

Check one:

Work Plan Plan Amendment

PPR #1 PPR #3

PPR #2 PPR #4

ATTACHMENT C
 COMMUNITY SERVICES BLOCK GRANT
 C-2a 2017 Work Plan and Program Progress Report (PPR)

Page _____ of _____

FFY 2017
 Budget Period 10/1/16-9/30/17
 Contract # #REF!

Contractor #REF!

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AGENCY CAPACITY BUILDING

Interventions Briefly describe the activities that will address the agency need or strategic plan objective:	Benchmarks List the expected outcome of the capacity building activity	NPI(s)	Method(s) of Measurement/Verification Briefly describe the tool or process to be used to verify progress on the outcome	Annual Projected	ACTUAL PROGRAM PROGRESS						
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 C-2b 2017 Work Plan and Program Progress Report (PPR)

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AGENCY PARTNERSHIPS (Agency-wide Unduplicated Count)

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 C-2b 2017 Work Plan and Program Progress Report (PPR)

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 C-2c 2017 Work Plan and Program Progress Report (PPR)

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C-2c 2017 Work Plan and Program Progress Report (PPR)

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C-2c 2017 Work Plan and Program Progress Report (PPR)

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ATTACHMENT C
 COMMUNITY SERVICES BLOCK GRANT
 C-2d 2017 Program Progress Report (PPR) Narrative

Page _____ of _____

FFY 2017
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Use this Narrative form to explain variances in PPR Outcomes that are under 80% or over 120% for the quarter.

Program(s):	NPI(s) affected:
1. Describe progress and/or challenges during reporting period in implementing the program(s):	
2. Describe corrective measures undertaken to address challenges experienced during this period. (Please indicate by whom and when.)	

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ATTACHMENT C
COMMUNITY SERVICES BLOCK GRANT
C-3a 2017 Summary of Work Plan and Attachments (continued)

Page _____ of _____

FFY 2017
Budget Period 10/1/16-9/30/17
Contract # #REF!

Contractor #REF!

Summary of Work Plan pages and related attachments: (This is for Direct Costs only - no Administrative Costs should be included in table.)

Work Plan Page #	Demonstrated Need	Program Priority/ Program Name(s)	Primary ROMA Goal Corresponds to C-1a and C-1b	Individual/Family (F) Community (C) Agency (A)	FFY 2017 CSBG Funds	N/A	Local Share Cash	Local Share In-Kind	Other Cash Resources
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
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					\$	\$	\$	\$	\$

To include additional rows, highlight three blank rows (to the left), right-click mouse and choose Copy; right-click on a blank row and choose Insert Copied Cells.

Page Total					\$ 0	\$ N/A	\$ 0	\$ 0	\$ 0
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Total Direct Costs					\$ 0	\$ N/A	\$ 0	\$ 0	\$ 0
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Total Admin Costs as reported on C-3b, Line 5:		\$ 0
Total Approved Indirect Cost Rate, De Minimis Cost Rate or Admin. Cost Rate as reported on C-3b, Line 6:		\$ 0
and C-3c, Line 4:		\$ 0
Total FFY 2017 CSBG Allocation as reported on B-1, Line (a):		\$ 0

ATTACHMENT C
COMMUNITY SERVICES BLOCK GRANT
C-3c 2017 CSBG Work Plan
 Summary of Planned Use of CSBG Funds by Delegate Agencies

Contractor #REF! **FFY** 2017

Budget Period 10/1/16 To 9/30/17 **Contract #** #REF!

Total Number of Delegate Agencies _____

1. Total CSBG FFY 2017 Allocation to Delegate Agencies \$ _____

2. N/A \$ N/A

3. For each National Goal (Column A), enter the aggregate amount of CSBG funds to be used (Column B and Column C) by Delegate Agencies (excluding administrative funds):

A	B	C
National Goals	FFY 2017 CSBG Funds	N/A
Low-Income People Become More Self-Sufficient (Goal 1)	\$ _____	\$ _____
The Conditions In Which Low-Income People Live Are Improved (Goal 2)	\$ _____	\$ _____
Low-Income People Own A Stake In Their Community (Goal 3)	\$ _____	\$ _____
Partnerships Among Supporters And Providers Of Services To Low-Income People Are Achieved (Goal 4)	\$ _____	\$ _____
Agencies Increase Their Capacity To Achieve Results (Goal 5)	\$ _____	\$ _____
Low-Income People, Especially Vulnerable Populations, Achieve Their Potential By Strengthening Family And Other Supportive Systems (Goal 6)	\$ _____	\$ _____
Total	\$ 0	\$ N/A

FFY 2017 CSBG Funds	N/A
--------------------------------	------------

4. Total funds used for administration by Delegate Agencies \$ _____ \$ N/A

5. Average percentage of CSBG funds used for administration by Delegate Agencies _____ % N/A %

6. Grand Total of FFY 2017 CSBG Funds \$ _____ \$ N/A

If CSBG spending on administrative costs will exceed 15% of CSBG funds, please explain: