



Community Services Block Grant (CSBG)  
Entitlement Solicitation to Serve Sullivan County, NY

RFA # 18-CSBG-13  
Request for Applications

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RFA Release Date: July 5, 2018

RFA Questions Due: July 17, 2018

RFA Updates &  
Responses to Questions Due: July 24, 2018

Amount of Funds to be Awarded: \$233,851 for 10/01/18-9/30/19  
\$702,303 for 10/01/19-9/30/22

Applications Due: August 13, 2018 by 4:00 pm

NOTE: All applicants must be prequalified through the NYS Grants Gateway prior to submission. All applications from applicants NOT prequalified will be rejected.

NOTE: Applications received after the deadline will be returned to the applicant.

Application Submission: Ms. Catherine Traina RFA #18-CSBG- 13  
Contract Administration Unit  
NYS Department of State  
Bureau of Fiscal Management  
One Commerce Plaza  
99 Washington Avenue, Suite 1110  
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# I. Introduction and Background Information

## A. Overview and Statutory Authority

Pursuant to authority under §676A(a) of the Community Services Block Grant (CSBG) Act, as amended, by the Community Opportunities, Accountability, and Training, and Educational Services (Coats) Human Services Reauthorization Act of 1998, (Public Law (PL) 105-285), the New York State Department of State (DOS) announces that competing applications will be accepted and an eligible entity will be selected to provide CSBG funded-activities for Sullivan County, NY. Selection through this process will result in award of a contract to provide services in Sullivan County, NY.

CSBG is a federal block grant created by Congress in 1981 to alleviate poverty nationwide and empower low-income individuals and families to move from poverty to economic self-sufficiency. In New York State, pursuant to Article 6-D of the Executive Law, the Secretary of State is responsible for CSBG administration, which includes allocation, distribution, and monitoring of funds. Within DOS, the Division of Community Services (DCS) is responsible for management and oversight of CSBG.

DOS seeks applicants able to provide services that address the CSBG legislative assurances for low-income individuals, families, and communities in Sullivan County, and will accept applications from organizations meeting qualifications as stated in PL 105-285 §676A and as stated below. The applicant may propose creating new programs, expanding existing programs, or expanding programs in collaboration with other area providers to provide comprehensive services. This funding is being made available to Sullivan County in compliance with the federally approved 2018 - 2019 Management Plan. Continued funding as a designated CSBG eligible entity is based on the results of a one-year assessment, as well as federal re-authorization of the CSBG Act, the allocation of CSBG program funding to the State of New York, compliance with contractual requirements, and compliance with the terms of the CSBG Act (42 USC 9901, et seq.; NY State Executive Law Article 6-D). To serve as the designated eligible entity for the area subject to this RFA, the applicant must agree to compose and maintain its board of directors in such manner as to ensure adequate tripartite representation as described in Section 676B of the CSBG Act (Appendix 1).

### *SEC. 676A. DESIGNATION AND RE-DESIGNATION OF ELIGIBLE ENTITIES IN UNSERVED AREAS (42 USC 9909)*

#### *(a) QUALIFIED ORGANIZATION IN OR NEAR AREA. –*

*(1) IN GENERAL. – If any geographic area of a State is not, or ceases to be, served by an eligible entity under this subtitle, and if the chief executive officer of the State decides to serve such area, the chief executive officer may solicit applications from, and designate as an eligible entity –*

*(A) a private nonprofit organization (which may include an eligible entity) that is geographically located in the unserved area, that is capable of providing a broad range of services designed to eliminate poverty and foster self-sufficiency, and that meets the requirements of this subtitle; and*

*(B) a private nonprofit eligible entity that is geographically located in an area contiguous to or within reasonable proximity of the unserved area and that is already providing related services in the unserved area.*

*(2) REQUIREMENT. - In order to serve as the eligible entity for the area, an entity described in paragraph (1)(B) shall agree to add additional members to the board of the entity to ensure adequate representation--*

*(A) in each of the three required categories described in subparagraphs (A), (B), and (C) of section 9910(a)(2) of this title, by members that reside in the community comprised by the unserved area; and*

*(B) in the category described in section 9910(a)(2)(B) of this title, by members that reside in the neighborhood to be served.*

*(b) SPECIAL CONSIDERATION. – In designating an eligible entity under subsection (a), the chief executive officer shall grant the designation to an organization of demonstrated effectiveness in meeting the goals and purposes of this subtitle and may give priority, in granting the designation, to eligible entities that are providing related services in the unserved area, consistent with the needs identified by a community-needs assessment.*

*(c) NO QUALIFIED ORGANIZATION IN OR NEAR AREA. – If no private, nonprofit organization is identified or determined to be qualified under subsection (a) to serve the unserved area as an eligible entity the chief executive officer may designate an appropriate political subdivision of the State to serve as an eligible entity for the area. In order to serve as the eligible entity for that area, the political subdivision shall have a board or other mechanism as required in section 676B(b).*

## B. CSBG Purposes and Goals (§672)

*Purpose: CSBG funds are appropriated to provide assistance to States and local communities, working through a network of community action agencies (CAAs), Community-Based Organizations (CBOs) and other neighborhood-based organizations, for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient (particularly families who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act (42 USC 601 et seq.)); and,*

*The aforementioned goals are accomplished through:*

- (A) the strengthening of community capabilities for planning and coordinating the use of a broad range of Federal, State, local, and other assistance (including private resources) related to the elimination of poverty, so that this assistance can be used in a manner responsive to local needs and conditions;*
- (B) the organization of a range of services related to the needs of low-income families and individuals, so that these services may have a measurable and potentially major impact on the causes of poverty in the community and may help the families and individuals to achieve self-sufficiency;*
- (C) the greater use of innovative and effective community-based approaches to attacking the causes and effects of poverty and of community breakdown;*
- (D) the maximum participation of residents of the low-income communities and members of the groups served by programs assisted through the block grants made under this subtitle to empower such residents and members to respond to the unique problems and needs within their communities; and*
- (E) the broadening of the resource base of programs directed to the elimination of poverty so as to secure a more active role in the provision of services for—*
  - i. private, religious, charitable, and neighborhood-based organizations; and*
  - ii. individual citizens, and business, labor, and professional groups, who are able to influence the quantity and quality of opportunities and services for the poor.*

## II. Eligible Applicants

Eligible applicants are CAAs and CBOs in New York State who meet the criteria outlined in the statute. Applicants must have been operating as a CAA or CBO for at least **five** years and currently be providing federally or state-funded services to low-income persons. Applicants are required to complete the application forms attached to this RFA and return them by the application due date stated on the cover page. Applications received after the due date will not be considered and will be returned to the applicant agency without review.

### A. Eligibility Criteria

**Community Action Agency (CAA)** shall mean any private not-for-profit organization currently designated as an eligible entity pursuant to New York State Executive Law 159-e(1). Such organization shall have a tripartite board as its governing board, selected by the entity and composed so as to assure that:

1. One-third of the members of the board are elected public officials, holding office on the date of selection, or their representatives, except that if the number of such elected officials reasonably available and willing to serve on the board is less than one-third of the membership of the board, membership on the board of appointive public officials or their representatives may be counted in meeting such one-third requirement;
2. Not fewer than one-third of the members are persons chosen in accordance with democratic selection procedures adequate to assure that these members are representative of low-income individuals and families in the neighborhood served; and,
3. The remainder of the members are officials or members of business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served.

**Community-based organization (CBO)** shall mean any not-for-profit organization incorporated for the purpose of providing services or other assistance to economically or socially disadvantaged persons within its designated community.

Such organization must have a board of directors of which more than half of the members reside in such designated community. (*NYS Executive Law §159-e(4)*)

To be eligible for award and designation as a CSBG eligible entity serving Sullivan County pursuant to this RFA and in accordance with Section 676A of the CSBG Act:

**CBO applicants** must presently have one or more offices within Sullivan County, be capable of providing a broad range of services designed to eliminate poverty and foster self-sufficiency, and meet the requirements of the federal CSBG Act and New York State Executive Law Article 6-D.

**CAA applicants** must either: (A) presently have one or more offices within Sullivan County; **OR** (B) presently provide related services within Sullivan County, and have one or more offices within a contiguous CSBG service area or within close proximity of Sullivan County.

The applicant shall be required to, upon award, compose and maintain its board of directors in such manner as to ensure adequate tripartite representation as described in Sections 676A and 676B of the CSBG Act (42 U.S.C. §9909 and §9910).

In addition, a CBO applicant must, if selected, adjust its board to fully comply with the tripartite requirements of the CSBG Act (42 USC 9910). A CAA applicant must, if selected, expand its current tripartite board to provide adequate representation for Sullivan County residents in the manner required by Section 676A of the CSBG Act (42 USC 9909).

A link to the CSBG statute can be found in Appendix 1.

## **B. Grant Prequalification**

All applicants must be prequalified through the NYS Grants Gateway prior to submitting an application. All applications from applicants not prequalified will be rejected. The NYS Grants Gateway can be found at:

<http://grantsreform.ny.gov/Grantees>.

## **III. Application Process**

### **Completing the Application**

#### **A. Requirements for Submission**

Applicants should respond using the application forms as indicated. A total of **FOUR** hard copies of the application package must be submitted; **ONE** signed and complete original application package, plus **THREE** exact copies of the application package by the date and time listed on the cover page of this RFA. Failure to do so may eliminate the application from review. The narrative will be evaluated based on predetermined values described in Section VII of this RFA. Additional pages may be attached where necessary and requested. Please adhere to page limitations noted in this RFA. Those pages submitted beyond the limitations will not be reviewed and scored. Applications should be typed in Word format and should not use a font size smaller than 10, or margins narrower than .5/left-right, and .5/top-bottom.

#### **B. Application Cover and Project Summary**

##### **Part A and Part B: Applicant Identification and Certifications, Attestations, and Acknowledgements**

Complete Part A and Part B, sign and date.

##### **Part C: Project Summary**

Provide a summary that:

1. Describes the organization's capacity to deliver outcome based services to the low-income residents of Sullivan County;
2. Outlines the new programs or programs being expanded with CSBG funds;
3. Describes the basis for the programs being proposed for funding; and,
4. Describes the collaborations established with other area agencies to provide or expand services.

Applicants are required to:

#### Section A. Organizational Capacity

1. Demonstrate the organization's ability to meet the statutory requirements of the CSBG Act regarding tripartite board composition;
2. Demonstrate the board's active involvement in program planning, implementation and evaluation;
3. Demonstrate the capacity and capability to administer a broad range of services designed to address issues of poverty and promote self-sufficiency;
4. Demonstrate a successful track record in delivering outcome based services; and,
5. Demonstrate management capacity to undertake the proposed services and activities.

#### Section B. Community Needs Assessment

1. Document the geographic location and any boundaries of the proposed service area precisely and consistently;
2. Describe the methodology used to assess the broad range of needs for services to the low-income community;
3. Describe efforts to include participation by low-income members of the community in the needs assessment process;
4. Document the level of poverty in the area to be served and other conditions that were identified through the needs assessment process; and,
5. Demonstrate that the programs being proposed are consistent with the findings of the needs assessment process.

#### Section C. Program Services, Activities and Outcomes

1. Describe proposed programs and services which are designed to reduce risk factors, build on individual and family strengths, provide prevention as well as intervention services, be culturally responsive, and flexible in responding to individual needs; all programs and services must have a connection to the community needs assessment.
2. Indicate programs that relate to the CSBG program assurance areas in: employment, education, income management, housing, emergency services, nutrition, self-sufficiency, and linkages with other community programs;
3. Describe a continuum of family-focused, comprehensive services to low-income individuals and families; applicants may use the Family Development model.
4. Explain how programs may be coordinated with other entities which serve to address the needs of low income and vulnerable populations such as Workforce Investment Programs (One-Stop Centers), Family Literacy, Child Support Enforcement, Youth Development Programs, Service for the Elderly, Asset Development Programs, Domestic Violence Programs, etc.;
5. Describe how programs will be outcome focused and have measurable indicators. Outcomes must be reasonable for the resources being applied. (See Appendix 4 for the list of ROMA Outcome Indicators-NPIs.)
6. Complete the proposal summary and the logic model format to clearly describe all of the programs outlined in the project summary section of the application.
7. Identify delegate agencies with whom the applicant intends to work (if any) and describe the roles and responsibilities of the delegate agency and the total dollar amount of the contract to be entered into with the delegate agency. The contract must have prior approval from DOS and must include a summary of the budget and work program. Selection of delegate agencies must be consistent with established guidelines. See Appendix 8.

#### Section D. Collaborations and Partnerships

1. The capacity to work collaboratively with other local agencies to create programs or expand the scope of existing programs that provide services in such areas as employment, education, housing, emergency services, and self-sufficiency for local populations including children, youth, adults and the elderly; and,
2. The ability to mobilize public and/or private resource and how those resources will directly benefit the project.

**Section E. Accountability and Reporting**

1. Comply with Results-Oriented Management and Accountability (ROMA) the national system for CSBG grantee operations and reporting. (See Appendix 3 for an explanation of ROMA and Appendix 4 for list of National Performance Indicators). Applicants that are not currently Community Action Agencies must demonstrate their knowledge of other outcome based service delivery methods and reporting;
2. Identify the technology (software) currently being used for customer intake and assessment, recording/tracking customer outcome, and reporting to board/funding sources; and,
3. Describe the process that would be used to ensure customers receiving CSBG funded services do not exceed 125% of the federal poverty guidelines. Recipients of CSBG funds are required to demonstrate that customers served by funded programs have an income at or below 125% of the current United States Department of Health and Human Services (US DHHS) Poverty Guidelines. §673(2) (Appendix 2).

**Section F. Funding and Resource Mobilization (Budget)**

1. Demonstrate that costs are reasonable;
2. Demonstrate that costs are necessary to carry out the scope of work
3. Demonstrate that CSBG funds will constitute 100% of project costs; and
4. Demonstrate the use of CSBG funds for administration does not exceed 15% of the award amount.

**Section G. Minority and Women Owned Businesses (Form A and Form B)**

Applicants are required to submit a Plan for Certified Minority-And Women-Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women as part of this application. The Minority and Women-owned business enterprises EEO Policy Statement, Form B – Staffing Plan, and Form D, M/WBE Utilization Plan must be completed and attached for the application to be considered.

**C. Application Submission**

A total of **FOUR** hard copies of the application package must be submitted; **ONE** signed and complete original application package, plus **THREE** exact copies of the application package by the date and time listed on the cover page of this RFA. ALL submissions must contain the complete application including signature pages. All applications must be delivered to:

Ms. Catherine Traina RFA # 18-CSBG-13  
 Contract Administration Unit  
 NYS Department of State  
 Bureau of Fiscal Management  
 One Commerce Plaza  
 99 Washington Avenue, Suite 1110  
 Albany, NY 12231

**Electronic or fax copies will not be accepted.** All applications must be complete to be considered for review.

**D. Questions and Updates**

All questions regarding the solicitation to serve Sullivan County must be submitted in writing, and received by COB on or before the *Questions Due* date as stated on the cover of this RFA, and addressed to:

RFA # 18-CSBG-13  
 NYS Department of State  
 Division of Community Services  
 One Commerce Plaza  
 99 Washington Avenue, Suite 1020  
 Albany, NY 12231

**E-mail inquiries** should be sent to [dos.sm.DCS@dos.ny.gov](mailto:dos.sm.DCS@dos.ny.gov) with the subject as *CSBG RFA # 18-CSBG-13*.

All questions and responses will be posted on the DOS website at [www.dos.ny.gov/funding](http://www.dos.ny.gov/funding) by the date posted on the cover of the RFA. No responses will be provided to inquiries made by telephone other than to request an RFA package.

#### **IV. Funding**

It is anticipated that the Sullivan County Service area will be allocated \$233,851 for expenditure through 9/30/19, pursuant to the state and federal CSBG Act and this award. There will be an option to continue to be funded through 9/30/22, as a designated CSBG eligible entity based on positive results of a one-year assessment, as well as federal re-authorization of the CSBG Act, the allocation of CSBG program funding to the State of New York, compliance with contractual requirements, and compliance with the terms of the CSBG Act (42 USC 9901, et seq.; NY State Executive Law Article 6-D). To serve as the designated eligible entity for the area subject to this RFA, the applicant must agree to compose and maintain its board of directors in such manner as to ensure adequate tripartite representation as described in Section 676B of the CSBG Act. (See Appendix 1)

#### **V. Eligible Activities**

Recipients of CSBG funds are required to demonstrate that customers served by funded programs have an income at or below 125% of the current United States Department of Health and Human Services (US DHHS) Poverty Guidelines. §673(2) (See Appendix 2)

#### **CSBG Program Assurances**

*Funds made available through the grant or allotment will be used –*

- (A) *to support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under part A of title IV of the Social Security Act (42 USC 601 et seq.), homeless families and individuals, migrant or seasonal farm workers, and elderly low-income individuals and families, and a description of how such activities will enable the families and individuals –*
- i. to remove obstacles and solve problems that block the achievement of self-sufficiency (including self-sufficiency for families and individuals who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act);*
  - ii. to secure and retain meaningful employment;*
  - iii. to attain an adequate education, with particular attention toward improving literacy skills of the low-income families in the communities involved, which may include carrying out family literacy initiatives;*
  - iv. to make better use of available income;*
  - v. to obtain and maintain adequate housing and a suitable living environment;*
  - vi. to obtain emergency assistance through loans, grants, or other means to meet immediate and urgent family and individual needs; and*
  - vii. to achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to –*
    - (I) document best practices based on successful grassroots intervention in urban areas, to develop methodologies for widespread replication; and,*
    - (II) strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;*
- (B) *to address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as –*
- i. programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs); and*
  - ii. after-school child care programs*
- (C) *to make more effective use of, and to coordinate with, other programs related to the purposes of this subtitle*

*(including State welfare reform efforts).*

Applicants are reminded that:

1. CSBG funds shall not be used to purchase or improve land, or for the purchase, construction, or permanent improvement of any building or facility, or for political activities.
2. All CSBG recipients will be subject to the Hatch Act. (Appendix 6)

## **VI. Eligible/ Ineligible Cost**

**Grant funds may be used for the following costs:**

### **1. PERSONNEL SERVICES:**

#### a. SALARIES AND WAGES

The gross amount of salaries and wages before any payroll deductions. Included are: all payments for personal services of full-time, part-time or temporary agency employees.

#### b. FRINGE BENEFITS

### **2. DELEGATE AGENCIES:**

The total dollar amount of the contract to be entered into with the delegate agency. The contract must have prior approval from DOS and must include a summary of the budget and work program. Selection of delegate agencies must be consistent with established guidelines. See Appendix 8.

### **3. CONTRACTUAL SERVICES/AUDIT:**

Professional and technical services needed for the operation of the CSBG funded program, for which the grantee lacks the necessary expertise, and can demonstrate the economy of contracting out rather than direct employment. Includes, but is not limited to consultants, bookkeeping, and data processing.

Excluded are:

1. Costs for financial counsel used solely to enhance income from investments;
2. Legal, accounting and consultant service costs incurred in connection with prosecution of claims against the grantor; and
3. Costs incurred in connection with organization or reorganization, unless specifically provided for in the allocation award.

Note: It may be necessary to submit IRS Form SS-8 for persons hired as consultants.

### **4. EQUIPMENT PURCHASE/LEASE:**

Non-expendable personal property with a unit cost of \$5,000 or more and having a useful life of more than one year. Applicant must apply for prior approval which would include a justification in the application detailing the need for the equipment. Costs will only be eligible if the justification is approved by DOS.

### **5. OTHER DIRECT COSTS:**

#### a. BANK CHARGES

#### b. BENEFICIARY CLIENT COSTS

- i. Tuition and educational fees
- ii. Advertising program availability
- iii. Subsistence allowances paid to or on behalf of clients.

- iv. Consumable supplies used by clients, including personal articles such as clothing, bedding, toiletries, etc., used or consumed directly by clients benefitting from the CSBG program.
- v. Food consumed by clients in connection with programs, including foodstuffs purchased and prepared for client consumption at the program site, and food pantry stock.
- c. BOARD ALLOWANCE AND DEVELOPMENT – including reasonable allowance for board training, development and participation at board and committee meetings.
- d. CONSUMABLE SUPPLIES
  - i. Office Supplies and Minor Accessories
  - ii. Program Supplies and Minor Equipment
  - iii. Maintenance Supplies (NOTE: This category does not include items “consumed” by beneficiaries, such as food, household goods, toiletries, etc.)
- e. EMPLOYEE DEVELOPMENT AND RECRUITMENT
  - Development:
    - i. Dues to professional organizations
    - ii. Tuition
    - iii. Seminar and conference fees
    - iv. Educational programs for employee development
  - Recruitment:
    - i. Advertising for employees
    - ii. Relocation expenses or allowances
    - iii. Background and credit investigations
    - iv. Other costs relative to improving, developing, and securing recipient personnel.
- f. INSURANCE AND BONDING
- g. POSTAGE, FREIGHT AND EXPRESS
- h. PUBLICATIONS, PRINTING AND SUBSCRIPTIONS
- i. REPAIRS AND SERVICES
- j. SPACE COSTS
  - i. Rental/Lease
  - ii. Applicants should refer to CFR 75.465 regarding rental costs of real property allowable under the CSBG program.
  - iii. Maintenance where not furnished by the landlord under the lease agreement
  - iv. Utilities where not furnished by the landlord under the lease agreement
  - v. Security services, alarm systems, cost for changing business locations, etc.
- k. TELEPHONE AND ELECTRONIC COMMUNICATIONS
- l. TRAVEL
  - i. Agency vehicle related expenses
  - ii. Employee, beneficiary, and board member travel on agency-related business
- m. MARKETING/PUBLIC AWARENESS/OUTREACH
- n. TECHNOLOGY

Includes computers, printers, scanners, servers, fax machines, software packages and licenses, and other IT related supplies or services (cables, work stations, professional installation, etc.) not exceeding \$5,000. Items over \$5,000 must be included in Equipment or Contractual Services.

#### **6. APPROVED INDIRECT COST:**

Percentage rate approved by cognizant agency as applied to approved federal fund expenditure base. **Attach a copy of the current indirect cost rate approval.**

#### **INELIGIBLE COSTS:**

Ineligible costs include, but are not limited to:

1. Alcoholic beverages
2. Bad debts, including any related collection and legal costs
3. Charitable contributions and donations by the organization to others
4. Contingency reserves
5. Entertainment costs
6. Fines and penalties resulting from violations by the organization or employees of Federal, State and Local laws and regulations
7. Fund-raising costs incurred solely to raise capital or obtain contributions
8. Goods or services for personal use of employees
9. Idle facilities, unless necessary due to fluctuations in workload
10. Insurance of lives of trustees, officers or employees when the organization is a beneficiary
11. Lobbying costs
12. Losses from other awards
13. Memberships in country clubs, social clubs or dining clubs
14. Political Activities
15. Promotional items and memorabilia; costs designed solely to promote the non-profit organization
16. Purchase or improve land
17. Purchase, construction or permanent improvement of any building or facility
18. Taxes:
  - a. Federal income taxes
  - b. Taxes for which exemptions are available to the organization directly or via the Federal government

For more information on allowable costs, audit requirements and federal grants, refer to the Uniform Guidance, codified at 45 C.F.R. 75 et seq.

## **VII. Evaluation Criteria**

Failure to submit one signed original and three exact copies of the application package may eliminate the application from review.

### **Pass/Fail Review**

#### **Application Form Part A and Part B: Applicant Identification and Certifications, Attestations, and Acknowledgements (Pass/Fail)**

The following criteria must be met for applications to be qualified for consideration; failure to meet the criteria will result in disqualification of the Application.

1. Application must be received by the stated due date and time.
2. Applicant is a 501(c)(3) and is a CAA or CBO as defined in Section II of this RFA.
3. Applicant has been operating as a CAA or CBO for at least **five** years.
4. Applicant currently provides federally funded or state funded services to low-income persons.
5. Applicant must be prequalified through NYS Grants Gateway. Information and instruction are found at: <http://grantsreform.ny.gov/Grantees>.

Once an application is determined to pass the basic criteria noted above, it will be reviewed for content. The corresponding values indicate the importance that DCS places on each evaluation criterion. Competing applications will be reviewed and evaluated against the criteria below.

## Technical Review

### Application Form Part C: Project Summary

**(5 points)**

Applicant has provided a summary that:

1. Describes the organization's capacity to deliver outcome based services to the low-income residents of Sullivan County;
2. Outlines the new programs or programs being expanded with CSBG funds;
3. Describes the basis for the programs being proposed for funding; and,
4. Describes the collaborations established with other area agencies to provide or expand services.

### Section A. Organizational Capacity:

**(20 points maximum)**

1. Applicant has demonstrated the ability to meet the statutory requirements of the CSBG Act regarding tripartite board composition.
2. Applicant is required to document the board's active involvement in program planning, implementation and evaluation. This may include board policies and meeting minutes.
3. Applicant must document the capacity and capability to administer a broad range of services designed to address issues of poverty and promote self-sufficiency. Identify programs currently or previously operated, dates of operation and primary source(s) of funding.
4. Based on the information in number 3, applicant must demonstrate a successful track record in delivering outcome based services.
5. Applicant must document management capacity to undertake the proposed services and activities.
  - a. Applicant must attach its organizational chart and resume of CEO and CFO.
  - b. Applicant must attach a total agency budget for its current fiscal year.

### Section B. Community Needs Assessment:

**(15 points maximum)**

1. Applicant documents the geographic location and any boundaries of the proposed service area precisely and consistently.
2. Applicant must describe methodology used to assess the broad range of needs for services to the low-income community. This may include sources of statistical information, use of surveys, use of community forums or focus groups with targeted populations, etc.
3. Applicant must describe its efforts to include participation by low-income members of the community in the needs assessment process.
4. Applicant must provide information concerning the level of poverty in the area to be served and other conditions that were identified through the needs assessment process.
5. Applicant must provide information to support the programs being proposed, showing they are consistent with the findings of the needs assessment process.

### Section C. Program Services, Activities and Outcomes (Work Plan format):

**(25 points maximum)**

Applicant must provide a work plan that is outcome oriented for each program being created or expanded with CSBG funds.

1. Applicant must describe proposed programs and services which are designed to reduce risk factors, build on individual and family strengths, provide prevention as well as intervention services, be culturally responsive, and flexible in responding to individual needs; all programs and services must have a connection to the community needs assessment.
2. Applicant must demonstrate that programs relate to one or more of the CSBG program assurance areas (employment, education, income management, housing, emergency services, nutrition, self-sufficiency, and linkages with other community programs).

3. Applicant must describe a continuum of family-focused, comprehensive services to low income individuals and families; applicants may use the Family Development model.
4. Applicant must describe its collaboration with other entities which serve to address the needs of low income and vulnerable populations such as Workforce Investment Programs (One-Stop Centers), Family Literacy, Child Support Enforcement, Youth Development Programs, Service for the Elderly, Asset Development Programs, Domestic Violence Programs, etc.
5. Applicant must demonstrate that programs are outcome focused and have measurable indicators. Outcomes must be reasonable for the resources being applied. (See Appendix 4 for the list of ROMA Outcome Indicators-NPIs).
6. Applicant's work plan format must be based on the logic model format which clearly describes all of the programs outlined in the project summary section of the application.
7. Identify by name any delegate agencies with whom the applicant intends to work (if any) and describe the roles and responsibilities of the delegate agency and the total dollar amount of the contract to be entered into with the delegate agency. The contract must have prior approval from DOS and must include a summary of the budget and work program. Selection of delegate agencies must be consistent with established guidelines. See Appendix 8.

**Section D. Collaborations and Partnerships: (5 points maximum)**

1. Applicant must identify the other agencies who will work collaboratively to create new programs or expand existing services that are described in the work plan. Applicant must describe the nature and extent of the collaboration with each partner and how it will impact the proposed project.
2. If the collaboration is monetary, applicant must indicate the types and amounts of public and/or private resources it will mobilize, and how those resources will directly benefit the project. Agency must demonstrate its ability to mobilize public and/or private resources and how those resources will directly benefit the project.

**Section E. Accountability and Reporting: (10 points maximum)**

1. The applicant must describe current or prior experience with outcome-based program reporting, including knowledge of ROMA or demonstrate knowledge of other outcome based program reporting.
2. Applicant must identify the technology (software) currently being used for customer intake and assessment, recording/tracking customer outcome, and reporting to board/funding sources. A sample report may be attached.
3. Applicant must describe the process used to ensure customers receiving CSBG funded services do not exceed 125% of the federal poverty guidelines.

**Section F. Budget: (20 points maximum)**

1. Proposed use of CSBG funds is reasonable for the work being done
2. Proposed use of CSBG funds is necessary to administer the agency and accomplish the programs.
3. Proposed use of CSBG funds will constitute 100% of project costs.
4. Administrative costs do not exceed 15% of the award.

## VIII. Method of Award

Applications will be reviewed and ranked in score order. The highest scoring applicant will be awarded the contract. The successful applicant will be notified of funding decisions through issuance of a Notice of Award document that sets forth the amount of funds granted, and the terms and conditions of the grant award, which are subject to approval by the Office of the State Comptroller.

Opportunity to be debriefed will be provided, upon request, to unsuccessful applicants. Requests must be made in writing within 15 days of notification to the same address to which applications are submitted.

## IX. Contracting Requirements for Successful Applicants

### A. Standard New York State Contract

**Grant awards will have a one year initial contract term with three optional one year extensions.** Sample contract pages are for informational purposes and should not be submitted with the proposal. The successful applicant will receive a standard contract package to complete at the time funds are awarded. The link to the sample contract can be found at <http://www.dos.ny.gov/funding/>.

## **B. Federal Certifications**

Applicant should be aware that if selected as the eligible entity, it will be required to certify as part of the executed contract that it will comply with Federal requirements concerning the drug-free workplace, debarment regulations, Certification Regarding Environmental Tobacco Smoke, and Disclosure of Lobbying Activities. The successful applicant will also be required to comply with provisions of the Hatch Act (5 USC § 1501-1508 and §7324-7326) which limit political activities of employees whose principal employment activities are funded in whole or in part with Federal funds; the provisions of the Davis-Bacon Act (40 USC § 3141 to 3148); the Copeland Act (40 USC § 3145 and 18 USC § 874); and, the Contract Work Hours and Safety Standards Act (40 USC § 3701 to 3708). (*Appendix 6*)

## **C. Vendor Responsibility Questionnaire**

The Department of State recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The successful applicant can enroll in and use the New York State VendRep System, with instructions at <https://portal.osc.state.ny.us>. Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website: [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep), or may contact the Department of State or the Office of the State Comptroller's Help Desk for a copy of the paper form. Applicants are strongly urged to use the online system to expedite contract processing and provide access to supporting contract information.

## **D. Executive Order 177 Certification**

Applicant should be aware that if selected as the eligible entity, it will be required to certify as part of the executed contract that it will comply with provisions of New York State Executive Order 177. (<https://www.governor.ny.gov/news/governor-cuomo-signs-executive-order-banning-all-state-agencies-and-authorities-doing-business>)

## **X. General Specifications**

**Pursuant to New York State Procurement Guidelines, DOS also reserves the right to:**

1. Reject any or all solicitations received in response to the RFA.
2. Withdraw the RFA at any time, at the agency's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or application fail to conform to the requirements of this RFA.
5. Seek clarifications and revisions of applications.
6. Use proposal information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability, or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to the application due date amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to the application due date, direct applicants to submit application modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders.
11. Waive any requirements that are not material.
12. Negotiate with applicants responding to this RFA within the scope of the RFA to serve the best interests of the state.

13. If unsuccessful in negotiating a state contract with the selected applicant within an acceptable time frame, the Department may begin state contract negotiations with the next ranked qualified applicant(s) in order to serve and realize the best interest of the state.
14. Utilize any and all ideas submitted in the proposals received from applicants.
15. Unless otherwise specified in the RFA, deem every offer to be firm and irrevocable for a period of 60 days from the date of bid opening.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation.
17. Waive or modify minor irregularities in applications received from applicants.
18. Not fund an application that fails to submit a clear and concise work plan or budget.
19. Adjust or correct cost figures with the concurrence of the applicant if errors exist and can be documented to the satisfaction of the Department of State and the State Comptroller.
20. Award grants based on geographic or regional considerations to serve the best interests of the state.
21. Award more than one contract resulting for this RFA.

## **XI. Application Checklist**

Applicants should check off each section to ensure submission of a complete application.

### **Application Form**

- Part A** Applicant Identification  
Agency Information
- Part B** Applicant Certifications, Attestations, and Acknowledgements
- Part C** Project Summary
  - Section A – Organizational Capacity**
    - Board list (for CAA or CBO)
    - Board Policy or Minutes
    - Chart of Current or Past Programs
    - Applicant Organizational Chart
    - Résumés of CEO and CFO
    - Annual agency budget for current fiscal year
    - Sample of previous outcome reports (if available)
  - Section B – Community Needs Assessment**
  - Section C – Program Services, Activities, and Outcomes (Work Plan)**
    - Sullivan County Work plan
  - Section D – Collaborations and Partnerships**
  - Section E – Accountability and Reporting**
    - Attach sample outcome reports to illustrate agency system
  - Section F – Budget**
    - Budget Summary
    - Salaries & Wages
    - Justification of Administrative Titles
    - Budget Support Data
    - MWBE Goals Calculation
    - Budget Narrative
  - Section G – Minority/Women Owned Business Enterprises**

## **XII. Application Package**

- Application Form (Parts A/B) including signed certification
- Project Summary (Part C)
  - Section A – Organizational Capacity
  - Section B – Community Needs Assessment
  - Section C – Program Services, Activities, and Outcomes
  - Section D – Collaborations and Partnerships
  - Section E – Accountability and Reporting
  - Section F – Budget
  - Section G – Minority/Women Owned Business Enterprises

# Application Form

|   |           |              |
|---|-----------|--------------|
| <b>PART A. APPLICANT IDENTIFICATION</b>   |           |              |
| <b>Name of Applicant:</b> <i>(Full legal name of corporation/agency)</i>            |           |              |
| <b>Applicant Mailing Address:</b> <i>(Full legal address of corporation/agency)</i> |           |              |
| <b>(Street)</b>   |           |              |
| <b>(City)</b>   | <b>NY</b> | <b>(Zip)</b> |

|  |               |
|--|---------------|
| <b>Executive Director/Chief Executive Officer:</b> | <b>Title:</b> |
| <b>E-mail Address:</b>                             |               |
| <b>Telephone:</b>                                  | <b>Fax:</b>   |
| <b>Name of Project:</b> (if applicable)            |               |
| <b>Location</b> (County/Target Area):              |               |
| <b>Total Funds Requested:</b> \$                   |               |

|  |               |              |
|--|---------------|--------------|
| <b>Board of Directors Chair/President:</b> | <b>Title:</b> |              |
| <b>(Street)</b>                            |               |              |
| <b>(City)</b>                              | <b>NY</b>     | <b>(Zip)</b> |
| <b>E-mail Address:</b>                     |               |              |
| <b>Telephone:</b>                          | <b>Fax:</b>   |              |

|   |  |
|---|--|
| <b>PART B. APPLICANT CERTIFICATIONS, ATTESTATIONS AND ACKNOWLEDGEMENTS</b>  |  |
| Applicant is a 501(c)(3): YES <input type="checkbox"/> NO <input type="checkbox"/>  | Year of New York State Incorporation:                    |
| Applicant Federal Identification Number:  | Applicant Charities Registration Number:                 |
| Applicant New York State Vendor ID Number:  | Applicant DUNS Number:                                   |
| Applicant has operated as CAA or CBO continuously for 5 years:  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Applicant is: CAA <input type="checkbox"/> CBO <input type="checkbox"/>   |  |
| Applicant certifies that it currently provides federally-or state-funded services to low-income individuals:  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Applicant certifies that it will serve a population that meets the 125% poverty income guidelines:  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Board of Directors List is attached:  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Vendor Responsibility Acknowledgement: I hereby acknowledge that if awarded funding, we will comply with the Vendor Responsibility requirements of the State of New York. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Applicant is Prequalified on the NYS Grants Gateway:  | YES <input type="checkbox"/> NO <input type="checkbox"/> |

|   |                   |              |
|---|-------------------|--------------|
| <b>CERTIFICATION</b>  |                   |              |
| <p>The applicant certifies that the CSBG funds will be used to provide services and activities benefitting low-income persons meeting the federal Poverty Guidelines, in accordance with the purposes, goals, and assurances of PL 105-285, local needs assessments, and the national CSBG goals and outcome measures. Applicant shall comply with the Uniform Guidance, codified at 45 C.F.R. 75 et. seq., limitations and prohibitions placed on the use of funds by PL 105-285, and Executive Order 177. Applicant hereby certifies that its board of directors will meet the tripartite requirements of 42 USC 9909 and 9910.</p> |                   |              |
| <b>Print Name:</b>  | <b>Signature:</b> | <b>Date:</b> |

## PART C. PROJECT SUMMARY

**Provide a summary describing the following (do not exceed two additional pages, not including any attachments):**

Agency capacity to deliver outcome based services to the low-income residents of Sullivan County.

(Enter text here)

Outline the new programs or programs being expanded with CSBG funds, the basis for the programs being proposed for funding, and collaborations established with other area agencies to provide or expand services.

(Enter text here)

Describe how programs and services designed to reduce risk factors, build on individual and family strengths, provide prevention as well as intervention services, be culturally responsive, and flexible in responding to individual needs.

(Enter text here)

Describe the intake and assessment process to determine individual and family needs across a broad spectrum of services that will support the movement toward self-sufficiency.

(Enter text here)

**Section A – Organizational Capacity****Forms:**

- Complete the Board Membership List (for CAA or CBO)
- Current and past programs operated that address broad issues of poverty
- Summary demonstrating agency organizational capacity

**Attachments:**

- Copy of board policy, minutes, or other documentation that verifies board involvement in program planning, implementation, and evaluation
- Copy of the resume of CEO and CFO
- Copy of your agency organizational chart
- Copy of your agency annual budget for the current fiscal year

**Section A – Organizational Capacity**

**Community Based Organization - Board of Directors and Officers**

**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

| <b>Officers</b> |               |
|-----------------|---------------|
| <u>Name</u>     | <u>Office</u> |
| _____           | _____         |
| _____           | _____         |
| _____           | _____         |
| _____           | _____         |

| <b>Name</b> | <b>Address</b> | <b>E-mail Address</b> | <b>Sullivan County Resident</b>                          |
|-------------|----------------|-----------------------|--|
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*(copy additional pages as necessary)*

**Section A – Organizational Capacity (continued)**

**Community Action Agency - Board of Directors and Officers**

**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

| <b>Officers</b> |               |
|-----------------|---------------|
| <u>Name</u>     | <u>Office</u> |
| _____           | _____         |
| _____           | _____         |
| _____           | _____         |
| _____           | _____         |

| <b>Elected Public Officials (1/3 of the members)</b>               |  |                  |              |                          |
|--|--|------------------|--------------|--------------------------|
| Total Number of Seats: _____ (as stated in current bylaws)         |  |                  |              |                          |
| Total Number of Vacancies: _____ (as of the date of this document) |  |                  |              |                          |
| #  | Name, Address, Telephone, E-mail Address | Public Official* | Current Term | Verification Document(s) |
|  |  | <i>Office:</i>   | to           |                          |
|  |  | <i>Title:</i>    |              |                          |
|  |  | <i>Office:</i>   | to           |                          |
|  |  | <i>Title:</i>    |              |                          |
|  |  | <i>Office:</i>   | to           |                          |
|  |  | <i>Title:</i>    |              |                          |
|  |  | <i>Office:</i>   | to           |                          |
|  |  | <i>Title:</i>    |              |                          |
|  |  | <i>Office:</i>   | to           |                          |
|  |  | <i>Title:</i>    |              |                          |
|  |  | <i>Office:</i>   | to           |                          |
|  |  | <i>Title:</i>    |              |                          |

*(copy additional pages as necessary)*

**\*Public Official:** One-third of the members must be elected public officials or their representatives. The elected public official must be in office. Indicate the **office** and **title** of the public official serving or being represented (mayor, county supervisor, member of Congress, etc.).

**Section A – Organizational Capacity (continued)**

**Community Action Agency - Board of Directors and Officers**

| Representatives of Low-Income Individuals and Communities (or at least 1/3 of the members) |  |               |              |                          |
|--|--|---------------|--------------|--------------------------|
| Total Number of Seats: _____ (as stated in current bylaws)                                 |  |               |              |                          |
| Total Number of Vacancies: _____ (as of the date of this document)                         |  |               |              |                          |
| #  | Name, Address, Telephone, E-mail Address | Neighborhood* | Current Term | Verification Document(s) |
|  |  |               | to           |                          |

*(copy additional pages as necessary)*

**\*Neighborhood:** Please complete, if applicable, in compliance with the federal statute which requires, *Each representative of low-income individuals and families selected to represent a specific neighborhood must reside in the neighborhood represented.*

**Section A – Organizational Capacity (continued)**

**Community Action Agency - Board of Directors and Officers**

| Representatives of the Private Sector (or at least 1/3 of the members) [Must be a member or official.] |  |                 |              |                          |
|--|--|-----------------|--------------|--------------------------|
| Total Number of Seats: _____ (as stated in current bylaws)   |  |                 |              |                          |
| Total Number of Vacancies: _____ (as of the date of this document)                                     |  |                 |              |                          |
| #  | Name, Address, Telephone, E-mail Address | Member/Official | Current Term | Verification Document(s) |
|  |  |                 | to           |                          |

*(copy additional pages as necessary)*

**\*Indicate the federally-required category.** The federal statute requires the remaining seats to be filled with members or officials of: business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served.



**Section A – Organizational Capacity (continued)****Summary (do not exceed one additional page, not including any attachments):**

Demonstrate agency organizational ability to carry out this contract. This may include governance, fiscal, human resources, information technology, and comprehensive service delivery experience.

(Enter text here)

**Section B – Community Needs Assessment**

A needs assessment is a process used by organizations to determine service priorities, allocation of resources, determine community needs, and identify service gaps through a systematic, comprehensive data collection and analysis process. In the text below, please describe the needs assessment and data collection systems used to determine services to the low-income population.

1. Describe in detail the geographic area including location and boundaries of proposed services.

(Enter text here)

2. Describe the methodology used to assess the broad range of needs in the low-income community. (Examples: sources of statistical information; use of surveys; focus groups/forums; interviews; etc.)

(Enter text here)

3. Describe specifically the participation of the low-income population in the needs assessment process.

(Enter text here)

4. Describe findings drawn from the needs assessment process: i.e., level of poverty, priorities for services, etc.

(Enter text here)

5. Describe programs to be created or expanded with CSBG funds to address the priorities noted above.

(Enter text here)

**Section C – Program Services, Activities, and Outcomes**

Complete a work plan that will be created or expanded with CSBG funds. Please use the form on the next page to complete your work plan.



**Section C – Program Services, Activities, and Outcomes (continued)**

**Applicant:** \_\_\_\_\_

**Budget Period:** 10/1/18 to 9/30/19

**Agency needs identified in the needs assessment or strategic plan will form the basis for community partners.**

**AGENCY PARTNERS (Agency-wide Unduplicated Count)**

| <b>Interventions</b><br>Briefly describe the activities that will address the agency need or strategic plan objective.   | <b>Benchmarks</b><br>List the expected outcome of the capacity building activity. | <b>Capacity Codes</b> | <b>Method(s) of Measurement/Verification</b><br>Briefly describe the tool or process to be used to verify progress on the outcome. | <b>Annual Target</b> |
|--|---|-----------------------|--|----------------------|
| Number of organizations, both public and private, that Community Action actively works with to expand resources and opportunities in order to achieve family and community outcomes. | Non-Profit  | B.5a                  |  |                      |
|  | Faith Based   | B.5b                  |  |                      |
|  | Local Government  | B.5c                  |  |                      |
|  | State Government  | B.5d                  |  |                      |
|  | Federal Government  | B.5e                  |  |                      |
|  | For-Profit Business or Corporation  | B.5f                  |  |                      |
|  | Consortiums/Collaboration   | B.5g                  |  |                      |
|  | School District   | B.5h                  |  |                      |
|  | Institutions of post-secondary education/training                                 | B.5i                  |  |                      |
|  | Financial/Banking Institutions  | B.5j                  |  |                      |
|  | Health Service Institutions   | B.5k                  |  |                      |
|  | Statewide Associations or collaborations  | B.5l                  |  |                      |
|  | <b>Number of Organizations (Total):</b>   |                       |  |                      |





**Section E – Accountability and Reporting****(Do not exceed one additional page, not including any attachments.)**

Please describe your agency's knowledge and experience with outcome-based programming and reporting.

(Enter text here)

Please identify the software and technology currently available to conduct customer intake and comprehensive customer assessment, record and track customer outcomes, and report to your board/funding source(s). *(A sample report may be attached).*

(Enter text here)

Describe the process to be used to ensure compliance with the 125% poverty eligibility requirement.

(Enter text here)

**Section F – Budget**  
**B-1 Budget Summary**

**Applicant:** \_\_\_\_\_

**Budget Period:** 10/1/18 to 9/30/19

**TOTAL CSBG ALLOCATION OF GRANT FUNDS (FEDERAL)** \$ \_\_\_\_\_

| Cost Categories   | CSBG Grant Funds |
|---|------------------|
| 1. Personnel Services (from B-2 Allocation of Salaries and Wages) | \$ _____         |
| 2. Delegate Agencies (Subcontractors)                             | \$ _____         |
| 3. Contractual Services/Audit                                     | \$ _____         |
| 4. Equipment Purchase/Lease                                       | \$ _____         |
| 5. Other Costs (from B-3 Budget Support Data)                     | \$ _____         |
| 6. Administrative Costs   |                  |
| Indirect Rate _____ %   | \$ _____         |
| De Minimis Rate _____ %   | \$ _____         |
| Admin. Cost/Rate _____ %  | \$ _____         |
| <b>TOTAL</b>  | <b>\$ _____</b>  |

| Descriptions and amounts of Contractual Services/Audit and Equipment Purchase/Lease expenses included in Cost Categories 3 and 4: |          |
|---|----------|
| <b>3. Contractual Services/Audit</b>  |          |
| <b>CSBG Grant Funds</b>   |          |
| <b>DIRECT:</b>  | \$ _____ |
| <b>Description:</b>   | _____    |
| <b>ADMIN:</b>   | \$ _____ |
| <b>Description:</b>   | _____    |
| <b>4. Equipment Purchase/Lease</b>  |          |
| <b>DIRECT:</b>  | \$ _____ |
| <b>Description:</b>   | _____    |
| <b>ADMIN:</b>   | \$ _____ |
| <b>Description:</b>   | _____    |

**TO AVOID ROUNDING ERRORS ON THESE DOCUMENTS, PLEASE ROUND UP. ENTER WHOLE NUMBERS ONLY. DO NOT INCLUDE DECIMALS OR ANY CALCULATIONS!**

|   |                          |                  |  |
|---|--------------------------|------------------|--|
| <i>[These figures should match the MWBE Goals Calculation page; please verify accuracy of the numbers.]</i> |                          |                  |  |
| MWBE Goal % _____   | MBE Goal Amount \$ _____ | MBE Goal % _____ |  |
| MWBE Goal Amt \$ _____  | WBE Goal Amount \$ _____ | WBE Goal % _____ |  |

CSBG funds must be used in accordance with the Uniform Guidance, codified at 45 C.F.R. 75 et seq.





**Section F – Budget (continued)**

**B-3 Budget Support Data**

**Applicant:** \_\_\_\_\_

**Budget Period:** 10/1/18 to 9/30/19

| <b>COST CATEGORY</b> | <b>DETAILED DESCRIPTION OF EXPENDITURES</b> | <b>CSBG Grant Funds DIRECT</b> | <b>CSBG Grant Funds ADMIN</b> | <b>TOTAL CHARGES</b> |
|----------------------|---|--------------------------------|-------------------------------|----------------------|
| 5.a                  | Bank Charges                                | XXXXXXXX                       | \$                            | \$                   |
| 5.b                  | Beneficiary Client Costs                    | \$                             |                               | \$                   |
| 5.c                  | Board Allowance and Development             | \$                             | \$                            | \$                   |
| 5.d                  | Consumable Supplies                         | \$                             | \$                            | \$                   |
| 5.e                  | Employee Development and Recruitment        | \$                             | \$                            | \$                   |
| 5.f                  | Insurance and Bonding                       | \$                             | \$                            | \$                   |
| 5.g                  | Postage, Freight and Express                | \$                             | \$                            | \$                   |
| 5.h                  | Publications, Printing, and Subscriptions   | \$                             | \$                            | \$                   |
| 5.i                  | Repairs and Services                        | \$                             | \$                            | \$                   |
| 5.j                  | Space Costs                                 | \$                             | \$                            | \$                   |
| 5.k                  | Telephone and Electronic Communications     | \$                             | \$                            | \$                   |
| 5.l                  | Travel                                      | \$                             | \$                            | \$                   |
| 5.m                  | Marketing/Public Awareness/Outreach         | \$                             | \$                            | \$                   |
| 5.n                  | Technology                                  | \$                             | \$                            | \$                   |
| <b>TOTAL</b>         |   | \$                             | \$                            | \$                   |

**Section F – Budget (continued)**

**Budget Narrative**

**Applicant:** \_\_\_\_\_

**Budget Period:** 10/1/18 to 9/30/19

**Use the space below to describe how the resources identified in the budget will enable the activities necessary to advance the project and achieve stated outcomes.**

**Section G – Minority/Women Owned Business Enterprises**

**MWBE Goals Calculation**

**Applicant:** \_\_\_\_\_

**Budget Period:** 10/1/18 to 9/30/19

| Items  | Budget  | Exemptions | MWBE<br>Applicable<br>Amt | Comments & Exemption<br>Reasons |  |  |
|--|---|------------|---------------------------|---------------------------------|--|--|
| <b>PERSONNEL SERVICES (B-1, Line 1)</b>            |   |            |                           |                                 |  |  |
| Salaries & Fringe Benefits                         |   | Exempt     |                           |                                 |  |  |
| <b>DELEGATE AGENCIES (B-1, Line 2)</b>             |   |            |                           |                                 |  |  |
| Total Exemptions                                   |   | Exempt     |                           |                                 |  | <p><i>Note: A separate goal calculation template must be filled out for each delegate agency. Grantee must enter its delegate agencies' totals exemptions and MWBE applicable amounts on its own goal calculation template</i></p> |
| Total MWBE Applicable Amounts                      |   |            |                           |                                 |  |  |
| <b>SUBTOTAL</b>                                    |   |            |                           |                                 |  |  |
| <b>CONTRACTUAL SERVICES/AUDIT (B-1, Line 3)</b>    |   |            |                           |                                 |  |  |
| Contractual Services                               |   |            |                           |                                 |  |  |
| Audit  |   |            |                           |                                 |  |  |
| Payroll Fees                                       |   | Exempt     |                           |                                 |  |  |
| <b>SUBTOTAL</b>                                    |   |            |                           |                                 |  |  |
| <b>EQUIPMENT (B-1, Line 4)</b>                     |   |            |                           |                                 |  |  |
| Purchase   |   |            |                           |                                 |  |  |
| Lease  |   |            |                           |                                 |  |  |
| <b>SUBTOTAL</b>                                    |   |            |                           |                                 |  |  |
| <b>NON-PERSONNEL SERVICES (B-3)</b>                |   |            |                           |                                 |  |  |
|  |   | Exempt     |                           |                                 |  |  |
| Combine<br>Amounts<br>and enter on<br>B-3, Line 5b | Bank Charges  |            |                           |                                 |  |  |
|  | Beneficiary Client Costs (Advertising program availability, consumable supplies & food)     |            |                           |                                 |  |  |
|  | Beneficiary Client Costs (Tuition, educational fees, etc.)                                  | Exempt     |                           |                                 |  |  |
|  | Board Allowance & Development   | Exempt     |                           |                                 |  |  |
|  | Consumable Supplies/Materials   |            |                           |                                 |  |  |
| Combine<br>Amounts<br>and enter on<br>B-3, Line 5e | Employee Dev. & Recruitment (Advertising for employees)                                     |            |                           |                                 |  |  |
|  | Employee Dev. & Recruitment (Dues, conferences, training, etc.)                             | Exempt     |                           |                                 |  |  |
|  | Insurance & Bonding   | Exempt     |                           |                                 |  |  |
|  | Postage, Freight and Express  | Exempt     |                           |                                 |  |  |
|  | Publications & Printing   |            |                           |                                 |  |  |
|  | Subscriptions   | Exempt     |                           |                                 |  |  |
|  | Repairs & Services  |            |                           |                                 |  |  |
| Combine<br>Amounts<br>and enter on<br>B-3, Line 5j | Space Costs (Maintenance, janitorial, pest extermination, snow removal & refuse collection) |            |                           |                                 |  |  |
|  | Space Costs (Security and alarms)   |            |                           |                                 |  |  |
|  | Space Costs (Rent, utilities, etc.)   | Exempt     |                           |                                 |  |  |

|                                     |  |        |  |
|-------------------------------------|--|--------|--|
| Telephones                          |  | Exempt |  |
| Travel                              |  | Exempt |  |
| Marketing/Public Awareness/Outreach |  |        |  |
| Technology                          |  |        |  |
| <b>SUBTOTAL</b>                     |  |        |  |
| <b>ADMINISTRATIVE COSTS</b>         |  |        |  |
| <b>TOTAL</b>                        |  |        |  |

MWBE Goal % \_\_\_\_\_  
 MWBE Goal Amount \$ \_\_\_\_\_

Please enter the MWBE Goal %

MBE Goal % \_\_\_\_\_ %  
 WBE Goal % \_\_\_\_\_ %

MBE Goal Amount \$ \_\_\_\_\_  
 WBE Goal Amount \$ \_\_\_\_\_

Contact the DOS Office of Affirmative Action Programs at 518-473-2507 for assistance.

**Section G – Minority/Women Owned Business Enterprises****CONTRACTOR REQUIREMENTS AND PROCEDURES FOR PARTICIPATION BY NEW YORK STATE-CERTIFIED MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES, EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITY GROUP MEMBERS AND WOMEN, AND SERVICE-DISABLED VETERAN-OWNED BUSINESSES****I. MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES PARTICIPATION****NEW YORK STATE LAW**

Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations Department of State is required to promote opportunities for the maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) and the employment of minority group members and women in the performance of Department of State contracts.

**Business Participation Opportunities for MWBEs**

The Department’s New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) utilization goal is 30%. For purposes of this solicitation, the specific MWBE goal and the breakdown between the Minority-owned Business Enterprise (“MBE”) and the Women-owned Business Enterprise (“WBE”) utilization goals shall be established post award and set forth in the Department of State contract, in the Attachment B “Budget” (based on the current availability of MBEs and WBEs). A contractor (“Contractor”) on any contract resulting from this procurement (“Contract”) must document its good faith efforts to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. To that end, by submitting a response to this RFA, the respondent agrees that Department of State may withhold payment pursuant to any Contract awarded as a result of this RFA pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at: <https://ny.newnycontracts.com/frontend/vendoresearchpublic.asp>. For guidance on how Department of State will evaluate a Contractor’s “good faith efforts,” refer to 5 NYCRR § 142.8.

The respondent understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25 percent of the total value of the broker’s contract.

**FOR CONSTRUCTION CONTRACTS** – The portion of a contract with an MWBE serving as a supplier that shall be deemed to represent the commercially useful function performed by the MWBE shall be 60 percent of the total value of the supplier’s contract. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be the monetary value for fees, or the markup percentage, charged by the MWBE.

In accordance with 5 NYCRR § 142.13, the respondent further acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in a Contract resulting from this RFA, such finding constitutes a breach of contract and Department of State may withhold payment as liquidated damages. Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a proposal, a respondent agrees to demonstrate its good faith efforts to achieve the applicable MWBE participation goals by submitting evidence thereof through the New York State Contract System (“NYSCS”), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that a respondent may arrange to provide such evidence via a non-electronic method by contacting Department of State. As a contractor of New York State, you have a responsibility to utilize certified minority- and/or women-owned businesses in the execution of your contracts, per the

MWBE percentage goals stated in your solicitation, proposal or contract documents. Through the NYSCS you will submit utilization plans, request subcontractors, record payments to subcontractors, and communicate with your project manager throughout the life of your awarded contracts.

Additionally, successful applicants will be required to submit the following documents and information within ten (10) business days after the applicant receives notice from Department of State that the grant is being awarded as evidence of compliance with the foregoing:

An MWBE Utilization Plan (**Form D**) or a Certification Letter (**Form D-1**) stating their commitment to show due-diligence to comply with the MWBE goals and requirements. Any modifications or changes to an accepted MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to Department of State for review and approval.

The Department of State shall review the submitted MWBE Utilization Plan or Certification Letter and issue a written notice of acceptance or notice of deficiency within 20 days of receipt of utilization plan or certification letter.

If a notice of deficiency is issued, the respondent will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to the Department of State, at the address provided below, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by Department of State to be inadequate, Department of State shall notify the respondent and direct the respondent to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the proposal.

Please see details under "**Additional Notices and Explanations Regarding the MWBE Program and this Request for Applications.**"

Department of State may disqualify a respondent as being non-responsive under the following circumstances:

- a) If a respondent fails to submit an MWBE Utilization Plan or certification letter;
- b) If a respondent fails to submit a written remedy to a notice of deficiency;
- c) If a respondent fails to submit a request for waiver; or
- d) If Department of State determines that the respondent has failed to document good faith efforts.

Successful applicant(s) will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to Department of State, but must be made no later than prior to the submission of a request for final payment on the Contract.

Successful applicant(s) will be required to submit a quarterly M/WBE Contractor Compliance & Payment Report to Department of State, by the 10<sup>th</sup> day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

### **Equal Employment Opportunity Requirements**

By submission of a proposal in response to this solicitation, the respondent agrees with all of the terms and conditions of the New York State Master Grant Contract, Section IV (J) - Equal Employment Opportunities for Minorities and Women. The respondent is required to ensure that it and any subcontractors awarded a subcontract for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the respondent, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because

of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Additionally, successful applicants will be required to submit the following documents and information within ten (10) business days after the applicant receives notice from Department of State that the grant is being awarded as evidence of compliance with the foregoing:

- A. Submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement (**Form A**) to Department of State.
- B. Submit a Workforce Utilization Report (**Form C**) and shall require each of its Subcontractors to submit a Workforce Utilization Report, in such format as shall be required by Department of State on a quarterly basis during the term of the Contract, to the Division of Affirmative Action Programs at:

Maria C. Herman  
Director, Division of Affirmative Action Programs  
Phone: 518-473-3401  
Email: Maria.Herman@dos.ny.gov

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and subcontractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

**Additional Notices and Explanations Regarding the MWBE Program and Successful Applications to this Request for Applications:**

If your project is selected for an award, you will be required to show due diligence to comply with all the MWBE contractual requirements, including meeting the goals for certified MWBE firms participation as stated in your Contract and in accordance with NYS Executive Law Article 15-A.

If an applicant chooses to move forward with a project prior to any award announcement, they are responsible for meeting MWBE requirements established by the State of New York. The requested plan, as described herein, is intended to help an applicant think about how to comply with the regulations and provide information showing their due-diligence to comply with the MWBE requirements.

Successful applicants notified by the NYS Contract System (System) that a record for the submission of the utilization plan has been created, must comply with this requirement by entering the Utilization Plan data in the System through the Statewide Utilization Management Plan (SUMP) module.

If you are unable to comply with the MWBE goals, you must request a waiver of these requirements by submitting to the Department of State the REQUEST FOR WAIVER FORM E, found on the DOS funding page, for processing. Please note that the following information will be required to secure the waiver (all items may not apply to your case, but provide information and documentation for those that apply):

1. A DETAILED statement with the project description (any special characteristics, needs, specifications, etc.), and an explanation setting forth your basis and justification for requesting a partial or total waiver of the MWBE goals.
2. A copy of the completed MWBE GOALS CALCULATION Template, found on the DOS funding page.

3. The names of general circulation, trade association, and MWBE-oriented publications in which you solicited certified MWBEs for the purposes of complying with your participation goals related to this Contract.
4. A list identifying the date(s) that all solicitations for certified MWBE participation were published in any of the above publications.
5. A list of all certified MWBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified MWBE participation levels.
6. Documentation of your search in the NYS Directory of Certified Firms (e.g.: Printouts, screenshots).
7. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation, if an identical solicitation was made to all certified MWBEs. Any information and/or documentation to support the efforts to follow up with the MWBEs.
8. Copies of responses to your solicitations received by you from certified MWBEs
9. A description of any contract documents, plans, or specifications made available to certified MWBEs for purposes of soliciting their proposals and the date and manner in which these documents were made available.
10. Documentation of any negotiations between you and the MWBEs undertaken for purposes of complying with the certified MWBE participation goals.
11. Any other information you deem relevant which may help us in evaluating your request for a waiver.
12. The name, title, address, telephone number, and email address of your representative authorized to discuss and negotiate this waiver request.
13. Copy of notice of application receipt issued by Empire State Development (ESD), if subcontractors are not certified MWBE, but an application has been filed with ESD.

**Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.**

## II. SERVICE-DISABLED VETERAN-OWNED BUSINESSES PARTICIPATION

Article 17-B of the Executive Law, enacted in 2014, authorized the creation of the Division of Service-Disabled Veterans' Business Development to promote participation of Service-Disabled Veteran-Owned Businesses (SDVOBs) in New York State contracting. The Service-Disabled Veteran-Owned Business Act recognizes the veterans' service to and sacrifice for our nation, declares that it is New York State's public policy to promote and encourage the continuing economic development of service-disabled veteran-owned businesses, and allows eligible Veteran business owners to become certified as a New York State Service-Disabled Veteran-Owned Business (SDVOB), in order to increase their participation in New York State's contracting opportunities. To this effect, the Department of State (DOS) has implemented a Veteran-Owned Businesses (SDVOB) Program, as mandated by Article 17-B.

To comply with the SDVOB Program goals of 6%, the Department of State strongly encourages grantees to make every effort, to the maximum extent possible, to engage certified SDVOBs in the purchasing of commodities, services and technology in the performance of their contracts with the Department. If SDVOB utilization is obtained, a quarterly SDVOB utilization report should be submitted to the Department with information of the utilization percentage achieved during that quarter. Contractor Reporting Forms are found at: <https://ogs.ny.gov/Veterans/>.

The Division of Service-Disabled Veterans' Business Development (DSDVBD) is housed within the New York State Office of General Services (OGS), and maintains a directory of the NYS Certified SDVOBs. For assistance with engaging SDVOB vendors in your contracts, please contact the Division of Service-Disabled Veterans' Business Development at the following email address: [VeteransDevelopment@ogs.ny.gov](mailto:VeteransDevelopment@ogs.ny.gov), or the DOS Division of Affirmative Action Programs – SDVOB Program at [Maria.Herman@dos.ny.gov](mailto:Maria.Herman@dos.ny.gov) or [Api.Ohouo@dos.ny.gov](mailto:Api.Ohouo@dos.ny.gov). The directory of certified SDVOB vendors can be found at: <https://ogs.ny.gov/Veterans>

**FORM A**  
**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL**  
**EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

**M/WBE AND EEO POLICY STATEMENT**

I, \_\_\_\_\_, the (awardee/contractor) \_\_\_\_\_ agree to adopt the following policies with respect to the project being developed or services rendered at \_\_\_\_\_.

**M/WBE**

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.

Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.

Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.

Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.

Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.

Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

**EEO**

(a) This organization will not discriminate against any employee or applicant for employment

because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_\_

By \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ is designated as the Minority Business Enterprise Liaison  
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises-Equal Employment Opportunity (M/WBE-EEO) program.

**M/WBE Contract Goals**

30% Minority and Women’s Business Enterprise Participation

\_\_\_\_\_ % Minority Business Enterprise Participation

\_\_\_\_\_ % Women’s Business Enterprise Participation

**EEO Contract Goals**

\_\_\_\_\_ % Minority Labor Force Participation

\_\_\_\_\_ % Female Labor Force Participation

\_\_\_\_\_  
(Authorized Representative)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## FORM B STAFFING PLAN

**Submit with Bid or Proposal – Instructions on following page**

|                           |                          |  |
|---------------------------|--------------------------|--|
| <b>Solicitation No.:</b>  | <b>Reporting Entity:</b> | <b>Report includes Contractor's/Subcontractor's:</b><br><input type="checkbox"/> Work force to be utilized on this contract<br><input type="checkbox"/> Total work force |
| <b>Offeror's Name:</b>    |                          | <input type="checkbox"/> Offeror<br><input type="checkbox"/> Subcontractor   |
| <b>Offeror's Address:</b> |                          | <b>Subcontractor's name</b> _____  |

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

| EEO-Job Category         | Total Work force | Work force by Gender |                  | Work force by Race/Ethnic Identification |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
|--------------------------|------------------|----------------------|------------------|--|--|---------------|--|------------------|--|---------------|--|-------------------------|--|------------------|--|-----------------|--|--|
|                          |                  | Total Male (M)       | Total Female (F) | White (M) (F)                            |  | Black (M) (F) |  | Hispanic (M) (F) |  | Asian (M) (F) |  | Native American (M) (F) |  | Disabled (M) (F) |  | Veteran (M) (F) |  |  |
| Officials/Administrators |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
| Professionals            |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
| Technicians              |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
| Sales Workers            |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
| Office/Clerical          |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
| Craft Workers            |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
| Laborers                 |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
| Service Workers          |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
| Temporary /Apprentices   |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |
| Totals                   |                  |                      |                  |  |  |               |  |                  |  |               |  |                         |  |                  |  |                 |  |  |

|  |  |  |
|--|--|--|
| <b>PREPARED BY (Signature):</b>                    | <b>TELEPHONE NO.:</b><br><b>EMAIL ADDRESS:</b> | <b>DATE:</b>                                 |
| <b>NAME AND TITLE OF PREPARER (Print or Type):</b> |  | <b>Submit completed with bid or proposal</b> |

**General instructions:** All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (FORM B) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

**Instructions for completing:**

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the DOS Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

|  |   |
|--|---|
| WHITE  | (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.   |
| BLACK  | a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.  |
| HISPANIC                                       | a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.   |
| ASIAN & PACIFIC ISLANDER                       | a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.   |
| NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE) | a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.   |
| <b>OTHER CATEGORIES</b>                        |   |
| DISABLED INDIVIDUAL                            | any person who: <ul style="list-style-type: none"> <li>– has a physical or mental impairment that substantially limits one or more major life activity(ies)</li> <li>– has a record of such an impairment; or</li> <li>– is regarded as having such an impairment.</li> </ul> |
| VIETNAM ERA VETERAN                            | a veteran who served at any time between and including January 1, 1963 and May 7, 1975.   |
| GENDER   | Male or Female  |

## FORM D M/WBE UTILIZATION PLAN

**INSTRUCTIONS:** This form must be submitted within ten (10) business days after the respondent receives notice from Department of State that the grant is being awarded or within two weeks following the procurement of any MWBE-applicable purchase or contractual service undertaken in furtherance of the Contract. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

**Offeror's Name:**

**Federal Identification No.:**

**Address:**

**Project/Contract No.:**

**City, State, Zip Code:**

**M/WBE Goals in the Contract:** MBE 15% WBE 15%

**Telephone No.:**

**Region/Location of Work:**

| 1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No. | 2. Classification  | 3. Federal ID No. | 4. Detailed Description of Work (Attach additional sheets, if necessary) | 5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract. |
|---|--|-------------------|--|---|
| <b>A.</b>   | <b>NYS ESD CERTIFIED</b><br><input type="checkbox"/> MBE<br><input type="checkbox"/> WBE |                   |  |   |
| <b>B.</b>   | <b>NYS ESD CERTIFIED</b><br><input type="checkbox"/> MBE<br><input type="checkbox"/> WBE |                   |  |   |

**6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM E.**

|  |  |
|--|--|
| <p><b>PREPARED BY (Signature):</b></p> <p><b>DATE:</b></p> <p><b>NAME AND TITLE OF PREPARER (Print or Type):</b><br/>                 SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.</p> | <p><b>TELEPHONE NO.:</b></p> <p><b>EMAIL ADDRESS:</b></p> <p style="text-align: center;"><b>FOR M/WBE USE ONLY</b></p> <p><b>REVIEWED BY:</b></p> <p><b>DATE:</b></p> <p><b>UTILIZATION PLAN APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Date:</b></p> <p><b>Contract No.:</b> <span style="float: right;"><b>Project No. (if applicable):</b></span></p> <p><b>Contract Award Date:</b></p> <p><b>Estimated Date of Completion:</b></p> <p><b>Amount Obligated Under the Contract:</b></p> <p><b>Description of Work:</b></p> <p><b>NOTICE OF DEFICIENCY ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Date:</b> _____</p> <p><b>NOTICE OF ACCEPTANCE ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Date:</b> _____</p> |
|--|--|

### **XIII. Appendices**

- Appendix 1      [Link to CSBG Authorizing Legislation](#)
- Appendix 2      [Federal Poverty Guidelines](#)
- Appendix 3      [Explanation of Results-Oriented Management and Accountability \(ROMA\)](#)
- Appendix 4      [List of National Performance Indicators \(NPIs\) which follows from the three ROMA goals](#)
- Appendix 5      [Sample New York State Contract](#)
- Appendix 6      [Hatch Act](#)
- Appendix 7      [Link to Informational Memoranda 37 \(IM 37\) and Link to Informational Memoranda 82 \(IM 82\)](#)
- Appendix 8      [Guidelines for Selecting a Delegate Agency](#)

## Appendix 1

Link to the CSBG Authorizing Legislation (Public Law 105-285):

<http://www.gpo.gov/fdsys/pkg/PLAW-105publ285/html/PLAW-105publ285.htm>

Link to Article 6-D of the New York State Executive Law:

<http://codes.findlaw.com/ny/executive-law>

## Appendix 2

### Federal Poverty Guidelines

Every year, the federal government establishes poverty guidelines to determine who is financially eligible for particular programs. The chart below describes the yearly income cutoffs for 2018.

| 2018 POVERTY GUIDELINES<br>FOR THE 48 CONTIGUOUS STATES<br>AND THE DISTRICT OF COLUMBIA |          |          |
|---|----------|----------|
| Persons in<br>family/household  | 100%     | 125%     |
| 1   | \$12,140 | \$15,175 |
| 2   | \$16,460 | \$20,575 |
| 3   | \$20,780 | \$25,975 |
| 4   | \$25,100 | \$31,375 |
| 5   | \$29,420 | \$36,775 |
| 6   | \$33,740 | \$42,175 |
| 7   | \$38,060 | \$47,575 |
| 8   | \$42,380 | \$52,975 |

*Add \$4,180 for each  
additional person.*

*Add \$5,225 for each  
additional person.*

These figures are available at the US Department of Health and Human Services website at:

<https://aspe.hhs.gov/poverty-guidelines>

## Appendix 3

### Explanation of Results-Oriented Management and Accountability (ROMA)

**1. Results-Oriented Management and Accountability (ROMA)** a performance-based initiative designed to preserve the anti-poverty focus of community action and to promote greater effectiveness among state and local agencies receiving Community Services Block Grant (CSBG) funds. It involves setting goals and strategies for developing plans and techniques that focus on a result-oriented performance based model for management. ROMA also complies with the Government Performance and Results Act (GPRA) of 1993 (PL 103-62) <https://nascsp.org/csbg/csbg-resources/roma/roma-next-generation/>

**2. ROMA-NG Goals and National Performance Indicators**

Applicants should have prior experience and demonstrated capacity with outcome-based reporting, such as ROMA. Familiarity with the CSBG National Performance Indicators (NPIs) is a requirement. Consistent with the requirements set forth in GPRA and NPIs, New York State requires all CSBG grantees to report progress toward achieving outcomes projected in their contract work plans based on the National Performance Indicators.

CSBG-funded services in Sullivan County must include at least one of the three Next Generation ROMA goals, as stated below,

Next Generation ROMA 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.   |

# Appendix 4

## National Performance Indicators (NPI) which follow from the three ROMA Indicators

| Services Supporting Multiple Domains & Family/Individual National Performance Indicators  |   |  |
|---|---|--|
| Services Supporting Multiple Domains (SRV 7)  |   | Outcomes Across Multiple Domains (FNPI 7)  |
| <b>Case Management (SRV 7a)</b>   |   | FNPI 7a The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains. |
| SRV 7a  | Case Management   | <b>Other Outcome Indicator (FNPI 7)</b>  |
| <b>Eligibility Determinations (SRV 7b)</b>  |   |  |
| SRV 7b  | Eligibility Determinations  | FNPI 7b Other  |
|   |   | FNPI 7c Other  |
| <b>Referrals (SRV 7c)</b>   |   | FNPI 7d Other  |
| SRV 7c  | Referrals   |  |
| <b>Transportation Services (e.g. bus passes, bus transport, support for auto purchase or repair; including emergency 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 7e  | 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 (relocation, food, clothing) (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>Employment - Strategies and Community National Performance Indicators</b> |   |   |   |
|--|---|---|---|
| <b>Employment Strategies (STR 1)</b>   |   | <b>Counts of Change for Employment Indicators (CNPI 1)</b>                              |   |
| STR 1a   | Minimum/Living Wage Campaign                | CNPI 1a   | Number of jobs created to increase opportunities for people with low incomes in the identified community. |
| STR 1b   | Job Creation/Employment Generation          | CNPI 1b   | Number of job opportunities maintained in the identified community.                                       |
| STR 1c   | Job Fairs                                   | CNPI 1c   | Number of "living wage " jobs created in the identified community*.                                       |
| STR 1d   | Earned Income Tax Credit (EITC) Promotion   | CNPI 1d   | Number of "living wage" jobs maintained in the identified community*.                                     |
| STR 1e   | Commercial Space Development                | CNPI 1e   | Number of jobs created in the identified community with a benefit package.                                |
| STR 1f   | Employer Education                          | <b>Other Counts of Change for Employment Indicators - Please specify below (CNPI 1)</b> |   |
| STR 1g   | Employment Policy Changes                   | CNPI 1z1  | Other   |
| STR 1h   | Employment Legislative Changes              | CNPI 1z.2   | Other   |
| STR 1i   | Other Employment Strategy: (please specify) | CNPI 1z 3   | Other   |
|  |   | <b>Rates of Change for Employment Indicators (CNPI 1)</b>                               |   |
|  |   | CNPI 1f   | Percent decrease of the unemployment rate.  |
|  |   | CNPI 1g   | Percent decrease of the youth unemployment rate.  |
|  |   | CNPI 1h   | Percent decrease of the underemployment rate.   |
|  |   | <b>Other Rates of Change for Employment Indicators (CNPI 1)</b>                         |   |
|  |   | CNPI 1z.4   | Other   |
|  |   | CNPI 1z.5   | Other   |
|  |   | CNPI 1z.6   | Other   |

| Education - Services and Family/Individual National Performance Indicators |   |   |   |
|--|---|---|---|
| Education and Cognitive Development Services (SRV 2)                       |   | Education and Cognitive Development (FNPI 2)                                |   |
| <b>Child/Young Adult Education Programs (SRV 2a-j)</b>                     |   | FNPI 2a   | The number of children (0 to 5) who demonstrated improved emergent literacy skills.   |
| SRV 2a   | Early Head Start  | FNPI 2b   | The number of children (0 to 5) who demonstrated skills for school readiness.   |
| SRV 2b   | Head Start  | FNPI 2c   | The number of children and youth who demonstrated improved positive approaches toward learning, including improved attention skills. (auto total).      |
| SRV 2c   | Other Early-Childhood (0-5 yr. old) Education                                       | FNPI 2c.1   | Early Childhood Education (ages 0-5)  |
| SRV 2d   | K-12 Education  | FNPI 2c.2   | 1st grade-8th grade   |
| SRV 2e   | K-12 Support Services   | FNPI 2c.3   | 9th grade-12th grade  |
| <b>Financial Literacy Education</b>  |   | FNPI 2d   | The number of children and youth who are achieving at basic grade level (academic, social, and other school success skills). (auto total)               |
| SRV 2g   | Literacy/English Language Education   | FNPI 2d.1   | Early Childhood Education (ages 0-5)  |
| SRV 2h   | College-Readiness Preparation/Support   | FNPI 2d.2   | 1st grade-8th grade   |
| <b>Other Post Secondary Preparation</b>                                    |   | FNPI 2d.3   | 9th grade-12th grade  |
| SRV 2j   | Other Post Secondary Support  | FNPI 2e   | The number of parents/caregivers who improved their home environments.  |
| <b>School Supplies (SRV 2k)</b>  |   | FNPI 2f   | The number of adults who demonstrated improved basic education.   |
| SRV 2k   | School Supplies   | FNPI 2g   | The number of individuals who obtained a high school diploma and/or obtained an equivalency certificate or diploma.                                     |
| <b>Extra-curricular Programs (SRV 2l-q)</b>                                |   | FNPI 2h   | The number of individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills. |
| SRV 2l   | Before and After School Activities  | FNPI 2i   | The number of individuals who obtained an Associate's degree.   |
| SRV 2m   | Summer Youth Recreational Activities  | FNPI 2j   | The number of individuals who obtained a Bachelor's degree.   |
| SRV 2n   | Summer Education Programs   | <b>Other Education and Cognitive Development Outcome Indicator (FNPI 2)</b> |   |
| SRV 2o   | Behavior Improvement Programs (attitude, self-esteem, Dress-for-Success, etc.)      | FNPI 2z.1   | Other   |
| SRV 2p   | Mentoring   | FNPI 2z.2   | Other   |
| SRV 2q   | Leadership Training   | FNPI 2z.3   | Other   |
| <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 2v   | 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 (SRV 2cc)</b>   |   |   |   |
| SRV 2cc  | Home Visits   |   |   |

| Education - Strategies and Community National Performance Indicators |  |   |   |
|--|--|---|---|
| Education and Cognitive Development Strategies (STR 2)               |  | Counts of Change for Education and Cognitive Development Indicators (CNPI 2)                                      |   |
| STR 2a   | Preschool for All Campaign   | CNPI 2a   | Number of accessible and affordable early childhood or pre-school education assets or resource added to the identified community.   |
| STR 2b   | Charter School Development   | CNPI 2b   | Number of accredited or licensed affordable child care facilities added in the identified community.  |
| STR 2c   | After School Enrichment Activities Promotion                         | CNPI 2c   | Number of new Early Childhood Screenings offered to children (ages 0-5) of families with low-incomes in the identified community.   |
| STR 2d   | Pre K-College/Community College Support                              | CNPI 2d   | Number of accessible and affordable education assets or resources added for school age children in the identified community. (e.g., academic, enrichment activities, before/after school care, summer programs) |
| STR 2e   | Children’s Trust Fund Creation                                       | CNPI 2e   | Number of accessible and affordable post secondary education assets or resources added for newly graduating youth in the identified community. (e.g. college tuition, scholarships, vocational training, etc.)  |
| STR 2f   | Scholarship Creation   | CNPI 2f   | Number of accessible and affordable basic or secondary education assets or resources added for adults in the identified community. (e.g. literacy, ESL, ABE/GED, etc.)  |
| STR 2g   | Child Tax Credit (CTC) Promotion                                     | <b>Other Counts of Change for Education and Cognitive Development Indicators - Please specify below. (CNPI 2)</b> |   |
| STR 2h   | Adoption Child Care Quality Rating                                   | CNPI 2z1  | Other   |
| STR 2i   | Adult Education Establishment  | CNPI 2z.2   | Other   |
| STR 2j   | Education and Cognitive Development Policy Changes                   | CNPI 2z.3   | Other   |
| STR 2k   | Education and Cognitive Development Legislative Changes              | <b>Rates of Change for Education and Cognitive Development Indicators (CNPI 2)</b>                                |   |
| STR 2l   | Other Education and Cognitive Development Strategy: (please specify) | CNPI 2g   | Percent increase of children in the identified community who are kindergarten ready.  |
|  |  | CNPI 2h   | Percent increase of children in the identified community at (or above) the basic reading level.   |
|  |  | CNPI 2i   | Percent increase of children in the identified community at (or above) the basic math level.  |
|  |  | CNPI 2j   | Percent increase in high school (or high school equivalency) graduation rate in the identified community.   |
|  |  | CNPI 2k   | Percent increase of the rate of youth in the identified community who attend post-secondary education.  |
|  |  | CNPI 2l   | Percent increase of the rate of youth in the identified community who graduate from post-secondary education.   |
|  |  | CNPI 2m   | Percent increase of adults in the identified community who attend post-secondary education.   |
|  |  | CNPI 2n   | Percent increase of adults in the identified community who graduate from post-secondary education.  |
|  |  | CNPI 2o   | Percent increase in the adult literacy rate in the identified community.  |
|  |  | <b>Other Rates of Change for Education and Cognitive Development Indicators - Please specify below. (CNPI 2)</b>  |   |
|  |  | CNPI 2z.4   | Other   |
|  |  | CNPI 2z.5   | Other   |
|  |  | CNPI 2z.6   | Other   |

| Income and Asset Building - Services and Family/Individual National Performance Indicators |  |   |  |
|--|--|---|--|
| Income and Asset Building Services (SRV 3)   |  | Income and Asset Building (FNPI 3)                                |  |
| <b>Training and Counseling Services (SRV 3a-f)</b>   |  | FNPI 3a   | The number of individuals who achieved and maintained capacity to meet basic needs for 90 days.              |
| SRV 3a   | Financial Capability Skills Training   | FNPI 3b   | The number of individuals who achieved and maintained capacity to meet basic needs for 180 days.             |
| SRV 3b   | Financial Coaching/Counseling  | FNPI 3c   | The number of individuals who opened a savings account or IDA.   |
| SRV 3c   | Financial Management Programs (including budgeting, credit management, credit repair, credit counseling, etc.) | FNPI 3d   | The number of individuals who increased their savings.   |
| SRV 3d   | First-time Homebuyer Counseling  | FNPI 3e   | The number of individuals who used their savings to purchase an asset.                                       |
| SRV 3e   | Foreclosure Prevention Counseling  | FNPI 3e.1   | Of the above, the number of individuals who purchased a home.  |
| SRV 3f   | Small Business Start-Up and Development Counseling Sessions/Classes  | FNPI 3f   | The number of individuals who improved their credit scores.  |
| <b>Benefit Coordination and Advocacy (SRV 3g-l)</b>  |  | FNPI 3g   | The number of individuals who increased their net worth.   |
| SRV 3g   | Child Support Payments   | FNPI 3h   | The number of individuals engaged with the Community Action Agency who report improved financial well-being. |
| SRV 3h   | Health Insurance   | <b>Other Income and Asset Building Outcome Indicator (FNPI 3)</b> |  |
| SRV 3i   | Social Security/SSI Payments   | FNPI 3z.1   | Other  |
| SRV 3j   | Veteran's Benefits   | FNPI 3z.2   | Other  |
| SRV 3k   | TANF Benefits  | FNPI 3z.3   | Other  |
| SRV 3l   | SNAP Benefits  |   |  |
| <b>Asset Building (SRV 3m-r)</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   | VITA, EITC, or Other Tax Preparation programs  |   |  |
| SRV 3p   | Loans And Grants   |   |  |
| SRV 3q   | Micro-loans  |   |  |
| SRV 3r   | Business incubator/business development loans  |   |  |

| Infrastructure and Asset Building - Strategies and Community National Performance Indicators |  |   |  |
|--|--|---|--|
| Infrastructure and Asset Building Strategies (STR 3)   |  | Counts of Change for Infrastructure and Asset Building Indicators (CNPI 3)                                      |  |
| STR 3a   | Cultural Asset Creation  | CNPI 3a   | Number of new accessible assets/resources created in the identified community:   |
| STR 3b   | Police/Community Relations Campaign                                | CNPI 3a.1   | Commercial   |
| STR 3c   | Neighborhood Safety Watch Programs                                 | CNPI 3a.2   | Financial  |
| STR 3d   | Anti-Predatory Lending Campaign                                    | CNPI 3a.3   | Technological/ Communications (e.g. broadband)   |
| STR 3e   | Asset Building and Savings Promotion                               | CNPI 3a.4   | Transportation   |
| STR 3f   | Develop/Build/Rehab Spaces   | CNPI 3a.5   | Recreational (e.g. parks, gardens, libraries)  |
| STR 3g   | Maintain or Host Income Tax Preparation Sites                      | CNPI 3a.6   | Other Public Assets/Physical Improvements  |
| STR 3h   | Community-Wide Data Collection Systems Development                 | CNPI 3b   | Number of existing assets/resources made accessible to the identified community:   |
| STR 3i   | Local 211 or Resource/Referral System Development                  | CNPI 3b.1   | Commercial   |
| STR 3j   | Water/Sewer System Development                                     | CNPI 3b.2   | Financial  |
| STR 3k   | Community Financial Institution Creation                           | CNPI 3b.3   | Technological/ Communications (e.g. broadband)   |
| STR 3l   | Infrastructure Planning Coalition                                  | CNPI 3b.4   | Transportation   |
| STR 3m   | Park or Recreation Creation and Maintenance                        | CNPI 3c   | Recreational (e.g. parks, gardens, libraries)  |
| STR 3n   | Rehabilitation/Weatherization of Housing Stock                     | CNPI 3d   | Other Public Assets/Physical Improvements  |
| STR 3o   | Community Center/Community Facility Establishment                  | <b>Other Counts of Change for Infrastructure and Asset Building Indicators - Please specify below. (CNPI 3)</b> |  |
| STR 3p   | Asset Limit Barriers for Benefits Policy Changes                   | CNPI 3z.1   | Other  |
| STR 3q   | Infrastructure and Asset Building Policy Changes                   | CNPI 3z.2   | Other  |
| STR 3r   | Infrastructure and Asset Building Legislative Changes              | CNPI 3z.3   | Other  |
| STR 3s   | Other Infrastructure and Asset Building Strategy: (please specify) | <b>Rates of Change for Infrastructure and Asset Building Indicators (CNPI 3)</b>                                |  |
|  |  | CNPI 3e   | Percent decrease of abandoned or neglected buildings in the identified community.  |
|  |  | CNPI 3f   | Percent decrease in emergency response time measured in minutes in the identified community. (EMT, Police, Fire, etc.).                                      |
|  |  | CNPI 3g   | Percent decrease of predatory lenders and/or lending practices in the identified community.  |
|  |  | CNPI 3h   | Percent decrease of environmental threats to households (toxic soil, radon, lead, air quality, quality of drinking water, etc.) in the identified community. |
|  |  | CNPI 3i   | Percent increase of transportation services in the identified community.   |
|  |  | <b>Other Rates of Change for Infrastructure and Asset Building Indicators - Please specify below. (CNPI 3)</b>  |  |
|  |  | CNPI 3z.4   | Other  |
|  |  | CNPI 3z.5   | Other  |
|  |  | CNPI 3z.6   | Other  |

| Housing - Services and Family/Individual National Performance Indicators |   |   |       |
|--|---|---|-------|
| Housing Services (SRV 4a-e)  |   | Housing (FNPI 4)  |       |
| <b>Housing Payment Assistance</b>  |   | FNPI 4a The number of households experiencing homelessness who obtained safe temporary shelter.   |       |
| SRV 4a   | Financial Capability Skill Training   | FNPI 4b The number of households who obtained safe and affordable housing.  |       |
| SRV 4b   | Financial Coaching/Counseling   | FNPI 4c The number of households who maintained safe and affordable housing for 90 days.  |       |
| SRV 4c   | Rent Payments (includes Emergency Rent Payments)  | FNPI 4d The number of households who maintained safe and affordable housing for 180 days.   |       |
| SRV 4d   | Deposit Payments  | FNPI 4e The number of households who avoided eviction.  |       |
| SRV 4e   | Mortgage Payments (includes Emergency Mortgage Payments)  | FNPI 4f The number of households who avoided foreclosure.   |       |
| <b>Eviction Prevention Services (SRV 4f-h)</b>                           |   | FNPI 4g The number of households who experienced improved health and safety due to improvements within their home (e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire hazards or electrical issues, etc). |       |
| SRV 4f   | Eviction Counseling   | FNPI 4h The number of households with improved energy efficiency and/or energy burden reduction in their homes.   |       |
| SRV 4g   | Landlord/Tenant Mediations  | <b>Other Housing Outcome Indicator (FNPI 4)</b>   |       |
| SRV 4h   | Landlord/Tenant Rights Education  | FNPI 4z.1   | Other |
| <b>Utility Payment Assistance (SRV 4i-l)</b>                             |   | FNPI 4z.2   | Other |
| SRV 4i   | Utility Payments (LIHEAP-includes Emergency Utility Payments)   | FNPI 4z.3   | Other |
| 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 dioxide and/or fire hazards or electrical issues, etc.) |   |       |
| SRV 4t   | Energy Efficiency Improvements (e.g. insulation, air sealing, furnace repair, etc.)   |   |       |

| Housing - Strategies and Community National Performance Indicators |  |   |   |
|--|--|---|---|
| Housing Strategies (STR 4)   |  | Counts of Change for Housing Indicators (CNPI 4)                                      |   |
| STR 4a   | End Chronic Homelessness Campaign  | CNPI 4a   | Number of safe and affordable housing units developed in the identified community (e.g. built or set aside units for people with low incomes).  |
| STR 4b   | New Affordable Single Unit Housing Creation  | CNPI 4b   | Number of safe and affordable housing units maintained and/or improved through WAP or other rehabilitation efforts in the identified community. |
| STR 4c   | New Affordable Multi- Unit Housing Creation (Single Resident Occupancy (SRO), temporary housing, transitional housing) | CNPI 4c   | Number of shelter beds created in the identified community.   |
| STR 4d   | Tenants' Rights Campaign   | CNPI 4d   | Number of shelter beds maintained in the identified community.  |
| STR 4e   | New Shelters Creation (including day shelters and domestic violence shelters)  | <b>Other Counts of Change for Housing Indicators - Please specify below. (CNPI 4)</b> |   |
| STR 4f   | Housing or Land Trust Creation   | CNPI 4z.1   | Other   |
| STR 4g   | Building Codes Campaign  | CNPI 4z.2   | Other   |
| STR 4h   | Housing Policy Changes   | CNPI 4z.3   | Other   |
| STR 4i   | Housing Legislative Changes  | <b>Rates of Change for Housing Indicators (CNPI 4)</b>                                |   |
| STR 4j   | Other Housing Strategy: (please specify)   | CNPI 4e   | Percent decrease in the rate of homelessness in the identified community.   |
|  |  | CNPI 4f   | Percent decrease in the foreclosure rate in the identified community.   |
|  |  | CNPI 4g   | Percent increase in the rate of home ownership of people with low incomes in the identified community.  |
|  |  | CNPI 4h   | Percent increase of affordable housing in the identified community.   |
|  |  | CNPI 4i   | Percent increase of shelter beds in the identified community.   |
|  |  | <b>Other Rates of Change for Housing Indicators- Please specify below. (CNPI 4)</b>   |   |
|  |  | CNPI 4z.4   | Other   |
|  |  | CNPI 4z.5   | Other   |
|  |  | CNPI 4z.6   | Other   |



| Healthy and Social/Behavioral - Strategies and Community National Performance Indicators |   |   |
|--|---|---|
| Health and Social/Behavioral Strategies (STR 5)  |   | Counts of Change for Health and Social/Behavioral Indicators (CNPI 5)   |
| STR 5a   | Health Specific Campaign  | CNPI 5a Number of accessible and affordable physical health assets or resources created in the identified community.                    |
| STR 5b   | Farmers Market or Community Garden Development                            | CNPI 5b Number of accessible and affordable behavioral and mental health assets or resources created in the identified community.       |
| STR 5c   | Grocery Store Development   | CNPI 5c Number of public safety assets and resources created in the identified community.   |
| STR 5d   | Gun Safety/Control Campaign   | CNPI 5d Number of accessible and affordable healthy food resources created in the identified community.                                 |
| STR 5e   | Healthy Food Campaign   | CNPI 5e Number of activities designed to improve police and community relations within the identified community.                        |
| STR 5f   | Nutrition Education Collaborative   | <b>Other Counts of Change for Health and Social/Behavioral Indicators- Please specify below. (CNPI 5)</b>                               |
| STR 5g   | Food Bank Development   | CNPI 5z.1 Other   |
| STR 5h   | Domestic Violence Court Development                                       | CNPI 5z.2 Other   |
| STR 5i   | Drug Court Development  | CNPI 5z.3 Other   |
| STR 5j   | Alternative Energy Source Development                                     | <b>Rates of Change for Physical Health, Wellbeing, and Development Indicators (CNPI 5)</b>  |
| STR 5k   | Develop or Maintain a Health Clinic                                       | CNPI 5f Percent decrease in infant mortality rate in the identified community.  |
| STR 5l   | Health and Social/Behavioral Development Policy Changes                   | CNPI 5g Percent decrease in childhood obesity rate in the identified community.   |
| STR 5m   | Health and Social/Behavioral Development Legislative Changes              | CNPI 5h Percent decrease in adult obesity rate in the identified community.   |
| STR 5n   | Other Health and Social/Behavioral Development Strategy: (please specify) | CNPI 5i Percent increase in child immunization rate in the identified community.  |
|  |   | CNPI 5j Percent decrease in uninsured families in the identified community.   |
|  |   | <b>Rates of Change for Behavioral and Mental health, Emotional Wellbeing, and Development Indicators (CNPI 5)</b>                       |
|  |   | CNPI 5k Percent decrease in the teen pregnancy rate in the identified community.  |
|  |   | CNPI 5l Percent decrease in unplanned pregnancies in the identified community.  |
|  |   | CNPI 5m Percent decrease in substance abuse rate in the identified community.(e.g. cigarettes, prescription drugs, narcotics, alcohol). |
|  |   | CNPI 5n Percent decrease in domestic violence rate in the identified community.   |
|  |   | CNPI 5o Percent decrease in the child abuse rate in the identified community.   |
|  |   | CNPI 5p Percent decrease in the child neglect rate in the identified community.   |
|  |   | CNPI 5q Percent decrease in the elder abuse rate in the identified community.   |
|  |   | CNPI 5r Percent decrease in the elder neglect rate in the identified community.   |
|  |   | <b>Rates of Change for Public Safety Indicators (CNPI 5)</b>  |
|  |   | CNPI 5s Percent decrease in recidivism rate in the identified community.  |
|  |   | CNPI 5t Percent decrease in non-violent crime rate in the identified community.   |
|  |   | CNPI 5u Percent decrease in violent crime rate in the identified community.   |
|  |   | CNPI 5v Percent decrease in teens involved with the juvenile court system in the identified community.                                  |
|  |   | <b>Other Rates of Change for Health and Social/Behavioral Indicators - Please specify below. (CNPI 5)</b>                               |
|  |   | CNPI 5z.4 Other   |
|  |   | CNPI 5z.5 Other   |
|  |   | CNPI 5z.6 Other   |

| Civic Engagement and Community Involvement - Services and Family/Individual National Performance Indicators |                              |  |  |
|---|------------------------------|--|--|
| Civic Engagement and Community Involvement Services (SRV 6a-f)  |                              | Civic Engagement and Community Involvement Indicators (FNPI 6)                     |  |
| SRV 6a  | Voter Education and Access   | FNPI 6a  | The number of Community Action program participants who increased skills, knowledge, and abilities to enable them to work with <u>Community Action to improve conditions in the community.</u> |
| SRV 6b  | Leadership Training          | FNPI 6a.1  | Of the above, the number of Community Action program participants who improved their leadership skills.  |
| SRV 6c  | Tri-partite Board Membership | FNPI 6a.2  | Of the above, the number of Community Action program participants who improved their social networks.  |
| SRV 6d  | Citizenship Classes          | FNPI 6a.3  | Of the above, the number of Community Action program participants who gained other skills, knowledge and abilities to enhance their ability to engage.   |
| SRV 6e  | Getting Ahead Classes        | <b>Other Civic Engagement and Community Involvement Outcome Indicator (FNPI 6)</b> |  |
| SRV 6f  | Volunteer Training           | FNPI 6z.1  | Other  |
|   |                              | FNPI 6z.2  | Other  |
|   |                              | FNPI 6z.3  | Other  |

| Civic Engagement and Community Involvement - Strategies and Community National Performance Indicators |   |  |  |
|---|---|--|--|
| Civic Engagement and Community Involvement Strategies- Goal 2 (STR 6)                                 |   | Rates of Change for Civic Engagement and Community Involvement Indicators - Goal 2 (CNPI 6)              |  |
| STR 6 G2a   | Development of Health and Social Service Provider Partnerships                            | CNPI 6 G2a   | Percent increase of donated time to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community.  |
| STR 6 G2b   | Recruiting and Coordinating Community Volunteers  | CNPI 6 G2b   | Percent increase of donated resources to support the CSBG Eligible Entity's delivery of services and/or implementation of strategies to address conditions of poverty in the identified community.   |
| STR 6 G2c   | Poverty Simulations   | CNPI 6 G2c   | Percent increase of people participating in public hearings, policy forums, community planning, or other advisory boards related to the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community. |
| STR 6 G2d   | Attract Capital Investments   | <b>Other Rates of Change for Civic Engagement and Community Involvement Indicators - Goal 2 (CNPI 6)</b> |  |
| STR 6 G2e   | Build/Support Increased Equity  | CNPI 6 G2z.1   | Other  |
| STR 6 G2f   | Equity Awareness Campaign   | CNPI 6 G2z.2   | Other  |
| STR 6 G2g   | Coordinated Community-wide Needs Assessment   | CNPI 6 G2z.3   | Other  |
| STR 6 G2h   | Civic Engagement and Community Involvement in Advocacy Efforts                            | <b>Rates of Change for Civic Engagement and Community Involvement Indicators - Goal 3 (CNPI 6)</b>       |  |
| STR 6 G2i   | Civic Engagement Policy Changes   | CNPI 6 G3a   | Percent increase of people with low incomes who support the CSBG Eligible Entity's delivery of service and/or implementation of strategies to address conditions of poverty in the identified community.   |
| STR 6 G2j   | Civic Engagement Legislative Changes  | CNPI 6 G3b   | Percent increase of people with low incomes who acquire and maintain leadership roles with the CSBG Eligible Entity or other organizations within the identified community.  |
| STR 6 G2k   | Other Civic Engagement and Community Involvement Strategy: (please specify)               | <b>Other Rates of Change for Civic Engagement and Community Involvement Indicators</b>                   |  |
| <b>Civic Engagement and Community Involvement Strategies — Goal 3 (STR 6)</b>                         |   | CNPI 6 G3z.1   | Other  |
| STR 6 G3a   | Empowerment of Individuals/Families with Low-Incomes                                      | CNPI 6 G3z.2   | Other  |
| STR 6 G3b   | Campaign to Ensure Individuals with Low-Incomes are Represented on Local Governing Bodies | CNPI 6 G3z.3   | Other  |
| STR 6 G3c   | Social Capital Building Campaign for Individuals/Families with Low-Incomes                |  |  |
| STR 6 G3d   | Campaign for Volunteer Placement and Coordination   |  |  |
| STR 6 G3e   | Civic Engagement Policy Changes   |  |  |
| STR 6 G3f   | Civic Engagement Legislative Changes  |  |  |
| STR 6 G3g   | Other Civic Engagement and Community Involvement Strategy: (please specify)               |  |  |

| Services Supporting Multiple Domains & Family/Individual National Performance Indicators  |   |   |  |
|---|---|---|--|
| Services Supporting Multiple Domains (SRV 7)  |   | Outcomes Across Multiple Domains (FNPI 7) |  |
| <b>Case Management (SRV 7a)</b>   |   | FNPI 7a                                   | The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains. |
| SRV 7a  | Case Management   | <b>Other Outcome Indicator (FNPI 7)</b>   |  |
| <b>Eligibility Determinations (SRV 7b)</b>  |   | FNPI 7b                                   | Other  |
| SRV 7b  | Eligibility Determinations  | FNPI 7c                                   | Other  |
| <b>Referrals (SRV 7c)</b>   |   | FNPI 7d                                   | Other  |
| SRV 7c  | Referrals   |   |  |
| <b>Transportation Services (e.g. bus passes, bus transport, support for auto purchase or repair; including emergency 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 7e  | 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 (relocation, food, clothing) (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   |   |  |

## Appendix 5

### Standard State Contract

The link to the Standard New York State contract for this funding award is: <http://www.dos.ny.gov/funding/RFA-14-CSBG-5/index.html>.

## Appendix 6

### The Hatch Act: Who is Covered?

The Hatch Act restricts the political activity of individuals principally employed by state or local executive agencies and who work in connection with programs **financed in whole or in part by federal loans or grants**. Usually, employment with a state or local agency constitutes the principal employment of the employee in question. However, when an employee holds two or more jobs, principal employment is generally deemed to be that job which accounts for the most work time and the most earned income.

The following list offers examples of the types of programs which frequently receive financial assistance from the federal government: public health, public welfare, housing, urban renewal and area redevelopment, employment security, labor and industry training, public works, conservation, agricultural, civil defense, transportation, anti-poverty, and law enforcement programs.

Hatch Act provisions also apply to employees of private, nonprofit organizations that plan, develop and coordinate federal Head Start or **Community Service Block Grant** programs.

State and local employees subject to the Hatch Act continue to be covered while on annual leave, sick leave, leave without pay, administrative leave or furlough.

## Appendix 7

### Links to Information Memoranda 37 and Information Memoranda 82

#### IM 37:

<http://www.acf.hhs.gov/programs/ocs/resource/im-no-37-definition-and-allowability-of-direct-and-administrative-cost>

The CSBG reauthorization requires that HHS provide a report to Congress that includes use of CSBG funds by grantees by expenditures on *direct* and *administrative* functions (42 U.S.C. § 9917(b)(2)(B)(1999). HHS Information Memorandum #37 was created to ensure consistency in assigning costs to these categories.

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#### IM 82:

<http://www.acf.hhs.gov/programs/ocs/resource/im-no-82-tripartite-boards>

This Information Memorandum addresses a number of policy questions that have arisen in recent years concerning the composition, role, and responsibilities of local community action agency tripartite boards. In addition, the Memorandum describes steps that may be taken by State CSBG lead agencies and State Community Action Associations to promote the continued viability and effectiveness of eligible entities through appropriately constituted and well-functioning tripartite boards.

## Appendix 8:

### **Guidelines for Selecting a Delegate Agency**

The purpose of this section is to establish the guidelines for those eligible entities, as defined by the Omnibus Budget Reconciliation Act of 1981, Subtitle B Community Services Block Grant (CSBG) Program, as amended (P.L. 97-35), that are delegating all or portions of the CSBG funds and program responsibilities to private not-for-profit organizations.

In accordance with the CSBG contract, the eligible entity may contract with other organizations to conduct all or portions of the CSBG program within the community, where such conduct by another organization would contribute to efficiency or effectiveness or otherwise further the mission, goals and outcomes of CSBG.

Any assignment or agreement entered into without the prior written consent of the Department shall be void and constitute an Event of Default.

Despite any delegate agency contracts entered into by the eligible entity for execution of activities or provision of services relating to the completion of the CSBG project, the eligible entity shall be solely responsible for carrying out the project. The eligible entity shall specify in any contract that the delegate agency shall be bound by the CSBG contract and other requirements applicable to the eligible entity in the conduct of the project, and shall make a copy of the CSBG contract and any approved amendments to the contract available to the delegate agency.

No agreement with a delegate agency involving the use of the CSBG funds shall be approved by the Department, nor will any payment be made relating to such agreements, where officers or employees of the delegate agency are involved in a situation which would result in a conflict of interest set forth in the CSBG contract with each eligible entity.

The eligible entity has the responsibility to choose the best qualified delegate agencies to conduct those projects and activities which it does not itself conduct.

There shall be written justification for the selection of each delegate agency. Such justification must be available at the office of the eligible entity and available for review by representatives of the Department.

An agency to be considered a delegate agency shall be incorporated for the purpose of providing services or other assistance to economically or socially disadvantaged persons within its designated community. Papers of incorporation and bylaws must be available for review by the representatives of the Department, including the CSBG program analysts and DOS fiscal representatives.

If the delegate agency is a charitable organization required to be registered with the Division of Charities Registration pursuant to New York State Executive Law, Article 7-A, as amended, the eligible entity shall retain proof of such registration and shall make it available upon request by the Department.

The board of directors of the delegate agency shall be constituted so as to allow maximum feasible participation of low-income persons in policy making decisions regarding implementation of the CSBG funded activities. Over half the members of the board of directors of the delegate agency must reside in the community served by the delegate agency with CSBG funds.

Where the delegate agency services a broader area, the delegate agency may meet the requirement of participation of low-income persons by establishing an advisory committee for the program funded with CSBG. In this case, over half the members of the advisory committee must represent the customers to be served with CSBG funds. All members must reside in the community.

The organizational structure of a delegate agency shall clearly delineate its program responsibilities. All services and activities conducted with CSBG funds must be in accordance with: P.L. 97-35, section 675(c), as amended; the CSBG Management Plan; the CSBG national goals and outcome measures; the community action plan; and, the local needs assessment. All services and activities must result in positive outcomes for low-income people and must be directed to assisting low-income persons to become more self-sufficient.