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 DBA *(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:

_____
_____
_____
_____
_____

☐ to secure and retain meaningful employment;

Description:

_____
_____
_____
_____
_____

☐ 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:

_____
_____
_____
_____
_____

☐ to make better use of available income;

Description:

_____
_____
_____
_____
_____

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

Description:

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

Description:

☐ 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:

☐ 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)]

2. The CAA assures that the agency will provide on an emergency basis for the provision of such supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals; ['676(b)(4)]

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

_____

_____

_____

_____

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_____

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_____

_____

3. The CAA assures that the agency will coordinate, and establish linkages between, governmental and other social service programs to assure the effective delivery of such services to low-income individuals and to avoid duplication of such services, and a description of how the CAA will coordinate the provision of employment and training activities, as defined in section 101 of such Act, in the communities with entities providing activities through local workforce investment systems under the Workforce Investment Act of 1998; ['676(b)(5)]

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

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:

5. The CAA assures that the agency will establish procedures under which a low-income individual, community organization, or religious organization, or representative of low-income individuals that considers its organization, or low-income individuals to be inadequately represented on the board of the CAA to petition for adequate representation; ['676(b)(10)]

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

6. The CAA assures that this Community Action Plan includes a community needs assessment for the community served, which may be coordinated with community needs assessments conducted for other programs; ['676(b)(11)]

a. Please provide information describing how the CAA will carry out this assurance. Information should include a description of the Needs Assessment process completed for the area to be served; the service gaps and needs identified as a result of the Needs Assessment; how service gaps were prioritized; and how the results of the Needs Assessment were factored into this Community Action Plan.

EXAMPLE:
The Gila County Community Needs Assessment was completed by the Community Action Program on March 31, 2009. The Assessment

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:

_____

_____

_____

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:

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 disbursal 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.

Signature

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;

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;

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.		
	TOTAL	

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)]

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)]

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)]

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)

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 1.1 Employment The number and percentage of low-income participants in Community Action employment initiatives who get a job or become self-employed, as measured by one or more of the following:	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 - D] (%)
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!
In the rows below, please include any additional indicators that were not captured above.				
				#DIV/0!
				#DIV/0!
				#DIV/0!

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

National Performance Indicator 1.2 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)		
In the rows below, please include any additional indicators that were not captured above.		

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

	National Performance Indicator 1.6 Economic Asset Enhancement and Utilization The number and percentage of low-income households that achieve an increase in 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 or more of the following:	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=D) (%)	E.) Aggregated Dollar Amounts (Payments, Credits, or Savings) ($)
ENHANCEMENT	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)				#DIV/0!	
	2. Number and percent of participants who obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments (Pg.27)				#DIV/0!	
	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)				#DIV/0!	
In the rows below, please include any additional indicators that were not captured above.						
					#DIV/0!	
					#DIV/0!	
					#DIV/0!	

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

	National Performance Indicator 1.3 (Continued) Economic Asset Enhancement and Utilization	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 = D] (%)	E.) Aggregated Dollar Amounts (Payments, Credits, or Savings) ($)
UTILIZATION	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)	N/A				
	a. Number and percent of participants capitalizing a small business with accumulated savings (Pg.28)	a.			#DIV/0!	
	b. Number and percent of participants pursuing post-secondary education with accumulated savings (Pg.28)	b.			#DIV/0!	
	c. Number and percent of participants purchasing a home with accumulated savings (Pg.29)	c.			#DIV/0!	
	d. Number and percent of participants purchasing other assets with accumulated savings (Pg.29)	d.			#DIV/0!	
In the rows below, please include any additional indicators that were not captured above.						
					#DIV/0!	
					#DIV/0!	
					#DIV/0!	

Agency Notes and Clarifications on Goal 1: Low-income people become more self-sufficient.

[See *Instructions*, page 3]

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/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 (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 2.2 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:	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 2.3 "NEW INDICATOR" Community Engagement The number of community members working with Community Action to improve conditions in the community	Total Contribution by 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 2.4 "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.	

Agency Notes and Clarifications on Goal 2:
The conditions in which low-income people live are improved.

[See *Instructions*, page 3]

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

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

National Performance Indicator 3.2 Community Empowerment through Maximum Feasible Participation 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:	Number of Low-Income People (#)
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 (Pg.46)	
B. Number of low-income people acquiring businesses in their community as a result of Community Action assistance (Pg.47)	
C. Number of low-income people purchasing their own home in their community as a result of Community Action assistance (Pg.47)	
D. Number of low-income people engaged in non-governance community activities or groups created or supported by Community Action (Pg.47)	
In the rows below, please include any additional indicators that were not captured above.	

Agency Notes and Clarifications on Goal 3: Low-Income people own stake in their community.

[See *Instructions*, page 3]

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 (Pg 49)	Number of Organizational Partnerships (#)
Non-Profit	
Faith Based	
Local Government	
State Government	
Federal Government	
For-Profit Business or Corporation	
Consortiums/Collaboration	
Housing Consortiums/Collaboration	
School Districts	
Institutions of post secondary education/training	
Financial/Banking Institutions	
Health Service Institutions	
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. *Please describe these partnerships in Goal 4 Notes.*	
The total number of organizations CAAs work with to promote family and community outcomes	0

Agency Notes and Clarifications on Goal 4:
Partnerships among supporters and providers of services to low-income people are achieved.

[See *Instructions*, page 3]

Goal 5: Agencies increase their capacity to achieve results.

National Performance Indicator 5.1 Agency Development 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)	Resources in Agency (#)
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	
Hours of staff in trainings	
Hours 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.*	

Agency Notes and Clarifications on Goal 5: Agencies increase their capacity to achieve results.

[See *Instructions*, page 3]

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 (#)
A. Senior Citizens (Pg.55) (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 (Pg.55)	
Ages: 0-17	
18-54	
55-over	
In the rows below, please include any additional indicators that were not captured above.	

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 those individuals for whom assistance was provided, including such services as:	Number of Individuals Seeking Assistance (#)	Number of Individuals Receiving Assistance (#)
A. Emergency Food (Pg.59)		
B. Emergency fuel or utility payments funded by LIHEAP or other public and private funding sources (Pg.59)		
C. Emergency Rent or Mortgage Assistance (Pg.59)		
D. Emergency Car or Home Repair (i.e. structural, appliance, heating system, etc.) (Pg.59)		
E. Emergency Temporary Shelter (Pg.60)		
F. Emergency Medical Care (Pg.60)		
G. Emergency Protection from Violence (Pg.60)		
H. Emergency Legal Assistance (Pg.61)		
I. Emergency Transportation (Pg.61)		
J. Emergency Disaster Relief (Pg.61)		
K. Emergency Clothing (Pg.62)		
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 6.3 Child and Family Development: 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: (Pg 65)			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 = D] (%)
INFANTS & CHILDREN	1. Infants and children obtain age-appropriate immunizations, medical, and dental care	1				#DIV/0!
	2. Infant and child health and physical development are improved as a result of adequate nutrition	2				#DIV/0!
	3. Children participate in pre-school activities to develop school readiness skills	3				#DIV/0!
	4. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1st Grade	4				#DIV/0!
YOUTH	1. Youth improve health and physical development	1				#DIV/0!
	2. Youth improve social/emotional development	2				#DIV/0!
	3. Youth avoid risk-taking behavior for a defined period of time	3				#DIV/0!
	4. Youth have reduced involvement with criminal justice system	4				#DIV/0!
	5. Youth increase academic, athletic, or social skills for school success	5				#DIV/0!
ADULTS	1. Parents and other adults learn and exhibit improved parenting skills	1				#DIV/0!
	2. Parents and other adults learn and exhibit improved family functioning skills	2				#DIV/0!
In the rows below, please include any additional indicators that were not captured above.						
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** Family Supports (Seniors, Disabled and Caregivers) 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 Program(s) (#)	Number of Participants Achieving Outcome in Reporting Period (#)
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** Service Counts The number of services provided to low-income individuals and/or families, as measured by one or more of the following:	Number of Services (#)
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)	

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

[See *Instructions*, page 3]

Exhibit F

COMMUNITY SERVICES BLOCK GRANT INFORMATION SYSTEM (CSBG IS) SURVEY

Sections D-G and
National Performance Indicators for the Six National Goas 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.

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:

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

Service Category	CSBG Funds
1. Employment	
2. Education	
3. Income Management	
4. Housing	
5. Emergency Services	
6. Nutrition	
7. Linkages	
8. Self Sufficiency	
9. Health	
10. Other	
Totals	$0

Of the CSBG funds reported above *** *** 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)	
2. Seniors (Individuals aged 55 and up)	

Section F. Resources Administered and Generated by the CSBG Network

1. Name of Local Agency Reporting	1	
2. Amount of FY 2013 CSBG allocated to reporting agencies	2	
Federal Resources (Other than CSBG)		
3. Weatherization (DOE) (include oil overcharge $$)	3.	
4. Health and Human Services (HHS)		
a. LIHEAP - Fuel Assistance (include oil overcharge $$)	4a.	
b. LIHEAP - Weatherization (include oil overcharge $$)	4b.	
c. Head Start	4c.	
d. Early Head Start	4d.	
e. Older Americans Act	4e.	
f. Social Services Block Grant (SSBG)	4f.	
g. Medicare/Medicaid	4g.	
h. Assets for Independence (AFI)	4h.	
i. Temporary Assistance for Needy Families (TANF)	4i.	
j. Child Care Development Block Grant (CCDBG)	4j.	
k. Other HHS Resources:		
i. CFDA #:	4k.i	
ii. CFDA #:	4k.ii	
iii. CFDA #:	4k.iii	
iv. CFDA #:	4k.iv	
Total Other HHS Resources	4k.	
5. Department of Agriculture (USDA)		
a. Special Supplemental Nutrition for Women, Infants, and Children (WIC)	5a.	
b. All USDA Non-Food programs (e.g. rural development)	5b.	
c. All other USDA Food programs	5c.	
6. Department of Housing and Urban Development (HUD)		
a. Community Development Block Grant (CDBG) - Fed., State, and local	6a.	
b. Section 8	6b.	
c. Section 202	6c.	
d. Home tenant based assistance	6d.	
e. HOPE for Homeowners Program (H4H)	6e.	
f. Emergency Solutions Grant (ESG)	6f.	
g. Continum of Care (CofC)	6g.	
h. All other HUD including homeless programs	6h.	
7. Department of Labor (DOL)		
a. Workforce Investment Act (WIA)	7a.	
b. Other DOL Employment and training programs	7b.	
c. All other DOL programs	7c.	
8. Corp. for National & Community Service (CNCS) programs	8.	
9. Federal Emergency Management Agency (FEMA)	9.	
10. Department of Transportation	10.	
11. Department of Education	11.	
12. Department of Justice	12.	
13. Department of Treasury	13.	
Other Federal Resources:		
i. CFDA #:	14.i	
ii. CFDA #:	14.ii	
iii. CFDA #:	14.iii	
iv. CFDA #:	14.iv	
14. Total Other Federal Resources	14.	
15. TOTAL: NON-CSBG FEDERAL RESOURCES		

SECTION F. Resources Administered and Generated

16. State Resources

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

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.	ALL NON-CSBG RESOURCES TOTAL: (FEDERAL, STATE, LOCAL, PRIVATE) 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*
a. Male	
b. Female	
TOTAL*	0

8. Age	Number of Persons*
a. 0 - 5	
b. 6 - 11	
c. 12 - 17	
d. 18 - 23	
e. 24 - 44	
f. 45 - 54	
g. 55 - 69	
h. 70 +	
TOTAL*	0

9. Ethnicity/Race	Number of Persons*
I. Ethnicity	
a. Hispanic, Latino or Spanish Origin	
b. Not Hispanic, Latino, or Spanish Origin	
TOTAL*	0
II. Race	
a. White	
b. Black or African American	
c. American Indian and Alaska Native	
d. Asian	
e. Native Hawaiian and Other Pacific Islander	
f. Other	
g. Multi-Race (any two or more of the above)	
TOTAL*	0

10. Education Levels of Adults # *(# For Adults 24 Years Or Older Only)*	Number of Persons**
a. 0-8	
b. 9-12/Non-Graduate	
c. High School Graduate/GED	
d. 12+ Some Post Secondary	
e. 2 or 4 years College Graduate	
TOTAL**	0

11. Other Characteristics	Number of Persons*		
	Yes	No	TOTAL*
a. Health Insurance			0
b. Disabled			0

12. Family Type	Number of Families***
a. Single Parent Female	
b. Single Parent Male	
c. Two Parent Household	
d. Single Person	
e. Two Adults NO children	
f. Other	
TOTAL***	0

13. Family Size	Number of Families***
a. One	
b. Two	
c. Three	
d. Four	
e. Five	
f. Six	
g. Seven	
h. Eight or more	
TOTAL***	0

14. Source of Family Income	Number of Families
a. Unduplicated # Families Reporting One or More Sources of Income	
b. Unduplicated # Families Reporting Zero Income	
TOTAL Unduplicated # Families Reporting One or More Sources of Income or Zero Income.***	0
Below please report the total # of families identifying the applicable sources of income	
c. TANF	
d. SSI	
e. Social Security	
f. Pension	
g. General Assistance	
h. Unemployment Insurance	
i. Employment + Other Source	
j. Employment Only	
k. Other	
l. Total (Items c-k)	0

15. Level of Family Income *(% Of HHS Guideline)*	Number of Families***
a. Up to 50%	
b. 51% to 75%	
c. 76% to 100%	
d. 101% to 125%	
e. 126% to 150%	
f. 151% to 175%	
g. 176% to 200%	
h. 201% and over	
TOTAL***	0

16. Housing	Number of Families***
a. Own	
b. Rent	
c. Homeless	
d. Other[1]	
TOTAL***	0

e. [1]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) (#)	II.) Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (#)	III.) Number of Participants Achieving Outcome in Reporting Period (Actual) (#)	IV.) Percentage Achieving Outcome in Reporting Period [III/I - 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!
In the rows below, please include any additional indicators that were not captured above.				
				#DIV/0!
				#DIV/0!
				#DIV/0!

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

National Performance Indicator 1.2 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:	I] Number of Participants Enrolled in Program(s) (#)	II] Number of Participants Achieving Outcome in Reporting Period (#)
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)		
In the rows below, please include any additional indicators that were not captured above.		

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

	National Performance Indicator 1.3[1] Economic Asset Enhancement and Utilization The number and percentage of low-income households that achieve an increase in 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 or more of the following:	I.) Number of Participants Enrolled in Program(s) (#)	II.) Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (#)	III.) Number of Participants Achieving Outcome in Reporting Period (Actual) (#)	IV.) Percentage Achieving Outcome in Reporting Period [III/II] (%)	V.) Aggregated Dollar Amounts (Payments, Credits, or Savings) ($)
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!	
In the rows below, please include any additional indicators that were not captured above.						
					#DIV/0!	
					#DIV/0!	
					#DIV/0!	

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

	National Performance Indicator 1.3 (Continued) Economic Asset Enhancement and Utilization	I.) Number of Participants Enrolled in Program(s) (#)	II.) Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (#)	III.) Number of Participants Achieving Outcome in Reporting Period (Actual) (#)	IV.) Percentage Achieving Outcome in Reporting Period [III/II = IV] (%)	V.) Aggregated Dollar Amounts (Payments, Credits, or Savings) ($)
UTILIZATION	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!	
In the rows below, please include any additional indicators that were not captured above.						
					#DIV/0!	
					#DIV/0!	
					#DIV/0!	

Agency Notes and Clarifications on Goal 1:
Low-income people become more self-sufficient.

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:	I.) Number of Projects or Initiatives (#)	II.) 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		
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 2.2 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:	I) Number of Program Initiatives or Advocacy Efforts (#)	II) 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		
In the rows below, please include any additional indicators that were not captured above.		

National Performance Indicator 2.3 Community Engagement The number of community members working with Community Action to improve conditions in the community	I) Total Contribution by Community (#)
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)	

Agency Notes and Clarifications on Goal 2:
The conditions in which low-income people live are improved.

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

National Performance Indicator 3.1 Community Enhancement through Maximum Feasible Participation The number of volunteer hours donated to Community Action	1) Total Number of Volunteer Hours (#)
A. Total number of volunteer hours donated by low-income individuals to Community Action *(This is ONLY the number of volunteer hours from individuals who are low-income)*	
In the rows below, please include any additional indicators that were not captured above.	

National Performance Indicator 3.2 Community Empowerment through Maximum Feasible Participation 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:	1) Number of Low-Income People (#)
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	
In the rows below, please include any additional indicators that were not captured above.	

Agency Notes and Clarifications on Goal 3:
Low-income people own stake in their community.

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 (#)	II) Number of Partnerships (#)
A. Nonprofit		
B. Faith Based		
C. Local Government		
D. State Government		
E. Federal Government		
F. For-Profit Business or Corporation		
G. Consortiums/Collaboration		
H. Housing Consortiums/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

Agency Notes and Clarifications on Goal 4:
Partnerships among supporters and providers of services to low-income people are achieved.

Goal 5: Agencies increase their capacity to achieve results.

National Performance Indicator 5.1 Agency Development 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:	1.3 Resources in 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.	

Agency Notes and Clarifications on Goal 5:
Agencies increase their capacity to achieve results.

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:	I.) Number of Vulnerable Individuals Living Independently (#)
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)*	0
In the rows below, please include any additional indicators that were not captured above.	

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 those individuals for whom assistance was provided, including such services as:	H.) Number of Individuals Seeking Assistance (#)	I.) Number of Individuals Receiving Assistance (#)
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		
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 6.3 Child and Family Development 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.) Number of Participants Enrolled in Program(s) (#)	II.) Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (#)	III.) Number of Participants Achieving Outcome in Reporting Period (Actual) (#)	IV.) Percentage Achieving Outcome in Reporting Period [III / II - IV] (%)
INFANTS & CHILDREN	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!
YOUTH	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!
ADULTS	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!

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

National Performance Indicator 6.4 – Family Supports (Seniors, Disabled and Caregivers) – 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:	(1) Number of Participants Enrolled in Program(s) (#)	(2) Number of Participants Achieving Outcome in Reporting Period (#)
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 6.5 – Service Counts – The number of services provided to low income individuals and/or families, as measured by one or more of the following:	(1) Number of Services (#)
A. Food Boxes	
B. Pounds of Food	
C. Units of Clothing	
D. Rides Provided	
E. Information and Referral Calls	

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

Exhibit G

Monthly Payment Verification Form: Community Services Block Grant (CSBG)

Agency name: DES Contract no.:

Report month: Prepared by: Phone no.:

A. Client ID #	B. Client name	C. Application date	D. Vendor name	E. Amount
	*Total is actual dollar amount reported on monthly FW110		*F Total:	$0.00

A. Enter the assigned client ID number for the client assisted with this service (do not provide Social Security Numbers).
B. Enter the client's name as it appears on the application.
C. Enter the date the application was taken.
D. Enter the Vendor's name that rendered Services.
E. Enter the amount of benefit paid on behalf of the household.
F. No data entry necessary; this is an auto-sum cell.

Sep 8, 2010

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:	
Submitted by:		Telephone #:		Date Submitted:	

A. HOUSEHOLD VOUCHERS

Type of Assistance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Utility Assistance													
Mortgage, Rent or Motel													
Special Needs													
TOTAL	0	$0	0	$0						0	$0	0	$0	0
Any Type of Assistance													

B. LIHEAP ASSISTED HOUSEHOLDS ONLY

Type of Assistance	2014 HHS Poverty Guidelines (FPL) Interval based on gross income and household size												
Regular LIHEAP	0							0	Regular				
Supplemental LIHEAP	0							0	Supplemental LIHEAP				
								0					0

[illegible]	

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

Type of Assistance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Regular LIHEAP							0
Supplemental LIHEAP							0
							0

[illegible]		
Type of LIHEAP Assistance	Disconnect Notice or Non-Delivery Notice Sent	Disconnected or Out of Fuel/No Service upon Intake	Total
A. Regular LIHEAP			0
B. Supplemental LIHEAP			0
Total of both types of LIHEAP:	0	0	0

F2) Household Energy Education by Type Assistance Is Given (Education, Advocacy, Counseling)	
A. In office	
B. In Home	
C. Workshop	
D. Mailed Kit (other)	
Total:	0

DES NOTES: Areas highlighted in yellow self populate. Drop down lists included for Agency Name and 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)L 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 wa 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 Notice 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 I

DES - Division of Aging and Adult Services - Community Action Tribal Case Management Monthly Report - SFY 2013

Agency Name:	Contract #:	Reporting Month and SFY:
Submitted by:	Telephone #:	Date Submitted:

A. HOUSEHOLD VOUCHERS

The black shaded areas do not apply to tribal reporting.

Utility Assistance													
Mortgage, Rent or Motel													
Special Needs													
TOTAL			0	30									

B. LIHEAP ASSISTED HOUSEHOLDS ONLY

Regular LIHEAP							0	Regular LIHEAP					
Supplemental LIHEAP							0	Supplemental LIHEAP					
D.1. UNDUPLICATED ANY type of LIHEAP assistance							0						0

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

Regular LIHEAP							
Supplemental LIHEAP							

Total applicant households

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 8-15-13 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, 3, 6 and 7) remains consistent with the Federal Report Form. Refer to these numbers when reading federal instructions. Do not report data in the grey or yellow cells. The yellow cells will self-populate. Reported data is optional. Number 1, Heating/Cooling reports LIHEAP data, Number 3 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 E44) Instructions to fill report can be viewed at: http://azdes.net/bhs/goalprogramforce/files/pdf/arrra/instructions_long_form_ff_04-01-12.pdf. Email the completed form to KCrum@azdes.gov copying GRobles@azdes.gov. If there are any questions please email or call Kathleen Crum at (602) 542-6820 or KCrum@azdes.gov or George Robles at (602) 542-6632 or grobles@azdes.gov. For detailed instructions: http://www.acf.hhs.gov/programs/ocs/resource/instructions-for-lihep-household-report-for-fy-2013-long-form

A. LIHEAP ASSISTED HOUSEHOLDS

REQUIRED DATA

Type of LIHEAP Assistance	Number of Assisted Households	Calculated Total	Under 75% poverty	75% to 100% poverty	101% to 125% poverty	126% to 150% poverty	Over 150% poverty	At least one member who is: 60 years or older (elderly)	Disabled	Age 5 Years or under (young child)	UNDUPLICATED Elderly, disabled, or young child
1. Heating/Cooling *		0									
3. LIHEAP SUPPLEMENTAL		0									
6. LIHEAP Weatherization		0									
7. Any type of LIHEAP Assistance (unduplicated)											0

Heating/Cooling Detail: 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)

REQUIRED DATA

Type of assistance	Number of applicant households	Calculated Total	Under 75% poverty	75% to 100% poverty	101% to 125% poverty	126% to 150% poverty	Over 150% poverty	Income Data Unavailable
1. Heating/Cooling *		0						
3. LIHEAP SUPPLEMENTAL		0						
6. LIHEAP Weatherization		0						

Service Provider Notes:

8/1/2014

Exhibit K

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

Reporting Agency Completes the Following Information

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

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
1. Column 1. Automatically populated for the **DAAS contracted service(s) only that is supported with SSBG.**

2. 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.

3. 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.

4. **This report must accompany the June Invoice.**

CLIENTS SERVED		
1. DAAS Contracted Service	**2. Number of Unduplicated Adults**	**3. Number of Unduplicated Children**
Case Management		

Exhibit L

Monthly Payment Verification Form: Short Term Crisis Services (STCS)

Agency name: DES Contract no.:

Report month: Prepared by: Phone no.:

A. Client ID #	B. Client name	C. Application date	D: Vendor name	E. Amount
	*Total is actual dollar amount reported on monthly FW110		*F. Total:	$0.00

A. Enter the assigned client ID number for the client assisted with this service (do not provide Social Security Numbers).
B. Enter the client's name as it appears on the application.
C. Enter the date the application was taken.
D. Enter the Vendor's name that rendered Services.
E. Enter the amount of benefit paid on behalf of the household.
F. No data entry necessary; this is an auto-sum cell.

Exhibit M

Monthly Payment Verification Form: Low Income Home Energy Assistance Program (LIHEAP)

Agency name: DES Contract no.:
Report month: Prepared by: Phone no.:

A. Client ID #	B. Client name	C. Application date	D. Vendor name	E. Amount
	*Total is actual dollar amount reported on monthly FW110		*F Total:	$0.00

A. Enter the assigned client ID number for the client assisted with this service (do not provide Social Security Numbers).
B. Enter the client's name as it appears on the application.
C. Enter the date the application was taken.
D. Enter the Vendor's name that rendered Services.
E. Enter the amount of benefit paid on behalf of the household.
F. No data entry necessary; this is an auto-sum cell.

Exhibit N

Monthly Payment Verification Form: Neighbors Helping Neighbors (NHN)

Agency name: DES Contract no.:

Report month: Prepared by: Phone no.:

A. Client ID #	B. Client name	C. Application date	D. Vendor name	E. Amount
	*Total is actual dollar amount reported on monthly FW110		*F Total:	$0.00

A. Enter the assigned client ID number for the client assisted with this service (do not provide Social Security Numbers).
B. Enter the client's name as it appears on the application.
C. Enter the date the application was taken.
D. Enter the Vendor's name that rendered Services.
E. Enter the amount of benefit paid on behalf of the household.
F. No data entry necessary; this is an auto-sum cell.

2Form No. ACF-119, Part 1 OMB Clearance No.: 0970-0121 Expiration Date: 03/31/2015

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.