



## Application Guidance and Instructions

# Community Services Block Grant FY - 2016

West Virginia Department of Commerce  
Office of Economic Opportunity  
700 Washington Street East, 4<sup>th</sup> Floor  
Charleston, WV 25301

KEY DATES:	
Date of Release:	October 8, 2015
Application Due Date:	November 9, 2015 by 4:00 pm
Technical Assistance Conference Call:	October 9, 2015 at 10:00 am
Grant Period to be Covered:	January 1, 2016 – December 31, 2016
Total <b>Estimated</b> Federal Award:	<b>\$7,508,488</b>

*Funded By the U.S. Department of Health and Human Services – Administration for Children and Families*

## Community Service Block Grant – 2016 Application Checklist

Applicant Name:	
Date Mailed or Delivered:	
Reviewer Signature   Date:	
Reviewer Signature   Date:	
Comments:	

**Please check off each of the following items submitted for the 2016 CSBG Funding Application:**

- Application Checklist
- Applicant Certification Form
- Agency Resolution
- Board of Directors Contractual Certifications
- Certification of Needs Assessment
- Community Action Plan
- Programmatic Assurances and Information Narratives
- ROMA Logic Models from DBA FACS Pro
- CSBG Budget
- Budget Addendums and Program Income Narrative (if applicable)
- Total Agency-Wide Budget
- Indirect Rate Plan and/or Cost Allocation Plan
- SAM Registration
- Proof of Insurance
  - General Liability
  - Directors & Officers
  - Contract/Subcontractor Liability *if applicable*
  - CSBG Vehicles Policies
  - Any additional insurance policies

## **LEGAL REQUIREMENTS**

Eligible applicants are Community Action Agencies that are designated by the Governor of West Virginia to administer the Community Services Block Grant. Such Eligible Entities must have a valid West Virginia Business License and registered as a vendor in the State of West Virginia. It is also required that the applicants have a System for Award Management (SAM) registration and have a Dun & Bradstreet number (DUNS). For more information visit:

<https://www.sam.gov>

The subrecipient is solely responsible for all work performed under the sub-award and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The Pass-through Entity (WV Office of Economic Opportunity) shall consider the designated subrecipient applicant to be the sole point of contact with regard to all sub-award matters. The subrecipient may, with the prior written consent of the Pass-through Entity, enter into written sub awards for performance of work; however, the subrecipient shall be responsible for payment of all sub awards and monitoring of such work.

# Community Service Block Grant – 2016 Application Instructions

Application should be sent in a large envelope allowing pages to remain flat (no binder necessary), and mailed to:

**WV Office of Economic Opportunity  
Attention: Shelly Woda  
700 Washington St. East 4<sup>th</sup> Floor  
Charleston, WV 25301**

## **I. Applicant Certification Form**

This form is to be completed and signed by both the executive director and board chairperson.

## **II. Agency Resolution**

The certified motion or resolution authorizing the applicant to submit an application for funding under the Community Services Block Grant Program and then to enter into an agreement with the WV Office of Economic Opportunity. Agency Resolution must be printed on the applicant's letterhead, and signed by the current board chairperson and the executive director. In the event that the amount of the grant award increases, the board of directors should make a certified motion or resolution authorizing the amended grant award. If your agency's board will not be meeting prior to the deadline for this application, please insert a letter stating such information and include the date that it is anticipated that the Resolution will be submitted.

## **III. Board of Directors Contractual Certifications**

Fill in the name of the chairperson of the board of directors. Each section (A-F) must be initialed by the chairperson of the board of directors. Insert the agency name and dates in each certification as indicated.

Section B – This section has changed since last year. The applicant should indicate if there are plans to sub award CSBG funds or not, and if so, to list the names and amounts of each planned sub award.

Section D – Agency-wide Audit: Insert the name of the audit firm completing the A-133 Audit, the month that it was submitted to the board for approval, the year of the most recent audit, and the date of the meeting it was submitted to the board of directors for acceptance as indicated in official agency board minutes.

The form is to be signed by the chairperson of the board of directors and dated.

## **IV. Certification of Community Assessment**

The Certification of Community Assessment form certifies that the Applicant has completed an agency-wide community needs assessment within the last three years. Please complete all elements of the form. The 6 needs listed at the bottom of the form, should be the top 6 needs of your service area prioritized with (1) being the greatest need.

## V. Community Action Plan

**Purpose:** The CSBG Community Action Plan is a mandate of the CSBG Act and is to be available for review by the Secretary of the DHHS Office of Community Services upon request. Section 676 of the CSBG Act, requires eligible entities to provide specific program information including:

- A. A description of the service delivery system, for services provided or coordinated with funds provided to Eligible Entities, targeted to low-income individuals and families in communities within the State.
- B. A description of how linkages will be developed to fill identified gaps in services, through the provision of information, referrals, case management, and follow-up consultations;
- C. A description of how funds made available to Eligible Entities will be coordinated with other public and private resources; and
- D. A description of how the local entity will use the funds to support innovative community and neighborhood-based initiatives related to the purposes of CSBG funding, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging effective parenting.

**Procedure:** To satisfy this requirement, the Pass-through Entity requires detailed information on each of the applicant's programs that meet the service delivery goals of the applicant and the Community Services Block Grant assurances. Please complete the following outline for each program. The applicant may use the MS Excel workbook format as provided in previous years or the following outline format in MS Word.

### 1. Agency Program Name:

- A. Primary Funding: *List the primary source of funds dedicated to this program and the amount.*
- B. CSBG funding: *List the amount of 2016 CSBG funds allocated to this program. If 2015 carryover is being allocated to this program, please separate the two amounts and label appropriately.*
- C. Additional funding: *List any additional funding sources dedicated to the program and the amount allocated for each source.*
- D. Projected # of Participants: *List the number of participants expected to enroll in the program*
- E. CSBG Service Category: *Employment | Education | Income Mgt. | Health | Housing  
| Linkages | Emergency Services | Nutrition | Self-Sufficiency | Other*
- F. Demographic Category: *Youth | Senior | N/A*
- G. Counties Served: *Please list each county served by this program.*
- H. Eligibility Requirements: *List the eligibility requirements for participants to receive services? (Example: Household income required to be less than 125% of poverty, household cannot receive greater than \$100 in emergency assistance per year, etc.)*
- I. Does this program address a need identified in the applicant's most recent Community Assessment? *Please indicate why the applicant is providing this program to the community. If the need was not identified in the recent Community Assessment, an explanation is required.*
- J. What are the goals of this program? If this is a recurring program, explain how the goals of the previous program year were or were not met.
- K. If the goals were not met, what are the applicant's plans to ensure that goals are met for 2016?
- L. List any organization the applicant is partnering with to provide these services and include the primary focus of the partnership and indicate if a formal agreement exists.

## **VI. CSBG Programmatic Assurances and Information Narrative**

As a result of OCS's new Model State Plan, pass-through entities are required to describe how they will assure that each of the programmatic assurances from section 676(b) of the CSBG Act will be met. Given the diverse methods of service delivery among eligible entities, the Pass-through Entity requires each applicant to address each assurance individually in order to provide specific and detailed responses to OCS.

Complete and submit a narrative for each assurance in application document No. 7) 2016 Programmatic Assurances and Information Narrative. All acronyms must be spelled out at least the first time for reference. Be sure to address each element of the assurances in outline format and if the applicant does not address a specific activity directly, indicate the reason why and describe at least one community partner that is addressing that element in your service area.

## **VII. ROMA Logic Models**

Complete and submit a logic model for each applicant program reporting outcomes on the annual CSBG/IS report. The logic models are to be submitted using the electronic logic model tool in Application Pro of DBA FACS Pro™. Each Applicant has the ability to create a new application by copying a past application. This method will create an exact copy of the Logic Models. The feature was added to cut down on the amount of time it takes to create each logic model. Once copied, each logic model should be modified to reflect the goals and plans of the programs for the 2016 program year. Some logic models may need to be deleted if a program has ended and some may need to be added.

In addition to submitting the Logic Models electronically, please print a copy of each Logic Model to include with your CSBG Application documents.

## **VIII. CSBG Budget**

The Pass-through Entity requires that a detailed line item budget be prepared and approved for all grants and related agreements with the Pass-through Entity. The budget is the responsibility of the Applicant and shall be prepared in accordance with the procedures prescribed in these instructions as well as all applicable Federal and State financial standards.

*Note: The FY2016 CSBG Grant must adhere to the new 2 CFR Part 200 "Uniform Guidance". It is your responsibility to be fully aware of and receive training on the new guidance.*

### **General Instructions**

The Applicant must provide relevant information for each line item and enter the total cost for the corresponding row onto the worksheet.

The "CSBG Direct Program Cost" column should represent only the CSBG grant funded portion (amount) of the applicable line item that can be direct charged to CSBG. Federal cost principles define direct costs as those that can be identified specifically with a particular final cost objective, i.e., a particular award, project, service, or other direct activity of the organization.

The "CSBG Admin" column should represent a total of the indirect portion (amount) of the applicable line item that cannot be direct charged to CSBG.

For each line item, the "CSBG Direct Program Costs" and "CSBG Admin" should add up to the "Total CSBG Cost" budgeted for the particular line item for the program year.

Except for formulas or hourly wages, all amounts should be rounded to the nearest dollar. The worksheets will automatically calculate the totals for each cost category, which should be verified by the applicant.

Insert additional rows as needed, if there is not enough space provided on the worksheets. Make sure that the Total Calculations include the added rows.

**A. Personnel:** Personnel costs are defined as salaries and wages paid to an employee of the Applicant and directly charged in whole or in part to the CSBG grant.

**Position:** For each employee's salary that is fully or partially charged to the grant, list the employee's name and/or job title.

**Salary/Rate:** For each position listed in the personnel category, provide either the employee's full annual salary or hourly wage. This column shows either the full annual salary, (example: \$26,000) of the employee, or the hourly wage (example: \$12.50/hr.), of the employee. If an hourly rate is used the Salary/Rate column (example: \$12.50/hr.), then enter the number of hours spent on the grant in the percent of time on grant column (example: 1040).

**CSBG Direct Program Costs:** For each position, list the amount that can be directly charged or cost allocated to a specific project or grant, list the amount of CSBG dollars that will cover the Direct Program Costs of the position. If an employee's salary is supplemented by CSBG dollars to cover the time worked on another program such as Weatherization or Head Start, those CSBG dollars can be counted as CSBG Direct Program Costs in accordance to the Federal cost principles definition of direct costs.

**CSBG Admin:** For each position, or portion of a position that cannot be directly charged or cost allocated to a specific project and where the agency does not have a Federally approved Indirect Cost Rate, list the amount of the salary that will be charged to CSBG Admin.

**CSBG Total Costs:** *Automatic calculation. No entry necessary*

**B. Fringe Benefits:** Fringe Benefits are defined as expenses directly associated with employment and applicable to salaries and wages. Fringe benefits are to be specifically applicable to the employees listed in the personnel budget category and budgeted only for the percentage of time devoted to the program.

**Component:** List each component of fringe benefits budgeted to the grant award. Allowable fringe benefits include contributions to pension plans, health insurance, FICA, unemployment insurance, and worker's compensation.

**Rate:** Show the percentage rate for each fringe benefit, when applicable.

**Base:** Provide the base salary amount to which fringe benefits rates are applied. (This amount may be less than the budgeted personnel costs when part time employees are included as part of that category.)

**CSBG Direct Program Cost:** Provide the amount that will be directly charged or cost allocated to a specific project or grant, and list the amount of CSBG dollars that will cover the Direct Program Cost of the line item.

**CSBG Admin:** Provide the amount that cannot be directly charged or cost allocated to a specific project or grant and where the applicant does not have a federally approved Indirect Cost Rate; list the amount of the line item that will be charged to CSBG Admin.

**CSBG Total Costs:** *Automatic calculation. No entry necessary*

- C. Equipment:** *Equipment* means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An item that does not meet the capitalization level or that is “expensed” by the applicant shall be budgeted in either the “Supplies” or “Other” categories as appropriate.

**Item:** List each item of equipment to be purchased or leased with grant funds.

**Item Cost or Leave Amount:** Provide the full cost of each item of equipment that is to be purchased or the annual amount to be paid for a lease agreement.

**CSBG Direct Program Cost:** List the amount of CSBG dollars that will cover the Direct Program Cost of the line item.

**CSBG Admin:** For each line item, provide the amount that cannot be directly charged or cost allocated to a specific project or grant.

**CSBG Total Costs:** *Automatic calculation. No entry necessary*

- D. Supplies:** Supplies include any materials costing below the lesser of the Applicant’s capitalization level or \$5,000 per unit and that are expended or consumed during the course of the program.

**Category:** List each general classification of material and supplies (e.g., office supplies, postage, training materials) to be purchased with grant funds.

**CSBG Direct Program Cost:** List the amount of CSBG dollars that will cover the Direct Program Cost of the line item.

**CSBG Admin:** For each line item, provide the amount that cannot be directly charged or cost allocated to a specific project or grant.

**CSBG Total Costs:** *Automatic calculation. No entry necessary*

- E. Contractual:** Contractual costs include expenditures incurred for obtaining the services of contractors. *Contractor* means an entity that receives a contract or legal instrument by which the Applicant purchases property or services needed to carry out the project or program under a Federal award. Maintenance agreements necessary to maintain equipment or facilities should be listed here.

**Name:** Provide the name of the contractor or contract/subrecipient organization. Treat each contract or sub award as a separate item.

**Service:** State the service(s) to be provided.

**Rate:** Provide the basis for the contractual costs (i.e. the total hours and hourly rate or the estimated price for the project or service.)

**CSBG Direct Program Cost:** List the amount of CSBG dollars that will cover the Direct Program Cost of the line item.

**CSBG Admin:** For each line item, provide the amount that cannot be directly charged or cost allocated to a specific project or grant.

**CSBG Total Costs:** *Automatic calculation. No entry necessary*

- F. Travel:** Travel costs include expenses incurred by a CSBG funded position and includes transportation, lodging, per diem, and related items incurred by employees who are in travel status on official business of the applicant. Applicants proposing large travel budgets may be asked to justify the expenditures. The Pass-through Entity will inform the budgeting agency if this is required after the submission of the funding application.

**Travel:** One line item is all that's required for travel; however, the applicant may separate in-state and out-of-state, or training specific travel, please do so.

**CSBG Direct Program Cost:** List the amount of CSBG dollars that will cover the Direct Program Cost of the line item.

**CSBG Admin:** For each line item, provide the amount that cannot be directly charged or cost allocated to a specific project or grant.

**CSBG Total Costs:** *Automatic calculation. No entry necessary*

Note: Consultant and contractor travel costs should be included in the "Contractual Costs" section.

- G. Other:** Other costs include items that are directly charged, yet not included in one of the above cost categories, including space costs and utilities.

**Item:** List "other" items (e.g., telephone, rent, utilities, or insurance and bonding) by major type.

**Description:** Provide a rate/basis for the computation of each expense. Such costs may be budgeted on an actual cost basis.

**CSBG Direct Program Cost:** List the amount of CSBG dollars that will cover the Direct Program Cost of the line item.

**CSBG Admin:** For each line item, provide the amount that cannot be directly charged or cost allocated to a specific project or grant.

**CSBG Total Costs:** *Automatic calculation. No entry necessary*

- H. Program Costs:** Program Costs include costs associated with direct services, goods or benefits to eligible persons.

**Item:** List “program costs” items (e.g., bus passes, rent payment, utilities, tuition, education classes, health care, and other direct client services)

**Description:** Provide a description of each program cost. Such costs may be budgeted on an estimated basis depending on the number of units expected to be offered.

**CSBG Direct Program Cost:** List the amount of CSBG dollars that will cover the Direct Program Cost of the line item.

**CSBG Total Costs:** *Automatic calculation. No entry necessary*

- I. Indirect (F&A) Costs:** Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. For payment of indirect costs by the Pass-through Entity, the Applicant must have an approved Indirect Cost Negotiation Agreement.

**Base:** Identify the distribution base and the base amount for calculating the indirect cost rate.

**Cognizant Agency:** Identify the agency which approved your Indirect Cost Rate.

**Rate:** List the approved indirect cost rate.

**Amount:** Provide the dollar amount of indirect costs charged to the award. (For Applicants that charge less than their applicable rate, this should represent the actual amount charged.)

- J. Program Income:** Federal administrative requirements define program income as gross income earned by the applicant that is directly generated by a supported activity or earned as a result of the grant award. Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, license fees and royalties on patents and copyrights, and interest on loans made with award funds. (Program income does not include the interest that is earned on grant funds prior to their disbursement by the applicant. Those funds should be administered in accordance with applicable cash management requirements)

If the Applicant anticipates earning any program income resulting from CSBG grant funded activities, the Applicant must notify the Pass-through Entity of such income and include the estimated/projected amounts in the appropriate section of the budget worksheets.

**Narrative:** Provide all relevant details related to the source and applicability of program income. Include Program Income Narrative as an attachment.

### **Budget Summary**

Once the detailed line item budget has been completed:

- 1) Verify that the totals for each budget line item (A-I) are equal to the corresponding amounts contained in the Budget Summary form.
- 2) Verify the **Total CSBG Cost**. This should equal the anticipated FY2016 CSBG Grant Award.
- 3) Verify the Percent (%) Budgeted for Admin/Indirect.
- 4) If applicable, verify the projected program income.
- 5) The Executive Director shall sign and date the Budget Summary page.
- 6) Attach all addendums, required justifications and narratives for submission to the Pass-through Entity.

### **IX. Total Agency-wide Budget**

Each applicant is required to submit their agency-wide budget. Forms are not provided. If the applicant does not have an agency-wide budget, please submit a letter of explanation for this section and have it signed by the Chairperson of the Board of Directors and the Executive Director.

### **X. Cost Allocation Plan and Indirect Rate Plan (if applicable)**

If an applicant chooses to use an indirect rate, the Indirect Cost Rate approved by the applicant's cognizant agency and must be submitted.

If an applicant does not have an approved Indirect Cost Rate approved by a cognizant agency, a cost allocation plan for agency-wide budgeting must be submitted.

### **X. Verification of SAM Registration**

Each applicant must be registered with SAM in order to receive federal funding under the Community Services Block Grant. As of May 2012, the Central Contractor Registry (CCR) along with several other procurement systems were incorporated into a single website called the System for Award Management (SAM). The SAM site is located at <https://www.sam.gov/sam/>. Documentation of the applicant's current SAM Registration should be submitted with the application.

### **XI. Proof of Insurance**

Each applicant is required to submit the certificates of insurance for the following insurances: The entire policies are not needed.

- General Liability
- Directors & Officers
- Contract/Subcontractor Liability *if applicable*
- CSBG Vehicles Policies
- Any additional insurance policies

**XII. Application Checklist**

Each application must complete the Application Checklist and include as the cover page for the application. Spaces are provided for two reviewers to sign and date verifying that that application was reviewed for accuracy and completeness.