**
If an error does not clear, please send an email to Monique and Niki with the Item and Error Number

# Submission

Once all sections are saved and validated, the submit button will appear on the Report Sections screen. Click submit, then ok in the popup box.
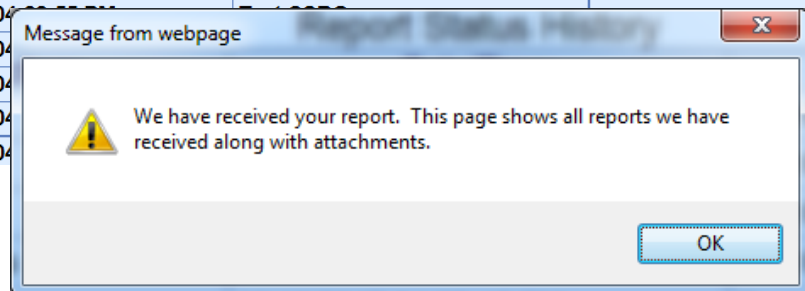
# Submission

The report status is now "Submitted". A popup box appears confirming that the OCS office has received your report. Click ok to close. If you have to make changes, click "Unsubmit Report".

| Report Form Status | | | | |
|---|---|---|---|---|
| **Report Submissions:** | **Report Status:** | **Status Date:** | **Report Action:** | **Print:** |
| View Original | Submitted | 02/10/2017 | Unsubmit Report | Print as PDF  Go |

### Report Status History

| Report Submissions: | Report Action: | Date/Time: | User Name: | Change (if known): |
|---|---|---|---|---|
| Original | Submitted | 02/10/2017 04:36:04 PM | Test CSBG | |
| Original | Saved -- Validated | 02/10/2017 04:23:01 PM | Test CSBG | |
| Original | Saved | 02/10/2017 04: | | |
| Original | Saved -- with Errors | 02/10/2017 04: | | |
| Original | Saved | 02/10/2017 04: | | |
| Original | Saved -- Validated | 02/10/2017 04: | | |
| Original | Saved | 02/10/2017 04: | | |

Message from webpage

We have received your report. This page shows all reports we have received along with attachments.

OK

# Contact List

# Contact List

**Login Help**

CSBGStates@acf.hhs.gov

**Technical Assistance with OLDC**

Niki Frazier – nikita.frazier@acf.hhs.gov

Monique Alcantara – melania.alcantara@acf.hhs.gov

**Answering Module I Questions**

Your Program Specialist –
https://www.acf.hhs.gov/ocs/resource/csbg-staff-assignments-by-region

# Contact List

## Completing the IS Survey

Region 1 (Green):
Jackie Orr - (202)
624-7812

Region 2 (Yellow):
Lauren Cook - (202)
624-7813

Region 3 (Orange):
Kyle Gasser - (202)
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Region 5 (Pink): Katy
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# Questions and Answers