FFY 2021 STATE CSBG FACTSHEET | VERMONT

WHO WE SERVED...



For FFY 2021:

There were 5 CAAs, serving 32,294 people with low incomes who were living in 16,644 families.

CAAs served 2,212 people who lacked healthcare, 5,665 people who reported having a disability, 4,125 senior citizens, 7,609 children living in poverty, and 792 veterans and active military persons.

From Vermont's FFY 2021 Community Services Block Grant Annual Report



The Community Services Block Grant (CSBG) provides critical funding to Community Action Agencies (CAAs) to operate programs addressing the causes and conditions of poverty under three national goals:

Goal 1 - Individuals and families with low incomes are stable and achieve economic security.
Goal 2 - Communities where people with low incomes live are healthy and offer economic opportunity.
Goal 3 - People with low incomes are engaged and active in building opportunities in communities.

Vermont's Community Action Agencies are centrally located to serve their communities. For maximum impact, they partnered with:



- 144 for-profits
- 62 faith-based organizations
- 53 school districts



What kind of RESOURCES do CAAs have?

Community Action Agencies utilize a Results Oriented Management and Accountability system that is strategically designed to ensure accountability and

improve performance management. In FY21, there were 4 ROMA professionals available in the network to help agencies with planning, reporting, data analysis and evaluation.





There were 31,741 hours of volunteer time donated to CAAs in Vermont.

Community Action Agencies leverage several other federal, state, local, and other private funds.

For every \$1 of CSBG, Vermont's CAAs leveraged \$17.98 from federal, state, local, and private sources, including the value of volunteer hours.



*Value of Volunteer Hours calculated using federal minimum wage.

** Values may not equal total due to rounding.

- \$4,743,220 in CSBG funds were allocated in support of CAAs in Vermont in FY21.
- Including all leveraged funds, Vermont had \$89,816,048 available to the CAA network to improve the lives of people with low incomes in FY21.



5 CAAs in Vermont also operate the Low Income Home Energy Assistance Program (LI-HEAP).



4 CAAs in Vermont also operate the Weatherization Assistance Program (WAP).



4 CAAs in Vermont also operate a Head Start Program.



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Community Action Agencies utilize CSBG funds to address specific local needs through services and programs that address one or more of the core domains in which we work: employment, education and cognitive development, income, infrastructure and asset building, housing, health and social behavioral development, and civic engagement and community involvement.

EMPLOYMENT

244 outcomes were obtained in the employment domain. This includes outcomes such as obtaining and maintaining a job, increasing income, and obtaining benefits.

EDUCATION

1,765 outcomes were obtained in the education and cognitive development domain. This includes outcomes such as improved literacy skills, school readiness, and obtaining additional education and diplomas.

INCOME & ASSETS

447 outcomes were obtained in the income and asset building domain. This includes outcomes such as maintaining a budget, opening a savings account, increasing assets and net worth, and improving financial well-being.



CIVIC ENGAGEMENT

550 outcomes were obtained in the civic engagement and community involvement domain. This includes outcomes such as increasing leadership skills, and improving social networks.

HOUSING

4,800 outcomes were obtained in the housing domain. This includes outcomes such as obtaining and maintaining housing, avoiding eviction or foreclosure, and reducing energy burden.

HEALTH

7,960 outcomes were obtained in the health and social/behavioral development domain. This includes outcomes such as increasing nutrition skills, improving physical or mental health, and living independently.

This data is marked as preliminary until the release of the FFY21 CSBG Report to Congress. This publication was created by the National Association for State Community Services Programs in the performance of the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Grant Number 90ET0483. Any opinion, findings, and conclusions, or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.

