CSBG State Plan Online Submission

OFFICE OF COMMUNITY SERVICES (OCS)

DIVISION OF COMMUNITY ASSISTANCE (DCA)

COMMUNITY SERVICES BLOCK GRANT (CSBG)

AUGUST 13, 2019

ADMINISTRATION FOR CHILDREN & FAMILIES

Today's Focus

➢ Online Data Collection (OLDC) system Refresher

➢ Completing the CSBG State Plan (CSP) – Live Demo

➢ Submitting the CSP

OCS Guidance

➤ Action Transmittal 2019–05: *Application for FFY2020 Funds for States and Territories* (based on the availability of CSBG funds)

  ✓ Released July 30, 2019

➤ State Plans due September 1, 2019

➤ Review Authorized Official information for accuracy

  ✓ OGM to send award information to Authorized Official

  ✓ Authorized Official must match designation letter

ADMINISTRATION FOR CHILDREN & FAMILIES
Office of Community Services | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/ocs

Community Services Block Grant
Action Transmittal

AT#:	CSBG-AT-2019-05
DATE:	July 29, 2019
TO:	CSBG States and Territories
SUBJECT:	Application for Fiscal Year (FY) 2020 CSBG Funds Based on the Availability of CSBG Funds
ATTACHMENT(S):	Attachment A: Submission Groups by State and Attachment B: Pre-Populated Questions

RELATED REFERENCES:
Community Services Block Grant Act, Title VI, Subtitle B, of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, as amended; Human Services Amendments of 1994, P.L.103-252; the FY 1996 CSBG Appropriation Legislation, P.L.104-134; CFR Title 45, Part 96; Coats Human Services Reauthorization Act of 1998, P. L. 105-285; Department of Health and Human Services Block Grant Regulations and Current Poverty Income Guidelines.

PURPOSE:
To inform states and U.S. territories of the Community Services Block Grant (CSBG) application requirements for Federal Fiscal Year (FFY) 2020. To qualify for FFY 2020 CSBG funding, states and territories must submit their state plan applications to the Office of Community Service (OCS) by September 1, 2019 using the approved online CSBG State Plan format. States and territories shall submit their information electronically through the Administration for Children and Families (ACF) On-Line Data Collection system (OLDC).

BACKGROUND:
According to Section 676(b) of the CSBG Act, states, including territories, must prepare and submit a State Plan for CSBG funding. OCS provides funds to CSBG grantees based on the determination that their State Plan, which also serves as an application, is complete and in accordance with all requirements of the CSBG Act.

CSBG State Plan Overview

➢ Received OMB Clearance July 2, 2018

➢ Revised and automated CSBG State Plan

  ✓ Incorporates the three performance management efforts

  ✓ Accessed through ACF's Online Data Collection System (OLDC)

  ✓ Increase efficiency, improves data analysis

FFY2020 State Plan Submissions

➢ The following states are **required** to submit a one- or two-year state plan for FFY2020

  ✓ If your state is not listed below **and** you do not plan to revise/update your accepted plan, please join the webinar on August 20

Alaska	Illinois	Montana	Puerto Rico	Wyoming
Arkansas	Iowa	Nevada	Rhode Island	
California	Kansas	New Mexico	South Carolina	
Colorado	Kentucky	New York	Tennessee	
Delaware	Louisiana	North Carolina	Texas	
Florida	Maine	North Dakota	Utah	
Georgia	Minnesota	Ohio	Vermont	
Hawaii	Mississippi	Oklahoma	West Virginia	
Idaho	Missouri	Pennsylvania	Wisconsin	

FFY2020 State Plan Requirements

➢ A full FFY2020 Submission includes:

- ✓ CSBG Eligible Entity Master List
- ✓ Standard Form for Federal Assistance (SF-424M)
- ✓ CSBG State Plan, including:
  - ▪ Assurances (Section 14)
  - ▪ Certifications (Section 15)
- ✓ Certified by the Authorized Official (as noted in the Designation letter)

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FY2019 Annual Report Requirements

➢ As of this year, submitted separately as the CSBG Annual Report
  ✓ Due March 31, 2020

➢ State no longer required to send a submission plan to OCS

➢ Additional information forthcoming

New OGM Requirement

➤ Office of Grants Management will issue the official Notice of Grant Award via email to the "Authorized Official" within the SF-424M

    ✓ The Authorized Official must match the designee within the designation letter

➤ Verify that the Authorized Official contact information is correct no later than September 1, 2019

➤ OCS will continue to send a copy of the Notice of Grant Award to the CSBG Program Contact

OLDC Refresher

OLDC Overview and Roles

➤ Official ACF website to submit forms

➤ Allows forms to be submitted quickly and securely

➤ OLDC roles are based on Grantee Job Types

  ✓ **Authorized Official** – Reviews and certifies forms

    ▪ Must match the designee within the designation letter

    ▪ OGM will use this information for Award Letters

  ✓ **Grant Administrator** – Ability to enter data (complete forms), submit, and un-submit reports

  ✓ **Data Entry (Optional)** – Only able to enter data (complete forms)

**If there are no changes to last year's roles,
there is no need to submit a new form!**

OLDC Accounts

➤ States should have **at least one** individual per job type:

  ✓ Grant Administrator

  ✓ Authorized Official

  ✓ Data Entry Person (Optional)

➤ Individuals must have their own accounts:

  ✓ Individuals must be from the state lead agency (not state associations, contractors, or eligible entities)

  ✓ Individuals should not share their passwords

  ✓ Individuals must have CSBG assigned to their account
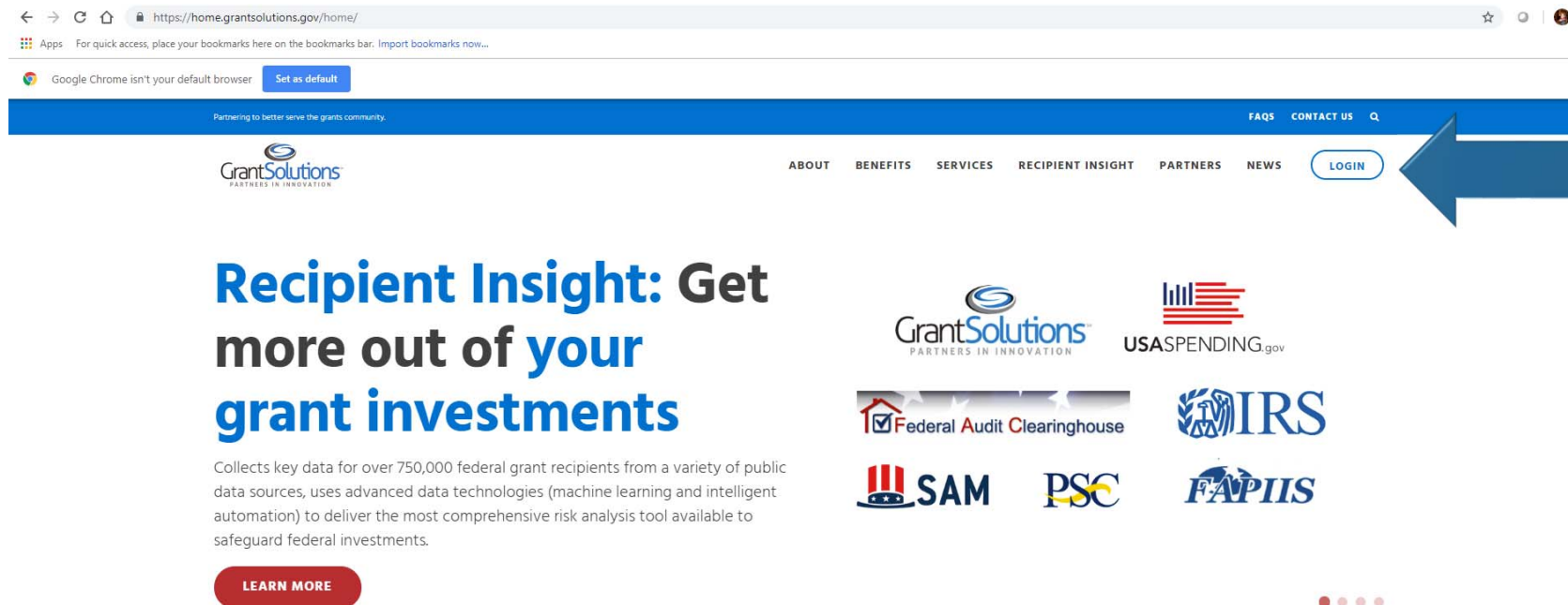
Usernames and Passwords

➤ **Current users** should verify that you have an account and the right role

➤ **New users** must submit an OLDC Access Form
  ✓ Form is available in AT 2018-02 or by request via email
  ✓ Submit form no later than August 20, 2019 to Niki Frazier

➤ **New Users** will receive *two separate emails* from notifications@grantsolutions.gov
  ✓ Email one: username
  ✓ Email two: password
  ✓ Contact the Monique and Niki if you do not receive the emails:
    melania.alcantara@acf.hhs.gov
    nikita.frazier@acf.hhs.gov

ADMINISTRATION FOR CHILDREN & FAMILIES

Logging into OLDC

➢ Access the On-Line Data Collection system (OLDC) via GrantSolutions:
https://www.grantsolutions.gov

➢ Preferred browser: Chrome (used for this presentation)

➢ Compatible browsers: Firefox and Internet Explorer

Accessing OLDC

➢ Enter your username and password

➢ Click "Log In"

➢ If you are unable to login, contact Monique and Niki

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 the CSBG State Plan

To Do Before

- ➤ **Submit** the CSBG Eligible Entity Master List

- ➤ **Submit** the prior year's State Plan

- ➤ If both are not in submitted status, you will receive a "failed to initialize" message (the message will specify the report)

Message from webpage ⚠ Failed to Initialize MSP, There is no Master List Found for the selected Grantee in Submitted Status. OK
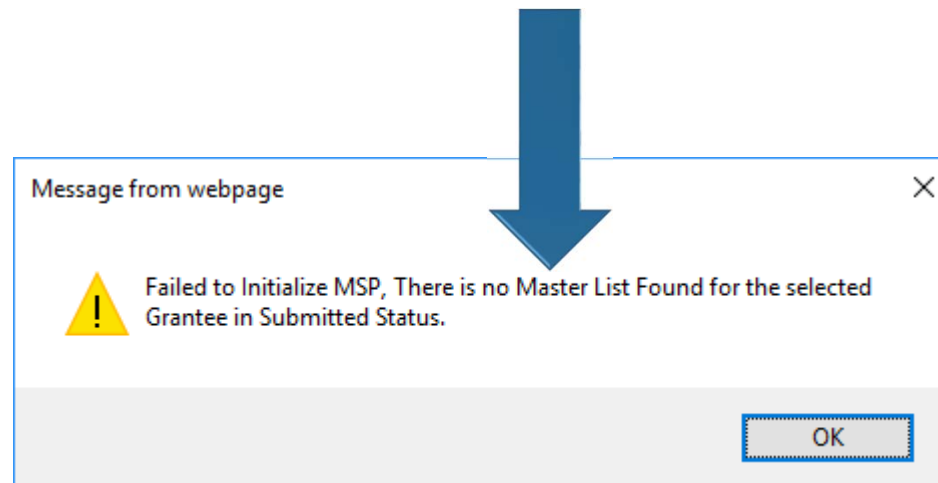
Report Form Entry – *Access State Plan*

➢ From OLDC homepage, select *Report Form Entry* from left side of the screen

Report Form Entry – *Form Selection*

➤ **Program Name:** Select Community Services Block Grant

➤ **Grantee Name:** Select *Your State*

➤ *Report Name:* Select State Plan (CSBG)

Report Form Entry – *Form Selection*

➢ **Report Period:** Select FFY 2020 (October 1, 2019 – September 30, 2020) by clicking the PLUS SIGN next to the appropriate dates.

Form Selection

Program Name:	Community Services Block Grant	▼
Grantee Name:	ME [1 016000001 E3] (1993-2019) MAINE - No. 01	▼
Report Name:	State Plan (CSBG)	▼

Show 15 ▼ entries   Search: [   ]   ◄ ⫷ 1 ⫸ ►

Reporting Period ⬍	Due Date ⬍	Type ⬍	Report Status ⬍	Actions ⬍
10/01/2019 - 09/30/2020	09/01/2019	Annual		+
10/01/2018 - 09/30/2019	08/31/2018	Annual	Submission in Review by CO	✎ 📊 🖨 👁

◄ ⫷ 1 ⫸ ►

Note: The previous year's plan is in *Submission* status

Report Section Homepage

➢ Cover Page: The SF-424M

➢ 15 Report Sections

➢ Each Section entered separately and saved individually

Form Selection	Report Sections	Report Form Status

Report Sections

Program Name: Community Services Block Grant
Grantee Name: MAINE - No. 01
Report Name: CSBG State Plan
Report Period: 10/01/2019 - 09/30/2020

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

...tions 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] [Print Full Report]

Show [30 ▼] entries   Search: [ ]

Section Name:	Perform Action:	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: ▼ [Go]	Initialized
Section 2: State Legislation and Regulation	Select Action: ▼ [Go]	Initialized
Section 3: State Plan Development and Statewide Goals	Select Action: ▼ [Go]	Initialized

CHILDREN & FAMILIES

Report Section: Access Section

➢ Available Actions:

✓ **Clear Section Data**: Delete all data previously saved for a section – including pre-populate data from the previous year

✓ **Edit Section**: Edit data within the selected section

✓ **Print**: Print a singular section (rather than the full report)

➢ To perform an action within a particular section:

✓ Click the dropdown arrow next to a section

✓ Select the appropriate action

✓ Click Go

> **You must complete Section 1 prior to completing Sections 2 – 15 for validation purposes!**

Section Name:		Perfc
CSBG Cover Page (SF-424M)	Select Action: ▼	Go
Section 1: CSBG Lead Agency, CSBG Authorized Official, CSBG Point of Contact, and Official State Designation Letter	Select Action: ▼	Go
	Select Action:	
Section 2: State Legislation and Regulation	Clear Section Data	Go
Section 3: State Plan Development and Statewide Goals	Edit Section	Go
Section 4: CSBG Hearing Requirements	Print Section	Go

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 one year plan, select:
  - ✓ **1.a. Type of Submission:** Plan
  - ✓ **1.b. Frequency:** Other (2 Year)
  - ✓ **1.d. Version:** Initial

* 1.a. Type of Submission:	* 1.b. Frequency:	* 1.d. Version:
○ Application	⦿ Annual	⦿ Initial
⦿ Plan	○ Other (2 Year)	○ Resubmission
○ Other (2 Year)		○ Revision
		○ Update

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Data Entry: Action Buttons

➢ Report Section screen buttons

✓ **View/Add Attachments:** Allows you to view attachments from this button

▪ **Do not attach files** 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

➢ Buttons are found at the top of each section and the Report Section homepage

View/Add Attachments   **Validate**   **Print Full Report**

Data Entry Options

➢ If submitting a one year plan, select:

➢ Data Entry Types

  ✓ **Narratives (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.

  ✓ **Tables (Add rows and select drop-downs)**: Enter data, select items from a pre-populated drop-down list, and add additional rows when necessary.

  ✓ **Attachments (Paper Clip):** Attach a file, only specific questions will allow you to attach a file

Data Entry: 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.
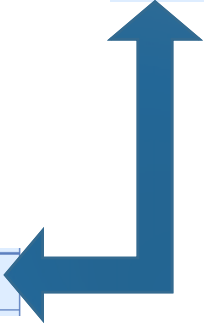
Data Entry: Adding Attachments

➢ Click the paperclip to go to "Cell Level Attachments"

➢ Click *Choose File,* select the appropriate file within the new window

➢ Click **Open**

➢ Success message pops up and file attaches

Data Entry: Allowable Attachments

➤ Limited amount of attachments allowed
  ✓ 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

Data Entry: Skip Logic

➢ Hides questions that are dependent on the response to a previous question

✓ Hidden questions do not change the number order

<div style="border:1px solid #000; background:#e0e0e0;">

EXAMPLE

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

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

</div>

Printing Options: One Section

➢ To print a singular section, from the Report Sections screen
  ✓ Under **Perform Action**, click the dropdown next to *Select Action*
  ✓ Select *Print Section* and then hit *Go*
  ✓ A PDF version of the section will pop-up; either save or print

Opens a new browser window with the report in a print-friendly version.
Opens the form section in a read-only version.

| View Attachments | Approve | Reject | Print Full Report |

Section Name:	Perform Action:
...ge (SF-424M)	Select Action: ▾ Go
...G Lead Agency, CSBG Authorized Official, CSBG Point of Contact, and Official State Designation	Print Section ▾ Go
...Legislation and Regulation	Select Action: ▾ Go
...Plan Development and Statewide Goals	Select Action: **Print Section** View Section
...G Hearing Requirements	
...G Eligible Entities	Select Action: ▾ Go
...nizational Standards for Eligible Entities	Select Action: ▾ Go

ADMINISTRATION FOR CHILDREN & FAMILIES

Printing Options: Full Form (Option 1)

➢ To print a full section, from the Report Sections screen
  ✓ Select *Print Full Report*
  ✓ A PDF version of the section will download; either save or print

• View Section - Opens the form section in a read-only version.

| View Attachments | Approve | Reject | Print Full Report |

Show [30 ▼] entries

Section Name:	Perform Action
CSBG Cover Page (SF-424M)	Select Action: ▼ Go
Section 1: CSBG Lead Agency, CSBG Authorized Official, CSBG Point of Contact, and Official State Designation Letter	Select Action: ▼ Go
Section 2: State Legislation and Regulation	Select Action: ▼ Go
Section 3: State Plan Development and Statewide Goals	Select Action: ▼ Go
Section 4: CSBG Hearing Requirements	Select Action: ▼ Go
Section 5: CSBG Eligible Entities	Select Action: ▼ Go
Section 6: Organizational Standards for Eligible Entities	Select Action: ▼ Go
Section 7: State Use of Funds	Select Action: ▼ Go
Section 8: State Training and Technical Assistance	Select Action: ▼ Go
Section 9: State Linkages and Communication	Select Action: ▼ Go
Section 10: Monitoring, Corrective Action, and Fiscal Controls	Select Action: ▼ Go
Section 11: Eligible Entity Tripartite Board	Select Action: ▼ Go
Section 12: Individual and Community Eligibility Requirements	Select Action: ▼ Go
Section 13: Results Oriented ... ountability (ROMA) System	Select Action: ▼ Go
Section 14: CSBG P... Assurances and Information Narrative	Select Action: ▼ Go

CSBG State Plan _1....pdf ^

This printing option will NOT include attachments.

Note: this picture is from Google Chrome. If you use a different browser, how the download appears may differ.

Printing Options: Full Form (Option 2)

➢ There are multiple options from the Report Form Status screen, the following are the recommended options:

✓ **Print as PDF**: Prints a PDF version *(same as printing from the Report Section screen)*

✓ **Print as PDF w/ attachments:** This PDF will include all attachments at the "cell-level"

➢ To Print:

✓ Select the appropriate option

✓ Select *Go*

Report Form Status		
Status Date:	**Report Action:**	**Print:**
08/13/2019	Approve Reject	Print PDF w/ Attachments ▾ Go

Original File Attachments

CSP Revisions

Section 1: 1.1 & 1.1a *State Plan Length*

➢ Complete Section 1 first as it will impact other validations throughout the report

➢ **1.1 and 1.1a**: Identify whether this is a one- or two-year plan and the federal fiscal years (FFY) this plan covers

➢ Your response to 1.1 and 1.1a impacts the following questions:
- ✓ 3.5
- ✓ 6.5
- ✓ 7.2
- ✓ 7.6
- ✓ 7.7
- ✓ 7.8
- ✓ 7.9
- ✓ 8.1
- ✓ 8.1a
- ✓ 10.1

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 ⌄

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Section 1: 1.2d, 1.4b, and 1.5 *Contacts & State Association*

➢ **1.2d.** *Authorized Official*: Requests the name and their title (no additional details are requested in this field

➢ **1.4b.** *CSBG Point of Contact*: Requests the name and their title (no additional details are requested in this field

➢ **1.5** *State Association* **(NEW QUESTION):** Requests the State Association information (as applicable).

✓ **As this is a new question, even if the agency has not changed since your last submission, you must select "YES" to complete the fields.**

1.5. Provide the following information in relation to the State Community Action Association.					
There is currently a state Community Action Association within the state. ⦿ Yes ○ No					
Has Information in regards to the state Community Action Association has changed since the last submission of the state plan? ○ Yes ⦿ No					
If yes, provide the date of change and select the fields that have been updated Date picker and check all the apply					
☐ Agency Name		☐ Executive Director		☐ Street Address	
☐ City		☐ State		☐ Zip Code	
☐ Office Number		☐ Fax Number		☐ Email Address	
☐ Website		☐ RPIC Lead			
1.5a. Agency Name					
1.5b. Executive Director or Point of Contact					
Name:		Title:			
1.5c. Street Address					
1.5d. City			**1.5e.** State	**1.5f.** Zip zip	
1.5g. Telephone number - ext.		**1.5h.** Fax number -			
1.5i. Email Address		**1.5j.** State Association Website			
1.5k. State Association currently serves as the Regional Performance Innovation Consortia (RPIC) lead ○ Yes ○ No					

Section 5: 5.1 – 5.2 *Eligible Entities List*

➢ These are now read-only

➢ Pre-populates from the Eligible Entity Master List

➢ If you need to make an edit to the list, make it to the Master List **before** initializing your new state plan

Section 5: 5.3 *Changes to the Eligible Entities*

➢ Requests information on the changes to the Eligible Entities within your state (as applicable)

➢ If there are not changes from your previous submission, select *No Changes to Eligible Entities List*
  ✓ If the name changed, select this option as well

➢ Reportable changes include:
  ✓ Designation and/or Re-Designation
  ✓ De-designation and/or Voluntary Relinquishment
  ✓ Mergers
  ✓ No Changes to Eligible Entities List

➢ How to Report (as applicable)
  ✓ Select the type of change(s) as appropriate
  ✓ Complete the appropriate table

WITHIN TABLES, ENTER THE ELIGIBLE ENTITY OFFICIAL NAME AS SHOWN IN THE MASTER LIST

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Section 6: 6.4a *Org Standards Exemptions*

➢ Organizational Standards Eligible Entity Exemptions

➢ Now requests whether there are any exemptions

➢ If yes, list eligible entities and then provide a description and/or justification for the exemption
  ✓ The description/justification can be the same for all exempted entities

➢ For more information on exempted entities, see IM 138 State Establishment of Organizational Standards for CSBG Eligible Entities

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Section 7: 7.2, 7.6, and 7.9 *Funding Allocation*

➢ Planned Allocation of CSBG Funding
- ✓ Eligible Entities (7.2)
- ✓ Administrative Funds (7.6)
- ✓ Remainder/Discretionary Funds (7.9)

➢ Now requests the overall planned allocation percentage for each allotment
  - ➢ The combined percentages should equal 100%

➢ **7.2 (Eligible Entities Distribution)**: further requests the planned allocation for each entity in dollars

➢ **7.9 (Remainder/Discretionary Funding)**: further requests the planned allocation for each activity funded under remainder/discretionary funding

Section 9: 9.9 *Communication Plan*

➢ Specific *Subject Matters* defined
  - ✓ Ability to add additional *Subject Matters* as applicable
  - ✓ To add, select *Add* under the table

➢ Required to select an *Expected Frequency* for each subject matter listed
  - ✓ If you choose *Not Applicable*, remaining columns remain "read-only"

➢ Required to provide a *Brief Description* if *Other* is chosen under *Format*

Section 10: 10.1 *Monitoring Schedule*

➢ Only provide details for the entities that you plan to review during the year(s) covered by the state plan

➢ If the entity will not be monitored, under **Monitoring Type**, select *No Review*
  ✓ Other fields will remain read-only

➢ Monitoring Type (as defined by Section 678B of the CSBG Act)
  ✓ This question asks **why** are you monitoring:
    ▪ Full Onsite
    ▪ New Designated Onsite
    ▪ Follow-Up Review
    ▪ Other – provide the reason under *Brief Description of Other*

➢ Review Type
  ✓ This question asks **how** are you conducting the monitoring:
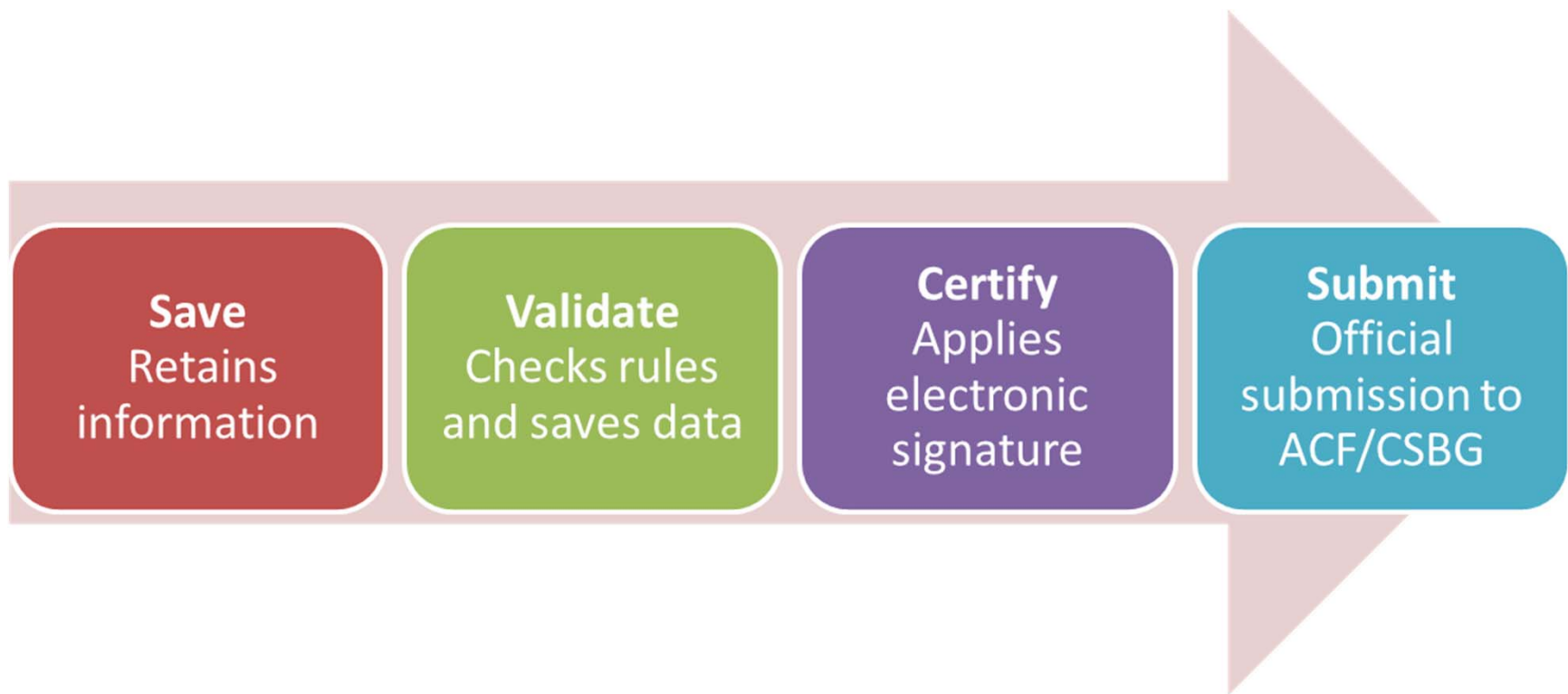   ▪ On-Site Review
    ▪ Desk Review

For any routine annual monitoring that is conducted through a desk review, select *Other* under **Monitoring Type**, enter "routine annual monitoring" under the **Brief Description,** and select *Desk Review* under the **Review Type**.

Note: you must conduct an full onsite review for each entity during each 3-year period.

Submission

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

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CSBG Federal Staff Contacts

➢ **Program Questions,** contact your CSBG Program Specialist
  - ✓ Isaac Davis: Isaac.davis@acf.hhs.gov
    - ▪ Regions: I, III, V, VIII
  - ✓ Jamia Furbush: Jamia.furbush@acf.hhs.gov
    - ▪ Regions II, IV, VI, VII, IX, X

➢ **Technical Questions** and **OLDC Access Concerns**
  - ✓ Monique Alcantara: Melania.Alcantara@acf.hhs.gov
  - ✓ Niki Frazier: Nikita.Frazier@acf.hhs.gov

> Also copy **CSBGStates@acf.hhs.gov** to ensure prompt response

Questions