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| **Community Services Block Grant Discretionary Grant Application** |
| CSBG Discretionary Application |

The Community Services Block Grant (CSBG) Program is funded by the U.S. Department of Health and Human Services and is administered by the Arkansas Department of Human Services, Division of County Operations, and Office of Community Services. Per 42 U.S.C. 106 (the CSBG Act) the Secretary of the Department of Health and Human Services received authority to make grants to the States with the intent to ameliorate the causes of poverty in communities. Under the CSBG Act, the state may utilize five (5) percent of the federal allocation as discretionary funding to support a wide range of activities and programs conducted by community action agencies or other non-profit organizations to eliminate poverty, promote self-sufficiency, and promote community revitalization. Additionally, the funds may be used to provide training and technical assistance for and support coordination and communication among community action agencies.

**Eligible Applicants**:

Entities eligible to apply include Community Action Agencies, and nonprofit organizations who support and serve the Arkansas Community Action Agencies. The applicant’s proposed program must display measurable outcomes which help families and individuals move toward self-sufficiency or the role that a request for technology upgrades will play in achieving those outcomes.

**Eligible Projects and Activities:**

**Eligible projects include:**

* Training and Technical Assistance Programs that provide Arkansas’ Community Action Agencies with quality training, technical assistance, best practices, and tools to build capacity and strengthen the role of Community Action Agencies in the provision of anti-poverty initiatives.
* Asset Building/Volunteer Income Tax Preparation Program (local or statewide) targeting innovative programs that provide asset building services as well as expanding the awareness and utilization of the EITC and other tax credits among working families.
* Jobs Initiatives, including green jobs and other targeted employment training.
* Innovative Programs to address poverty on a community level.
* Technology upgrades to assist in achieving agency outcomes to move families and individual toward self-sufficiency.
* Educational Scholarships
* State-wide Data Collection System

**Eligible Activities include**:

* Case management
* Promotional outreach costs
* Disaster Assistance

**Funding**

Approved applicants will receive a grant award with purchase order information and grant assurances and guidelines. **Please note that these grants will be monitored the same as the regular CSBG grant awards.**

PART 1 - Applicant Information

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| Agency Name |
| Federal ID and Duns # |
| Agency Address |
| City and State |
| Phone # |
| **SUB-GRANTEE CONTACT INFORMATION** |
| Contact Person |
| Contact Address (if different from above) |
| City and State (if different from above) |
| Phone # (if different from above) |
| Email Address: |

PART 2 - EXECUTIVE SUMMARY

In the chart below, indicate the category for which funding is being requested. On a separate sheet provide a brief, program (project) narrative describing the project and an overview of expected outcomes.

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| Project/Activity |  | Executive Summary |
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PART 3 – PROPOSAL INFORMATION

Keep responses for each question to 2500 words or less.

1. Describe the history and mission of your organization.
2. Describe the goals of the project and scope of work. Be specific, including identifying target population or organizations. (CAA Network, low-income youth, homeless population, etc.). Provide specific deliverables related to the project.
3. Provide project timeline with key dates for deliverables.
4. Describe how the requested grant would enhance the mission the requesting organization and the organizations’ efforts to assist Arkansans to eliminate poverty, increase self-sufficiency, and promote community revitalization.
5. What key outcomes will be expected from the project? Include a narrative along with the chart(only indicate outcomes that are applicable to your request)

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| Project/Activity |  | Estimate Total # of Participants |
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6. Describe key partnerships and how they will support the proposed project or activity.

PART 4 – PROPOSAL BUDGET

Please provide a budget for the requested project. Include any additional sources of income to support the project.

*Application Format and Submission Information*

*Please provide two (2) copies of the Discretionary Grant Application.*

*Applications should be mailed or delivered to:*

*The Arkansas Department of Human Services*

*DCO/OCS*

*ATTN: Lorie Williams, Assistant Director*

*PO Box 1437, Slot S330*

*Little Rock, AR 72203-1437*