

 Insert Agency Name

**FY 2025**

**Community Services Block Grant (CSBG)**

**Application and Community Action Plan**

**Annual Update**

****

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| --- |
| **JAMES K. POLK BUILDING****505 DEADERICK STREET****NASHVILLE, TENNESSEE 37243-1403****TELEPHONE: 615-313-4700 FAX: 615-741-4165****TTY: 1-800-270-1349****www.tn.gov/humanservices.html** |

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ATTACHMENTS

* *Attachment A—Board Member Roster*
* *Attachment B—Organizational Chart*
* *Attachment C—Strategic Plan*
* *Attachment D—Offices/Centers*
* *Attachment E—Community Action Plan*
* *Attachment F—CSBG Application*
* *Attachment G—Assessment Tool*
* *Attachment H—Agency Budget*

**Section 1: Application Information**

|  |  |
| --- | --- |
| **Legal Agency Name** |  Click to enter Legal Agency Name |
|  |
| **Type of Agency** | **Public** |  [ ]  | **CAA** |  [ ]  | **HRA** |  [ ]  |
| *Check All That Apply* | **Non-Profit** |  [ ]  | **Local Government** |  [ ]  | **LPA** |  [ ]  |
| **Counties Served:** |  Click to Insert Counties Served |
|  Click to Insert Counties Served |
| **Contact Information** |
| Mailing Address (Street or PO, City, Zip) |  Click to enter PO Box and/or Street Address |
|  Click to enter Street, City, Zip |
| Street Address (Street, City, Zip) |  Click to enter PO Box and/or Street Address |
|  Click to enter City and Zip |
| Phone Number(s) |  Click to enter Phone Number(s) | Fax |  Click to enter Fax Number |
| Agency Website |  Click to enter Agency Website |
|  |
| **Executive Director** |  Click to enter Executive Director |
| **Phone** |  Click to enter Phone Number | **Cell** |  Click to enter Cell |
| **Email** |  Click to enter Email Address | **Fax** |  Click to enter Fax |
|  |
| **Contract Signatory** |  Click to enter Contract Signatory |
| **Mailing Address** (Street or PO, City, Zip) |  Click here to enter PO and/or Street Address |
|  Click here to enter City and Zip |
| **Phone** |  Click here to enter Phone Number | **Cell** |  Click here to enter Cell |
| **Email** |  Click here to enter Email Address | **Fax** |  Click here to enter Fax |
|  |
| **Board Chairperson** |  Click here to Enter Board Chairperson |
| **Mailing Address** (Street or PO, City, Zip) |  Click here to enter Street Address |
|  Click here to enter City and Zip |
| **Phone** |  Click here to enter Phone Number | **Cell** |  Click here to enter Cell |
| **Email** |  Click here to enter Email Address | **Fax** |  Click here to enter Fax |
|  |
| **CSBG Program Lead** |  Click here to enter CSBG Program Lead |
| **Title** |  Click here to enter Title |
| **Mailing Address** (Street or PO, City, Zip) |  Click here to enter Street Address |
|  Click here to enter City and Zip |
| **Phone** |  Click here to enter Phone Number | **Cell** |  Click here to enter Cell |
| **Email** |  Click here to enter Email Address | **Fax** |  Click here to enter Fax |

**Agency Mission Statement**

1. Will there be a change to the mission statement during the program year?

 [ ]  Yes [ ]  No

2. If yes, please provide updated mission statement:

|  |
| --- |
| Click here to enter text. |

**Board Governance**

1. Submit ***Attachment A—Board Member Roster***, which demonstrates that the board is in compliance with the CSBG Act, Sec. 676B [Standard 5.1]
2. Are there significant changes planned in the board structure or bylaws for the program year?

[ ]  Yes [ ]  No

If yes, please explain the changes:

|  |
| --- |
|  Click here to enter text. |

1. Are there currently any board vacancies?

[ ]  Yes [ ]  No

If yes, please describe plans to fill the vacancies.

|  |
| --- |
|  Click here to enter text. |

**Organizational Changes**

1. Submit ***Attachment B—Agency Organizational Chart*** to provide an overview of how the agency is organized.
2. Have there been any organizational or systematic changes implemented in the past year or are there any planned to be implemented (i.e., mergers, shared agreements, etc.)

 [ ]  Yes [ ]  No

If yes, please explain the organizational or systematic changes that have occurred or are planned:

|  |
| --- |
| Click here to enter text. |

**Quality Improvement Plan (QIP) or Training Technical Assistance Plan**

Is the agency currently on a:

 Technical Assistance Plan (TAP) [ ]  Yes [ ]  No

 Quality Improvement Plan (QIP) [ ]  Yes [ ]  No

Identify any outstanding training or technical assistance needed to complete the terms of the TAP or QIP:

|  |
| --- |
| Click here to enter text. |

**Section 2: Assessment and Strategic Plan**

**Community Needs Assessment**

1. Completion Date of the Community Needs Assessment [Standard 3.1]: Click arrow to select a date.
2. Board Approval Date of the Community Needs Assessment: [Standard 3.5]: Click arrow to select a date.
3. Identify the top 5 priority needs, as determined by the agency’s Community Needs Assessment. Ensure that the needs identified are properly labeled as *family, agency*, or *community* level needs. [Standards 3.4]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Top Priority Needs** | **Type of Need (Family, Agency, Community)** | **Service Name** **Addressing Need** **(Your Agency, Community****Agency, or Gap)** |
| **1** | Click here to enter 1st Priority Need. | Click here to enter type of need. | Click here to enter Service Name. |
| **2** | Click here to enter 2nd Priority Need. | Click here to enter type of need. | Click here to enter Service Name. |
| **3** | Click here to enter 3rd Priority Need. | Click here to enter type of need. | Click here to enter Service Name. |
| **4** | Click here to enter 4th Priority Need. | Click here to enter type of need. | Click here to enter Service Name. |
| **5** | Click here to enter 5th Priority Need. | Click here to enter type of need. | Click here to enter Service Name. |

**Strategic Plan**

1. If a new or updated Strategic Plan was completed in the previous program year, please submit a copy in ***Attachment C—Strategic Plan****.*
2. Completion Date of the Strategic Plan [Standard 6.1]: Click or tap to enter a date.
3. Board Approval Date of the Strategic Plan [Standard 6.1]: Click or tap to enter a date.
4. Identify the period covered by the Strategic Plan: From: Click or tap to enter a date. To: Click or tap to enter a date.
5. Identify the key goals outlined in the strategic plan. Indicate whether the goals are family, agency, or community focused. [Standards 6.2 and 6.3]

|  |
| --- |
| Click here to enter text. |

**Section 3: Community Action Plan Updates**

**Service Delivery Area**

1. Complete ***Attachment D—Offices/Centers*** with location and contact information for all sites, including administration offices and outreach/service centers.
2. Have there been any changes in your service delivery area in the past year or are there any changes planned?

[ ]  Yes [ ]  No

If yes, please describe the changes:

|  |
| --- |
|  Click here to enter text. |

**Agency Services & Strategies**

Complete ***Attachment E—Community Action Plan*** to provide a detailed description of the agency’s services, including identification of relevant FNPIs, the needs being addressed by each service, and targeted outcome.

**Changes in Service Implementation**

1. Identify any new services the agency is considering implementing during the program year.

|  |
| --- |
| Click here to enter text. |

1. Identify any existing services the agency is considering eliminating during the program year.

|  |
| --- |
| Click here to enter text. |

**Marketing and Outreach Activities**

1. Has the agency incorporated any new marketing/outreach strategies in the past year or are there any additions planned?

 [ ]  Yes [ ]  No

1. If yes, please describe the new partnerships or collaborations:

|  |
| --- |
| Click here to enter text. |

**Linkages and Coordination of Services**

1. Has the agency developed any new partnerships or collaborations to link clients to services, or to coordinate or leverage CSBG funding?

[ ]  Yes [ ]  No

1. If yes, please describe the new partnerships or collaborations:

|  |
| --- |
| Click here to enter text. |

**Program and Service Trends**

1. Describe any significant trends in the delivery of agency programs and services, including what factors may be contributing to these trends.

|  |
| --- |
| Click here to enter text. |

**Eligibility Determination**

1. Has the agency’s CSBG application and/or assessment tool(s) been updated in the past year or is there a planned update?

[ ]  Yes [ ]  No

If yes, submit a copy of the new form(s): ***Attachment F—CSBG Application and Attachment G—Assessment Tool***.

1. Have there been any changes in the past year or are there planned changes to the process for accepting applications and determining eligibility? Including, but not limited to: alterations to methods for accepting applications, changes in the systems or databases used for tracking applications, adjustment to assessment procedures, or modifications to the timeframe for determining eligibility.

[ ]  Yes [ ]  No

If yes, please describe the changes to the process:

|  |
| --- |
| Click here to enter text. |

**Internal CSBG Training and Technical Assistance Plan**

Identify the agency plans for delivering internal training and technical assistance to staff providing CSBG services. Include all training topics planned by the agency (additional lines can be added if required).

|  |  |  |
| --- | --- | --- |
| **Training Topic** | **Target Date** | **Training Provider** |
| Employee Orientation\* | Click the arrow to select a date. | Click here to enter text. |
| ROMA\* | Click the arrow to select a date. | Click here to enter text. |
| Title VI Civil Rights\* | Click the arrow to select a date. | Click here to enter text. |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

 *\* Denotes required trainings*

**CSBG-Funded Training Plans**

Complete the Training Plan tab in ***Attachment H—Agency Budget*** to provide detailed information on capacity building trainings that will be provided or obtained using CSBG funds.

**ROMA Implementation**

Identify the Nationally Certified ROMA Trainer (NCRT) or Nationally Certified ROMA Implementer (NCRI) working with the agency to implement the requirements of ROMA.

|  |
| --- |
| Click here to enter text. |

**Section 4: Use of CSBG Funds**

1. Amount of FY25 Contract allocation: Click here to enter text.
2. Amount of FY25 Contract allocation planned for administration: Click here to enter text.
3. Agency’s approved indirect cost rate: Click here to enter text.
4. Amount of FY25 Contract Allocation planned for the following capacity building activities:
* Community Needs Assessment: Click here to enter text.
* Data Management and Reporting: Click here to enter text.
* Strategic Planning: Click here to enter text.
* Training and Technical Assistance: Click here to enter text.
* Other: Click here to enter text.

If expenditures planned in “Other” category, please identify the activities for which funds will be used:

|  |
| --- |
| Click here to enter text. |

1. Complete ***Attachment H--Agency Budget*** with details of how CSBG funds will be used per domain and line item, including salary schedules and training/travel plans. Guidance on allowable expenditures may be found in the *CSBG Annual Report Instruction Manual, Module 2: CSBG Eligible Entity Expenditures, Capacity, and Resources*, Ver. 2, December 6, 2018.

<https://nascsp.org/wp-content/uploads/2018/12/Module-2-Instruction-Manual_V2_12_7_18_F.pdf>

By signing below Grantees verify that each signing representative has reviewed, finds that the information provided is accurate to the best of their knowledge, and agrees with the plan update including attachments being provided to the Tennessee Department of Human Services for review and will accordingly and in a timely manner respond to any request and concerns presented by state reviewers.

Also, once approval of the Annual Update has been made Grantee recognizes the responsibility of reviewing the plan annually, updating as needed at that time, and recognizes there is a mechanism in place to amend the Community Action Plan as the need arises in order to ensure the best possible services being provided to the community service area.

**Signature: Date:**

Executive Director

Program Manager

Fiscal Director