



**FY 2024 – FY 2026
Community Services Block Grant (CSBG)
Multi-Year Comprehensive Application
and
Community Action Plan**



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CSBG Application and Multi-Year Community Action Plan

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ATTACHMENTS

- *Attachment A—Board Member Roster*
- *Attachment B—Bylaws*
- *Attachment C—Organizational Chart*
- *Attachment D—Community Needs Assessment*
- *Attachment E—Strategic Plan*
- *Attachment F—Offices/Centers*
- *Attachment G—Partner/Linkage Organizations*
- *Attachment H—Community Action Plan*
- *Attachment I—Marketing/Outreach Materials*
- *Attachment J—Emergency Management Plan*
- *Attachment K—CSBG Client Application*
- *Attachment L—Assessment Tool*
- *Attachment M—Grievance Procedure*
- *Attachment N—Agency Budget*

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Section 1: Application Information

Legal Agency Name					
Type of Agency	Public		CAA		HRA
<i>Place an "X" by the Type</i>	Non-Profit		Local Government		LPA
Counties Served:					
Contact Information					
Mailing Address (Street or PO, City, Zip)					
Street Address (Street, City, Zip)					
Phone Number(s)				Fax	
Agency Website					
Executive Director					
Phone			Cell		
Email			Fax		
Contract Signatory					
Mailing Address (Street or PO, City, Zip)					
Phone			Cell		
Email			Fax		
Board Chairperson					
Mailing Address (Street or PO, City, Zip)					
Phone			Cell		
Email			Fax		
CSBG Program Lead					
Title					
Mailing Address (Street or PO, City, Zip)					
Phone			Cell		
Email			Fax		

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Agency Mission Statement

Board Governance

1. Complete **Attachment A—Board Member Roster**, which demonstrates that the board is in compliance with the CSBG Act, Sec. 676B [Standard 5.1]
2. Describe the board membership requirements outlined in the board bylaws, submit **Attachment B—Agency Bylaws** (e.g., total # of members, distribution of members across the three sectors)

3. Explain any significant changes in the board bylaws or board structure that have been implemented in the last year or are planned to be implemented.

4. Are there currently any board vacancies? Yes No

If yes, please describe plans to fill the vacancies.

Organizational Structure

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

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Quality Improvement Plan (QIP) or Training Technical Assistance Plan

1. Is the agency currently on a:

Technical Assistance Plan (TAP) Yes No

Quality Improvement Plan (QIP) Yes No

2. Identify any outstanding training or technical assistance needed to complete the terms of the TAP or QIP?

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Section 2: Assessment and Strategic Plan

Community Needs Assessment

1. Submit a copy of the current Community Needs Assessment (reported within the past 3 years) in **Attachment D—Community Needs Assessment**
2. Completion Date of the Community Needs Assessment: [Standard 3.1]:
3. Board Approval Date of the Community Needs Assessment: [Standard 3.5]:
4. 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			
2			
3			
4			
5			

Strategic Plan

1. Submit a copy of the current Strategic Plan (reported within the past 5 years) in **Attachment E—Strategic Plan**.
2. Completion Date of the Strategic Plan: [Standard 6.1]:
3. Board Approval Date of the Strategic Plan: [Standard 6.1]:
4. Identify the period of time covered by the Strategic Plan:
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]

Section 3: Resources, Linkages, and Partners

Service Delivery Area

1. Complete **Attachment F—Offices/Centers** with location and contact information for all sites, including administration offices and outreach/service centers.
2. Describe how the main office coordinates services with each of the outreach/service centers

3. Describe how services are provided to counties within the agency’s service delivery area that do not have an outreach/service center.

4. Identify any other means used by the agency to provide services (e.g., home visits, phone hotline, etc.)

Linkages and Coordination of Services

1. Complete **Attachment G—Partner/Linkage Organizations** to identify partner organizations and/or organizations or services which leverage CSBG funds to meet client needs.
2. Workforce Innovation and Opportunity Act (WIOA) Employment and Training Activities

If your agency uses CSBG funding to provide employment and training services, describe the coordinator of employment and training activities, as defined in Section 3 of the Workforce Innovation and Opportunity Act (WIOA) [29 U.S.C. 3102; CSBG Act Section 676(b)(5)]

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Section 4: Community Action Plan

Alignment of TDHS Goals

Under the leadership of TDHS Commissioner Carter, it is the state’s goal to transform the social services safety net to not only provide support for clients’ short-term needs, but also position them for long lasting self-sustainability. Highlight how the agency plans to align its services and strategies with this goal.

Agency Services & Strategies

Complete **Attachment H—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.

Marketing and Outreach Activities

1. Describe marketing and outreach activities used by the agency to reach potential clients and inform the community of available programs and services.

2. Provide copies of agency brochures, flyers, and/or other marketing material used to inform the community of available programs and services in **Attachment I—Marketing/Outreach Materials**.

Changes in Service Implementation

1. Identify any new services the agency is considering implementing during the multi-year plan timeframe.

2. Identify any existing services the agency is considering eliminating during the multi-year plan timeframe.

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Program and Service Trends

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

Emergency Management and Continuity of Operations

Provide a copy of the agency’s Emergency Management/Continuity of Operations Plan as ***Attachment J—Emergency Management Plan***. Plans should include how the agency will:

- Communicate with agency staff to coordinate provision of services;
- Provide services in the event offices or outreach centers are determined unsafe or inaccessible;
- Provide services in response to the emergency, as needed (i.e., supplies, food, shelter, and related services); and
- Notify the public of services available and how to access them.

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Section 5: Eligibility

Eligibility Determination

1. Provide a copy of the agency’s CSBG client application and assessment tool(s) in ***Attachment K—CSBG Application and Attachment L— Assessment Tool.***
2. Describe the process for accepting client applications and determining eligibility, including:
 - Methods for client application (i.e., in person, drop box, online, phone).
 - How frequently clients can submit applications for services
 - Agency staff responsible for accepting and processing applications and making eligibility determinations
 - The process for ensuring all applications are accounted for and processed in a timely manner
 - Identification of databases or tracking systems used and
 - The process for notifying clients of eligibility determination

Certification Process

Describe the intake procedure and certification process—and recertification process, if applicable—for programs and services provided on an ongoing basis, including the length of time the certification is valid.

Wait List Management

Does the agency maintain waitlists for any of its CSBG services? Yes No

If yes, identify which services utilize a waitlist and describe the process for managing the waitlist.

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Termination of Services

Describe the process for terminating services available to a client, including the circumstances in which services may be terminated and how clients are notified of service termination.

Grievance Procedure

Submit a copy of the agency’s grievance procedure, including the notice and forms provided to clients to file a grievance in ***Attachment M—Grievance Procedure***.

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Section 6: Training & Technical Assistance

Agency Staff Training Requirements

1. Number of hours of internal agency training required annually for staff:
2. Frequency of internal agency staff training (e.g., annually, quarterly):

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*		
ROMA*		
Title VI Civil Rights*		

* Denotes required trainings

CSBG-Funded Training Plan

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

Section 7: ROMA

ROMA Training

1. Person responsible for providing annual ROMA training to staff:
2. Target date for annual staff ROMA training:

ROMA Implementation

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

2. Provide a detailed description of the roles and responsibilities of the NCRT/NCRI in assuring the full implementation and use of the ROMA cycle and performance management system, including assessment, planning, implementation, measuring outcomes, and evaluation. [Standard 4.3]

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Section 8: Use of CSBG Funds

1. Amount of FY24 Contract allocation:
2. Amount of FY24 Contract allocation planned for administration:
3. Agency’s approved indirect cost rate:
4. Amount of FY24 Contract Allocation planned for the following capacity building activities:
 - Community Needs Assessment:
 - Data Management and Reporting:
 - Strategic Planning:
 - Training and Technical Assistance:
 - Other:

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

5. Complete **Attachment N--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. 1, February 2, 2018.

https://nascsp.org/wp-content/uploads/2018/03/module-2-instruction-manual-02.02.18_f.pdf

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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 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 Multi-Year Community Action Plan 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 to ensure the best possible services being provided to the community service area.

Signature:

Date:

Executive Director

Program Manager

Fiscal Director