



# FFY 2025 CSBG Work Plan Review

Attachment C



# Agenda

Review of the work plan

Review of common errors

Review of issues that can delay the contract approval

Helpful resources

Questions

## C-1A NEEDS ASSESSMENT

1. Enter the date of the most recent assessment. Add a note if you are currently completing a new assessment.

2. Describe the process used to conduct the assessment, including the involvement of the low-income persons, the community served, agency staff members and the board of directors.

### ATTACHMENT C COMMUNITY SERVICES BLOCK GRANT C-1a Needs Assessment

**Contractor** \_\_\_\_\_ **FFY** 2025

**Budget Period** 10/1/24 to 9/30/25 **Contract #** \_\_\_\_\_

The CSBG statute 42 U.S.C. 9901 et seq., Section 676, (b), (11) and Public Law 105-285 states that ". . . the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community services block grant made under this subtitle for a program, a community action plan (which shall be submitted to the Secretary, at the request of the Secretary, with the State plan) that includes a community-needs assessment for the community served, which may be coordinated with community-needs assessments conducted for other programs;"

#### **In compliance with the above, please provide the information below:**

Date of most recent needs  
1. assessment: \_\_\_\_\_

2. Describe the process used to conduct the assessment, including the involvement of low-income persons, the community served, agency staff members and the board of directors. If the community needs assessment process was conducted in collaboration with other community partners, fully identify those partners and their roles.

# C-1B DEMONSTRATED NEEDS

- List the county/counties being served
- Insert the greatest demonstrated need(s) listed in your community needs assessment
- Identify the program/service that will address the need

**ATTACHMENT C**  
COMMUNITY SERVICES BLOCK GRANT  
C-1b Programs and Services to Address the Demonstrated Community Needs

Contractor 0 \_\_\_\_\_ FFY 2025  
Contractor

Budget Period 10/1/24 to 9/30/25 Contract # 0

**Below, summarize the greatest needs of the community (and each sub-community) served, as demonstrated by the most recent community needs assessment. "Sub-community" means a city or other area of distinct and unique needs within the greater service area.**

*ADD ADDITIONAL ROWS AS NEEDED IN ORDER TO INCLUDE ALL PROGRAMS OPERATED BY THE AGENCY*

1. **Name of Community Served:** \_\_\_\_\_  
**Location (List Name of County):** \_\_\_\_\_

<u>Greatest Demonstrated Need(s):</u>	<u>Programs/Services that help address the need:</u>
A. _____ B. _____	A. _____ B. _____

# C-1C STRATEGIC PLAN GOALS AND OBJECTIVES

- Add the time frame of the current Strategic Plan
- List the goal and the corresponding objective
- Check the box that indicates if the goal is supported or isn't supported by CSBG

**ATTACHMENT C**  
COMMUNITY SERVICES BLOCK GRANT  
C-1c Strategic Plan Goals and Objectives

Contractor 0 FFY 2025

Budget Period 10/1/24 to 9/30/25 Contract # 0

**Time frame of current Strategic Plan:**

**Briefly list the major goal and corresponding objectives contained in the plan that drive capacity building activities.**

**Goal:**

**Check One:**  CSBG Funds will be used to support this goal.  
 CSBG Funds will not be used to support this goal.

**Objectives:**

a)

b)

# C-2A CAPACITY BUILDING

- Select the type of document from the drop-down box.
- Intervention - list the activity that will address the need or strategic plan objective
- Benchmark – list the expected outcome of the of the capacity building activity.
- Enter an NPI, or Service/Capacity Code.
- Method of Measurement – Briefly describe the number of participants who are expected to achieve the identified outcome.
- Annual Target – Provide the number of participants expected to achieve the identified outcome.

**ATTACHMENT C**  
 COMMUNITY SERVICES BLOCK GRANT  
 C-2a Work Plan and Program Progress Report (PPR)

Page 1 of \_\_\_\_\_  
*(Total Number of Pages should include C-2a, C-2b and C-2C)*

Contractor 0 FFY \_\_\_\_\_  
 Budget Period 10/1/24 to 9/30/25 Contract # 0

Type (Work Plan, Amendment, PPR):

Agency needs identified in the needs assessment or strategic plan as summarized on Attachment C-1b Demonstrated Needs and C-1c Strategic Plan will form the basis for capacity building activities.

**AGENCY CAPACITY BUILDING**

PLEASE ADD COMMUNITY INITIATIVE GOALS (C-4d) ON THIS PAGE

Interventions Briefly describe the activities that will address the agency need or strategic plan objective.	Benchmarks List the expected outcome of the capacity building activity.	NPI(s) or Service/Capacity Codes	Method(s) of Measurement/Verification Briefly describe the tool or process to be used to verify progress on the outcome.	Annual Target	PPR #1 Achieved	PPR #2 Achieved	PPR #3 Achieved	PPR #4 Achieved	YTD Total	YTD %
									0	#DIV/0!



**ATTACHMENT C**  
**COMMUNITY SERVICES BLOCK GRANT**  
**C-2c Work Plan and Program Progress Report (PPR)**

Contractor 0 FFY 2025  
 Budget Period 10/1/24 to 9/30/25 Contract # 0

<b>Type (Work Plan, Amendment, PPR):</b>
Please select one:

<p><b>Description of Need (Family, Community, Agency)</b>                  Briefly identify the need that documents the reason for the programs/services/milestones and outcomes listed below. Corresponds to the needs/strategic objectives identified in Attachment C-1b Demonstrated Needs and Attachment C-1c Strategic Plan.</p>	
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<b>Program that addresses the need described above:</b>	<b>Location (List Name of County):</b>
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<b>Interventions</b> Very briefly describe the services, activities, and advocacy that will address the need and achieve the outcome. <b>(Use service and strategy terminology from CSBG Annual Report Module 3 &amp; Module 4).</b>	<b>Benchmarks or Milestones and Outcomes</b> List the projected baseline number starting with the number seeking assistance followed by the number of customers to be enrolled. Then identify the expected benchmarks or milestones and outcomes to be achieved for the service or activity (Funnel). When possible, describe the service or outcome using language from the Individual and Family National Performance Indicators (FNPIs)/ Individual and Family Services (SRV) or from the Strategies and Community National Performance Indicators (CNPIs) (STRs).	<b>NPI(s) or Service/Capacity Codes</b>	<b>Method(s) of Measurement/Verification</b> Identify the tool or process to be used to verify progress on the outcome or milestone.	<b>Annual Target</b>	<b>PPR #1 Achieved</b>	<b>PPR #2 Achieved</b>	<b>PPR #3 Achieved</b>	<b>PPR #4 Achieved</b>	<b>YTD Total</b>	<b>YTD %</b>

# C-2C WORK PLAN & PROGRAM PROGRESS REPORT (PPR)

- Intervention – Very Briefly describe the services, activities, and advocacy that will address the need and achieve the outcome.
- Benchmark – Identify the expected benchmarks or milestones and outcomes to be achieved for the service or activity. When possible, describe the service or outcome using the language from the Individual and Family National Performance Indicators (FNPIs/Individual and Family Services (SRV) or from the Strategies and Community Performance Indicators (CNPI & STR).



**ATTACHMENT C**  
 COMMUNITY SERVICES BLOCK GRANT  
 C-2d Work Plan and Program Progress Report (PPR) Narrative

Contractor   0   FFY   2025    
 Budget Period   10/1/24   to   9/30/25   Contract #   0  

<b>Type (Work Plan, Amendment, PPR):</b>
Work Plan

**Use this Narrative form to explain variances in PPR Outcomes that are under 80% or over 120% for the quarter.**

<b>Program(s):</b>	<b>NPI(s) or Service/Capacity codes affected:</b>
<b>1. Describe progress and/or challenges during reporting period in implementing the program(s):</b>	
Quarter 1:	
Quarter 2:	
Quarter 3:	
Quarter 4:	

# C-2D WORK PLAN AND PROGRAM PROGRESS REPORT (PPR) NARRATIVE

- This form will be utilized starting with the first quarter reporting.
- Provide a brief narrative for each quarter that annual targets are below 80% and/or over 120%.
- Describe corrective measures undertaken to address challenges during this period.

**ATTACHMENT C**

COMMUNITY SERVICES BLOCK GRANT

**C-3a Summary of Work Plan and Attachments**

Contract or 0

FFY 2025

Budget Period 10/1/24 to 9/30/25

Contract # 0

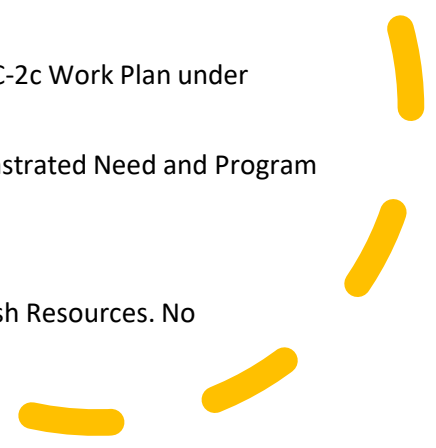
Summary of Work Plan pages and related attachments.

(This is for **Direct** Costs only - no Administrative Costs should be included in top table.)

Work Plan Page #	Demonstrated Need	Program Priority/ Program Name(s)	Primary Service Domain Corresponds to Attachment C-1a Needs Assessment and C-1b Demonstrated Needs	Individual/ Family (F) Community (C) Agency (A)	CSBG Grant Funds DIRECT	Cash Resources
1	Strategic Plan (refer to Attachment C-2a)	Agency Capacity Building	Please select one Domain per work plan page	A	\$ -	\$ -
	Needs Assessment or Strategic Plan (refer to Attachment C-1b and C-1c)	Partnerships	Please select one Domain per work plan page	C/F/A	\$ -	\$ -

# C-3A SUMMARY OF WORK PLAN and ATTACHMENTS

- Enter the work plan page
- Enter the data from C-2a Agency Capacity Building, C-2d Agency Partners and C-2c Work Plan under Demonstrated need, and Program Priority/Program Name(s) column.
- Select one Primary Service Domain from the drop-down menu for each Demonstrated Need and Program Priority/Program.
- Select the description of need(family, community, agency).
- Enter the budget amounts in each column for CSBG Grant Funds Direct and Cash Resources. No Administrative Cost should be included in this table.



# C-3A SUMMARY OF WORK PLAN AND ATTACHMENTS

- Enter data from the respective lines on Attachment B pages.
- Verify that the Budget Check amount equals zero.

**ENTER DATA FROM THE ATTACHMENT B WORKSHEETS:**

TOTAL ADMIN COSTS		
\$	-	Contractual/Audit - Administrative Costs (B-1, Line 3)
\$	-	Equipment - Administrative Costs (B-1, Line 4)
\$	-	ICR, De Minimis or Admin Rate (B-1, Line 6)
\$	-	Salaries - Admin Costs (B-2)
\$	-	Other Costs - Admin Costs (B-3)
\$	-	<b>TOTAL ADMIN COSTS:</b>
\$		Total Admin Reported on C-3b, Lines 5 & 6
\$		<b>-Budget Check (this should be \$0)</b>

TOTAL ALLOCATION & DIRECT COSTS	
ENTER CSBG Allocation as reported on B-1, Line (a):	
Total Admin Costs:	\$ -
CSBG Allocation less Admin Costs = Direct Costs:	\$
Amount Reported as Direct above:	\$
Budget Check (this should be \$0):	\$
Administrative Costs Percentage:	#DIV/0!

# C-3B PLANNED USE OF CSBG FUNDS BY CONTRACTOR

- Line 1 enter the current year CSBG Allocation.
- Enter planned budget amounts in the respective Service Domains. Each column should cross-check to the Primary Service Domains listed in Attachment C-3a.
- Line 3 enter Funds direct charged for administration, other than the funds listed on line 6 in Attachment B-1.
- Line 4 enter total CSBG grant funds approved for indirect cost rate, de minimis cost rate or admin cost rate (this is the same as listed in Attachment B-1, line 6).
- Line 5 enter total CSBG funds awarded to Delegate Agencies (if applicable).
- Line 6 verify self-totaling amount, should equal line 1.
- If CSBG spending on administrative cost will exceed 15%, please explain why.

## ATTACHMENT C

COMMUNITY SERVICES BLOCK GRANT

### C-3b Planned Use of CSBG Funds by Contractor

Contractor 0 FFY 2025

Budget Period 10/1/24 to \_\_\_\_\_ Contract # 0

TOTAL CSBG ALLOCATION OF  
1. GRANT FUNDS (FEDERAL) \_\_\_\_\_ \$ \_\_\_\_\_ -

2. FOR EACH SERVICE DOMAIN, ENTER THE AMOUNT OF CSBG GRANT FUNDS USED (EXCLUDING ADMINISTRATIVE FUNDS):

A	B
Service Domains	CSBG Grant Funds
<b>Employment</b>	\$ -
<b>Education &amp; Cognitive Development</b>	\$ -
<b>Income, Infrastructure, and Asset Building</b>	\$ -
<b>Housing</b>	\$ -
<b>Health and Social/Behavioral Development (includes nutrition)</b>	\$ -
<b>Civic Engagement and Community Involvement</b>	\$ -
<b>Services Supporting Multiple Domains</b>	\$ -
<b>Linkages (e.g. partnerships that support multiple domains)</b>	\$ -
<b>Agency Capacity Building</b>	\$ -
<b>Other (e.g. emergency management/disaster relief)</b>	\$ -
<b>TOTAL</b>	<b>\$ -</b>

3. Funds direct charged for administration, other than Attachment B-1, Line 6	\$ -
4. Total grant funds approved for indirect cost rate, de minimis cost rate or admin. cost rate, same as Attachment B-1, Line 6	\$ -
5. Total CSBG grant funds awarded to Delegate Agencies	\$ -
6. Grand Total of CSBG Grant Funds (should match line 1 above)	\$ -

If CSBG spending on administrative costs will exceed 15% of CSBG grant funds, please explain why CSBG funds are being used to cover costs that exceed 15%:

# C-3C SUMMARY OF PLANNED USE OF CSBG GRANT FUNDS BY DELEGATE AGENCIES

**ATTACHMENT C**

COMMUNITY SERVICES BLOCK GRANT

C-3c Summary of Planned Use of CSBG Grant Funds by Delegate Agencies

Contractor 0 FFY 2025

Budget Period 10/1/24 to 9/30/25 Contract # 0

Total Number of Delegate Agencies \_\_\_\_\_

1. TOTAL CSBG ALLOCATION OF GRANT FUNDS TO DELEGATE AGENCIES \$ \_\_\_\_\_

2. FOR EACH SERVICE DOMAIN, ENTER THE AGGREGATE AMOUNT OF CSBG GRANT FUNDS USED (EXCLUDING ADMINISTRATIVE FUNDS):

A	B
Service Domains	CSBG Grant Funds
Employment	\$ -
Education & Cognitive Development	\$ -
Income, Infrastructure, and Asset Building	\$ -
Housing	\$ -
Health and Social/Behavioral Development (includes nutrition)	\$ -
Civic Engagement and Community Involvement	\$ -
Services Supporting Multiple Domains	\$ -
Linkages (e.g. partnerships that support multiple domains)	\$ -
Agency Capacity Building	\$ -
Other (e.g. emergency management/disaster relief)	\$ -
<b>TOTAL</b>	<b>\$ -</b>

3. Total CSBG grant funds used for administration by Delegate Agencies	\$ -
4. Average percentage of CSBG grant funds used for administration by Delegate Agencies	0.00%
5. Grand Total of CSBG Grant Funds (should match line 1 above)	\$ -

If CSBG spending on administrative costs will exceed 15% of CSBG grant funds, please explain why CSBG funds are being used to cover costs that exceed 15%:

- This form will only be completed if your agency provides CSBG funding to delegate agencies.

Describe the relationship your agency has with the local Workforce Investment Board.

# C-4A LINKAGES

## COMMUNITY SERVICES BLOCK GRANT

### C-4a Linkages

**Contractor** 0 **FFY** 2025

**Budget Period** 10/1/24 **to** 9/30/25 **Contract #** 0

*42 U.S.C. 9901 et seq., Section 676, (b), (5) states that ". . . the State and the eligible entities in the State will coordinate, and establish linkages between, governmental and other social services programs to assure the effective delivery of such services to low-income individuals and to avoid duplication of such services, and a description of how the State and the eligible entities will coordinate the provision of employment and training activities, as defined in section 101 of such Act, in the State and in communities with entities providing activities through statewide and local workforce investment systems under the Workforce Investment Act of 1998;"*

**Describe linkages with workforce investment:**

**Describe other linkages (optional):**

# C-4B CHILD SUPPORT SERVICES AND REFERRALS

**ATTACHMENT C**  
COMMUNITY SERVICES BLOCK GRANT  
**C-4b Child Support Services and Referrals**

**Contractor** 0 **FFY** 2025  
**Budget Period** 10/1/24 **to** 9/30/25 **Contract #** 0

Under Public Law 105-205, section 678G(b) *CHILD SUPPORT SERVICES AND REFERRALS*.—During each fiscal year for which an eligible entity receives a grant under section 675C, such entity shall—  
(1) inform custodial parents in single-parent families that participate in programs, activities, or services carried out or provided under this subtitle about the availability of child support services; and  
(2) refer eligible parents to the child support offices of State and local governments.

**Please describe the process used to identify and inform custodial parents in single-parent families that participate in CSBG funded programs, services, and activities of the availability of child support services, and refer eligible parents to the child support office of the State and local governments.**

- Changed from C-4c to C-4b.
- Describe the process your agency uses to inform custodial parents in single-parent families that participate in CSBG-funded programs, services, and activities of the availability of child support services, and refer eligible parents to the child support office of State and local governments.

# C-4C COMMUNITY INITIAITVE STATUS FORM

ATTACHMENT C  
COMMUNITY SERVICES BLOCK GRANT  
C-4c Community Initiative Status Form

**This form is optional.**

Corresponds to Module 3 - Identify one community initiative to be reported on at the end of this FFY.

This form is Optional.

This Community Initiative corresponds to the CSBG Annual Report, Module 3.

Contractor 0 FFY 2025  
Budget Period 10/1/24 to 9/30/25 Contract # 0

Use the dropdown menu to select the response where appropriate *	
1. Initiative Name	
2. Initiative Year	1-7+ years
3. Problem Identification	Narrative (Provide a narrative on the scope of the problem.)
4. Goal/Agenda	Narrative (Provide a narrative on the goal/agenda.)
5. Issue/CSBG Community Domain	<b>Please select one Community Domain*</b>
6. Ultimate Expected Outcome	Please select Community Level National Performance Indicators (NPIs) from Module 3, Section B: Community National Performance Indicators (NPIs) - Data Entry Form
7. Identified Community	Neighborhood, City, School District, County, Service Area, State, Region, or Other
8. Expected Duration	Narrative (Provide the range in years, e.g. 1-3 years.)
9. Partnership Type	Independent CAA Initiative, CAA is the core organizer of multi-partner Initiative, or CAA is one of multiple active investors and partners.
10. Partners	Narrative (Provide a narrative on the key 1-3 partners.)
11. Strategy(ies)	Select from the Community Level Strategies listed in Module 3, Section C (separate document list).
12. Progress on Outcomes/Indicators	<b>To be reported annually as part of the CSBG Annual Report.</b>
13. Impact of Outcomes	Narrative (Provide additional information on the scope of the impact of these outcomes. For example, if an initiative created a health clinic, please describe how many individuals and families are expected to be impacted.) <b>To be reported annually as part of the CSBG Annual Report.</b>
14. Outcomes/Indicators to Report	Community Level National Performance Indicators (NPIs) <b>[Please report C-NPI Outcomes on Agency Capacity Building Page (C-2a)]</b> <b>To be reported annually as part of the CSBG Annual Report.</b>
15. Final Status	Initiative Active, Initiative Ended Early, Initiative Ended as Planned, Completed Still Delivering Value <b>To be reported annually as part of the CSBG Annual Report.</b>
16. Lessons Learned	Narrative <b>To be reported annually as part of the CSBG Annual Report.</b>



# C-4D INNOVATIVE INITIATIVE

- Enter a description of an innovative initiative currently being delivered or an initiative in the planning stages during the contract year.
- This form is required.

**ATTACHMENT C**  
COMMUNITY SERVICES BLOCK GRANT  
**C-4d Innovative Initiative**

**Contractor** 0 **FFY** 2025

**Budget** 9/30/25  
**Period** 10/1/24 **to**                      **Contract #** 0

Under Public Law 105-205, section 676(b)(3)(D). Describe the use of CSBG "funds to support innovative community and neighborhood-based initiatives related to the purposes of this subtitle, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging parenting."

**Please describe an innovative initiative currently being delivered or an initiative in the planning stages during this contract year. The status of this initiative will be reported at the end of the contract period as part of the CSBG Annual Report.**

# COMMON CSBG WORK PLAN ERRORS

THE WRONG WORK PLAN TEMPLATE WAS USED.

ANNUAL TARGETS DO NOT MATCH THE BENCHMARK OR MILESTONE.

CSBG DIRECT FUND AMOUNTS ARE MISCALCULATED ON THE SUMMARY PAGE (C-3B).

SPELLING ERRORS THROUGHOUT THE WORK PLAN.

MISSING OR INCORRECT CONTRACT NUMBER.

INCORRECT CONTRACT PERIOD.

# ISSUES THAT CAN DELAY THE CONTRACT APPROVAL

- Vendor Responsibility Questionnaire is outdated (this must be updated every six months).
- Certification of Workers' Compensation and Certification of Disability Insurance is expired and/or Department of State is not listed as the certificate holder.
- Charities Registration is not current.
- Prequalification is not complete on the Statewide Financial System.
- Master Signature Page does not contain an original signature, the dates are different for the agency representative and the notary.
- Standard Voucher was not submitted or does not contain a signature.

# HELPFUL RESOURCES

- ✓ NASCSP Annual Report Webpage [https://nascsp.org/annual-report and nascsp.org/annual-report-tools/](https://nascsp.org/annual-report-and_nascsp.org/annual-report-tools/)
- ✓ SFS Prequalification - <https://grantsmanagement.ny.gov/>
- ✓ Vendor Responsibility Questionnaire [www.osc.state.ny.us](http://www.osc.state.ny.us)
- ✓ Charities Bureau [www.charitiesnys.com/](http://www.charitiesnys.com/)
- ✓ NYS Community Action Plan Templates <https://dos.ny.gov/reports-state-plans-and-guides>



QUESTIONS