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

* 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.

* 1. **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.
	2. **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](https://www.acf.hhs.gov/sites/default/files/fysb/sf_425.pdf) [Financial Report.](https://www.acf.hhs.gov/sites/default/files/fysb/sf_425.pdf)

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

* 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.

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

* 1. **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]

* 1. **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.

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

* 1. **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)?

|  |  |
| --- | --- |
| **CSBG State Plan** | **Actual Number** |
| [Auto-populated target from the CSBG CARES SupplementalState plan Question 7.4] | [Insert a number between 0 – 99] |

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

|  |  |
| --- | --- |
| **CSBG State Plan** | **Actual Number** |
| [Auto-populated target from the CSBG CARES SupplementalState plan Question 7.5] | [Insert a number between 0 – 99] |

# Remainder/Discretionary Funds [Section 675C(b) of the CSBG Act]

* 1. 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.

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

* 1. 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** |
| **E.9a.** CSBG eligible entities funds (from State CSBG 90% formula funds) | Auto-populated from Table E.2(total actual obligations in contract andsub-awards) | Auto-populated from Table E.2 (total actual liquidations) |
| **E.9b.** State Administrative Costs | Auto-populated from Table E.4(total actual obligations of administrativefunds) | Auto-populated from Table E.4 (total actual liquidations) |
| **E.9c.** Remainder/Discretionary Funds | Auto-populated from Table E.7 (total actual obligations of stateremainder/discretionary funds) | Auto-populated from Table E.7 (total actual liquidations) |
| **E.9d.** Total | Total will be auto-calculated from threerows above | Total will be auto-calculated from threerows 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** |
| **E.10a.** Total Obligations | Auto-populated from Table E.10 (total actual obligations) |
| **E.10b.**Total Expenditures | Auto-populated from Table E.10 (total actual expenditures) |
| **E.10c.** Unobligated Balance from the FFY | [Numeric response, specify $ amount] |
| **E.10d.**Total Award Amount | Total will be auto-calculated from three rows above |

# Section F: State Training and Technical Assistance

* 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** |
| **Auto-populated from Table 8.1 of the CSBG State Plan*** Training
* Technical Assistance
* Both
 | **Auto-populated from Table 8.1 of the CSBG State Plan*** Fiscal
* Governance/Tripartite Boards
* Correcting Significant Deficiencies Among CSBG Eligible Entities
* Reporting
* ROMA
* Community Assessment
* Strategic Planning
* Monitoring
* Communication
* Technology
* Other
 | **[Enter Date]** | **[Enter Date]** | **[Narrative, 2500 characters]***Provide additional brief explanation of the technical assistance activities implemented. If “Other” was selected in Column 3, describe in this column.* |

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

* 1. **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.

* 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.

* 1. **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.