

**APPLICATION CHECKLIST**

Arkansas Community Services Block Grant – FY 2024 Discretionary Funds Application

<b>Checklist Item</b>	
	This Checklist w/Page Numbers Identified
Section 1	Application Cover Sheet – Completed & Signed <b>(2 Signatures)</b>
Section 2	
	2.1 Project Description
	2.2 Relationship to CSBG Purposes
	2.3 Key Personnel
	2.4 Other Resources
	2.5 Timeline
Section 3	
	3.1 Introduction
	3.2 Entity Capacity
	3.3 Evidence of Community Action Agency Designation Status
Section 4	
	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
	Assurances for CSBG Applications <b>(2 Signatures)</b>



_____ Executive Director	_____ Board Chair
_____ Date	_____ Date

<b>SECTION 2 - PROPOSED PROJECT</b>	
<b>2.1</b>	<b>Provide a description of the proposed project.</b> The project summary must include a description of how CSBG funds will be used to support the project.
<b>2.2</b>	<b>Define</b> how the proposed project relates to the purposes of the CSBG authorizing legislation.
<b>2.3</b>	<b>Identify key personnel</b> to be involved in the proposed project, including the project director. <b>Identify the percentage of time</b> that each key position will devote to the project.
<b>2.4</b>	<b>Discuss other resources</b> (volunteers, in-kind, agency personnel, partnerships, additional funding, etc.) that will support the project.
<b>2.5</b>	<b>Project timeline</b>

2.6 If a continuing project, include success stories from previous year project

**SECTION 3 - ENTITY SUMMARY**

<b>3.1 Introduction</b>
3.1a Entity Mission Statement
3.1b Entity Vision Statement (if applicable)
3.1c Entity Overview
<b>3.2 Entity Capacity</b>
3.2a Describe entity attributes that contribute to its ability to <b>successfully execute</b> the project. The description should include the applicant’s experience with providing similar services as described in the RFA.
3.2b Describe applicant’s experience with the Community Services Block Grant or similar federal grants.

3.2c How will project performance be assessed, analyzed, reported, and adjusted throughout the term of the project by the applicant?

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?



**SECTION 5 – CERTIFICATIONS AND CSBG ASSURANCES**

**CSBG Sub-Recipient  
Single Audit Certification**

Arkansas Department of Human Services DCO/OCGS (DHS/OPGM) 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/OPGM 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 via email to the Arkansas Department of Human Services, Office of Payment Integrity and Quality Assurance at DHSAudit@arkansas.gov.

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