

# FORM 1

## COVER SHEET

Complete each section of the COVER SHEET by printing or typing the required information in the blanks provided. Take care to assure the original COVER SHEET and an original corporate resolution or other valid instrument that certifies the authority of the signatory to negotiate and contractually bind the proposing agency, with original signatures of proposing organization's duly authorized representative(s), are part of the submitted proposal."

### 1. Proposing Organization

a) Name: \_\_\_\_\_

b) Site Address: \_\_\_\_\_

c) Mailing Address (if different): \_\_\_\_\_

d) Contact Person and Title: \_\_\_\_\_

e) Contact Phone Number: \_\_\_\_\_

f) Contact E-mail Address: \_\_\_\_\_

### g) Agency Status (check one only):

Community-Based Organization     Private Non-Profit     Public

### 2. Service Category (check one only):

Safety-Net     Family Self-Sufficiency     Youth and Senior Supports     YSS Special Project

3. Target Group(s): \_\_\_\_\_

4. Target Area(s): \_\_\_\_\_

5. Total CSBG Funds Requested: \_\_\_\_\_

6. Projected number of unduplicated households to be enrolled: \_\_\_\_\_

**NOTE:** This entry should be an absolute number (XX) and not a range of numbers (XX – XX).

7. Program cost per participant, based on CSBG funds requested in this proposal: \_\_\_\_\_

**COVER SHEET (cont.)**

8. Assurance and Certification

I, (We), the undersigned, as the duly authorized representative(s) of the proposing agency, affirm that the information and statements contained within this proposal, to the best of my (our) knowledge, are truthful and accurate, and further, I (we) am (are) duly authorized to submit this proposal from the respondent agency to deliver services. A corporate resolution or other valid instrument is attached as "Exhibit 1" that certifies the authority expressed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# FORM 2

## COMMUNITY SERVICES BLOCK GRANT BUDGET AND COST ALLOCATION PLAN

Agency Name \_\_\_\_\_ Agreement #: \_\_\_\_\_  
Street Address \_\_\_\_\_  Original or  Mod # \_\_\_\_\_  
 Safety-Net  
 Family Self-Sufficiency  
City \_\_\_\_\_, CA Activity:  Youth and Senior Support  
Program \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Fiscal \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**BUDGET PERIOD:** From 1/1/2022 through 12/31/2022

BUDGET SUMMARY - COST REIMBURSEMENT	
TYPE OF COST	TOTAL CSBG FUNDED AMOUNT
A. Personnel Costs	
B. Equipment Costs	
C. Other Costs	
D. Direct Participant Costs	
<b>Total Cost</b>	

## **COST ALLOCATION PLAN**

ACTUAL METHODS (Do not give dollar amounts), which will be used to charge/allocate a FAIR SHARE of ACTUAL costs to this budget ("Budget" column) and to cost categories (administration and program) within the budget ("Cost Category").

Cost Item	Please use abbreviations below	
	Budget	Cost Category
A. Personnel Costs		
B. Equipment Costs		
C. Other Costs		
D. Direct Participant Costs		

**ABBREVIATIONS:** (Some commonly used methods. If a method you use is not listed, add it to the list)

DC = Direct Charge: Not a shared cost. ACTUAL costs charged to a budget or cost category will be directly identified with the budget or cost category.

ST = Staff time: Shared Cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL staff time spent on the budget or cost category.

SF = Square Footage: Shared Cost. ACTUAL costs will be allocated to a budget of cost category based upon the % of ACTUAL space used for the budget or cost category.

SF/ST = Square Footage Combined with Time of Staff Using Space: Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL space and the % of total ACTUAL staff time within the space used for the budget or cost category.

#S = Number Served: Shared cost. ACTUAL costs will be allocated to a budget based upon the % of total ACTUAL participants served by the budget.

U = Usage: Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon the % of total ACTUAL usage for the budget or cost category. The backup documentation for ACTUAL usage will be: \_\_\_\_\_.

<b>A. <u>PERSONNEL COSTS</u></b>		<i>Salary x Months x CSBG % = Funded Amt.</i>			
<b>Job Title</b>	<b>Dates</b>	<b>Full Monthly Salary</b>	<b># of Months</b>	<b>CSBG %</b>	<b>Total CSBG Funded Amount</b>
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
	From: _____ To: _____				
<b>Total Salaries</b>					
<b>Total Fringe Benefits:</b> (Employer Contribution Only) _____% of Salaries (Average)					
<b>Total Personnel Costs:</b> (Salaries plus Fringe Benefits)					

<b>B. <u>EQUIPMENT COSTS</u></b>				
<b>L = Lease R = Rent D = Depreciation</b>	<b>Description of Item</b>	<b>Full Cost Information</b>	<b>CSBG %</b>	<b>Total CSBG Funded Amount</b>
<b>Total Equipment Costs</b>				

C. <u>OTHER COSTS</u>	Costs For This Program		
<b>1. Direct Costs</b>	<b>Full Cost Information</b>	<b>CSBG %</b>	<b>Total CSBG Funded Amount</b>
Site Address:			
<b>Non-Owned:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Lease			
<b>Owned:</b> <input type="checkbox"/> Depreciation			
Utilities			
Telephone			
Office Supplies			
Duplication/Printing			
Other:			
<b>Insurance:</b> Fidelity/Depositors' Forgery			
Property			
General Liability			
Vehicle Liability			
Other:			
<b>Other Costs:</b>			
Other:			
Other:			
<b>Travel:</b>			
Local Mileage:			
Other:			
<b>Total Direct Costs</b>			
<b>2. *Indirect Cost - Approved Rate:           % x Direct Costs of \$</b>			
<b>Total Other Costs ( Direct + Indirect)</b>			

\*Attach copy of approval letter from cognizant agency

<b>D. <u>DIRECT PARTICIPANT COSTS</u></b>			<i>Total x CSBG % = CSBG Funded Amt.</i>		
<b>Safety-Net or Support Services</b>	<b>Avg. Cost/ Unduplicated Household</b>	<b>Number of Unduplicated Households To Be Served</b>	<b>Total</b>	<b>CSBG %</b>	<b>Total CSBG Funded Amount</b>
Food Bank Distribution					
Food (market gift cards or vouchers)					
Food (brown bags or meals prepared on-site)					
Transportation      Bus Passes					
Gas Cards					
Utility Assistance and Reconnection					
Off-Site Shelter (motel, etc.)					
Eviction Avoidance					
First Month Rental Assistance					
Employment Supports					
Clothing					
Other (Describe)					
Other (Describe)					
Other (Describe)					
<b>Total Direct Participant Costs</b>					

# FORM 3

## 2022 Family Self-Sufficiency Program Projections

(For Family Self-Sufficiency Proposals, only. Please limit proposal to one category.)

### Programs Focusing on Employment:

Projected number of households to be enrolled (Please include any households projected to be carried over from the previous program year)	Projected number of households securing unsubsidized employment	Projected number of employed households maintaining employment for 90 days	Projected number of employed households maintaining employment for 180 days

### Programs Focusing on Housing:

Projected number of households to be enrolled (Please include any households projected to be carried over from the previous program year)	Projected number of households securing permanent housing	Projected number of employed households maintaining housing for 90 days	Projected number of employed households maintaining housing for 180 days

### Programs Focusing on People with Disabilities:

Projected number of individuals to be enrolled (Please include any households projected to be carried over from the previous program year)	Projected number of individuals who maintained an independent living situation	Projected number of individuals maintaining independent living for 90 days	Projected number of individuals maintaining independent living for 180 days



**Programs Focusing on People with Disabilities:**

Projected number of individuals to be enrolled (Please include any households projected to be carried over from the previous program year)	Projected number of individuals who demonstrated improved mental and behavioral health and well-being

**2022 Youth and Senior Support Program Projections**

(For Youth Services Proposals, only. Please limit to one category.)

Projected number of youth to be enrolled (Please include any households projected to be carried over from the previous program year in this number)	Projected number of youth engaging in program services for at least 60 days	Projected number of youth engaging in program services or without a recidivating event for at least 90 days	Projected number of youth achieving program goals or without a recidivating event for at least 180 days

Projected number of youth to be enrolled	Projected number of youth demonstrating improved emotional/behavioral health and well-being

Projected number of children to be enrolled (specify children aged 3-5 or 5-12)	Projected number of children demonstrating educational and cognitive improvements

## 2022 Youth and Senior Support Program Projections

<b>Projected number of senior households to be enrolled (Please include any households projected to be carried over from the previous program year in this number)</b>	<b>Projected number of enrolled households maintaining residence in their housing-of-choice</b>

(For Senior Services Proposals, only.)

# FORM 4-A

## FAMILY SELF-SUFFICIENCY and YOUTH AND SENIOR SUPPORT

### INTERNAL EVALUATION and STANDARDS

Activities Evaluated <i>x</i> <u>Name of Staff Responsible</u>	Frequency of Review <i>(quarterly, monthly, weekly)</i>	Evaluation Guide
1) Outreach/Recruitment:  <i>x</i> _____		Will ensure that all staff implement the outreach and recruitment plan and target the geographic areas of high need, described in the agency's proposal to provide services.
2) Determination of Eligibility:  <i>x</i> _____		Will ensure that Household Characteristics Intake Forms are complete and include required signatures and dates, and back-up documentation of income and eligibility.
3) Thorough Household Assessment:  <i>x</i> _____		Will ensure that assessments are thorough and go beyond presenting needs to include family structure, history, capacity to benefit from services/resources, past education/training, job skills, family functioning and employment status.
4) Delivery of Service:  <i>x</i> _____		Will ensure that household progress follows the timelines projected in the household's individual service plans and noted in their case file, and that action steps recorded for both the case manager and the client are being completed in a timely manner.
5) Information, Referral and Access to Community Resources:  <i>x</i> _____		Will ensure that households referred to another agency are provided with the times and hours the service may be requested and that the needed services are currently available to eligible households.
6) Case Manager Meetings and Case File Protocols:  <i>x</i> _____		Will ensure that all case activities are briefly but accurately recorded in the household's case file notes, and that case manager contacts with households are occurring at least monthly.
7) Fiscal/Program Reports:  <i>x</i> _____		Will ensure that required monthly programmatic and fiscal reports are accurately prepared and submitted in a timely manner.
8) Staff Development:  <i>x</i> _____		Will ensure that all staff performing CSBG services on behalf of SETA are periodically evaluated on their capacity to perform those services and are provided with adequate training or other staff-development resources to perform at an acceptable level.
9) General Program Performance:  <i>x</i> _____		Will ensure that overall CSBG program performance, including a comparison of projected service outcomes and actual service outcomes, will be reviewed by the agency.

## FORM 4-B

### SAFETY-NET INTERNAL EVALUATION and STANDARDS

Activities Evaluated <i>x Please Note Staff Responsible</i>	Frequency of Review <i>(quarterly, monthly, weekly)</i>	Evaluation Guide
1) Outreach/Recruitment:  <i>x</i> _____		Will ensure that all staff implement the outreach and recruitment plan and target the geographic areas of high need, described in the agency's proposal to provide services.
2) Determination of Eligibility:  <i>x</i> _____		Will ensure that Household Characteristics Intake Forms are complete and include required signatures and dates, and that each intake form has back-up documentation of income and eligibility.
3) Thorough Household Assessment:  <i>x</i> _____		Will ensure that assessments are thorough and go beyond presenting needs to include family structure, history, capacity to benefit from services/resources, past education/training, job skills, family functioning and employment status.
4) Delivery of Service:  <i>x</i> _____		Will ensure that services and resources are delivered in a timely manner, that CSBG customers are treated with compassion and dignity, and that the emergency services process is not overly burdensome for a community member to request and receive services.
5) Information, Referral and Access to Community Resources:  <i>x</i> _____		Will ensure that households referred to another agency are provided with the times and hours the service may be requested and that the needed services are currently available to eligible households.
6) Projected Services and Outcomes:  <i>x</i> _____		Will ensure that the quarterly delivery of emergency services within the community approximates the quarterly projections of service delivery provided to SETA.
7) Fiscal/Program Reports:  <i>x</i> _____		Will ensure that required monthly programmatic and fiscal reports are accurately prepared and submitted in a timely manner.
8) Staff Development:  <i>x</i> _____		Will ensure that all staff performing CSBG services on behalf of SETA are periodically evaluated on their capacity to perform those services and are provided with adequate training or other staff-development resources to perform at an acceptable level.
9) General Program Performance:  <i>x</i> _____		Will ensure that overall CSBG program performance by the agency receives a periodic review.

# FORM 5

## COLLABORATIVE PARTNERS

<b><u>Collaborative Partner</u></b> (Family Self-Sufficiency proposals should include the SWAJCC with which they will be collaborating.)	<b>Describe how services will be coordinated, shared, linked and/or financially leveraged with collaborative partners.</b>

# FORM 6

## REFERENCES

<b>References (Agencies/Organizations)</b>	<b>Contact Person and Phone Number</b>	<b>Grant Period, type of service(s) provided, funding source and amount of grant</b>