

## EXHIBIT A

### DEFINITIONS

- 1.0 ACC – The Arizona Administrative Code.
- 2.0 COATES – Community Opportunities, Accountability, Training and Educational Services Act of 1998, Public Law 105-285.
- 3.0 CSBG – The Community Services Block Grant Act (42 U.S.C. § 9901 *et seq.*), as amended by Public Law 105-285
- 4.0 Community Action Agency (CAA) – A designated eligible entity as described under the federal Community Services Block Grant Act
- 5.0 Community Action Plan – A document submitted by the Community Action Agencies to the Community Services Administration in order to receive the sub-grants or contracts from the Community Services Administration grant provided under Section 676 of the Community Services Block Grant Act
- 6.0 Comprehensive and Coordinated Service System – A system for providing all necessary supportive services within a Planning and Service Area.
- 7.0 DES EN-005 Application For Benefits – The standardized application for benefits used by DES to obtain client demographic and financial information from program applicants.
- 8.0 Designated LIHEAP contractor – An agency designated to provide utility assistance services in a specified geographic service area, as described under the Community Opportunities, Accountability, Training and Educational Services Act of 1998.
- 9.0 Eligible Individual – An individual who meets the requirements for a particular service or program as outlined under state and federal law.
- 10.0 Formal Services – Formal services are those services that are provided by an agency or organization.
- 11.0 Informal Resources – Informal resources are considered family and friends.
- 12.0 Planning and Service Area – A geographical area in the state or state jurisdiction that is designated by the Community Services Administration for the purposes of planning, development, and overall administration of services under an approved Title XX, Social Services Plan.
- 13.0 Private, non-profit CAAs – A designated Community Action Agency that has been established and maintained as a 501(c)(3) as recognized by the Internal Revenue Service.
- 14.0 Public CAAs – A designated Community Action Agency that is a unit of Local Government such as a municipality, or a County Government.
- 15.0 ROMA – Results Oriented Management and Accountability is a system established by the federal Department of Health and Human Services for the purpose of tracking and reporting outcomes of the Community Services Block Grant.
- 16.0 State Agency – Department of Economic Security – The agency designated to develop and administer the State Plan which is the focal point for services targeted to low-income individuals and families in the state.
- 17.0 Linguistically Appropriate and Culturally Relevant – Respect and responsiveness to explicit cultural and linguistic needs of individuals that is reflected in behaviors, attitudes, and policies that form an agency service system. Such a system enables the agency, to work effectively in cross-cultural situations. The agency will offer culturally compatible service delivery in taking into account distinct nuances and differing values, behaviors, expectations, and life skills that are often rooted in varied cultures.

EN-005-1 (11-88)

Exhibit B

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Aging and Adult Services - Community Action Program

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APPLICATION FOR SERVICES

DES USE ONLY

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK

APPLICANT'S SOC. SEC. NO.	DATE OF APPLICATION (MM/DD/CCYY)	WORKER'S ID NO.	SITE CODE	SERIAL NO.
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APPLICANT'S NAME (Last, First, MI)

APPLICANT'S MAILING ADDRESS (No., Street, Apt. No.)	APPLICANT'S RESIDENTIAL ADDRESS (No., Street, Apt. No.)
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(City, State, ZIP)	(City, State, ZIP)	COUNTY
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PHONE NO. (Include area code)	BIRTH DATE (MM/DD/CCYY)	ETHNIC CODE (1)*	HOUSEHOLD SIZE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DISABLED (In household) <input type="checkbox"/> Yes <input type="checkbox"/> No	HOMELESS <input type="checkbox"/> Yes <input type="checkbox"/> No
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DO YOU LIVE IN PUBLIC HOUSING OR PROJECT SUBSIDIZED HOUSING <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU MAKE UTILITY PAYMENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	CRISIS CODE (2)*	MONTHLY UTILITY COST (LINEAP only) \$
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NASCEP DEMOGRAPHIC INFORMATION

FAMILY TYPE (5)* - HH	HOUSING (4)* - HH	EDUCATION (6)* - APPLICANT	DATE IN STATE (MM/DD/CCYY) APPLICANT	DATE IN COUNTY (MM/DD/CCYY) - APPLICANT
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INCOME TYPE - HH <input type="checkbox"/> Employment only <input type="checkbox"/> Employment and benefits <input type="checkbox"/> Other income <input type="checkbox"/> No income		BENEFITS - HH <input type="checkbox"/> CA (TANF) <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> NA		MH
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Was the applicant provided with energy education brochures and/or a brief energy education? If custodial single parent in household, was referral made to child support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MIGRANT FARM WORKER - HH <input type="checkbox"/> Yes <input type="checkbox"/> No	SEASONAL FARM WORKER - HH <input type="checkbox"/> Yes <input type="checkbox"/> No
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INCOME INFORMATION

PRIOR 90 DAYS FROM/INCLUDING APPLICATION DATE TIME FRAME  
From (30<sup>th</sup> day): To (Application date):

Income By HH Member's name	Income Source (Name and Phone No.)	Method of Verification (HC, CC, YV, CS)	Frequency (e.g., Monthly, Bi-weekly, Weekly)	Day Received (e.g., Mon., Tue., etc.)	Units and Gross Amount Received Per Check	Gross Amount Received (Before Deductions)
						\$
						\$
						\$
						\$
					Total Household Gross Income	\$

The client meets which poverty guidelines:  125%  150%

INCOME INFORMATION NOTES

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### HOUSEHOLD INFORMATION

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK.

| APPLICANT                    | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|------------------------------|--|---|---|---|---|
| 1. HOUSEHOLD MEMBER          | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2. HOUSEHOLD MEMBER          | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 3. HOUSEHOLD MEMBER          | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 4. HOUSEHOLD MEMBER          | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 5. HOUSEHOLD MEMBER          | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 6. HOUSEHOLD MEMBER          | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 7. HOUSEHOLD MEMBER          | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 8. HOUSEHOLD MEMBER          | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 9. HOUSEHOLD MEMBER          | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 10. DESCRIBE EPISODE OF NEED | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

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\*Codes/definitions on back of Page 3

Distribution: ORIGINAL - DES/CSA (Contracted Agency), CANARY - Agency's Client File, PINK - Client's Copy, GOLDENROD - Subagency's Copy  
 Equal Opportunity Employer/Program  
 See reverse of EN-005-3 for Americans with Disabilities Act (ADA) Disclosures.

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PAYMENT INFORMATION

APPLICANT'S NAME (Last, First, MI)

APPLICANT'S SOC. SEC. NO.

Account No.	Voucher No.	Vendor's Code	Vendor's Name	Billing Name	Service Code	Budget Code	Amount	Need Guarantee
							\$	Yes No
							\$	Yes No
							\$	Yes No
							\$	Yes No
							\$	Yes No

VENDOR/PAYEE'S NAME (Check to be rented to) \_\_\_\_\_ VENDOR/PAYEE'S MAILING ADDRESS (No., Street, Apt. No.) \_\_\_\_\_  
 (City, State, ZIP) \_\_\_\_\_

ACTUAL MONTHLY RENT/MORTGAGE

FEI NO. (Mandatory)

Has the household received ETC's services in the prior 12 months?  Yes  No If yes, what agency? \_\_\_\_\_

APPROVED  DENIED

APPLICANT'S STATEMENT OF TRUTH

Under penalty of perjury and acknowledged by my signature below, I swear or affirm that the statements made regarding the persons in my home, and the income, resources, property and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.  
*Bajo pena de juramento por mi firma abajo, yo juro o afirmo que las declaraciones hechas en cuanto a las personas en mi hogar, y los ingresos, los recursos, propiedades y todas cosas demás que pertenecen a mi eligibilidad posible por beneficios son verdaderas y ciertas según mi leal entender y saber.*

RELEASE OF INFORMATION

I authorize the Department of Economic Security and/or delegate agency to contact any source necessary to establish the accuracy of the information given by me. Furthermore, I authorize any landlord or utility company to which payment of credit on my behalf may be made to release information regarding my current account including, but not limited to, billing information to the State of Arizona, or its contract designee. I understand that the Arizona Department of Economic Security may use information provided on this form for purposes of research, evaluation, and analysis.

*Yo autorizo al Departamento de Seguridad Económica y/o la agencia designada para comunicarse con cualquier fuente necesaria para establecer la exactitud de la información que le proveo. Además, autorizo a cualquier propietario o a servicio público a lo que se efectúa un pago de crédito por mi parte para divulgar información en cuanto a mi cuenta actual incluso pero no limitarse a, información, de facturación, de suscripción, de suscripción al Estado de Arizona o su designado contratada. Entiendo que el Departamento de Seguridad Económica de Arizona puede usar la información provista en este formulario para los propósitos de estudios, evaluación y análisis.*

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WORKER'S STATEMENT

I have interviewed the applicant and have explained the following: His/her right to the appeal process. I have also advised the applicant of any penalties for fraud and/or misrepresentation. I have completed my investigation of the financial eligibility as required by program rules and regulations.

WORKER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 REVIEWER'S ID NO. \_\_\_\_\_

Distribution: ORIGINAL -- DES/CSEA (Contracted Agency); CANARY -- Agency's Client File; PINK -- Client's Copy; GOLDBROD -- Babagony's Copy \*Codes/Definitions on back of Page 3  
 See page reverse of EN-005-1 for HOE/ADA disclosures + See el reverso del EN-005-1 para las declaraciones de HOE/ADA

**CODES AND DEFINITIONS**

EN-005-1  
HH - Household

(1) Ethnic Code	(2) Crisis (LIBRAP Supplemental only - Choose only one)	(3) Family Type	(4) Housing Type	(5) Education
1 White	1 Loss or reduction of income or public assistance benefits	1 Single parent/female	1 Rent	1 00-08
2 Black	2 Uninspected and unplanned expenses	2 Single parent/male	2 Own	2 09-12 (Non-graduate)
3 Native Amer.	3 Health and Safety condition	3 Two-parent household	3 Homeless	3 High School graduate/GED
4 Hispanic		4 Single person	4 Other	4 12 + some college/trade school
5 Asian		5 Two adults (no minor children)		5 College Graduate
6 Other		6 Other		

**NASCFP INCOME TYPE:** (Persons received by all household members in the last 30 days, including the date of application.)

*Special notes "Employment" and "Benefits" cannot both be checked.*

**Employment =** Check if any income was from employment, including self-employment.

**Employment & Benefits =** Check if any income was from employment AND benefits (also check all that apply in the Benefits - HH box; CA (TANF), SSI, Social Security, Pension, Unemployment).

**Other Income =** Check if any income is from child support, alimony/spousal maintenance, temporary Workers' Compensation, or rental income.

**Special notes If "no income" is checked, no other item in "Income Type" or "Benefits" may be checked**

**No Income =** Check if there was zero income.

**NASCFP BENEFITS:** (Benefits received by any household member in the last 30 days.)

CA (TANF) = Formerly AFDC

SSI = Supplemental Security Income (administered by the Social Security Administration)

Social Security = Any other income received from the Social Security Administration.

Pension = Any retirement income, permanent Workers' Compensation, permanent disability insurance payments.

Unemployment = Unemployment Insurance Benefits administered by DES

**NASCFP NA: Nutrition Assistance is not part of "Benefits" section. Check if anyone in the household received Nutrition Assistance in the last 30 days, including the date of application.**

**INCOME INFORMATION:**

EC = Hard Copy of document is in client file.

VV = Visual Verification of documentation was made. All required facts are noted on application. Reason for visual verification is noted in client file.

CS = Client Statement was used as last resort. Notification of client and caseworker efforts to acquire document/information are noted on application and in client file.

CC = Collateral Contact verifying information is documented and in client file.

Visual Verification of documentation was made. All required facts are noted on application. Reason for visual verification is noted in client file.

Client Statement was used as last resort. Notification of client and caseworker efforts to acquire document/information are noted on application and in client file.

EN-005-1

(6) Last grade completed	(7) Ethnic Code	(8) Citizenship Status
00-08	1 White	1 U.S. Born/Naturalized
09-12 (Non-graduate)	2 Black	2 Eligible Legal Resident
High School graduate/GED	3 Native American	3 Non-eligible Legal Resident
12 + some college/trade school	4 Hispanic	
College Graduate	5 Asian	
	6 Other	

Equal Opportunity Employment Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 542-6000; TTY/TDD Services: 7-1-1.



**Completion Instructions for FES-1000AFORFF**  
**CONTRACTOR'S EQUIPMENT LIST**  
*(Capital and Stewardship Equipment Items)*

**A. Purpose.**

To facilitate the inventory control of capital and stewardship equipment purchased with Department contract funds.

**B. Completion.**

The following sections must be completed by the contractor within 30 days of acquisition of equipment purchased with contract funds and annually thereafter until the contract's termination. At the contract's conclusion date, an end-of-contract inventory is completed. ALL INFORMATION IS TO BE TYPED. All items are self-explanatory except:

**CONTRACTOR'S NAME.** Enter legal name and DEA (*doing business as*) name.

**FEI OR SSN.** Enter the federal employer identification number or social security number as applicable.

**DES CONTRACT NO.** Enter the contract number through which the equipment was purchased or acquired.

**INVENTORY DATE.** Enter the date form is prepared.

**DES ASSET NO.** Leave blank. This number will be entered by the Department. If the Department has previously provided a number, enter it.

**ITEM DESCRIPTION.** Enter the type of item and model number.

**ACQUISITION DATE.** Enter the acquisition date of purchased equipment item.

**PHYSICAL LOCATION.** Enter the address where the equipment is located. Do not use a "P.O. Box" designation.

**TOTAL ITEM COST.** Enter the total cost of the equipment item.

**DES CONTRACT COST.** Enter the amount of contract funds used to acquire the item.

**CONTRACTOR'S SIGNATURE.** The individual delegated authority for the inventory control must sign the form.

Shaded area is to be completed by DES staff.

**C. Routing.**

The contractor submits the form to the DES Program Division/Administration Contract Unit within 30 days of the acquisition of the item and annually thereafter. Upon receipt, the DES Program Division/Administration will forward the completed form to the Fleet and Equipment Services Unit, DBF, at site code 812Z-1.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 271-0597; TTY/TTD Services: 7-1-1.

**Exhibit D**

**COMMUNITY  
ACTION  
PLAN**

**SFY 20\_\_**

## Community Action Plan

I. **Organization:** \_\_\_\_\_

ADES Contract No: \_\_\_\_\_

State Fiscal Year Covered by this Community Action Plan: SFY \_\_\_\_\_

### II. Executive Summary

A. **Community Action Agency Director:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

B. **CSBG Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

### III. Statement of CSBG Assurances

As part of the annual Community Action Plan required by Section 676 of the Community Services Block Grant Act, as amended, (42 U.S. C. 9901 et seq.), the chief executive of this Community Action Agency hereby agrees to the Assurances outlined below:

#### A. Programmatic Assurances

1. The CAA assures that funds made available through the CSBG will be used to:

Support activities that are designed to assist low-income families and individuals, including homeless families and individuals, migrant or seasonal farm workers, and elderly low-income individuals and families; [676(b)(1)]

Please select and provide a description of how such activities will enable families and individuals:

to remove obstacles and solve problems that block the achievement of self-sufficiency;

Description:

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to secure and retain meaningful employment;

Description:

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to attain an adequate education, with particular attention toward improving literacy skills of the low-income families in communities involved, which may include carrying out family literacy initiatives;

Description:

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to make better use of available income;

Description:

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to obtain and maintain adequate housing and a suitable living environment;

Description:

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to obtain emergency assistance through loans, grants, or other means to meet immediate and urgent family and individual needs;

Description:

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to achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners;

Description:

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to address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime; [‘676(b)(1)]

to make more effective use of, and to coordinate with, other programs related to the purposes of CSBG, (including State welfare reform efforts); [‘676(b)(1)]



Please provide information describing how the CAA will carry out this assurance:

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4. The CAA assures that the agency will, to the maximum extent possible, coordinate programs with and form partnerships with other organizations serving low-income residents of communities and members of the groups served by the State, including religious organizations, charitable groups, and community organizations; [‘676(b)(9)]

Please provide information describing how the CAA will carry out this assurance:

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included collection of existing data to describe the community demographics and assets, a review of existing community assessments to determine needs identified in the past and identification of the current social, employment and health in the community. In addition to existing data sources, X number of key informant interviews were conducted, a service provider survey was completed by 37 providers in our service area and three focus groups were held. Finally, information gained from Community Forums conducted by Arizona State University on behalf of the Arizona Community Action Association was incorporated into the findings of the Assessment.

Service gaps were identified based an analysis of 1) the social, health and employment indicators, 2) perceptions of the key informants, and 3) the community input from focus groups and the Community Forum.

In preparing the Community Action Program 2010 Plan, the results of the assessment were reviewed by the CAP Advisory Board and CAP management to determine priorities relative to the Community Services Block Grant Funding. The process for prioritizing included:

- 1.
- 2.
- 3.

b. Please indicate the date this community needs assessment was finalized:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

7. The CAA assures that the agency will administer the community services block grant program through a tripartite board that fully participates in the development, planning, implementation, and evaluation of the program to serve low-income communities; [‘676B]

a. Please provide information describing how the CAA will carry out this assurance:

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b. Please provide the current Tripartite Board Roster and contact information immediately below:

**Tripartite Board Roster**

Board Member Name	Address	Telephone Number	Indicate No More than One: *Low -Income Rep *Elected Official *Business or Industry	Indicate Length of Term and Term Limit End Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

c. Please describe the democratic selection process used to elect a low-income representative on the tripartite board:

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- d. Please attach a copy of the current board by-laws as an addendum to this document and indicate when these by-laws were last reviewed and revised:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

B. Administrative Assurances

1. The CAA assures that unobligated funds carried forward into the following State Fiscal Year (SFY) for expenditure will be consistent with program purposes; [ '675 ( C ) superseded by Public Law 107-116]
2. The CAA assures that it will comply with the terms of any contract with the State, with the State plan, and to meet appropriate administrative standards, performance goals, financial management requirements, and other requirements established by the State (including performance objectives); [ '678C(a)]
3. The CAA assures that it will establish fiscal control and fund accounting procedures necessary to assure the proper disbursement of accounting for Federal and State funds paid to the CAA, including procedures for monitoring funds provided under the CSBG; [ '678D(a)]
4. The CAA assures that it will participate in Results Oriented Management and Accountability Practices for the purpose of measuring performance and results. This includes defining outcomes under the six national goals that promote self-sufficiency, building agency capacity, and community revitalization; [ '678E(a)(1)(A) and '678E(a)(1)(B)]
5. The CAA assures that it will repay the State amounts found not to have been expended in accordance with the CSBG Act, or the State may offset such amounts against any other amount to which the CAA is or may become entitled under the CSBG program; [679C(a)]
6. The CAA assures that CSBG funds will not be used for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than low-cost residential weatherization or other energy-related home repairs) of any building or other facility; [ '678F(a)]
7. The CAA assures that programs assisted by community services block grant funds shall not be carried out in a manner involving the use of program funds, the provision of services, or the employment or assignment of personnel in a manner supporting or resulting in the identification of such programs with any partisan or nonpartisan political activity or any political activity associated with a candidate, or contending

faction or group, in an election for public or party office; any activity to provide voters or prospective voters with transportation to the polls or similar assistance with any such election, or any voter registration activity; [‘678F(b)]

8. The CAA assures that no person shall, on the basis of race, color, national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with community services block grant funds. Any prohibition against distribution on the basis of age under the Age Discrimination Act of 1975 or with respect to an otherwise qualified individual with a disability as provided in Section 504 of the Rehabilitation Act of 1973 shall also apply to any such program or activity; [‘678F©]
9. The CAA assures that religious organizations will be considered on the same basis as other non-governmental organizations to provide assistance under the program so long as the program is implemented in a manner consistent with the Establishment Clause of the first amendment of the Constitution; not to discriminate against an organization that provides assistance under, or applies to provide assistance under the community services block grant program on the basis that the organization has a religious character; and not to require a religious organization to alter its form of internal government except as provided under the CSBG Section 678B or to remove religious art, icons, scripture or other symbols in order to provide assistance under the community services block grant; [‘679]
10. The CAA assures that it will comply with the requirements of Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education or library services to children under the age of 18 if the services are funded by a Federal grant, contract, loan or loan guarantee. The CAA further agrees that it will require the language of this certification be included in any sub-awards, which contain provisions for children’s services and that all sub-contractors shall certify accordingly.

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Signature

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Authorized Signatory/Director of the Agency

Date

**IV. Narrative Plan To Implement Assurances**

**1. Administrative Structure**

Please provide a description of the CAA as an organization, its primary functions, mission, responsibilities, organizational structure, and its association as a part of a larger entity if appropriate;

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**2. Program Overview**

**A. Service Delivery System**

Please provide a description of the service delivery system for services provided or coordinated with CSBG funds, targeted to low-income individuals and families in the community; [‘676(b)(3)(A)] This should include services to be provided, current programs, geographical location, population demographics, and socio-economic factors existing in the area;

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**B. Subcontracting Agencies**

Please identify subcontracting agencies, CSBG funding levels, and services provided by each agency.

**SUBCONTRACTING AGENCIES**

AGENCY NAME ADDRESS TELEPHONE NUMBER	SERVICES PROVIDED	CSBG FUNDS AWARDED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
	<b>TOTAL</b>	

**3. Linkages**

Please provide information which describes how linkages will be developed to fill identified gaps in the services, through the provision of information, referrals, case management, and follow up consultation; [‘676(b)(3)(B)]

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**4. Coordination of Funds**

Please provide information which describes how CSBG funds will be coordinated with other public and private resources; [‘676(b)(3)(C)]

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5. **Innovative Community and Neighborhood Based Initiatives**

Please provide information which describes how the CAA will use funds to support innovative community and neighborhood-based initiatives related to the purposes of CSBG, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging effective parenting; [676(b)(3)(D)]

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6. **Child Support Referrals**

Please provide information which describes how the CAA will inform custodial parents in single-parent families that participate in programs, activities, or services carried out under the CSBG about the availability of child support services; and refer eligible parents to the child support offices of the State. [678G(b)(1) & (2)]

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**V. Results Oriented Management and Accountability (ROMA) Performance Measures**

Please attach a copy of the ROMA Catalog and specify the performance measures the CAA will report in the timeframe covered by this Community Action Plan, to measure agency success in achieving the six OCS National Community Action Goals.

Goals	Community Needs / Gaps in Service	Performance Measures
Low-income People Become More Self-Sufficient		
The Conditions in Which Low-income People Live are Improved.		
Low Income People Own a Stake in Their Community		
Partnerships Among Supporters and Providers of Service to Low-income People are Achieved.		
Agencies Increase Their Capacity to Achieve Results		
Low-income People, Especially Vulnerable Populations, Achieve their Potential by Strengthening Family and Other Supportive Systems.		

**Exhibit E**

Part II: Outcome of Efforts, FY 20 - Quarter				
National Performance Indicators - Agency Level Forms				
Name of Agency Reporting:				
Goal 1: Low-income people become more self-sufficient.				
National Performance Indicator (2)	A) Number of Participants Enrolled in Program(s)	B) Number of Participants Expected to Achieve Outcome in Reporting Period (Target)	C) Number of Participants Achieving Outcome in Reporting Period (Actual)	D) Percentage Achieving Outcome in Reporting Period (C-B)/B x 100
Employment The number and percentage of low-income participants in Community Action employment initiatives who get a job, become self-employed, or measured by one or more of the following:				
A. Unemployed and obtained a job (Pg. 16)				#DIV/0!
B. Employed and maintained a job for at least 90 days (Pg. 17)				#DIV/0!
C. Employed and obtained an increase in employment income and/or benefits (Pg. 17)				#DIV/0!
D. Achieved "living wage" employment and/or benefits (Pg. 18)				#DIV/0!
<i>In the rows below, please include any additional indicators that were not captured above.</i>				
				#DIV/0!
				#DIV/0!
				#DIV/0!

**Goal 1: Low-income people become more self-sufficient.**

National Performance Indicator 2 Employment Supports The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from Community Action, as measured by one or more of the following:	Number of Participants Enrolled in Program(s)	Number of Participants Achieving Outcome in Reporting Period
A. Obtained skills/competencies required for employment (Pg.21)		
B. Completed ABE/GED and received certificate or diploma (Pg.21)		
C. Completed post-secondary education program and obtained certificate or diploma (Pg.21)		
D. Enrolled children in before or after school programs (Pg.22)		
E. Obtained care for child or other dependant (Pg.22)		
F. Obtained access to reliable transportation and/or driver's license (Pg.22)		
G. Obtained health care services for themselves or family member (Pg.23)		
H. Obtained safe and affordable housing (Pg.23)		
I. Obtained food assistance (Pg.23)		
J. Obtained non-emergency LIHEAP energy assistance (Pg.24)		
K. Obtained non-emergency WX energy assistance (Pg.24)		
L. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not include LIHEAP or WX) (Pg.24)		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		

**Goal 1: Low-income people become more self-sufficient.**

	<p><b>National Performance Indicator 1:</b> <b>Economic Asset Enhancement and Utilization</b> The number and percentage of low-income households that achieve and/or improve financial assets and/or financial skills as a result of Community Action assistance and the aggregated amount of those assets and resources for all participants achieving the outcome as measured by one of the methods below:</p>	<p>A) Number of Participants Enrolled in Program(s) (#)</p>	<p>B) Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (#)</p>	<p>C) Number of Participants Achieving Outcome in Reporting Period (Actual) (#)</p>	<p>D) Percentage Achieving Outcome in Reporting Period (C/B x 100) (%)</p>	<p>E) Aggregated Dollar Amounts (Payments, Credits, or Savings) (\$)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">E N H A N C E M E N T</p>	<p>1. Number and percent of participants in tax preparation programs who qualified for any type of Federal or State tax credit and the expected aggregated dollar amount of credits (Pg.27)</p>				<p>#DIV/0!</p>	
	<p>2. Number and percent of participants who obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments (Pg.27)</p>				<p>#DIV/0!</p>	
	<p>3. Number and percent of participants who were enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of savings (Pg.27)</p>				<p>#DIV/0!</p>	
<p><i>In the rows below, please include any additional indicators that were not captured above.</i></p>						
					<p>#DIV/0!</p>	
					<p>#DIV/0!</p>	
					<p>#DIV/0!</p>	

**Goal 1: Low-income people become more self-sufficient.**

	National Performance Indicator 3 (Continued) Economic Asset Enhancement and Utilization	A) Number of Participants Enrolled in Programs (#)	B) Number of Participants Expected to Achieve Outcomes in Reporting Periods (#)	C) Number of Participants Achieving Outcome in Reporting Period (Actual) (#)	D) Percentage Achieving Outcome in Reporting Period (C/B * 100) (%)	E) Aggregated Total Amounts (Payments, Credits, or Savings) (\$)
U T I L I Z A T I O N	1. Number and percent of participants demonstrating ability to complete and maintain a budget for over 90 days (Pg.27)				#DIV/0!	N/A
	2. Number and percent of participants opening an Individual Development Account (IDA) or other savings account (Pg.28)				#DIV/0!	N/A
	3. Number and percent of participants who increased their savings through IDA or other savings accounts and the aggregated amount of savings (Pg.28)				#DIV/0!	
	4. Of participants in a Community Action assets development program (IDA and others): (Pg.28)					
	a. Number and percent of participants capitalizing a small business with accumulated savings (Pg.28)				#DIV/0!	
	b. Number and percent of participants pursuing post-secondary education with accumulated savings (Pg.28)				#DIV/0!	
	c. Number and percent of participants purchasing a home with accumulated savings (Pg.29)				#DIV/0!	
	d. Number and percent of participants purchasing other assets with accumulated savings (Pg.29)				#DIV/0!	
<i>In the rows below, please include any additional indicators that were not captured above.</i>						
					#DIV/0!	
					#DIV/0!	
					#DIV/0!	



**Goal 2: The conditions in which low-income people live are improved.**

National Performance Indicator 21 Community Improvement and Revitalization Increase or strengthening of affordable opportunities and community resources in services for low-income people within the community as a result of community action projects/initiatives as directed by the public and private agencies, as measured by one or more of the following:	Number of Projects or Initiatives (A)	Number of Opportunities and/or Community Resources Preserved or Increased (B)
A. Jobs created, or saved, from reduction or elimination in the community (Pg.32)		
B. Accessible "living wage" jobs created, or saved, from reduction or elimination in the community (Pg.32)		
C. Safe and affordable housing units created in the community (Pg.33)		
D. Safe and affordable housing units in the community preserved or improved through construction, weatherization or rehabilitation achieved by Community Action activity or advocacy (Pg.33)		
E. Accessible safe and affordable health care services/facilities for low-income people created, or saved from reduction or elimination (Pg.33)		
F. Accessible safe and affordable child care or child development placement opportunities for low-income families created, or saved from reduction or elimination (Pg.34)		
G. Accessible before-school and after-school program placement opportunities for low-income families created, or saved from reduction or elimination (Pg.34)		
H. Accessible new or expanded transportation resources, or those that are saved from reduction or elimination, that are available to low-income people, including public or private transportation (Pg.34)		
I. Accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination, that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post secondary education (Pg.35)		
In the rows below, please include any additional indicators that were not captured above.		

**Goal 2: The conditions in which low-income people live are improved.**

National Performance Indicator 2 Community Quality of Life and Assets The quality of life and assets in low-income neighborhoods are improved by community action initiatives or advocacy as measured by one or more of the following:	Number of Program Initiatives or Advocacy Efforts (#)	Number of Community Assets, Services or Facilities Preserved or Increased (#)
A. Increases in community assets as a result of a change in law, regulation or policy, which results in improvements in quality of life and assets (Pg.37)		
B. Increase in the availability or preservation of community facilities (Pg.38)		
C. Increase in the availability or preservation of community services to improve public health and safety (Pg.38)		
D. Increase in the availability or preservation of commercial services within low-income neighborhoods (Pg.38)		
E. Increase in or preservation of neighborhood quality-of-life resources (Pg.39)		

In the rows below, please include any additional indicators that were not captured above.


National Performance Indicator 2 - NEW INDICATOR Community Engagement The number of community members working with Community Action to improve conditions in the community	Total Contribution Community (#)
A. Number of community members mobilized by Community Action that participate in community revitalization and anti-poverty initiatives (Pg.41)	
B. Number of volunteer hours donated to the agency (This will be ALL volunteer hours) (Pg.41)	

National Performance Indicator 2 - NEW INDICATOR Employment Growth from ARRA Funds The total number of jobs created or saved, at least in part by ARRA funds, in the community	Number of Jobs (#)
A. Jobs created at least in part by ARRA funds (Pg.43)	
B. Jobs saved at least in part by ARRA funds (Pg.43)	
In the rows below, please include any additional indicators that were not captured above.	



**Goal 3: Low-income people own a stake in their community.**

<b>National Performance Indicator 3.1 *NEW INDICATOR*</b> <b>Community Enhancement through Maximum Feasible Participation</b> The number of volunteer hours donated to Community Action	<b>Total Number of Volunteer Hours</b>  (#)
<b>Total number of volunteer hours donated by <u>low-income individuals</u> to Community Action (This is ONLY the number of volunteer hours from individuals who are low-income)</b> (Pg.44)	
<i>In the rows below, please include any additional indicators that were not captured above.</i>	

<b>National Performance Indicator 3.2</b> <b>Community Empowerment through Maximum Feasible Participation</b> The number low-income people mobilized as a direct result of Community Action initiative to engage in activities that support and promote their own well-being and that of their community, as measured by one or more of the following:	<b>Number of Low-Income People</b>  (#)
<b>A. Number of low-income people participating in formal community organizations, government, boards or councils that provide input to decision-making and policy-setting through Community Action efforts</b> (Pg.46)	
<b>B. Number of low-income people acquiring businesses in their community as a result of Community Action assistance</b> (Pg.47)	
<b>C. Number of low-income people purchasing their own home in their community as a result of Community Action assistance</b> (Pg.47)	
<b>D. Number of low-income people engaged in non-governance community activities or groups created or supported by Community Action</b> (Pg.47)	
<i>In the rows below, please include any additional indicators that were not captured above.</i>	







**Goal 5: Agencies increase their capacity to achieve results.**

<b>National Performance Indicator 5.1</b> <b>Agency Development</b> The number of human capital resources available to Community Action that increase agency capacity to achieve family and community outcomes, as measured by one or more of the following (Pg 62)	<b>Resources in Agency</b> (#)
Number of C-CAPs	
Number of ROMA Trainers	
Number of Family Development Trainers	
Number of Child Development Trainers	
Number of staff attending trainings	
Number of board members attending trainings	
<i>Hours</i> of staff in trainings	
<i>Hours</i> of board members in trainings	
In the rows below, please include any additional indicators that were not captured above. Please describe these measures in Goal 5 Notes.	



**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

National Performance Indicator 6.1 Independent Living The number of vulnerable individuals receiving services from Community Action who maintain an independent living situation as a result of those services.	Number of Vulnerable Individuals Living Independently (#)
<b>A. Senior Citizens</b> (seniors can be reported twice, once under Senior Citizens and again if they are disabled under Individuals with Disabilities, ages 55-over) (Pg.55)	
<b>B. Individuals with Disabilities</b> (Pg.55)	
Ages: 0-17	
18-54	
55-over	
<i>In the rows below, please include any additional indicators that were not captured above.</i>	

National Performance Indicator 6.2 Emergency Assistance The number of low-income individuals served by Community Action who sought emergency assistance and the number of these individuals for whom assistance was provided, including such services as:	Number of Individuals Seeking Assistance (#)	Number of Individuals Receiving Assistance (#)
<b>A. Emergency Food</b> (Pg.59)		
<b>B. Emergency fuel or utility payments funded by LIHEAP or other public and private funding sources</b> (Pg.59)		
<b>C. Emergency Rent or Mortgage Assistance</b> (Pg.59)		
<b>D. Emergency Car or Home Repair</b> (i.e. structural, appliance, heating system, etc.) (Pg.59)		
<b>E. Emergency Temporary Shelter</b> (Pg.60)		
<b>F. Emergency Medical Care</b> (Pg.60)		
<b>G. Emergency Protection from Violence</b> (Pg.60)		
<b>H. Emergency Legal Assistance</b> (Pg.61)		
<b>I. Emergency Transportation</b> (Pg.61)		
<b>J. Emergency Disaster Relief</b> (Pg.61)		
<b>K. Emergency Clothing</b> (Pg.62)		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		

**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

National Performance Indicator 6.3 Child and Family Development		A) Number of Participants Enrolled in Program(s)	B) Number of Participants Expected to Achieve Outcome in Reporting Period (Target)	C) Number of Participants Achieving Outcome in Reporting Period (Actual)	D) Percentage Achieving Outcome in Reporting Period [(C/B) x 100]
The number and percentage of infants, children, youth, parents, and other adults participating in developmental or enrichment programs who achieve program goals as measured by one or more of the following:		(#)	(#)	(#)	(%)
I N F A N T S & C H I L D R E N	1. Infants and children obtain age-appropriate immunizations, medical, and dental care				#DIV/0!
	2. Infant and child health and physical development are improved as a result of adequate nutrition				#DIV/0!
	3. Children participate in pre-school activities to develop school readiness skills				#DIV/0!
	4. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1st Grade				#DIV/0!
Y O U T H	1. Youth improve health and physical development				#DIV/0!
	2. Youth improve social/emotional development				#DIV/0!
	3. Youth avoid risk-taking behavior for a defined period of time				#DIV/0!
	4. Youth have reduced involvement with criminal justice system				#DIV/0!
	5. Youth increase academic, athletic, or social skills for school success				#DIV/0!
A D U L T S	1. Parents and other adults learn and exhibit improved parenting skills				#DIV/0!
	2. Parents and other adults learn and exhibit improved family functioning skills				#DIV/0!
<i>In the rows below, please include any additional indicators that were not captured above.</i>					
Family Maintenance: (specify outcome)					#DIV/0!
Family Maintenance: (specify outcome)					#DIV/0!
					#DIV/0!

**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

National Performance Indicator 6.4 - NEW INDICATOR	Number of Participants Enrolled in Program(s)	Number of Participants Achieving Outcome in Reporting Period
<b>Family Support (Seniors, Disabled and Caregivers)</b> Low-income people who are unable to work, especially seniors, adults with disabilities, and caregivers, for whom barriers to family stability are reduced or eliminated, as measured by one or more of the following:	(7)	(8)
A. Enrolled children in before or after school programs (Pg.72)		
B. Obtained care for child or other dependant (Pg.72)		
C. Obtained access to reliable transportation and/or driver's license (Pg.72)		
D. Obtained health care services for themselves or family member (Pg.73)		
E. Obtained safe and affordable housing (Pg.73)		
F. Obtained food assistance (Pg.73)		
G. Obtained non-emergency LIHEAP energy assistance (Pg.73)		
H. Obtained non-emergency WX energy assistance (Pg.74)		
I. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not Include LIHEAP or WX) (Pg.74)		

National Performance Indicator 6.5 - NEW INDICATOR	Number of Services
<b>Service Counts:</b> The number of services provided to low-income individuals and/or families, as measured by one or more of the following:	(9)
A. Food Boxes (Pg.76)	
B. Pounds of Food (Pg.77)	
C. Units of Clothing (Pg.77)	
D. Rides Provided (Pg.77)	
E. Information and Referral Calls (Pg.78)	



Exhibit F

**COMMUNITY SERVICES BLOCK GRANT  
INFORMATION SYSTEM (CSBG IS) SURVEY**

**Sections D-G and  
National Performance Indicators for the Six National Goals 1-6**

**of**

**FISCAL YEAR 20\_\_**

**COMMUNITY SERVICES BLOCK GRANT**

**by**

**THE NATIONAL ASSOCIATION FOR STATE COMMUNITY SERVICES PROGRAMS**

**Section D: Accomplishments and Coordination of Funds**

> Use a separate sheet for your answers, or enter them here. Please do not use acronyms.

**1. Strategic Thinking for Long-Term Solutions**

a. Please describe an agency strategy which addresses a long-term solution to a persistent problem affecting members of the low-income community. Address the following questions:

i. How did the agency identify the community need?

ii. How were CSBG funds used to plan, manage, and/or develop the approach?

iii. What local partners were involved, and how did each contribute to the program?

iv. What outcome indicators did the agency use to measure success?

v. What outcomes have resulted in FY 2013? If no outcomes yet, when?

**2. Delivering High-Quality, Accessible, and Well-Managed Services**

a. Please describe what you consider to be the top management accomplishment achieved by your State CSBG office during FY 2013. Show how responsible, informed leadership led to effective and efficient management of CSBG.

**Top State Management Accomplishment:**

b. Please describe what you consider to be the top three management accomplishments achieved by your agencies during FY 2013. Show how responsible, informed leadership and effective, efficient processes led to high-quality, accessible, and well-managed services.

**Top Three Agency Management Accomplishments:**

1.

2.

3.

Exhibit F - CSBG IS Survey

**3. Mobilizing Resources to Support Innovative Solutions**

a. Please describe how your agency addressed a cause or condition of poverty in the community using an innovative or creative approach. Showcase how your agency relied on mobilization and coordination of resources to help reach interim and final outcomes. Demonstrate how CSBG "works" as it funds staff activities, investments, or services to meet a community need. Include the following elements:

i. Agency name (no acronyms please)

ii. Program name

iii. CSBG service category

iv. Description of program (capacity, duration, targeted population, etc)

v. How was the agency's approach innovative or creative? Please be specific.

vi. Outcomes achieved (include the number of people enrolled and areas affected)

vii. How were CSBG funds used? Please be specific.

viii. What local partners were involved, and how did each contribute to the program?

**4. Providing Positive Results for Vulnerable Populations**

a. Please describe one youth-focused initiative that illustrates how CSBG funding was used and coordinated with other programs and resources. Include the following elements:

i. Description of Initiative

ii. What local partners were involved, and how did each contribute to the program?

iii. Outcomes achieved (include the number of people enrolled and areas affected)

iv. How were CSBG funds used? Please be specific.

b. Please describe one senior-focused initiative that illustrates how CSBG funding was used and coordinated with other programs and resources. Include the following elements:

i. Description of Initiative

ii. What local partners were involved, and how did each contribute to the program?

iii. Outcomes achieved (include the number of people enrolled and areas affected)

iv. How were CSBG funds used? Please be specific.

**Section E: CSBG Expenditures by Service Category**

Agency Reporting: [Redacted]

Table 1: Total amount of CSBG funds expended in FY 2013 by Service Category

Service Category	CSBG Funds
1. Employment	[Redacted]
2. Education	[Redacted]
3. Income Management	[Redacted]
4. Housing	[Redacted]
5. Emergency Services	[Redacted]
6. Nutrition	[Redacted]
7. Linkages	[Redacted]
8. Self Sufficiency	[Redacted]
9. Health	[Redacted]
10. Other	[Redacted]
<b>Totals</b>	[Redacted]

Of the CSBG funds reported above **\*\*\*** [Redacted] **\*\*\*** were for administration.

Please consult the instructions regarding what constitutes "administration."

Table 2: Of the funding listed in Table 1: Funds for Services by Demographic Category, FY 2013

Demographic Category	CSBG Funds
1. Youth (Individuals aged 12 to 18)	[Redacted]
2. Seniors (Individuals aged 65 and up)	[Redacted]



**SECTION F. Resources Administered and Generated**

**16. State Resources**

a. State appropriated funds used for the same purpose as federal CSBG funds	16a.	<input type="text"/>
b. State Housing and Homeless programs (include housing tax credits)	16b.	<input type="text"/>
c. State Nutrition programs	16c.	<input type="text"/>
d. State Day Care and Early Childhood programs	16d.	<input type="text"/>
e. State Energy programs	16e.	<input type="text"/>
f. State Health programs	16f.	<input type="text"/>
g. State Youth Development programs	16g.	<input type="text"/>
h. State Employment and Training programs	16h.	<input type="text"/>
i. State Head Start programs	16i.	<input type="text"/>
j. State Senior programs	16j.	<input type="text"/>
k. State Transportation programs	16k.	<input type="text"/>
l. State Education programs	16l.	<input type="text"/>
m. State Community, Rural and Economic Development programs	16m.	<input type="text"/>
n. State Family Development programs	16n.	<input type="text"/>
o. Other State Resources:		
i.	15o.i.	<input type="text"/>
ii.	15o.ii.	<input type="text"/>
iii.	15o.iii.	<input type="text"/>
iv.	15o.iv.	<input type="text"/>
Total Other State Resources		16o. <input type="text"/>

17. **TOTAL: STATE RESOURCES**

18. If any of these resources were also reported under item 15 (Federal Resources) please estimate the amount.

**Section F. Resources Administered and Generated**

**19. Local Resources**

- a. Amount of unrestricted funds appropriated by local government 19a.
- b. Amount of restricted funds appropriated by local government 19b.
- c. Value of Contract Services 19c.
- d. Value of in-kind goods/services received from local government 19d.

20. **TOTAL: LOCAL PUBLIC RESOURCES**

21. If any of these resources were also reported under items 15 or 17, (Federal or State resources) please estimate the amount.

**22. Private Sector Resources**

- a. Funds from foundations, corps., United Way, other nonprofits 22a.
- b. Other donated funds 22b.
- c. Value of other donated items, food, clothing, furniture, etc. 22c.
- d. Value of in-kind services received from businesses 22d.
- e. Payments by clients for services 22e.
- f. Payments by private entities for goods or services for low-income clients or communities 22f.

23. **TOTAL: PRIVATE SECTOR RESOURCES**

24. If any of these resources were also included in subtotal items 15, 17, or 20 (Federal, State, or Local resources) please estimate the amount.

**25. TOTAL: (FEDERAL, STATE, LOCAL, PRIVATE)**   
 ALL NON-CSBG RESOURCES  
 less amount of double count from items 18, 21, and 24

**26. TOTAL Including CSBG**   
 (Item 25 plus Item 2)

**Section G Program Participant Characteristics**

1. Name of Agency Reporting

2a. Total Non CSBG Resources Reported in Section F

2b. Total amount of CSBG Funds allocated

Total Resources for FY 2013 (2a + 2b)

3. Total unduplicated number of persons about whom one or more characteristics were obtained:

4. Total unduplicated number of persons about whom no characteristics were obtained:

5. Total unduplicated number of families about whom one or more characteristics were obtained:

6. Total unduplicated number of families about whom no characteristics were obtained:

7. Gender	Number of Persons*	13. Family Size	Number of Families***
a. Male	<input type="text"/>	a. One	<input type="text"/>
b. Female	<input type="text"/>	b. Two	<input type="text"/>
TOTAL*	<input type="text"/>	c. Three	<input type="text"/>
		d. Four	<input type="text"/>
		e. Five	<input type="text"/>
		f. Six	<input type="text"/>
		g. Seven	<input type="text"/>
		h. Eight or more	<input type="text"/>
		TOTAL***	<input type="text"/>

8. Age	Number of Persons*	14. Source of Family Income	Number of Families
a. 0 - 5	<input type="text"/>	a. Unduplicated # Families Reporting One or More Sources of Income	<input type="text"/>
b. 6 - 11	<input type="text"/>	b. Unduplicated # Families Reporting Zero Income	<input type="text"/>
c. 12 - 17	<input type="text"/>	TOTAL Unduplicated # Families Reporting One or More Sources of Income or Zero Income.***	<input type="text"/>
d. 18 - 23	<input type="text"/>	Below please report the total # of families identifying the applicable sources of income	
e. 24 - 44	<input type="text"/>	c. TANF	<input type="text"/>
f. 45 - 54	<input type="text"/>	d. SSI	<input type="text"/>
g. 55 - 69	<input type="text"/>	e. Social Security	<input type="text"/>
h. 70 +	<input type="text"/>	f. Pension	<input type="text"/>
TOTAL*	<input type="text"/>	g. General Assistance	<input type="text"/>
		h. Unemployment Insurance	<input type="text"/>
		i. Employment + Other Source	<input type="text"/>
		j. Employment Only	<input type="text"/>
		k. Other	<input type="text"/>
		l. Total (Items c-k)	<input type="text"/>

9. Ethnicity/Race	Number of Persons*	15. Level of Family Income (% of HHS Guideline)	Number of Families***
I. Ethnicity		a. Up to 50%	<input type="text"/>
a. Hispanic, Latino or Spanish Origin	<input type="text"/>	b. 51% to 75%	<input type="text"/>
b. Not Hispanic, Latino, or Spanish Origin	<input type="text"/>	c. 76% to 100%	<input type="text"/>
TOTAL*	<input type="text"/>	d. 101% to 125%	<input type="text"/>
		e. 125% to 150%	<input type="text"/>
II. Race		f. 151% to 175%	<input type="text"/>
a. White	<input type="text"/>	g. 176% to 200%	<input type="text"/>
b. Black or African American	<input type="text"/>	h. 201% and over	<input type="text"/>
c. American Indian and Alaska Native	<input type="text"/>	TOTAL***	<input type="text"/>
d. Asian	<input type="text"/>		
e. Native Hawaiian and Other Pacific Islander	<input type="text"/>		
f. Other	<input type="text"/>		
g. Multi-Race (any two or more of the above)	<input type="text"/>		
TOTAL*	<input type="text"/>		

10. Education Levels of Adults # (# For Adults 24 Years Or Older Only)	Number of Persons**	16. Housing	Number of Families***
a. D-B	<input type="text"/>	a. Own	<input type="text"/>
b. 9-12/Nor-Graduate	<input type="text"/>	b. Rent	<input type="text"/>
c. High School Graduate/GED	<input type="text"/>	c. Homeless	<input type="text"/>
d. 12+ Some Post Secondary	<input type="text"/>	d. Other*	<input type="text"/>
e. 2 or 4 years College Graduate	<input type="text"/>	TOTAL***	<input type="text"/>
TOTAL**	<input type="text"/>		

11. Other Characteristics	Number of Persons*		TOTAL*
	Yes	No	
a. Health Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Disabled	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Family Type	Number of Families***
a. Single Parent Female	<input type="text"/>
b. Single Parent Male	<input type="text"/>
c. Two Parent Household	<input type="text"/>
d. Single Person	<input type="text"/>
e. Two Adults NO children	<input type="text"/>
f. Other	<input type="text"/>
TOTAL***	<input type="text"/>

e. Please describe housing situations included in 16.d. Other:

\* The sum of this category should not exceed the value of item 3  
 \*\* The sum of this category should not exceed the value of items 8 e-h  
 \*\*\* The sum of this category should not exceed the value of item 5

Outcome of Efforts, FY 2013

National Performance Indicators - Agency Level Forms

Name of Agency Reporting:

Goal 1: Low-income people become more self-sufficient.

National Performance Indicator 1.1: Employment The number and percentage of low-income participants who get a job or become self-employed as a result of Community Action Assistance, as measured by one or more of the following:	I) Number of Participants Enrolled in Program(s) (i)	II) Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (ii)	III) Number of Participants Achieving Outcome in Reporting Period (Actual) (iii)	IV) Percentage Achieving Outcome in Reporting Period (Actual) (iv)
A. Unemployed and obtained a job				#DIV/0!
B. Employed and maintained a job for at least 90 days				#DIV/0!
C. Employed and obtained an increase in employment income and/or benefits				#DIV/0!
D. Achieved "living wage" employment and/or benefits				#DIV/0!
<i>In the rows below, please include any additional indicators that were not captured above.</i>				
				#DIV/0!
				#DIV/0!
				#DIV/0!

Exhibit F - CSBG IS Survey

**Goal 1: Low-income people become more self-sufficient.**

<b>National Performance Indicator 12</b> <b>Employment Support</b> The number of low-income participants for whom barriers to stable or continuous employment are reduced or eliminated through assistance from Community Action, as measured by one or more of the following:	<b>(1) Number of Participants Enrolled in Program(s)</b>	<b>(2) Number of Participants Achieving Outcome in Reporting Period</b>
A. Obtained skills/competencies required for employment		
B. Completed ABE/GED and received certificate or diploma		
C. Completed post-secondary education program and obtained certificate or diploma		
D. Enrolled children in before or after school programs		
E. Obtained care for child or other dependant		
F. Obtained access to reliable transportation and/or driver's license		
G. Obtained health care services for themselves or family member		
H. Obtained and/or maintained safe and affordable housing		
I. Obtained food assistance		
J. Obtained non-emergency LIHEAP energy assistance		
K. Obtained non-emergency WX energy assistance		
L. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not include LIHEAP or WX)		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		

Exhibit F - CSBG IS Survey

Goal 1: Low-income people become more self-sufficient.

	National Performance Indicator(s)  Economic Asset Enhancement and Utilization  The number and percentage of low-income households that achieve an increase in financial assets and financial skills as a result of Community Action assistance, and the aggregated amount of these assets, and resources for all principals achieving the outcome, as measured by one or more of the following:	II) Number of Participants Expected to Achieve Outcome Reporting Period (Target)	III) Number of Participants Achieving Outcome Reporting Period (Actual)	IV) Percentage Achieving Outcome Reporting Period (Actual/Target)	V) Aggregated Dollar Amounts (Payments, Credits or Savings)
	(e)	(f)	(g)	(h)	(i)
E N H A N C E M E N T	A. Number and percent of participants in tax preparation programs who qualified for any type of Federal or State tax credit and the expected aggregated dollar amount of credits			#DIV/0!	
	B. Number and percent of participants who obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments			#DIV/0!	
	C. Number and percent of participants who were enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of savings			#DIV/0!	
<i>In the rows below, please include any additional indicators that were not captured above.</i>					
				#DIV/0!	
				#DIV/0!	
				#DIV/0!	

Exhibit F - CSBG IS Survey

Goal 1: Low-income people become more self-sufficient.

	National Performance Indicator 1.3 (Continued) Economic Asset Enhancement and Utilization	II) Number of Participants Enrolled in Program(s) (#)	III) Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (#)	IV) Number of Participants Achieving Outcome in Reporting Period (Actual) (#)	V) Percentage Achieved in Reporting Period [(III)/(IV)] (%)	VI) Aggregated Dollar Amounts (Payments, Credits, or Savings) (\$)
U T I L I Z A T I O N	D. Number and percent of participants demonstrating ability to complete and maintain a budget for over 90 days				#DIV/0!	N/A
	E. Number and percent of participants opening an Individual Development Account (IDA) or other savings account				#DIV/0!	N/A
	F. Number and percent of participants who increased their savings through IDA or other savings accounts and the aggregated amount of savings				#DIV/0!	
	G. Number and percent of participants capitalizing a small business with accumulated IDA or other savings				#DIV/0!	
	H. Number and percent of participants pursuing post-secondary education with accumulated IDA or other savings				#DIV/0!	
	I. Number and percent of participants purchasing a home with accumulated IDA or other savings				#DIV/0!	
	J. Number and percent of participants purchasing other assets with accumulated IDA or other savings				#DIV/0!	
<i>In the rows below, please include any additional indicators that were not captured above.</i>						
					#DIV/0!	
					#DIV/0!	
					#DIV/0!	



Exhibit F - CSBG IS Survey

Goal 2: The conditions in which low-income people live are improved.

National Performance Indicator 2.1 Community Improvement and Revitalization Increase in or safeguarding of threatened opportunities and community resources or services for low-income people in the community as a result of Community Action projects/initiatives or advocacy with other public and private agencies, as measured by one or more of the following:	Number of Projects or Initiatives (#)	Number of Opportunities and/or Community Resources Preserved or Increased (#)
A. Jobs created, or saved, from reduction or elimination in the community		
B. Accessible "living wage" jobs created, or saved, from reduction or elimination in the community		
C. Safe and affordable housing units created in the community		
D. Safe and affordable housing units in the community preserved or improved through construction, weatherization or rehabilitation achieved by Community Action activity or advocacy		
E. Accessible safe and affordable health care services/facilities for low-income people created, or saved from reduction or elimination		
F. Accessible safe and affordable child care or child development placement opportunities for low-income families created, or saved from reduction or elimination		
G. Accessible before-school and after-school program placement opportunities for low-income families created, or saved from reduction or elimination		
H. Accessible new or expanded transportation resources, or those that are saved from reduction or elimination, that are available to low-income people, including public or private transportation		
I. Accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination, that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post secondary education		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		

Exhibit F - CSBG IS Survey

**Goal 2: The conditions in which low-income people live are improved.**

National Performance Indicator 2 Community Quality of Life and Assets The quality of life and assets in low-income neighborhoods are improved by Community Action initiative or advocacy, as measured by one or more of the following:	1) Number of Program Initiatives or Advocacy Efforts (#)	2) Number of Community Assets, Services or Facilities Preserved or Increased (#)
A. Increases in community assets as a result of a change in law, regulation or policy, which results in improvements in quality of life and assets		
B. Increase in the availability or preservation of community facilities		
C. Increase in the availability or preservation of community services to improve public health and safety		
D. Increase in the availability or preservation of commercial services within low-income neighborhoods		
E. Increase in or preservation of neighborhood quality-of-life resources		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		

National Performance Indicator 2 Community Engagement The number of community members working with Community Action to improve conditions in the community	1) Total Community Contributions (#)
A. Number of community members mobilized by Community Action that participate in community revitalization and anti-poverty initiatives	
B. Number of volunteer hours donated to the agency (This will be ALL volunteer hours)	



**Goal 3: Low-income people own a stake in their community.**

National Performance Indicator 3-1 Community Enhancement through Maximum Feasible Participation <small>The number of volunteer hours donated to Community Action.</small>	1) Total Number of Volunteer Hours <small>(#)</small>
A. Total number of volunteer hours donated by <b>low-income</b> individuals to Community Action <i>(This is ONLY the number of volunteer hours from individuals who are low-income)</i>	
<i>In the rows below, please include any additional indicators that were not captured above.</i>	

National Performance Indicator 3-2 Community Empowerment through Maximum Feasible Participation <small>The number low-income people mobilized as a direct result of Community Action initiative to engage in activities that support and promote the own well-being and that of their community, as measured by one or more of the following:</small>	2) Number of Low-income People <small>(#)</small>
A. Number of low-income people participating in formal community organizations, government, boards or councils that provide input to decision-making and policy-setting through Community Action efforts	
B. Number of low-income people acquiring businesses in their community as a result of Community Action assistance	
C. Number of low-income people purchasing their own home in their community as a result of Community Action assistance	
D. Number of low-income people engaged in non-governance community activities or groups created or supported by Community Action	
<i>In the rows below, please include any additional indicators that were not captured above.</i>	



**Goal 4: Partnerships among supporters and providers of services to low-income people are achieved.**

National Performance Indicator 4.1 Expanding Opportunities through Community Wide Partnerships The number of organizations, both public and private, that Community Action actively works with to expand resources and opportunities in order to achieve family and community outcomes.	i) Number of Organizations (b)	ii) Number of Partnerships (b)
A. Nonprofit		
B. Faith Based		
C. Local Government		
D. State Government		
E. Federal Government		
F. For-Profit Business or Corporation		
G. Consortia/Collaboration		
H. Housing Consortia/Collaboration		
I. School Districts		
J. Institutions of post secondary education/training		
K. Financial/Banking Institutions		
L. Health Service Institutions		
M. State wide associations or collaborations		
In the rows below, please add other types of partners with which your CAA has formed relationships that were not captured above.		
N. The total number of organizations and total number of partnerships CAAs work with to promote family and community outcomes (automatically calculates)	0	0



**Goal 5: Agencies increase their capacity to achieve results.**

National Performance Indicator 5.1 Agency Development	Agency
The number of human capital resources available to Community Action that increase agency capacity to achieve family and community outcomes, as captured by components of the following:	Agency #
A. Number of Certified Community Action Professionals	
B. Number of Nationally Certified ROMA Trainers	
C. Number of Family Development Certified Staff	
D. Number of Child Development Certified Staff	
E. Number of staff attending trainings	
F. Number of board members attending trainings	
G. Hours of staff in trainings	
H. Hours of board members in trainings	
In the rows below, please include any additional indicators that were not captured above.	



**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

National Performance Indicator 1	D Number of vulnerable individuals living independently
Independent Living The number of vulnerable individuals receiving services from Community Action who maintain an independent living situation as a result of those services.	(N)
A. Senior Citizens (seniors can be reported twice, once under Senior Citizens and again if they are disabled under Individuals with Disabilities, ages 55-over)	
B. Individuals with Disabilities	
Ages: 0-17	
18-54	
55-over	
Age Unknown	
TOTAL Individuals with disabilities (automatically calculates)	D
<i>In the rows below, please include any additional indicators that were not captured above.</i>	

National Performance Indicator 2	E Number of individuals Seeking Assistance	F Number of individuals Receiving Assistance
Emergency Assistance The number of low-income individuals served by Community Action who sought emergency assistance and the number of those individuals for whom assistance was provided, including such categories as:	(E)	(F)
A. Emergency Food		
B. Emergency fuel or utility payments funded by LIHEAP or other public and private funding sources		
C. Emergency Rent or Mortgage Assistance		
D. Emergency Car or Home Repair (i.e. structural, appliance, heating system, etc.)		
E. Emergency Temporary Shelter		
F. Emergency Medical Care		
G. Emergency Protection from Violence		
H. Emergency Legal Assistance		
I. Emergency Transportation		
J. Emergency Disaster Relief		
K. Emergency Clothing		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		

**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

National Performance Indicator 6.3 Child and Family Development		III. Number of Participants Expected to Achieve Outcome in Reporting Period (Target)	II. Number of Participants Achieving Outcome in Reporting Period (Actual)	IV. Percentage Achieving Outcome in Reporting Period (III/II*100)
The number and percentage of all infants, children, youth, parents, and other adults participating in developmental or enrichment programs who achieve program goals as measured by one or more of the following:		(#)	(#)	(%)
I N F A N T S & C H I L D R E N	A. Infants and children obtain age-appropriate immunizations, medical, and dental care			#DIV/0!
	B. Infant and child health and physical development are improved as a result of adequate nutrition			#DIV/0!
	C. Children participate in pre-school activities to develop school readiness skills			#DIV/0!
	D. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1st Grade			#DIV/0!
Y O U T H	E. Youth improve health and physical development			#DIV/0!
	F. Youth improve social/emotional development			#DIV/0!
	G. Youth avoid risk-taking behavior for a defined period of time			#DIV/0!
	H. Youth have reduced involvement with criminal justice system			#DIV/0!
	I. Youth increase academic, athletic, or social skills for school success			#DIV/0!
A D U L T S	J. Parents and other adults learn and exhibit improved parenting skills			#DIV/0!
	K. Parents and other adults learn and exhibit improved family functioning skills			#DIV/0!
In the rows below, please include any additional indicators that were not captured above.				#DIV/0!
				#DIV/0!
				#DIV/0!

Exhibit F - CSBG IS Survey

**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

National Performance Indicator 4		Total Number of Participants Achieving Outcome in Reporting Period
<b>Family Support (Seniors, Disabled and Caregivers)</b> Low-income people who are unable to work, especially seniors, adults with disabilities and caregivers, for whom barriers to family stability are reduced or eliminated, as measured by one or more of the following:	Number of Participants Enrolled in Programs (B)	(B)
A. Enrolled children in before or after school programs		
B. Obtained care for child or other dependant		
C. Obtained access to reliable transportation and/or driver's license		
D. Obtained health care services for themselves or family member		
E. Obtained and/or maintained safe and affordable housing		
F. Obtained food assistance		
G. Obtained non-emergency LIHEAP energy assistance		
H. Obtained non-emergency WX energy assistance		
I. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not Include LIHEAP or WX)		

National Performance Indicator 5	
<b>Service Counts</b> The number of services provided to low-income individuals and/or families, as measured by one or more of the following:	Number of Services (B)
A. Food Boxes	
B. Pounds of Food	
C. Units of Clothing	
D. Rides Provided	
E. Information and Referral Calls	





**Department of Economic Security, Division of Aging and Adult Services  
Community Action Case Management (CMT) Monthly Report for AZ  
State Fiscal Year 2015 (July 2014 through June 2015) Effective 9-1-14**

Exhibit H1

Agency Name:	Contract #:	Reporting Month and Year:
Revised By:	Telephone #:	Date Submitted:

**A. HOUSEHOLD VOUCHERS**

Utility Assistance			
Mortgage, Rent or Hotel			
Special Needs			
<b>TOTAL</b>	0	\$0	0

**B. LHEAP ASSISTED HOUSEHOLDS ONLY**

Regular LHEAP	0	0	0
Supplemental LHEAP	0	0	0
<b>TOTAL</b>	0	0	0

Regular LHEAP	0	0	0
Supplemental LHEAP	0	0	0
<b>TOTAL</b>	0	0	0

**E. LHEAP APPLICANT HOUSEHOLDS - ALL CATEGORIES, REGARDLESS OF WHETHER ASSISTED**

Regular LHEAP	0	0	0
Supplemental LHEAP	0	0	0
<b>TOTAL</b>	0	0	0

**F. LHEAP ASSISTED HOUSEHOLDS - ALL CATEGORIES, REGARDLESS OF WHETHER ASSISTED**

Regular LHEAP	0	0	0
Supplemental LHEAP	0	0	0
<b>TOTAL</b>	0	0	0

DES NOTES: Areas highlighted in yellow self-populate. Drop down lists included for Agency Name and Reporting Month. Hover over sections with red triangle in corner for directions and examples.

Service Provider Notes to DES:

## SFY 2015 CASE MANAGEMENT INSTRUCTIONS

**A. HOUSEHOLD VOUCHERS**

1. **STCS HH # and STCS \$** - Enter the number of households that received STCS services during the report month. Enter the total dollar amount for the Households that received STCS services during the reporting month. Data should be provided according to the categories: a) utility assistance, b) mortgage, rent or motel, and c) special needs.
2. **LIHEAP HH # and LIHEAP \$** - Enter the number of households that received regular utility assistance and Mortgage, Rent or Motel assistance during the report month. Enter the total dollar amount that the Household received regular LIHEAP and Mortgage, Rent or Motel assistance during the reporting month. Include regular utility payments and deposits.
3. **LIHEAP Supplemental HH # and LIHEAP Supplemental \$** - Enter the number of households that received Supplemental Utility Assistance for the reporting month. Enter the dollar amount for the Households that received Supplemental LIHEAP assistance for the reporting month. This data should not be included under #2 "LIHEAP HH # and LIHEAP \$".
4. **LIHEAP Assurance 16 HH# and LIHEAP Assurance 16\$** - Enter the number of households that received utility assistance and energy conservation education under the Assurance 16 program component. Include both deposits and utility payments. Also enter the dollar amount for the households that received services for the reporting month. The households and funds reported here should also be reported under "LIHEAP # "and "LIHEAP \$", and/or under "LIHEAP Supplemental" and "LIHEAP Supplemental \$".
5. **Other HH # and Other \$** - Enter the number and dollar amount of households that received assistance for the reporting month for utilities, mortgage/rent/motel, or special needs from other sources such as CSBG, ESG, local funds, Energy Assistance Funds or non-DAAS funds as listed on the itemized service budget.
6. **Neighbors Helping Neighbors (NHN)** - Enter the number of households that received a utility assistance payment funded with the NHN funds during the reporting month. This number should NOT be included in either Regular or Supplemental LIHEAP. Enter the dollar amount for the household for the reporting month.
7. **LIHEAP Total HH # - NO DATA ENTRY NECESSARY; THIS IS AN AUTO-SUM CATEGORY.**

**B. LIHEAP ASSISTED HOUSEHOLDS ONLY**

Under "Number of Assisted Households", (Regular LIHEAP Category and/or the Supplemental LIHEAP category). **NO DATA ENTRY REQUIRED; THE CELLS WILL AUTO-POPULATE BASED UPON DATA ENTERED IN A.2 AND A.3 FOR THE REPORT MONTH.**

1. Enter the number of households that received Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income was under 75% of FPL.
2. Enter the number of households that received Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income was between 75% to 100% of FPL.
3. Enter the number of households that received Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income was between 101% to 125% of FPL.
4. Enter the number of households that received Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income was between 126% and 150% FPL.
5. Enter the number of households that received Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income was over 150% FPL.
6. **NO DATA ENTRY NECESSARY; THIS IS AN AUTO-SUM CATEGORY.**

**C. Vulnerable Categories**

1. Enter the number of households that contained a member Age 60 or older in the Regular LIHEAP Category or the Supplemental LIHEAP category; this data can be duplicated (For example a household may receive points: once under Disabled once under Elderly and once under Age 5 or younger).
2. Enter the number of households which contained a Disabled Household Member in the Regular LIHEAP Category or the Supplemental LIHEAP category; this data can be duplicated (For example a household may receive points: once under Disabled once under Elderly and once under Age 5 or younger).
3. Enter the number of households which contained a Household Member Age 5 or Younger in the Regular LIHEAP Category or the Supplemental LIHEAP category; this data can be duplicated (For example a household may receive points: once under Disabled once under Elderly and once under Age 5 or younger).
4. **Number of households by Any Vulnerable Group for EACH Type of Assistance (9) UNDUPLICATED Elderly/Disabled/Young Child** - For each type of LIHEAP assistance provided, include the unduplicated number of households that had at least one member belonging to any of the three vulnerable household groups. For example, if a Utility Assistance was provided to a household that includes any vulnerable members, then count that household once under any vulnerable group (Elderly, Disabled, or Young Child) for regular LIHEAP. **THIS DATA MUST BE UNDUPLICATED ACROSS THE VULNERABLE CATEGORIES.** (Another example: If a Household contained one member who was disabled and one member who was Age 5 or Younger, this household would be counted only ONCE).

**D. UNDUPLICATED NUMBER OF HOUSEHOLDS SERVED BY ANY TYPE OF LIHEAP ASSISTANCE**

Enter the total number of Households that received LIHEAP Assistance. **THIS DATA MUST BE UNDUPLICATED.** Count a household once that received at least one type of LIHEAP assistance regardless of the type(s) of assistance provided. For example, if a household received a regular LIHEAP assistance benefit and a LIHEAP Supplemental assistance benefit, then count that household once under ANY Type of LIHEAP assistance, regardless of receiving two types of LIHEAP assistance.

**E. LIHEAP APPLICANT HOUSEHOLDS – ALL CATEGORIES REGARDLESS OF WHETHER ASSISTED**

1. Enter the number of households that applied for Regular LIHEAP Assistance and/or Supplemental LIHEAP whether or not assisted for the report month. (This should include households that were denied, turned away, etc.)
2. Enter the number of households that applied for Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income is under 75% of FPL, whether assisted or not.
3. Enter the number of households that applied for Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income is between 75 to 100% of FPL, whether assisted or not.
4. Enter the number of households that applied for Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income is between 101% to 125% of FPL, whether assisted or not.
5. Enter the number of households that applied for Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income is between 126% to 150% of FPL, whether assisted or not.
6. Enter the number of households that applied for Regular LIHEAP Assistance and/or Supplemental LIHEAP whose income is over 150% of FPL, whether assisted or not.
7. **NO DATA ENTRY NECESSARY; THIS IS AN AUTO-SUM CATEGORY**

**F1. Disconnect Notice/Non-delivery Notices and Currently Disconnected or out of Fuel Data** (Energy Assistance Measures, Table 4, Tier 2 – Measures 3 and 4) This section reports the number of unduplicated households that were already disconnected or were out of fuel/had no service at time of the application. Do Not input data in cells that have "0"s and are highlighted in light yellow. They will self-populate.

## SFY 2015 CASE MANAGEMENT INSTRUCTIONS

- 
1. Regular LIHEAP – Enter the number of households that had a Disconnect Notice or Non-Delivery Notice prior to receiving the LIHEAP benefit.
  2. Supplemental LIHEAP – Enter the number of households that were Disconnected or Out of Fuel or who had No Service Prior to receiving the LIHEAP benefit.
  3. Total of both type of LIHEAP – Enter the total of both LIHEAP and Supplemental LIHEAP assistance. This data will be duplicated as the measure is collecting data on how many times a household has Disconnect or Non-delivery Notices and how many times they have been Disconnected/Out of Fuel or had No Service prior to the benefit.
- 

**F2. Household Energy Education by Type (Assurance 16 – Energy Education, Advocacy, Counseling) - Enter HH Count with type of education HH received. This section can be duplicated.**

**LIHEAP Performance Measure - (Household Client Services Measures Table 9, Tier 1 Measures 1 & 2)**

1. In office – Enter the number of households that received Energy Education offered in the office. This can be a workshop offered in the office, a brochure offered in the office.
  2. In Home – Enter the number of households that received Energy Education offered in the home.
  3. Workshop – Enter the number of households that received Energy Education offered through a workshop offered off-site or out of the office.
  4. Mailed Kit (other) - Enter the number of households that received Energy Education offered through mailing a educational kit to the household's home. Most Service Providers do not utilize this type of delivery for education, therefore; it can also be used for "other" means of education delivery. Enter a note in the "Service Provider Notes to DES:" section defining what "other" delivery system means.
- Total – No data entry necessary in this cell. It will automatically populate. Do not alter formula!**
-



Exhibit J

LIHEAP ONLY Household Report - Estimated Data for FFY 2014

AGENCY Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Reporting Period: Oct. 1, 2013 - June 30, 2014  
 Phone Number: \_\_\_\_\_ Due to DES 4-14-13 Date Submitted: \_\_\_\_\_

This form is to be used by Service Providers that have been awarded LIHEAP funding. The FFY 2013 LIHEAP Annual Household Report collects LIHEAP data only. The reporting period is from 10-1-13 through 6-30-14. It is understood that data is not available for July, August and September 2014, however data for 10-1-13 through 6-30-14 should be available and be reported. This report has been simplified as Arizona only reports on the sections below. The numbering (1, 2, 6 and 7) remains consistent with the Federal Report Form. Refer to these numbers when reading federal instructions. Do not report data in the gray or yellow cells. The yellow cells will self-populate. Reporting data is optional. Number 1, Heating/Cooling reports LIHEAP data, Number 2 reports LIHEAP Supplemental and Number 6 reports weatherization, if applicable. Number 7 reports any type of LIHEAP assistance (unduplicated). Section A reports households that were assisted by LIHEAP funding and Section B reports LIHEAP applicant households regardless of whether assisted. Section B data should be equal or more than Section A data. For example: Section A, LIHEAP Assisted Households, 1, Heating/Cooling, Under 75% Poverty (cell E18) should be equal or less to Section B, LIHEAP Applicant Households (regardless of whether assisted), 1, Heating/Cooling, Under 75% Poverty (cell B44) instructions to the report can be viewed at <http://www.azdhs.gov/programs/elderly/elderly/2013-2014-report-form>. Email the completed form to [KCrut@azdes.gov](mailto:KCrut@azdes.gov) copying [CRobles@azdes.gov](mailto:CRobles@azdes.gov). If there are any questions please email or call Kathleen Crut at (602) 622-6622 or Kathleen Crut at (602) 622-6622 or [kcrut@azdes.gov](mailto:kcrut@azdes.gov). For detailed instructions visit <http://www.azdhs.gov/programs/elderly/elderly/2013-2014-report-form>.

A. LIHEAP ASSISTED HOUSEHOLDS

Type of LIHEAP Assistance	Number of Assisted Households	Calculated Total	REQUIRED DATA					At least one member who is			
			Under 75% poverty	75% to 100% poverty	101% to 125% poverty	126% to 150% poverty	Over 150% poverty	80 year or older (elderly)	Disabled	Age 5 Years or under (young child)	UNDUPLICATED Elderly, disabled, or young child
1. Heating/Cooling*											
2. LIHEAP SUPPLEMENTAL											
6. LIHEAP Weatherization											
7. Any type of LIHEAP Assistance (unduplicated)											0

At least one member who is	
Age 2 years and younger	Age 3 years through 5 years

B. LIHEAP APPLICANT HOUSEHOLDS (regardless of whether assisted) [Section B must be equal to or greater than Section A]

Type of assistance	Number of applicant households	Calculated Total	REQUIRED DATA					Income Data Unavailable
			Under 75% poverty	75% to 100% poverty	101% to 125% poverty	126% to 150% poverty	Over 150% poverty	
1. Heating/Cooling*								
2. LIHEAP SUPPLEMENTAL								
6. LIHEAP Weatherization								

Service Provider Notes:

**Annual SSBG Report  
Arizona Department of Economic Security  
Division of Aging and Adult Services (DAAS)**

*Reporting Agency Completes the Following Information*

<b>AGENCY:</b>	SFY20XX (July 1, 20XX- June 30, 20XX)
<b>SUBMITTED BY:</b>	DAAS CONTRACT NUMBER(S):
<b>PHONE NUMBER:</b>	

**Purpose**

Data from this report is aggregated by the Department of Economic Security and used to compile the annual Social Service Block Grant (SSBG) report that is submitted to the federal Department of Health and Human Services.

**Instructions**

- Column 1. Automatically populated for the DAAS contracted service(s) only that is supported with SSBG.
- Column 2. Enter the total number of unduplicated adults served in the service regardless of fund source when the **Primary Client is the Adult** otherwise leave this column blank. The number should be unduplicated for the entire contract fiscal year. All individuals receiving services(s) in July will be considered new and counted as unduplicated individuals. Each month thereafter only NEW individuals receiving services for the first time that month will counted. The final number of unduplicated individuals for the year will be a cumulative, year-to-date number.
- Column 3. Enter the total number of unduplicated children served in the service regardless of fund source when the **Primary Client is the Child** otherwise leave this column blank. The number should be unduplicated for the entire contract fiscal year. All individuals receiving services(s) in July will be considered new and counted as unduplicated individuals. Each month thereafter only NEW individuals receiving services for the first time that month will be counted. The final number of unduplicated individuals for the year will be a cumulative, year-to-date number.
- This report must accompany the June Invoice.**

<b>CLIENTS SERVED</b>		
<b>1. DAAS Contracted Service</b>	<b>2. Number of Unduplicated Adults</b>	<b>3. Number of Unduplicated Children</b>
Case Management		







Exhibit O
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
LIHEAP LEVERAGING REPORT
RESOURCE/BENEFIT DESCRIPTION PAGES

Complete this form for each separate leveraged resource/benefit that the grantee proposes to count for this base period. Only resources/benefits that are provided to low income households (as defined in 45 CFR 96.87(b)(6)) may be counted.

Grantee: \_\_\_\_\_ Base period: \_\_\_\_\_
Month/Day/Year - Month/Day/Year

- 1. Resource # \_\_\_\_\_
A. Resource/benefit name: \_\_\_\_\_
B. Gross value of countable benefits provided by resource during this base period: \$ \_\_\_\_\_
C. Amount of grantee's own funds used to leverage this resource (not including funds from grantee's Federal LIHEAP allotment): \$ \_\_\_\_\_
D. Costs and charges to low income households to participate/receive these benefits: \$ \_\_\_\_\_
E. Net value of countable benefits provided by resource during this base period (To calculate item E, subtract items C and D from item B): \$ \_\_\_\_\_

2. Type of resource: \_\_\_ Cash \_\_\_ Discount/waiver \_\_\_ In-kind contribution
If more than one type of resource is claimed: Gross value of countable benefits provided by each type of resource:

3. Source of resource:

4. Brief description of resource:

5. Brief description of benefit(s) provided to low income households by this resource (if benefits are different from resource as described in item 4, or if more information is needed):

6. Geographical area in which benefits were provided:

7. Month(s) and year(s) when benefits were provided to recipients during this base period:

8. Number of low income households to whom benefits were provided in this base period: \_\_\_\_\_

9. Eligibility standard(s) for low income households to whom benefits were provided:

- \_\_\_ Income at or below 150% of the poverty level
\_\_\_ Income at or below 60% of State median income
\_\_\_ Other—Specify:

10. Agency/agencies that administered resource/benefits:
  
11. Source(s) of data used to determine value of resource/benefits, and to determine associated costs to grantee and to recipient low income households:
  
12. Brief description of how resource/benefits' value was quantified and how gross value of countable benefits was calculated, and how any offsetting costs to recipient low income households were calculated; also, for discounts, reduced rate/price actually paid, and fair market value:
  
13. Criterion/criteria in 45 CFR 96.87(d)(2) that resource/benefits meet (check one or two): (Criteria are summarized below. For full text, see regulations and instructions for form.)  
  
\_\_\_\_\_ (i) The grantee's LIHEAP program had an active, substantive, significant role in developing and/or acquiring the resource/benefits from home energy vendor(s) through negotiation, regulation, and/or competitive bid.  
  
\_\_\_\_\_ (ii) The resource/benefit(s) were distributed through (within, as part of) the grantee's LIHEAP program to low income households eligible under the grantee's LIHEAP standards, in accordance with the LIHEAP statute and regulations and the grantee's LIHEAP plan.  
  
\_\_\_\_\_ (iii) The resource/benefit(s) were distributed to low income households as described in the grantee's LIHEAP plan, as a supplement and/or alternative to the grantee's LIHEAP program, outside (not through, within, or as part of) the LIHEAP program. They met at least one of conditions A through H demonstrating that they were integrated and coordinated with the grantee's LIHEAP program.
  
14. If criterion (i) is checked in item 13, and resource has gross value of \$5,000 or more: Explanation of specific role of grantee's LIHEAP program in development and/or acquisition of resource/benefits, demonstrating that involvement of LIHEAP program was active, substantive, and significant.
  
15. If criterion (iii) is checked in item 13: Condition(s) under criterion (iii) that resource meets that demonstrate(s) resource's integration/coordination with grantee's LIHEAP program (check one or more):  
  
\_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_ G \_\_\_\_\_ H
  
16. If criterion (iii) is checked in item 13, and resource has gross value of \$5,000 or more: Explanation of how resource/benefits were integrated and coordinated with grantee's LIHEAP program.