**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.

# 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

For the purposes of the CSBG Disaster 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 C: CSBG Eligible Entity Update

For the purposes of the CSBG Disaster 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 Disaster 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. 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 the CSBG Disaster 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 of actual drawdowns as of September 30.

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

* 1. **State CSBG Disaster 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?  Yes  No

**E.1a.** If yes, please describe any specific changes.

* 1. **Planned vs. Actual Allocation and Expenditures:** Using the table below, specify the actual allocation of 90 percent of CSBG Disaster Supplemental funds to CSBG eligible entities.

*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)* |
| [Narrative, 500 characters, should match the name in  the Master List] | [Numeric response, specify $ amount] | [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 Disaster 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 funds did the state obligate for administrative activities during the FFY? The amount must be based on actual dollars allocated during the FFY. Please include the cumulative disaster supplemental amount. For this annual report, the cumulative amount includes funds approved in Stages 1 and Stage 2.

|  |  |  |  |
| --- | --- | --- | --- |
| **CSBG Disaster 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)* |
| [Numeric Response, specify $  amount] | [Numeric response, specify $  amount] | [Numeric response, specify $  amount] | [Numeric response, specify $  amount] |

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

* 1. Describe how the state used remainder/discretionary 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:** Please include the cumulative disaster supplemental amount. For this annual report, the cumulative amount includes funds approved in Stage 1, Stage 2, and Stage 3 as applicable to the reporting period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Remainder/Discretionary Fund Uses** (See 675C(b)(1) of the CSBG Act) | **Planned Allocation** | **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 | [Enter a numeric response] | [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 | [Enter a numeric response] | [Enter a numeric  response] | [Enter a numeric response] | [Enter a numeric response] | [Provide a Narrative] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Remainder/Discretionary Fund Uses** (See 675C(b)(1) of the CSBG Act) | **Planned Allocation** | **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.7c.** Statewide coordination and communication among  eligible entities | [Enter a numeric response] | [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 | [Enter a numeric response] | [Enter a numeric  response] | [Enter a numeric response] | [Enter a numeric response] | [Provide a Narrative] |
| **E.7e.** Asset-building programs | [Enter a numeric response] | [Enter a numeric  response] | [Enter a numeric response] | [Enter a numeric response] | [Provide a Narrative] |
| **E.7f.** Innovative  programs/activities by eligible entities or other  neighborhood groups | [Enter a numeric response] | [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 state plan] [Enter a numeric  response] | [Enter a numeric  response] | [Enter a numeric response] | [Enter a numeric response] | [Provide a Narrative] |
| **E.7h.** Other activities, specify | [Enter a numeric response] | [Enter a numeric  response] | [Enter a numeric response] | [Enter a numeric response] | Narrative 2500 characters |
| **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 funds obligated and expended from CSBG 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 and  sub-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 administrative  funds) | Auto-populated from Table E.4 (total actual liquidations) |
| **E.9c.** 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) |
| **E.9d.** 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 Disaster 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- 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:*** *CSBG funding used for this activity is referenced under Item E.7a, Use of Remainder/Discretionary Funds. State should also describe any training and technical assistance activities performed directly by state staff, regardless of whether these activities are funded with remainder/discretionary funds.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | **[Narrative, 500 characters]** | **[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.* |

* 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

For the purposes of the CSBG Disaster 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 H: Monitoring, Corrective Action, and Fiscal Controls

**H.1. State Oversight and Monitoring** Briefly describe the actual Disaster Supplemental monitoring visits conducted during the FFY, including: full on-site reviews; desk reviews; and other reviews as appropriate.

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

For the purposes of the CSBG Disaster 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**

CSBG Disaster Supplemental Annual Report Module 2 16