

APPLICATION CHECKLIST

Arkansas Community Services Block Grant – FFY 2021 Discretionary Funds Application

| Checklist Item | | Page No. | OCS Use |
|--|---|--------------------------|---------|
| This Checklist w/Page Numbers Identified | | N/A | |
| Section 1 | Application Cover Sheet – Completed & Signed (2 Signatures) | 1 | |
| | | | |
| Section 2 | Proposed project | | |
| | 2.1 Project Description | | |
| | 2.2 Relationship to CSBG Purposes | | |
| | 2.3 Key Personnel | | |
| | 2.4 Other Resources | | |
| | 2.5 Timeline | | |
| | | | |
| Section 3 | Entity Summary | | |
| | 3.1 Introduction | | |
| | 3.2 Entity Capacity | | |
| | 3.3 Logic Models (if applicable) | | |
| | 3.4 Evidence of consultation with Community Action Agencies (if applicable) | | |
| | | | |
| Section 4 | Budget | | |
| | 4.1a Budget Summary (PDF Format) | | |
| | 4.1b Worksheet for CSBG Expenses | | |
| | 4.2 Budget Narrative | | |
| | 4.3 Indirect Cost Rate Agreement and/or Cost Allocation Plan | | |
| | | | |
| Section 5 | Single Audit Certification and CSBG Assurances | | |
| | Single Audit Certification | | |
| | Assurances for CSBG Applications (2 Signatures) | | |
| | | | |
| Check | Does the applicant entity's name appear on all pages? | <input type="checkbox"/> | Yes |
| Check | Are application pages numbered consecutively? | <input type="checkbox"/> | Yes |
| Check | Are page number references provided on this checklist? | <input type="checkbox"/> | Yes |

Grant Application for Discretionary Awards Under the
Arkansas Community Services Block Grant (CSBG)
 Federal Fiscal Year 2021

SECTION 1 - COVER SHEET

1.1 Federal Identifying Information

Federal Awarding Agency: Department of Health and Human Services

Catalog of Federal Domestic Assistance (CFDA) Number: 93.569

CFDA Title: Community Services Block Grant

Check which grant initiative:

☐ Innovative Projects

☐ Educational Scholarships

☐ Network Media and Communications

☐ Case Management, Strategic Planning and Agency-Wide Community Needs Assessments Projects

☐ Training Category One – must be performed by a Nationally Certified ROMA Trainer

☐ Training Category Two – Annual Training Conference for the Community Action Agencies

☐ Training and Technical Assistance – to build agency capacity

1.2 Applicant Information

Entity's Legal Name:

Street Address:

City:

Website:

State: Arkansas

Zip:

+ 4:

DUNS Number:

EIN:

Administrative Office - Hours of
Operation -

Open:

Close:

| 1.3 Contact Person for Matters Involving this Application | | | |
|---|--|-----------|--|
| Name: | | Position: | |
| Business Phone: | | Email: | |

| 1.4 Certification | |
|--|--|
| <p>This application for Federal fiscal year 2021 discretionary funding from the Arkansas Community Services Block Grant has been authorized by the governing body of the organization named above.</p> <p>Attest:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p>Executive Director</p> <p>_____</p> <p>Date</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Board Chair</p> <p>_____</p> <p>Date</p> </div> </div> | |

| SECTION 2 - PROPOSED PROJECT | |
|------------------------------|--|
| 2.1 | <p>Provide a description of the proposed project. The project summary should include a description of how CSBG funds will be used to support the project.</p> <div style="height: 150px; border: 1px solid black;"></div> |
| 2.2 | <p>Define how the proposed project relates to the purposes of the CSBG authorizing legislation.</p> <div style="height: 150px; border: 1px solid black;"></div> |

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| 2.3 | Identify key personnel to be involved in the proposed project, including the project director. Identify the percent of time that each key position will devote to the project. |
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| 2.4 | Discuss other resources (volunteers, in-kind, agency personnel, partnerships, additional funding, etc.) that will support the project. |
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| 2.5 | Timeline for implementing the proposed project. |
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| SECTION 3 - ENTITY SUMMARY |
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| 3.1 Introduction | |
| 3.1a | Entity Mission Statement |
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| 3.1b | Entity Vision Statement (if applicable) |
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| 3.1c | Entity Overview |
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| 3.2 Entity Capacity | |
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| 3.2a | Describe entity attributes that contribute to its ability to successfully execute the project. The description should include the applicant's experience with providing similar services as described in the RFA. |
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| 3.2b | Describe applicant's experience with the Community Services Block Grant or similar federal grants. |
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| 3.2c | How will project performance be assessed, analyzed, reported, and adjusted through the term of the project by the applicant? |
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| 3.2d | Once grant funds are expended, how does the entity intend to continue the project and/or sustain gains made because of the project? |
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Item 3.3 - Logic Model Presentation
Proposed Project - FFY 2021 CSBG Discretionary Funds

3.3a Project Title: _____ Total Project Cost: _____ Total CSBG funds requested: _____

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| 3.3b Situation/Needs Statement | |
| 3.3c Activities/Interventions | |
| This approach is: <input type="checkbox"/> Evidence Based ¹ <input type="checkbox"/> Evidence Informed ² <input type="checkbox"/> Neither Evidence Based or Evidence Informed | |
| 3.3d Outcome(s) | |
| 3.3e Evaluation | |
| Measurement Tool(s) | |
| Data Sources/Collection Procedures | |
| Frequency of Data Collection | |
| 3.3f Desired and/or Intended Result Statement: | |

¹Evidence-Based Practice - Approaches to prevention or treatments that are validated by some form of documented scientific evidence. These could be findings established through scientific research, such as controlled clinical studies or other comparable and rigorous methods.

²Evidence-Informed Practice - Approaches that use the best available research and practice knowledge to guide program design and implementation within context. This informed practice allows for innovation and incorporates the lessons learned from the existing research literature.

[Copy and extend the form as necessary.]

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| 3.4 ****Non-Community Action Applicants**** |
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| 3.4a Insert evidence or describe the process through which the entity consulted with the Arkansas Community Action Agency who's assigned CSBG service area overlaps the area targeted by the proposed project. |
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| SECTION 4 – BUDGET |
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| 4.1 Budget Workbook |
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| Insert the completed, applicable worksheets contained within the FFY 2021 budget workbook. |
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| 4.2 Budget Narrative – CSBG Direct Expense |
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| 4.2a Provide a detailed description of the proposed use of CSBG funds |
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SECTION 5 – CERTIFICATIONS AND CSBG ASSURANCES

CSBG Sub-Recipient Single Audit Certification

Arkansas Department of Human Services DCO/OCS (DHS/OCS) and its subrecipients are subject to the requirements of the Office of Management and Budget Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. DHS/OCS is required to monitor subrecipients of Federal awards and determine whether they have met the audit requirements. Accordingly, and to update our records, please complete this Audit Certification.

1. ☐ Our Single Audit, for the fiscal year ended _____, has been completed. The schedule of findings and questioned costs relating to a Federal award(s) provided to our organization disclosed no audit findings and the summary schedule of prior audit findings, if included, indicates correction.

2. Our Single Audit for fiscal year ended _____, has been completed and

☐ The schedule of findings and questioned costs disclosed an audit finding(s) relating to a Federal award(s) provided to our organization, **and/or**

☐ The summary schedule of prior audit findings reported on the status of an audit finding(s) relating to a Federal award(s) provided to our institution and does not indicate correction.

Please reference below the specific audit finding(s) noted in the audit report or summary schedule of prior audit findings.

Finding reference number(s) _____

3. ☐ Our Single Audit for the fiscal year ended _____, has not been completed.

We expect the audit report to be available by _____ at which time we will submit a copy of the completed audit to the Arkansas Department of Human Services, Office of Payment Integrity and Audit/Audit Coordination Unit.

I certify that the above information is true and correct and all relevant material findings contained in audit report/statement have been disclosed.

Signature

Title

Organization

Date