



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Office of Community Services

OMB #0970-0492  
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# Community Services Block Grant CARES Supplemental Annual Report

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 107 hours per grantee and 493 per sub-grantee per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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## State Administration – Module 1

Note: The reporting timeframes for all information in the State Administration 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 On-Line Data Collection system (OLDC) will then pre-populate the *State Administration* module with information from the accepted CSBG CARES Supplemental State Plan. States will be able to update information in these sections.

## Section A: CSBG Administrative Information

**A.1. Lead Agency:** Review and update (as applicable) 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

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

**A.1c. Cabinet or Administrative Department Name:** Provide the name of the cabinet or administrative department of the CSBG authorized official

**A.1d.** Authorized official of the lead agency

Name \_\_\_\_\_ Title \_\_\_\_\_

**A.1e.** Street Address

**A.1f.** City

**A.1g.** State

**A.1h.** Zip code

**A.1i.** Work Telephone number and Extension (if applicable)

**A.1j.** Fax Number

**A.1k.** Email Address

**A.1l.** Lead Agency Website

## 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 the CSBG CARES Supplemental as described in the CSBG CARES Supplemental State Plan.

**CSBG CARES Supplemental State Plan Goals:** *[This will auto-populate from the CSBG CARES Supplemental State Plan and will not be revisable]*

Select the status that best fits the current status of your CSBG state goals as provided in your CSBG CARES Supplemental State Plan and provide additional details.

- All Goals Accomplished – describe how all goals were accomplished, including outcomes:
- Goals Partially Accomplished – describe which goals were met and how, and provide an update on goals that have not yet been met:
- Not Accomplished – explain why goals were not met:

**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. Innovative Solutions Highlights:** Provide an example(s) of ways in which a CSBG eligible entity responded to COVID-19 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. If this is included in Module 3, please also provide the Community-Transformation name.
- B.3. Lessons Learned:** Describe any lessons learned in developing and accomplishing goals and innovative solutions to respond specifically to COVID-19.

### **Section C: CSBG Eligible Entity Update**

For the purposes of the CSBG CARES Supplemental Annual Report, the Office of Community Services (OCS) accepts the data submitted by the state in the Fiscal Year 2020 regular CSBG Annual Report and OCS seeks no additional information.

## **Section D: Organizational Standards for CSBG Eligible Entities**

For the purposes of the CSBG CARES Supplemental Annual Report, the Office of Community Services (OCS) accepts the data submitted by the state in the Fiscal Year 2020 regular CSBG Annual Report and OCS seeks no additional information.

## Section E: State Use of Funds

**Note:** The purpose of this section is to report on the funds received and spent during the Federal Fiscal Year (FFY), October 1 – September 30, specifically for the CSBG CARES Supplemental. Please review the final award letter received during the Federal Fiscal Year for the reporting period and the Federal Financial Report (FFR) submitted using standard form 425 (SF-425) for this reporting period for CSBG CARES Supplemental. Please ensure that any allocations, obligations, and carry-over amounts reported below are for funds awarded in this federal fiscal year and are reconciled with the amounts reported in the FFR.

An electronic version of the FFR is available for reference on the following web address: [Federal Financial Report](#).

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

**E.1. State CSBG CARES Supplemental 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 for the purposes of administering the CSBG CARES Supplemental?  Yes  No

**E.1a.** If yes, please describe any specific changes and describe how the state complied with assurances provided in Question 14.8 of the CSBG State Plan as required under Section 676(b)(8) of the State CSBG Act.

**E.2. Planned vs. Actual Allocation and Expenditures:** Using the table below, specify the actual allocation of 90 percent of CSBG CARES Supplemental funds to CSBG eligible entities, as described under Section 675C(a) of the CSBG Act. For each CSBG eligible entity receiving CSBG CARES Supplemental funds, provide the Funding Amount allocated to the CSBG eligible entity during the FFY.

*Note: The Amount Allocated and the Amount Obligated are going to be an exact match the majority of the time. Amounts expended (liquidated) should reflect actual payments made to eligible entities.*

CSBG Eligible Entity	Planned Allocations	Actual Amount of Allocations <i>(The Amount Allotted to each entity based on State Formula)</i>	Actual Amount of Obligations <i>(The actual amount made available through sub-award to each entity during FFY)</i>	Actual Expenditures <i>(The actual amount liquidated to each entity during the FFY)</i>
<i>Auto-populated from the CSBG CARES Supplemental State Plan, Table 5.1, and cannot be revised.</i>	<i>Auto-populated from the CSBG CARES Supplemental State Plan, Table 7.2 and cannot be revised.</i>	[Numeric Response, specify \$ amount]	[Numeric Response, specify \$ amount]	[Numeric Response, specify \$ amount]
<b>Total</b>	Total Auto-calculated	Total Auto-calculated	Total Auto-calculated	Total Auto-calculated



**E.3. Actual Distribution Timeframe:** Did the state make funds available to CSBG eligible entities no later than 30 days after OCS distributed the federal award.  Yes  No

**E.3a.** How did the state make CSBG CARES Supplemental funds available after OCS distributed the federal award? Please include the actual timeframe in which funds were distributed, and included any challenges at the state-level in making funds available to CSBG eligible entities.

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

**E.4. State Administrative Funds:** What amount of state CSBG CARES Supplemental funds did the state obligate for administrative activities during the FFY? The amount must be based on actual dollars allocated during the FFY.

<b>CSBG CARES Supplemental State Plan Amount</b>	<b>Actual Amount Allocated</b> <i>(The amount allotted for state administrative activities)</i>	<b>Actual Amount Obligated</b> <i>(The actual amount formally committed for procurement or direct expenditure activities during the FFY through state)</i>	<b>Actual Amount Expended</b> <i>(The actual amount liquidated through procurement or direct expenditure activities during the FFY through state)</i>
[Auto-populated target from the CSBG CARES Supplemental State Plan Question 7.3]	[Numeric response, specify \$ amount]	[Numeric response, specify \$ amount]	[Numeric response, specify \$ amount]

**E.5. State Staff Positions Funded:** How many state staff positions were funded in whole or in part with CSBG CARES Supplemental funds in the reporting period (FFY)?

<b>CSBG State Plan</b>	<b>Actual Number</b>
[Auto-populated target from the CSBG CARES Supplemental State plan Question 7.4]	[Insert a number between 0 – 99]

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

<b>CSBG State Plan</b>	<b>Actual Number</b>
[Auto-populated target from the CSBG CARES Supplemental State plan Question 7.5]	[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 as it directly relates to the CSBG CARES Supplemental funds in the table below.

**Instructional Note:** This table in the administrative report must be based on actual dollars obligated to each budget category using funds awarded in this federal fiscal year. 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, allocated the funds among the categories.

For example, if the state provides funds under a contract with the state Community Action Association to provide T/TA 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.

<b>Remainder/Discretionary Fund Uses</b> (See 675C(b)(1) of the CSBG Act)	<b>Planned Allocation</b> <i>(Pre-populated from CSBG CARES Supplemental State Plan)</i>	<b>Actual Allocation</b> <i>(The actual amount allocated)</i>	<b>Actual Obligation</b> <i>(The actual amount formally committed)</i>	<b>Actual Expenditure</b> <i>(The actual amount liquidated)</i>	<b>Brief Description of services/activities</b> <i>(Briefly describe the actual services and activities)</i>
<b>E.7a.</b> Training/technical assistance to eligible entities	[Pre-populated from the CSBG CARES Supplemental State Plan 7.6]	[Enter a numeric response]	[Enter a numeric response]	[Enter a numeric response]	[Provide a narrative]
<b>E.7b.</b> Coordination of state-operated programs and/or local programs	[Pre-populated from the CSBG CARES Supplemental State Plan 7.6]	[Enter a numeric response]	[Enter a numeric response]	[Enter a numeric response]	[Provide a narrative]
<b>E.7c.</b> Statewide coordination and communication among eligible entities	[Pre-populated from the CSBG CARES Supplemental State Plan 7.6]	[Enter a numeric response]	[Enter a numeric response]	[Enter a numeric response]	[Provide a narrative]
<b>E.7d.</b> Analysis of distribution of CSBG funds to determine if targeting greatest need	[Pre-populated from the CSBG CARES Supplemental State Plan 7.6]	[Enter a numeric response]	[Enter a numeric response]	[Enter a numeric response]	[Provide a narrative]
<b>E.7e.</b> Asset-building programs	[Pre-populated from the CSBG CARES Supplemental State Plan 7.6]	[Enter a numeric response]	[Enter a numeric response]	[Enter a numeric response]	[Provide a narrative]
<b>E.7f.</b> Innovative programs/activities by eligible entities or other neighborhood groups	[Pre-populated from the CSBG CARES Supplemental State Plan 7.6]	[Enter a numeric response]	[Enter a numeric response]	[Enter a numeric response]	[Provide a narrative]
<b>E.7g.</b> State charity tax credits	[Pre-populated from the CSBG CARES Supplemental State Plan 7.6]	[Enter a numeric response]	[Enter a numeric response]	[Enter a numeric response]	[Provide a narrative]
<b>E.7h.</b> Other activities, specify	[Pre-populated from the CSBG CARES Supplemental State Plan 7.6]	[Enter a numeric response]	[Enter a numeric response]	[Enter a numeric response]	[Provide a narrative]
<b>Totals</b>	<b>Auto-calculated</b>	<b>Auto-calculated</b>	<b>Auto-calculated</b>	<b>Auto-calculated</b>	

**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)
- 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
- None (the state will carry out activities directly)

**E.9 Total Obligations and Expenditures:** Total CSBG CARES Supplemental funds obligated and expended from CSBG CARES Supplemental funds awarded for the FFY. *Review and confirm from the chart below.*

Category	Actual Obligations	Actual Expenditures
<b>E.9a.</b> CSBG eligible entities funds (from State CSBG 90% formula funds)	Auto-populated from Table E.2 (total actual obligations in contract and sub-awards)	Auto-populated from Table E.2 (total actual liquidations)
<b>E.9b.</b> State Administrative Costs	Auto-populated from Table E.4 (total actual obligations of administrative funds)	Auto-populated from Table E.4 (total actual liquidations)
<b>E.9c.</b> Remainder/Discretionary Funds	Auto-populated from Table E.7 (total actual obligations of state remainder/discretionary funds)	Auto-populated from Table E.7 (total actual liquidations)
<b>E.9d.</b> Total	Total will be auto-calculated from three rows above	Total will be auto-calculated from three rows above

**E.10. Total Award Amount and Unobligated Balance:** In the table below, provide the unobligated balance of the CSBG CARES Supplemental for the FFY. The amount provided should be identical to the unobligated balance of federal funds as reported in LINE H of the FFR for this reporting year. This is the amount that was unobligated and will carry forward to the next federal fiscal year.

Note: The total award amount should be identical to the amount reported in LINE D of the FFR. If this amount does not reconcile, please review.

Category	Totals
<b>E.10a.</b> Total Obligations	Auto-populated from Table E.10 (total actual obligations)
<b>E.10b.</b> Total Expenditures	Auto-populated from Table E.10 (total actual expenditures)
<b>E.10c.</b> Unobligated Balance from the FFY	[Numeric response, specify \$ amount]
<b>E.10d.</b> Total Award Amount	Total will be auto-calculated from three rows above

### Section F: State Training and Technical Assistance

**F.1. Training and Technical Assistance Plan:** Describe how the state delivered CSBG CARES Supplemental-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.

**Note:** Please describe all training and technical assistance activities funded by CSBG CARES Supplemental funding.

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

Training, Technical Assistance, or Both	Topic	Start Date	End Date	Brief Description
<b>Auto-populated from Table 8.1 of the CSBG State Plan</b> <ul style="list-style-type: none"> <li>• Training</li> <li>• Technical Assistance</li> <li>• Both</li> </ul>	<b>Auto-populated from Table 8.1 of the CSBG State Plan</b> <ul style="list-style-type: none"> <li>• Fiscal</li> <li>• Governance/Tripartite Boards</li> <li>• Correcting Significant Deficiencies Among CSBG Eligible Entities</li> <li>• Reporting</li> <li>• ROMA</li> <li>• Community Assessment</li> <li>• Strategic Planning</li> <li>• Monitoring</li> <li>• Communication</li> <li>• Technology</li> <li>• Other</li> </ul>	[Enter Date]	[Enter Date]	<b>[Narrative, 2500 characters]</b>  <i>Provide additional brief explanation of the technical assistance activities implemented. If "Other" was selected in Column 3, describe in this column.</i>

*Note: this table will allow you to add additional rows as needed.*

**F.2. Training and Technical Assistance Organizations:** 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 and provide a narrative where applicable.*)

- CSBG Eligible Entities (if checked, provide the expected number of CBSG eligible entities to receive funds) **[Narrative, 3 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 [Provide the types of organizations]

## 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 section 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 CARES Supplemental State Plan.

- 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
- Emergency Management
- Public Health/Disease Control
- 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 during COVID-19. Describe activities specifically pertaining to CSBG CARES Supplemental activities. Attach additional details as necessary.

**G.2. State Linkages and Coordination Lessons Learned:** Describe any lessons learned while trying to maintain or increase access to CSBG services by communities and people with low-incomes during COVID-19.

## Section H: Monitoring, Corrective Action, and Fiscal Controls

- H.1. Monitoring Policies:** Were any modifications made to the state’s monitoring policies and procedures as it directly relates to the CSBG CARES Supplemental 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 provide a link]*

## **Section I: Results Oriented Management and Accountability (ROMA) System**

For the purposes of the CSBG CARES Supplemental Annual Report, the Office of Community Services (OCS) accepts the data submitted by the state in the Fiscal Year 2020 regular CSBG Annual Report and OCS seeks no additional information.

# **Eligible Entity Expenditures, Capacity, and Resources – Module 2**



## Module 2 Instructional Notes

### Module 2, Section A: CSBG Expenditures by CSBG Eligible Entity

**Section A: CSBG Expenditures by CSBG Eligible Entity Data Entry Form** meets the Congressional requirement for an explanation of the *total amount of CSBG funding expended during the reporting period (identified below)* based on categories referenced in the CSBG Act.

CSBG funding expended during the reporting period should be identified in the domain that best reflects the services delivered and strategies implemented, as well as the administrative costs associated with the domains.

### Module 2, Section B: CSBG Eligible Entity Capacity Building

**Section B: CSBG Eligible Entity Capacity Building Data Entry Form** provides detail on agency capacity building funded by CSBG and other funding sources.

### Module 2, Section C: Allocated Resources per CSBG Eligible Entity

**Section C: Allocated Resources per CSBG Eligible Entity data entry form** provides data on resources allocated to, administered through, and generated by the CSBG Eligible Entity. This report provides valuable information on how CSBG leverages funds from multiple federal, state, local, and private sources as required in the CSBG Act.

**Section A: CSBG CARES Supplemental Expenditures by CSBG Eligible Entity**

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>A.1. CSBG Eligible Entity Reporting Period</b>	<b>"X"</b>
<b>A.1a. July 1 - June 30</b>	
<b>A.1b. October 1 - September 30</b>	
<b>A.1c. January 1 - December 31</b>	

**A.2. Amount of FY 20XX CSBG CARES Supplemental allocated to reporting entity**

<b>A.3. CSBG CARES Supplemental Expenditures Domains</b>	<b>CSBG CARES Funds</b>
A.3a. Employment	
A.3b. Education and Cognitive Development	
A.3c. Income, Infrastructure, and Asset Building	
A.3d. Housing	
A.3e. Health and Social/Behavioral Development <i>(includes nutrition)</i>	
A.3f. Civic Engagement and Community Involvement	
A.3g. Services Supporting Multiple Domains	
A.3h. Linkages <i>(e.g. partnerships that support multiple domains for the specific purposes of disaster and/or emergency services)</i>	
A.3i. Agency Capacity Building <i>(detailed below in Table A.4)</i>	
A.3j. Other <i>(e.g. emergency management/disaster relief)</i>	
<b>A.3k. Total CSBG Expenditures (auto calculated)</b>	<b>\$0</b>

**A.4. Of the CSBG funds reported above, report the total amount used for Administration. For more information on what qualifies as Administration, refer to IM37.**

**A.5. Details on Agency Capacity Building Activities Funded by CSBG:**

1. Please identify which activities were funded by CSBG under Agency Capacity in Table A.3. Please check all that apply.

Community Needs Assessment   
 Data Management & Reporting   
 Other\*  
 Strategic Planning   
 Training & Technical Assistance

*\*Below please specify Other Activities funded by CSBG under Agency Capacity:*

**A.6. Details on Use of CSBG CARES Funds**

1. Please provide details on use of the CSBG CARES funds. Please only include activities not already included in elsewhere in the CSBG Annual Report.

**Section B: CSBG Eligible Entity Capacity Building**

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>B.1. CSBG Eligible Entity Reporting Period</b>	<b>"X"</b>
<b>B.1a. July 1 - June 30</b>	<i>auto-populated from Module 2, Section A</i>
<b>B.1b. October 1 - September 30</b>	
<b>B.1c. January 1 - December 31</b>	
<b>B.2. Hours of Agency Capacity Building (e.g. training, planning, assessment):</b>	<b>Hours</b>
B.2a. Hours of Board Members in capacity building activities	
B.2b. Hours of Agency Staff in capacity building activities	
<b>B.3. Volunteer Hours of Agency Capacity Building (e.g. program support, service delivery,</b>	<b>Hours</b>
B.3a. Total number of volunteer hours donated to the agency	
B.3a.1. Of the above, the total number of volunteer hours donated by individuals with low-	
<b>B.4. The number of staff who hold certifications that increase agency capacity to achieve family and community outcomes, as measured by one or more of the following:</b>	<b>Number</b>
B.4a. Number of Nationally Certified ROMA Trainers	
B.4b. Number of Nationally Certified ROMA Implementers	
B.4c. Number of Certified Community Action Professionals (CCAP)	
B.4d. Number of Staff with a child development certification	
B.4e. Number of Staff with a family development certification	
B.4f. Number of Pathways Reviewers	
B.4g. Number of Staff with Home Energy Professional Certifications	
B.4g.1. Number of Energy Auditors	
B.4g.2. Number of Retrofit Installer Technicians	
B.4g.3. Number of Crew Leaders	
B.4g.4. Number of Quality Control Inspectors (QCI)	
B.4h. Number of LEED Risk Certified assessors	
B.4i. Number of Building Performance Institute (BPI) certified professionals	
B.4j. Number of Classroom Assessment Scoring System (CLASS) certified professionals	
B.4k. Number of Certified Housing Quality Standards (HQS) Inspectors	
B.4l. Number of American Institute of Certified Planners (AICP)	
B.4m. Other <i>(Please specify others below):</i>	
<b>B.5. Number of organizations, both public and private, that the CSBG Eligible Entity actively works with to expand resources and opportunities in order to achieve family and community outcomes:</b>	<b>Unduplicated Number of Organizations</b>
B.5a. Non-Profit	
B.5b. Faith Based	
B.5c. Local Government	
B.5d. State Government	
B.5e. Federal Government	
B.5f. For-Profit Business or Corporation	
B.5g. Consortiums/Collaborations	
B.5h. School Districts	
B.5i. Institutions of Post-Secondary Education/Training	
B.5j. Financial/Banking Institutions	
B.5k. Health Service Organizations	
B.5l. Statewide Associations or Collaborations	

**Section C: Allocated CARES Act Resources per CSBG Eligible Entity**

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>C.1. CSBG Eligible Entity Reporting Period</b> <span style="float: right;"><b>"X"</b></span>	
<b>C.1a. July 1 - June 30</b>	<i>auto-populated from Module 2, Section A</i>
<b>C.1b. October 1 - September 30</b>	
<b>C.1c. January 1 - December 31</b>	

**C.2. Amount of FY 20XX CSBG CARES funds allocated to reporting entity**

**C.3. Federal CARES Act Resources Allocated (Other than CSBG)**

**C.3a. Weatherization (DOE) (include oil overcharge \$\$)** C.3a.

**C.3b. Health and Human Services (HHS)**

C.3b.1.	LIHEAP - Fuel Assistance (include oil overcharge \$\$)	C.3b.1.	<input type="text"/>
C.3b.2.	LIHEAP - Weatherization (include oil overcharge \$\$)	C.3b.2.	<input type="text"/>
C.3b.3.	Head Start	C.3b.3.	<input type="text"/>
C.3b.4.	Early Head Start	C.3b.4.	<input type="text"/>
C.3b.5.	Older Americans Act	C.3b.5.	<input type="text"/>
C.3b.6.	Social Services Block Grant (SSBG)	C.3b.6.	<input type="text"/>
C.3b.7.	Medicare/Medicaid	C.3b.7.	<input type="text"/>
C.3b.8.	Assets for Independence (AFI)	C.3b.8.	<input type="text"/>
C.3b.9.	Temporary Assistance for Needy Families (TANF)	C.3b.9.	<input type="text"/>
C.3b.10.	Child Care Development Block Grant (CCDBG)	C.3b.10.	<input type="text"/>
C.3b.11.	Community Economic Development (CED)	C.3b.11.	<input type="text"/>
C.3b.12.	<b>Other HHS Resources</b>		

C.3b.12.i.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.i.	<input type="text"/>
C.3b.12.ii.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.ii.	<input type="text"/>
C.3b.12.iii.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.iii.	<input type="text"/>
C.3b.12.iv.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.iv.	<input type="text"/>
C.3b.12.v.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.v.	<input type="text"/>
C.3b.12.vi.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.vi.	<input type="text"/>
C.3b.12.vii.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.vii.	<input type="text"/>
C.3b.12.viii.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.viii.	<input type="text"/>
C.3b.12.ix.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.ix.	<input type="text"/>
C.3b.12.x.	<input type="text"/>	CFDA #:	<input type="text"/>	C.3b.12.x.	<input type="text"/>

**C.3b.13. Total Other HHS Resources (auto-calculated)** C.3b.13.

**C.3c. Department of Agriculture (USDA)**

C.3c.1.	Special Supplemental Nutrition for Women, Infants, and Children (WIC)	C.3c.1.	<input type="text"/>
C.3c.2.	All USDA Non-Food programs (e.g. rural development)	C.3c.2.	<input type="text"/>
C.3c.3.	All other USDA Food programs	C.3c.3.	<input type="text"/>

**C.3d. Department of Housing and Urban Development (HUD)**

C.3d.1.	Community Development Block Grant (CDBG) - Federal, State, and Local	C.3d.1.	<input type="text"/>
C.3d.2.	Section 8	C.3d.2.	<input type="text"/>
C.3d.3.	Section 202	C.3d.3.	<input type="text"/>
C.3d.4.	Home Tenant-Based Rental Assistance (HOME TBRA)	C.3d.4.	<input type="text"/>
C.3d.5.	HOPE for Homeowners Program (H4H)	C.3d.5.	<input type="text"/>
C.3d.6.	Emergency Solutions Grant (ESG)	C.3d.6.	<input type="text"/>

**Name of CSBG Eligible Entity Reporting:**

C.3d.7.	Continuum of Care (CoC)	C.3d.7.	
C.3d.8.	All other HUD programs, including homeless programs	C.3d.8.	

**C.3e. Department of Labor (DOL)**

C.3e.1.	Workforce Innovation and Opportunity Act (WIOA) *previously WIA	C.3e.1.	
C.3e.2.	Other DOL Employment and Training programs	C.3e.2.	
C.3e.3.	All other DOL programs	C.3e.3.	

**C.3f. Corporation for National and Community Service (CNCS) programs**

**C.3g. Federal Emergency Management Agency (FEMA)**

**C.3h. Department of Transportation**

**C.3i. Department of Education**

**C.3j. Department of Justice**

**C.3k. Department of Treasury**

**C.3l. Other Federal Resources**

C.3l.i.		CFDA #:		C.3l.i.	
C.3l.ii.		CFDA #:		C.3l.ii.	
C.3l.iii.		CFDA #:		C.3l.iii.	
C.3l.iv.		CFDA #:		C.3l.iv.	
C.3l.v.		CFDA #:		C.3l.v.	
C.3l.vi.		CFDA #:		C.3l.vi.	
C.3l.vii.		CFDA #:		C.3l.vii.	
C.3l.viii.		CFDA #:		C.3l.viii.	
C.3l.ix.		CFDA #:		C.3l.ix.	
C.3l.x.		CFDA #:		C.3l.x.	

<b>C.3m. Total Other Federal Resources (autocalculated)</b>		C.3m.	\$	-
<b>C.3n. Total: Non-CSBG Federal Resources Allocated (autocalculated)</b>		<b>C.3.n.</b>	\$	-

**C.4. State Resources Allocated**

C.4a.	State appropriated funds used for the same purpose as Federal CSBG funds	C.4a.	
C.4b.	State Housing and Homeless programs ( <i>include housing tax credits</i> )	C.4b.	
C.4c.	State Nutrition programs	C.4c.	
C.4d.	State Early Childhood Programs ( <i>e.g. Head Start, Day Care</i> )	C.4d.	
C.4e.	State Energy programs	C.4e.	
C.4f.	State Health programs	C.4f.	
C.4g.	State Youth Development programs	C.4g.	
C.4h.	State Employment and Training programs	C.4h.	
C.4i.	State Senior programs	C.4i.	
C.4j.	State Transportation programs	C.4j.	
C.4k.	State Education programs	C.4k.	
C.4l.	State Community, Rural and Economic Development programs	C.4l.	
C.4m.	State Family Development programs	C.4m.	
C.4n.	<b>Other State Resources</b>		
C.4n.i.		C.4n.i.	
C.4n.ii.		C.4n.ii.	
C.4n.iii.		C.4n.iii.	

<b>Name of CSBG Eligible Entity Reporting:</b>			
C.4n.iv.		C.4n.iv.	
C.4n.v.		C.4n.v.	
C.4n.vi.		C.4n.vi.	
C.4n.vii.		C.4n.vii.	
C.4n.viii		C.4n.viii.	
.		C.4n.ix.	
C.4n.ix.		C.4n.ix.	
C.4n.x.		C.4n.x.	
<b>C.4o. Total Other State Resources (autocalculated)</b>		C.4o.	\$ -
<b>C.4p. Total: State Resources Allocated (autocalculated)</b>		C.4p.	\$ -
<b>C.4p.</b> <i>If any of these resources were also reported under Item C.3n. (Federal Resources), please estimate the amount.</i>		C.4q.	
<b>C.5. Local Resources Allocated</b>			
C.5a.	Amount of unrestricted funds appropriated by local government	C.5a.	
C.5b.	Amount of restricted funds appropriated by local government	C.5b.	
C.5c.	Value of Contract Services	C.5c.	
C.5d.	Value of in-kind goods/services received from local government	C.5d.	
<b>C.5e. Total: Local Resources Allocated (autocalculated)</b>		C.5e.	\$ -
<b>C.5f.</b> <i>If any of these resources were also reported under Item C.3n. or C.4p. (Federal or State Resources), please estimate the amount.</i>		C.5f.	
<b>C.6. Private Sector Resources Allocated</b>			
C.6a.	Funds from foundations, corporations, United Way, other nonprofits	C.6a.	
C.6b.	Other donated funds	C.6b.	
C.6c.	Value of other donated items, food, clothing, furniture, etc.	C.6c.	
C.6d.	Value of in-kind services received from businesses	C.6d.	
C.6e.	Payments by clients for services	C.6e.	
C.6f.	Payments by private entities for goods or services for low income clients or communities	C.6f.	
<b>C.6g. Total: Private Sector Resources Allocated (autocalculated)</b>		C.6g.	\$ -
<b>C.6h.</b> <i>If any of these resources were also reported under Item C.3n., C.4p. or C.5e. (Federal, State or Local Resources), please estimate the amount.</i>		C.6h.	
<b>C.7. Total Non-CSBG Resources Allocated: (Federal, State, Local &amp; Private) (autocalculated)</b>		C.7.	\$ -
<b>C.8. Total Resources in CSBG Eligible Entity (including CSBG) (autocalculated)</b>		C.8.	\$ -

Note : \* All totals are autocalculated

## Community Level – Module 3

For the CSBG CARES Supplemental Annual Report, eligible entities will complete and submit Module 3, Community Level, with the regular CSBG Annual Report. The form allows users the option to designate which source of CSBG funds is used in the Community Transformation.

## Individual and Family Level – Module 4

Note: The data collected in this module relates to **Goal 1: Individuals and families with low incomes are stable and achieve economic security.**



## Module 4 Instructional Notes

### Module 4, Section A: Individual and Family National Performance Indicators (NPIs) - Data Entry Form

**Section A: Individual and Family NPIs Data Entry Form** is comprised of indicators to report outcomes that fall under National Goal 1: Individuals and families with low incomes are stable and achieve economic security. The indicators are the vehicle by which CSBG Eligible Entities measure and report the outcomes they have achieved for individuals and families. All Individual and Family NPIs are **optional**, and there is a category for "Other Outcome Indicator." For the CSBG CARES Supplemental submission, please include only information on people, services and outcomes directly supported with CSBG CARES Supplemental resources. This information may be determined based on a direct count of individuals for services and activities supported only with CSBG CARES Supplemental funds or based on a proportional analysis of recipients of services funded through regularly-appropriated CSBG funds or other sources and supplemented by CSBG CARES Act funds.

### Module 4, Section B: Individual and Family Services - Data Entry Form

**Section B: Individual and Family Services Data Entry Form** provides information on the work CSBG Eligible Entities did to help individuals and families achieve the outcomes listed in Section A. This standardized Individual and Family Services list will aid in analysis of the relationship between people, services, and outcomes. Information provided in this section must include services and activities supported only with CSBG CARES funds either through a direct count for services funded only with CSBG CARES funds or based on a proportional analysis for services supplemented with CSBG CARES funds and also funded through regularly-appropriated CSBG funds or other sources.

### Module 4, Section C: All Characteristics Report - Data Entry Form

**Section C:** While the regular submission of the **All Characteristics Report Data Entry Form** collects data on all individuals and households, this submission should focus *only* on the individuals and households that received services supported by CSBG CARES Supplemental grant funds. This demographic information strengthens the CSBG Annual Report by demonstrating who is being served by CSBG Eligible Entities. This information may be determined based on a direct count of individuals for services and activities supported only with CSBG CARES Supplemental funds or based on a proportional analysis for services supplemented with CSBG CARES funds and also funded through regularly-appropriated CSBG funds or other sources.

**Section A: Individual and Family National Performance Indicators (FNPIs)**  
**Employment Indicators**

Name of CSBG Eligible Entity Reporting:	DUNS:				
State:	DUNS:				
Employment (FNPI 1)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V) (% auto calculated)
FNPI 1a The number of unemployed <b>youth</b> who obtained employment to gain skills or income.					
FNPI 1b The number of unemployed <b>adults</b> who obtained employment ( <b>up to a living wage</b> ).					
FNPI 1c The number of unemployed <b>adults</b> who obtained and maintained employment for at least 90 days ( <b>up to a living wage</b> ).					
FNPI 1d The number of unemployed <b>adults</b> who obtained and maintained employment for at least 180 days ( <b>up to a living wage</b> ).					
FNPI 1e The number of unemployed <b>adults</b> who obtained employment ( <b>with a living wage or higher</b> ).					
FNPI 1f The number of unemployed <b>adults</b> who obtained and maintained employment for at least 90 days ( <b>with a living wage or higher</b> ).					
FNPI 1g The number of unemployed <b>adults</b> who obtained and maintained employment for at least 180 days ( <b>with a living wage or higher</b> ).					

Employment (FNPI 1)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V) (% auto calculated)
FNPI 1h The number of employed participants in a career-advancement related program who <b>entered or transitioned</b> into a position that provided increased income and/or benefits.					
FNPI 1h.1 Of the above, the number of employed participants who increased income from employment through <b>wage or salary amount increase</b> .					
FNPI 1h.2 Of the above, the number of employed participants who increased income from employment through <b>hours worked increase</b> .					
FNPI 1h.3 Of the above, the number of employed participants who <b>increased benefits</b> related to employment.					

Name of CSBG Eligible Entity Reporting:					
Other Employment Outcome Indicator (FNPI 1z)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V] (% auto calculated)
FNPI 1z.1 The number of individuals _____.					

**Comments:**

**Section A: Individual and Family National Performance Indicators (FNPIs)**  
**Education and Cognitive Development Indicators**

Name of CSBG Eligible Entity Reporting:	DUNS:				
State:	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V] (% auto calculated)
<b>Education and Cognitive Development (FNPI 2)</b>					
FNPI 2a The number of <b>children</b> (0 to 5) who demonstrated improved emergent literacy skills.					
FNPI 2b The number of <b>children</b> (0 to 5) who demonstrated skills for school readiness.					
FNPI 2c The number of <b>children</b> and <b>youth</b> who demonstrated improved positive approaches toward learning, including improved attention skills. (auto total).	0				
FNPI 2c.1 Early Childhood Education (ages 0-5)					
FNPI 2c.2 1st grade-8th grade					
FNPI 2c.3 9th grade-12th grade					
FNPI 2d The number of <b>children</b> and <b>youth</b> who are achieving at basic grade level (academic, social, and other school success skills). (auto total)	0				
FNPI 2d.1 Early Childhood Education (ages 0-5)					
FNPI 2d.2 1st grade-8th grade					
FNPI 2d.3 9th grade-12th grade					
FNPI 2e The number of <b>parents/caregivers</b> who improved their home environments.					
FNPI 2f The number of <b>adults</b> who demonstrated improved basic education.					
FNPI 2g The number of <b>individuals</b> who obtained a high school diploma and/or obtained an equivalency certificate or diploma.					
FNPI 2h The number of <b>individuals</b> who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills.					
FNPI 2i The number of <b>individuals</b> who obtained an Associate's degree.					
FNPI 2j The number of <b>individuals</b> who obtained a Bachelor's degree.					

Other Education and Cognitive Development Outcome Indicator (FNPI 2z)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V] (% auto calculated)
FNPI 2z.1 The number of individuals _____.					

**Comments:**

**Section A: Individual and Family National Performance Indicators (FNPIs)**  
**Income and Asset Building Indicators**

Name of CSBG Eligible Entity Reporting:					
State:	DUNS:				
Income and Asset Building (FNPI 3)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V) (% auto calculated)
FNPI 3a The number of individuals who achieved and maintained capacity to meet basic needs for <b>90 days</b> .					
FNPI 3b The number of individuals who achieved and maintained capacity to meet basic needs for <b>180 days</b> .					
FNPI 3c The number of individuals who opened a <b>savings account or IDA</b> .					
FNPI 3d The number of individuals who <b>increased their savings</b> .					
FNPI 3e The number of individuals who used their savings to <b>purchase an asset</b> .					
FNPI 3f The number of individuals who purchased a home.					
FNPI 3g The number of individuals who <b>improved their credit scores</b> .					
FNPI 3h The number of individuals who <b>increased their net worth</b> .					
FNPI 3i The number of individuals engaged with the Community Action Agency who report <b>improved financial well-being</b> .					

Other Income and Asset Building Outcome Indicator (FNPI 3z)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V) (% auto calculated)
FNPI 3z.1 The number of individuals _____.					

**Comments:**

**Section A: Individual and Family National Performance Indicators (FNPIs)**  
**Housing Indicators**

Name of CSBG Eligible Entity Reporting:	DUNS:				
State:	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (%) auto calculated)	V.) Performance Target Accuracy (III/II = V] (%) auto calculated)
<b>Housing (FNPI 4)</b>					
FNPI 4a The number of individuals experiencing homelessness who obtained <b>safe temporary shelter</b> .					
FNPI 4b The number of individuals who obtained <b>safe and affordable housing</b> .					
FNPI 4c The number of individuals who maintained safe and affordable housing for <b>90 days</b> .					
FNPI 4d The number of individuals who maintained safe and affordable housing for <b>180 days</b> .					
FNPI 4e The number of individuals who <b>avoided eviction</b> .					
FNPI 4f The number of individuals who <b>avoided foreclosure</b> .					
FNPI 4g The number of individuals who <b>experienced improved health and safety</b> due to improvements within their home (e.g. reduction or elimination of lead, radon, carbon monoxide and/or fire hazards or electrical issues, etc).					
FNPI 4h The number of individuals with <b>improved energy efficiency and/or energy burden reduction</b> in their homes.					

Other Housing Outcome Indicator (FNPI 4z)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (%) auto calculated)	V.) Performance Target Accuracy (III/II = V] (%) auto calculated)
FNPI 4z.1 The number of individuals _____.					

**Comments:**

**Section A: Individual and Family National Performance Indicators (FNPIs)**  
**Health and Social/Behavioral Development Indicators**

Name of CSBG Eligible Entity Reporting:					
State:					
DUNS:					
Health and Social/Behavioral Development (FNPI 5)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V] (% auto calculated)
FNPI 5a The number of individuals who demonstrated <b>increased nutrition skills</b> (e.g. cooking, shopping, and growing food).					
FNPI 5b The number of individuals who demonstrated <b>improved physical health</b> and well-being.					
FNPI 5c The number of individuals who demonstrated <b>improved mental and behavioral health and well-being</b> .					
FNPI 5d The number of individuals who <b>improved skills</b> related to the adult role of parents/ caregivers.					
FNPI 5e The number of parents/caregivers who <b>demonstrated increased sensitivity and responsiveness</b> in their interactions with their children.					
FNPI 5f The number of <b>seniors (65+)</b> who maintained an independent living situation.					
FNPI 5g The number of <b>individuals with disabilities</b> who maintained an independent living situation.					
FNPI 5h The number of <b>individuals with a chronic illness</b> who maintained an independent living situation.					
FNPI 5i The number of individuals with <b>no recidivating event</b> for six months.	0				
FNPI 5i.1 Youth (ages 14-17)					
FNPI 5i.2 Adults (ages 18+)					

Other Health and Social/Behavioral Development Outcome Indicator (FNPI 5z)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V] (% auto calculated)
FNPI 5z.1 The number of individuals _____.		-	-	-	-

**Comments:**

**Section A: Individual and Family National Performance Indicators (FNPIs)**  
**Civic Engagement and Community Involvement Indicators**

Name of CSBG Eligible Entity Reporting:					
State:	DUNS:				
Civic Engagement and Community Involvement Indicators (FNPI 6)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V) (% auto calculated)
FNPI 6a The number of individuals who increased skills, knowledge, and abilities to enable them to work with Community Action to improve conditions in the community.					
FNPI 6a.1 Of the above, the number of Community Action program participants who <b>improved their leadership skills.</b>					
FNPI 6a.2 Of the above, the number of Community Action program participants who <b>improved their social networks.</b>					
FNPI 6a.3 Of the above, the number of Community Action program participants who gained other skills, knowledge and abilities to <b>enhance their ability to engage.</b>					

Other Civic Engagement and Community Involvement Outcome Indicator (FNPI 6z)	I.) Number of Individuals Served in program(s) (#)	II.) Target (#)	III.) Actual Results (#)	IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)	V.) Performance Target Accuracy (III/II = V) (% auto calculated)
FNPI 6z.1 The number of individuals _____.					

**Comments:**



**Section A: Individual and Family National Performance Indicators (FNPIs)  
 Outcomes Achieved Across One or More Domains**

<b>Name of CSBG Eligible Entity Reporting:</b>					
<b>State:</b>	<b>DUNS:</b>				
<b>Outcomes Across Multiple Domains (FNPI 7)</b>	<b>I.) Number of Individuals Served in program(s) (#)</b>	<b>II.) Target (#)</b>	<b>III.) Actual Results (#)</b>	<b>IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)</b>	<b>V.) Performance Target Accuracy (III/II = V] (% auto calculated)</b>
FNPI 7a The number of individuals who achieved one or more outcomes in the identified National Performance Indicators in one or more domains.					

<b>Other Outcome Indicator (FNPI 7z)</b>	<b>I.) Number of Individuals Served in program(s) (#)</b>	<b>II.) Target (#)</b>	<b>III.) Actual Results (#)</b>	<b>IV.) Percentage Achieving Outcome [III/ I = IV ] (% auto calculated)</b>	<b>V.) Performance Target Accuracy (III/II = V] (% auto calculated)</b>
FNPI 7z.1 The number of individuals _____.					

**Comments:**

## Section B: Individual and Family Services Employment Services

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>Employment Services (SRV 1)</b>	<b>Unduplicated Number of Individuals Served</b>
<b>Skills Training and Opportunities for Experience (SRV 1a-f)</b>	
SRV 1a Vocational Training	
SRV 1b On-the-Job and other Work Experience	
SRV 1c Youth Summer Work Placements	
SRV 1d Apprenticeship/Internship	
SRV 1e Self-Employment Skills Training	
SRV 1f Job Readiness Training	
<b>Career Counseling (SRV 1g-h)</b>	
SRV 1g Workshops	
SRV 1h Coaching	
<b>Job Search (SRV 1i-n)</b>	
SRV 1i Coaching	
SRV 1j Resume Development	
SRV 1k Interview Skills Training	
SRV 1l Job Referrals	
SRV 1m Job Placements	
SRV 1n Pre-employment physicals, background checks, etc.	
<b>Post Employment Supports (SRV 1o-p)</b>	
SRV 1o Coaching	
SRV 1p Interactions with employers	
<b>Employment Supplies (SRV 1q)</b>	
SRV 1q Employment Supplies	

## Section B: Individual and Family Services Education and Cognitive Development Services

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>Education and Cognitive Development Services (SRV 2)</b>	<b>Unduplicated Number of Individuals Served</b>
<b>Child/Young Adult Education Programs (SRV 2a-j)</b>	
SRV 2a Early Head Start	
SRV 2b Head Start	
SRV 2c Other Early-Childhood (0-5 yr. old) Education	
SRV 2d K-12 Education	
SRV 2e K-12 Support Services	
SRV 2f Financial Literacy Education	
SRV 2g Literacy/English Language Education	
SRV 2h College-Readiness Preparation/Support	
SRV 2i Other Post Secondary Preparation	
SRV 2j Other Post Secondary Support	
<b>School Supplies (SRV 2k)</b>	
SRV 2k School Supplies	
<b>Extra-curricular Programs (SRV 2l-q)</b>	
SRV 2l Before and After School Activities	
SRV 2m Summer Youth Recreational Activities	
SRV 2n Summer Education Programs	
SRV 2o Behavior Improvement Programs (attitude, self-esteem, Dress-for-Success, etc.)	
SRV 2p Mentoring	
SRV 2q Leadership Training	
<b>Adult Education Programs (SRV 2r-z)</b>	
SRV 2r Adult Literacy Classes	
SRV 2s English Language Classes	
SRV 2t Basic Education Classes	
SRV 2u High School Equivalency Classes	
SRV 2v Leadership Training	
SRV 2w Parenting Supports (may be a part of the early childhood programs identified above)	
SRV 2x Applied Technology Classes	
SRV 2y Post-Secondary Education Preparation	
SRV 2z Financial Literacy Education	
<b>Post-Secondary Education Supports (SRV 2aa)</b>	
SRV 2aa College applications, text books, computers, etc.	
<b>Financial Aid Assistance (SRV 2bb)</b>	
SRV 2bb Scholarships	
<b>Home Visits (SVR 2cc)</b>	
SRV 2cc Home Visits	

**Section B: Individual and Family Services**  
**Income and Asset Building Services**

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>Income and Asset Building Services (SRV 3)</b>	<b>Unduplicated Number of Individuals Served</b>
<b>Training and Counseling Services (SRV 3a-f)</b>	
SRV 3a Financial Capability Skills Training	
SRV 3b Financial Coaching/Counseling	
SRV 3c Financial Management Programs (including budgeting, credit management, credit repair, credit counseling, etc.)	
SRV 3d First-time Homebuyer Counseling	
SRV 3e Foreclosure Prevention Counseling	
SRV 3f Small Business Start-Up and Development Counseling Sessions/Classes	
<b>Benefit Coordination and Advocacy (SRV 3g-l)</b>	
SRV 3g Child Support Payments	
SRV 3h Health Insurance	
SRV 3i Social Security/SSI Payments	
SRV 3j Veteran's Benefits	
SRV 3k TANF Benefits	
SRV 3l SNAP Benefits	
<b>Asset Building (SRV 3m-o)</b>	
SRV 3m Saving Accounts/IDAs and other asset building accounts	
SRV 3n Other financial products (IRA accounts, MyRA, other retirement accounts, etc.)	
SRV 3o EITC, or Other Tax Preparation programs	
<b>SRV 3p Loans And Grants (SRV 3p-r)</b>	
SRV 3p Micro-loans	
SRV 3q Business incubator/business development loans	
SRV 3r Direct Financial Assistance	

## Section B: Individual and Family Services Housing Services

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>Housing Services (SRV 4)</b>	<b>Unduplicated Number of Individuals Served</b>
<b>Housing Payment Assistance (SRV 4a-e)</b>	
SRV 4a Financial Capability Skill Training	
SRV 4b Financial Coaching/Counseling	
SRV 4c Rent Payments (includes Emergency Rent Payments)	
SRV 4d Deposit Payments	
SRV 4e Mortgage Payments (includes Emergency Mortgage Payments)	
<b>Eviction Prevention Services (SRV 4f-h)</b>	
SRV 4f Eviction Counseling	
SRV 4g Landlord/Tenant Mediations	
SRV 4h Landlord/Tenant Rights Education	
<b>Utility Payment Assistance (SRV 4i-l)</b>	
SRV 4i Utility Payments (includes Emergency Utility Payments)	
SRV 4j Utility Deposits	
SRV 4k Utility Arrears Payments	
SRV 4l Level Billing Assistance	
<b>Housing Placement/Rapid Re-housing (SRV 4m-p)</b>	
SRV 4m Temporary Housing Placement (includes Emergency Shelters)	
SRV 4n Transitional Housing Placements	
SRV 4o Permanent Housing Placements	
SRV 4p Rental Counseling	
<b>Housing Maintenance &amp; Improvements (SRV 4q)</b>	
SRV 4q Home Repairs (e.g. structural, appliance, heating systems. etc.) (Including Emergency Home Repairs)	
<b>Weatherization Services (SRV 4r-t)</b>	
SRV 4r Independent-living Home Improvements (e.g. ramps, tub and shower grab bars, handicap accessible modifications, etc.)	
SRV 4s Healthy Homes Services(e.g. reduction or elimination of lead, radon, carbon monoxide and/or fire hazards or electrical issues, etc.)	
SRV 4t Energy Efficiency Improvements (e.g. insulation, air sealing, furnace repair, etc.)	

**Section B: Individual and Family Services  
 Health and Social/Behavioral Development**

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>Health and Social/Behavioral Development Services (SRV 5)</b>	<b>Unduplicated Number of Individuals Served</b>
<b>Health Services, Screening and Assessments (SRV 5a-j)</b>	
SRV 5a Immunizations - COVID Vaccination	
SRV 5b Physicals	
SRV 5c Developmental Delay Screening	
SRV 5d Vision Screening	
SRV 5e Prescription Payments	
SRV 5f Doctor Visit Payments	
SRV 5g Maternal/Child Health	
SRV 5h Nursing Care Sessions	
SRV 5i In-Home Affordable Seniors/Disabled Care Sessions (Nursing, Chores, Personal Care Services)	
SRV 5j Health Insurance Options Counseling	
<b>Reproductive Health Services (SRV 5k-o)</b>	
SRV 5k Coaching Sessions	
SRV 5l Family Planning Classes	
SRV 5m Contraceptives	
SRV 5n STI/HIV Prevention Counseling Sessions	
SRV 5o STI/HIV Screenings	
<b>Wellness Education (SRV 5p-q)</b>	
SRV 5p Wellness Classes (stress reduction, medication management, mindfulness, etc.)	
SRV 5q Exercise/Fitness	
<b>Mental/Behavioral Health (SRV 5r-x)</b>	
SRV 5r Detoxification Sessions	
SRV 5s Substance Abuse Screenings	
SRV 5t Substance Abuse Counseling	
SRV 5u Mental Health Assessments	
SRV 5v Mental Health Counseling	
SRV 5w Crisis Response/Call-In Responses	
SRV 5x Domestic Violence Programs	
<b>Support Groups (SRV 5y-aa)</b>	
SRV 5y Substance Abuse Support Group Meetings	
SRV 5z Domestic Violence Support Group Meetings	
SRV 5aa Mental Health Support Group Meeting	

**Module 4, Section B: Individual and Family Services  
 Health and Social/Behavioral Development**

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>Health and Social/Behavioral Development Services (Cont'd.)</b>	<b>Unduplicated Number of Individuals Served</b>
<b>Dental Services, Screenings and Exams (SRV 5bb-ee)</b>	
SRV 5bb Adult Dental Screening/Exams	
SRV 5cc Adult Dental Services (including Emergency Dental Procedures)	
SRV 5dd Child Dental Screenings/Exams	
SRV 5ee Child Dental Services (including Emergency Dental Procedures)	
<b>Nutrition and Food/Meals (SRV 5ff-jj)</b>	
SRV 5ff Skills Classes (Gardening, Cooking, Nutrition)	
SRV 5gg Community Gardening Activities	
SRV 5hh Incentives (e.g. gift card for food preparation, rewards for participation, etc.)	
SRV 5ii Prepared Meals	
SRV 5jj Food Distribution (Food Bags/Boxes, Food Share Program, Bags of Groceries)	
<b>Family Skills Development (SRV 5kk-mm)</b>	
SRV 5kk Family Mentoring Sessions	
SRV 5ll Life Skills Coaching Sessions	
SRV 5mm Parenting Classes	
<b>Emergency Hygiene Assistance (SRV 5nn-oo)</b>	
SRV 5nn Kits/boxes	
SRV 5oo Hygiene Facility Utilizations (e.g. showers, toilets, sinks)	

## Section B: Individual and Family Services Civic Engagement and Community Involvement

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>Civic Engagement and Community Involvement Services (SRV 6a-f)</b>	<b>Unduplicated Number of Individuals Served</b>
SRV 6a Voter Education and Access	
SRV 6b Leadership Training	
SRV 6c Tri-partite Board Membership	
SRV 6d Citizenship Classes	
SRV 6e Getting Ahead Classes	
SRV 6f Volunteer Training	



**Section B: Individual and Family Services  
 Services Supporting Multiple Domains**

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>
<b>Services Supporting Multiple Domains (SRV 7)</b>	<b>Unduplicated Number of Individuals Served</b>
<b>Case Management (SRV 7a)</b>	
SRV 7a Case Management	
<b>Eligibility Determinations (SRV 7b)</b>	
SRV 7b Eligibility Determinations	
<b>Referrals (SRV 7c)</b>	
SRV 7c Referrals	
<b>Transportation Services (SRV 7d)</b>	
SRV 7d Transportation Services (e.g. bus passes, bus transport, support for auto purchase or repair; including emergency services)	
<b>Childcare (SRV 7e-f)</b>	
SRV 7e Child Care subsidies	
SRV 7f Child Care payments	
<b>Eldercare (SRV 7g)</b>	
SRV 7g Day Centers	
<b>Identification Documents (SRV 7h-j)</b>	
SRV 7h Birth Certificate	
SRV 7i Social Security Card	
SRV 7j Driver's License	
<b>Re-Entry Services (SRV 7k)</b>	
SRV 7k Criminal Record Expungements	
<b>Immigration Support Services (SRV 7l)</b>	
SRV 7l Immigration Support Services (relocation, food, clothing)	
<b>Legal Assistance (includes emergency legal assistance) (SRV 7m)</b>	
SRV 7m Legal Assistance	
<b>Emergency Clothing Assistance (SRV 7n)</b>	
SRV 7n Emergency Clothing Assistance	
<b>Mediation/Customer Advocacy Interventions (debt forgiveness, negotiations or issues with landlords, coordinating with other services or government) (SRV 7o)</b>	
SRV 7o Mediation/Customer Advocacy Interventions	
<b>CSBG CARES Support Services (7p - 7q)</b>	
SRV 7p Personal Protective Equipment (PPE)	
SRV 7q COVID Testing	

**Section C: All Characteristics Report**  
**Goal 1: Individuals and Families with low incomes are stable and achieve economic security.**

<b>Name of CSBG Eligible Entity Reporting:</b>	
<b>State:</b>	<b>DUNS:</b>

A. Total unduplicated number of all INDIVIDUALS about whom one or more characteristics were obtained:	
B. Total unduplicated number of all HOUSEHOLDS about whom one or more characteristics were obtained:	

**C. INDIVIDUAL LEVEL CHARACTERISTICS**

1. Gender	Number of Individuals
a. Male	
b. Female	
c. Other	
d. Unknown/not reported	
<b>e. TOTAL (auto calculated)</b>	<b>0</b>

2. Age	Number of Individuals
a. 0-5	
b. 6-13	
c. 14-17	
d. 18-24	
e. 25-44	
f. 45-54	
g. 55-59	
h. 60-64	
i. 65-74	
j. 75+	
k. Unknown/not reported	
<b>l. TOTAL (auto calculated)</b>	<b>0</b>

3. Education Levels	Number of Individuals	
	[ages 14-24]	[ages 25+]
a. Grades 0-8		
b. Grades 9-12/Non-Graduate		
c. High School Graduate		
d. GED/Equivalency Diploma		
e. 12 grade + Some Post-Secondary		
f. 2 or 4 years College Graduate		
g. Graduate of other post-secondary school		
h. Unknown/not reported		
<b>i. TOTAL (auto calculated)</b>	<b>0</b>	<b>0</b>

4. Disconnected Youth	Number of Individuals
a. Youth ages 14-24 who are neither working or in school	

5. Health	Number of Individuals		
	Yes	No	Unknown
a. Disabling Condition			
b. Health Insurance*			

\*If an individual reported that they had Health Insurance please identify the source of health insurance below.

**Health Insurance Sources**

c.1. Medicaid	
c.2. Medicare	
c.3. State Children's Health Insurance Program	
c.4. State Health Insurance for Adults	
c.5. Military Health Care	
c.6. Direct-Purchase	
c.7. Employment Based	
c.8. Unknown/not reported	
<b>c.9. TOTAL (auto calculated)</b>	<b>0</b>

6. Ethnicity/Race	Number of Individuals
<b>a. Ethnicity</b>	
a.1. Hispanic, Latino or Spanish Origins	
a.2. Not Hispanic, Latino or Spanish Origins	
a.3. Unknown/not reported	
<b>a.4. TOTAL (auto calculated)</b>	<b>0</b>

<b>b. Race</b>	
b.1. American Indian or Alaska Native	
b.2. Asian	
b.3. Black or African American	
b.4. Native Hawaiian and Other Pacific Islander	
b.5. White	
b.6. Other	
b.7. Multi-race (two or more of the above)	
b.8. Unknown/not reported	
<b>b.9. TOTAL (auto calculated)</b>	<b>0</b>

7. Military Status	Number of Individuals
a. Veteran	
b. Active Military	
c. Never Served in the Military	
d. Unknown/not reported	
<b>e. TOTAL (auto calculated)</b>	<b>0</b>

8. Work Status (Individuals 18+)	Number of Individuals
a. Employed Full-Time	
b. Employed Part-Time	
c. Migrant or Seasonal Farm Worker	
d. Unemployed (Short-Term, 6 months or less)	
e. Unemployed (Long-Term, more than 6 months)	
f. Unemployed (Not in Labor Force)	
g. Retired	
h. Unknown/not reported	
<b>i. TOTAL (auto calculated)</b>	<b>0</b>

**Section C: All Characteristics Report**  
**Goal 1: Individuals and Families with low incomes are stable and achieve economic security.**

**D. HOUSEHOLD LEVEL CHARACTERISTICS**

9. Household Type	Number of Households
a. Single Person	
b. Two Adults NO Children	
c. Single Parent Female	
d. Single Parent Male	
e. Two Parent Household	
f. Non-related Adults with Children	
g. Multigenerational Household	
h. Other	
i. Unknown/not reported	
<b>j. TOTAL (auto calculated)</b>	<b>0</b>

10. Household Size	Number of Households
a. Single Person	
b. Two	
c. Three	
d. Four	
e. Five	
f. Six or more	
g. Unknown/not reported	
<b>h. TOTAL (auto calculated)</b>	<b>0</b>

11. Housing	Number of Households
a. Own	
b. Rent	
c. Other permanent housing	
d. Homeless	
e. Other	
f. Unknown/not reported	
<b>g. TOTAL (auto calculated)</b>	<b>0</b>

12. Level of Household Income	Number of Households
<i>(% of HHS Guideline)</i>	
a. Up to 50%	
b. 51% to 75%	
c. 76% to 100%	
d. 101% to 125%	
e. 126% to 150%	
f. 151% to 175%	
g. 176% to 200%	
h. 201% to 250%	
i. 251% and over	
j. Unknown/not reported	
<b>k. TOTAL (auto calculated)</b>	<b>0</b>

13. Sources of Household Income	Number of Households
a. Income from Employment Only	
b. Income from Employment and Other Income Source	
c. Income from Employment, Other Income Source, and Non-Cash Benefits	
d. Income from Employment and Non-Cash Benefits	
e. Other Income Source Only	
f. Other Income Source and Non-Cash Benefits	
g. No Income	
h. Non-Cash Benefits Only	
i. Unknown/not reported	
<b>j. TOTAL (auto calculated)</b>	<b>0</b>

*Below, please report the types of Other income and/or non-cash benefits received by the households who reported sources other than employment*

14. Other Income Source	Number of Households
a. TANF	
b. Supplemental Security Income (SSI)	
c. Social Security Disability Income (SSDI)	
d. VA Service-Connected Disability Compensation	
e. VA Non-Service Connected Disability Pension	
f. Private Disability Insurance	
g. Worker's Compensation	
h. Retirement Income from Social Security	
i. Pension	
j. Child Support	
k. Alimony or other Spousal Support	
l. Unemployment Insurance	
m. EITC	
n. Other	
o. Unknown/not reported	

15. Non-Cash Benefits	Number of Households
a. SNAP	
b. WIC	
c. LIHEAP	
d. Housing Choice Voucher	
e. Public Housing	
f. Permanent Supportive Housing	
g. HUD-VASH	
h. Childcare Voucher	
i. Affordable Care Act Subsidy	
j. Other	
k. Unknown/not reported	

**Section C: All Characteristics Report**  
**Goal 1: Individuals and Families with low incomes are stable and achieve economic security.**

**E. Number of Individuals Who May or May Not be Included in the Totals Above** *(due to data collection system integration barriers)*

a. Please list the unduplicated number of INDIVIDUALS served in each program\*:

Program Name	Number of Individuals

**F. Number of Households Who May or May Not be Included in the Totals Above** *(due to data collection system integration barriers)*

a. Please list the unduplicated number of HOUSEHOLDS served in each program\*:

Program Name	Number of Households

*\*The system will add rows to allow reporting on multiple programs.*