

TEXAS 2020-2022 NEEDS ASSESSMENT FOR CSBG CARES ACT FUNDING

COVER PAGE AND CERTIFICATION

CSBG Eligible Entity: _____

Primary Agency Contact Information:

Contact Name: _____

Title: _____

Phone _____

Email: _____

Secondary Agency Contact Information (could be a planner or program director):

Contact Name: _____

Title: _____

Phone #: _____

Email: _____

Was the Needs Assessment completed utilizing a subcontractor? Yes____No____

Certification of 2020-2021 of Needs Assessment

The undersigned hereby certifies that the needs assessment information submitted for CSBG CARES Act Funding is correct and has been authorized by the governing body of this organization. If not approved by the board, it will be presented to the board on _____ for approval and at that time this certification page will be re-submitted to the Department.

Board Chair (printed name)

Board Chair (signature)

Date

Executive Director (printed name)

Executive Director (signature)

Date

Submission Date: _____
Month/Day/Year

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1. **Describe the area and individuals impacted by this COVID-19 pandemic.** Provide information and data (quantitative and qualitative) on the estimated number of persons and households impacted by this COVID-19 pandemic and on the impact of the pandemic to the families and the community by city and county. Types of information to include, but not be limited to, the following: city/cities, zip codes, description of the neighborhoods (e.g., primarily low-income, availability of public facilities and social service agencies, etc.), and demographic information on the households/individuals (e.g., income, racial make-up, indirect damage such as loss of job, education, housing etc.). Data and information gathered can include statistics, newspaper articles, news stories, surveys, interviews, data from 211 or other organization's data on COVID-19 needs. Eligible entities will be required to maintain documentation for monitoring purposes.

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- [illegible]

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4. Describe the **need** for funds to assist persons impacted? Types of information to include, but not limited to:
- a. an estimate of how many households and/or individuals still in need of assistance
 - b. the type of assistance these households need,

As stated previously, the needs must be as a result of COVID-19. If needs differ across your service area, organize your answer in terms of cities and counties impacted. Consider households who may have lost their job or have been temporarily unemployed for a period of time due to this pandemic. It may be helpful to reach out to churches, other social service providers/agencies, and county governments to gather this information.

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5. Identify the **top needs** determined from your Needs Assessment. Consider all the data (qualitative and quantitative) and information that was gathered in this process.

If the plan is to not address one of the needs, provide a brief explanation as to why not in column five; such as lack of capacity/resources or that another organization is addressing the need.

Top Needs Identified	Currently addressing the need		Plan to address the need with CSBG CARES Act Funds		How will need be addressed with CSBG CARES Act Funds	If not addressing, explain why.
1	Yes	No	Yes	No		
2	Yes	No	Yes	No		
3	Yes	No	Yes	No		
4	Yes	No	Yes	No		
5	Yes	No	Yes	No		
6	Yes	No	Yes	No		
7	Yes	No	Yes	No		
8	Yes	No	Yes	No		
9	Yes	No	Yes	No		
10	Yes	No	Yes	No		

6. Describe the **plan to coordinate services and/or funding** with other organizations/entities (e.g., churches, local governments, schools, non-profits, etc.) to meet the needs of individuals impacted by the COVID-19 pandemic. Also, describe any efforts that will be undertaken with coordinating partners to avoid duplication of services. Organize your answer in terms of the cities and counties impacted if they differ in coordination of services.

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7. Describe how you plan to provide the proposed CSBG CARES services through your current **service delivery system** or through partner organizations or subcontractors. Organize your answers in terms of the cities and counties impacted if they differ.