



ADMINISTRATION FOR
CHILDREN & FAMILIES

**COMMUNITY SERVICES BLOCK GRANT (CSBG)
TRIBAL TRAINING & TECHNICAL ASSISTANCE PROGRAM**

FY20 CSBG Tribal CARES Act Plan

Fillable-PDF Tool for Tribes & Tribal Organizations



**Administration for Children & Families
Office of Community Services**

Lux Consulting Group, Inc. is proud to serve Native American communities as the Community Services Block Grant (CSBG) Tribal Training & Technical Assistance Program provider. This publication was created by Lux Consulting Group, Inc. in the performance of the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Grant Number #GS-10F-0328T/75P00119F80215. Any opinion, findings, and conclusions, or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.

Instructions

The CSBG Tribal CARES Act Plan Fillable-PDF Tool is provided as a technical assistance tool to assist grantees in producing the CSBG Tribal CARES Act Plan as required in the Coronavirus Aid, Relief, and Economic Security Act, 2020, Public Law 116-36.

For more information about the CSBG CARES Act Supplemental Administrative Guidance, see [Information Memorandum \(IM\) 2020-158](#).

For more information about the CSBG Immediate Guidance on COVID-19 Response, see [Information Memorandum \(IM\) 2020-157](#).

As you work through the application, remember that help is available anytime from the CSBG Tribal T/TA team at tribalta@luxcq.com or (301) 244-3557.

A few important notes:

- 1. Download this Fillable-PDF Tool onto your computer and save it before you open it in Adobe Acrobat to begin working on it. Loss of data will occur if the tool is not downloaded, saved, and opened in the Adobe Acrobat program prior to entering data.**
2. Grantees who submitted a one- or two-year CSBG Tribal Plan in FY20 received CSBG CARES Act supplemental funding and are required to submit a CSBG Tribal CARES Act Plan with information specific to CSBG CARES Act supplemental funding by September 30.
3. Where signatures are required, wait until the entire application is fully complete before adding signatures.
4. All boxes on the form require data entry or the form will not be saved properly. If there is a box that is not applicable to your organization, please indicate "N/A" for not applicable in the box.

OLDC Access

Current CSBG Grant Administrators: Login to the [OLDC System](#) and confirm that CSBG is listed as one of your programs. If you are unable to log in or do not have CSBG listed as one of your programs, complete an [OLDC Access Form](#) and submit to Niki Frazier, OCS Senior Records Specialist/Project Lead, at nikita.frazier@acf.hhs.gov.

New CSBG Grant Administrators: To gain access to the [OLDC System](#), new administrators of current CSBG grantees must complete an [OLDC Access Form](#) and email it to Niki Frazier, OCS Senior Records Specialist/Project Lead, at nikita.frazier@acf.hhs.gov.

For more information on accessing the OLDC System, please review our Guide to the OLDC System webinar and materials.

CSBG Tribal CARES Act Plan

SF-424M Form

All grantees must complete an updated SF-424M Form with their CSBG Tribal CARES Act Plan submission.

- ☐ The Tribe or Tribal Organization will complete the electronic SF-424M form in the OLDC system.

Section 1 - CSBG Tribal Administrative Information/Transmittal Letter

Provide the following information in relation to the Tribe or Tribal Organization designated to administer CSBG.

The following information should mirror the information provided on the Application for Federal Assistance, SF-424M.

1.1 Name of Tribe or Tribal Organization:

1.2 Authorized Tribal Official to receive the CSBG Grant Award: Contact information for the Authorized Tribal Official (Chairperson/Chief/CEO) who is to receive the CSBG Grant Award is as follows:

1.2.a Authorized Tribal Official Name:

1.2.b Authorized Tribal Official Title:

1.2.c Street Address:

1.2.d City, State, Zip Code:

1.2.e Telephone:

1.2.f Fax:

1.2.g Email:

1.2.h Website:

1.3 Tribal CSBG Program Contact Person: Individual designated within the Tribe or Tribal Organization to take the lead in administering the Community Services Block Grant and serve as the primary contact on all programmatic activities. The Tribal Program Contact Person information is as follows:

1.3.a CSBG Program Contact Person Name:

1.3.b CSBG Program Contact Person Title:

1.3.c Street Address:**1.3.d City, State, Zip Code:****1.3.e Telephone:****1.3.f Fax:****1.3.g Email:**

1.4 Delegation of Authority: *Is this Tribe or Tribal Organization's Authorized Tribal Official (Chairperson/Chief/CEO) delegating signature authority to any other individual to sign assurances, certifications, and other required CSBG documents on their behalf?*

☐ No, Chairperson/Chief/CEO does not delegate authority to another individual.

☐ Yes, Chairperson/Chief/CEO does delegate authority to another individual.
If yes, signature authority is delegated to the following additional Authorized Tribal Official:

1.4.a Name of Authorized Official:**1.4.b Title of Authorized Official:**

1.4.c Telephone Number:**1.4.d Email:****1.5 Statement of Assurance Regarding Tribal & Administrative Status:**

I hereby affirm that the following remain the same as those documented in our approved FY2020 CSBG Tribal Plan:

1.5.a ☐ Federal or State recognition status

1.5.b ☐ Tribal CSBG administrative structure

1.5.c ☐ Tribal resolutions endorsing the Tribe or Tribal Organization to apply for CSBG funding on their behalf (for applicants representing more than one Tribe.)

1.6 Statement Regarding Certifications, Programmatic, Administrative and Fiscal Assurances, and Assurance on Limitations:

All CSBG CARES Act supplemental funding is subject to the signed certifications; programmatic, administrative, and fiscal assurances; and assurance on limitations included in the FY20 CSBG Tribal Plan:

1.6.a ☐ Yes, the Tribe or Tribal Organization affirms that the certifications; programmatic, administrative, fiscal assurances, and assurance on limitations will be followed and adhered to.

1.7 Chairperson/Chief/CEO Signature for CSBG Tribal Administrative Information/Transmittal Letter:**1.7.a Name of Tribe or Tribal Organization:**

1.7.b Chairperson / Chief / CEO Name:

1.7.c Chairperson / Chief / CEO Title:

1.7.d Chairperson / Chief / CEO Signature:

Reminder:

- *Wait until the entire CSBG Tribal CARES Act Plan is fully complete before adding signature.*

Section 2 - CSBG Tribal CARES Act Plan Public Review**2.1 CSBG Tribal CARES Act Plan Public Review:*****Notes:***

- *Evidence must be provided that the CSBG Tribal CARES Act Plan was made publicly available for review and comment (e.g. via the Tribe or Tribal Organization's website) for a reasonable timeframe. (OCS recommends a minimum of 10 business days.)*
- *Evidence must also be provided that the Tribe or Tribal Organization specifically notified stakeholders that the CSBG Tribal CARES Act Plan was available for public review and comment.*

2.1.a ☐ Yes, the Tribe or Tribal Organization made the CSBG Tribal CARES Act Plan publicly available for review and comment for a minimum of 10 business days.

2.1.b Public Review Details:

Method of Public Review	Dates
<i>Describe the means by which the CSBG Tribal CARES Act Plan was made available for public review and comment.</i>	<i>Enter a range of dates. (mm/dd/yyyy to mm/dd/yyyy)</i>

2.1.c Notification to Stakeholders:

Notification Method	Dates
<i>Describe the means by which stakeholders were notified that the CSBG Tribal CARES Act Plan was available for public review and comment.</i>	<i>Enter dates. (mm/dd/yyyy)</i>

Section 3 - Individual and Community Income Eligibility Requirements**Notes:**

- CSBG CARES Act requires that services be provided to those who meet specific CSBG income guidelines (not to exceed 200% of the FPL).
- [Information Memorandum \(IM\) 2020-157](#): Immediate Guidance on COVID-19 Response clarified that Tribes and Tribal organizations have substantial discretion in defining the procedures for determining if an individual or family meets the eligibility requirements for CSBG, including the timeframes for review and necessary documentation appropriate to the services or strategies being implemented. CSBG grantees were encouraged to review existing procedures and establish emergency procedures, if appropriate, to streamline the eligibility determination process for the duration of the national public health emergency.

3.1 *Describe policies and/or procedures for determining eligibility.*

3.2 *Describe policies and/or procedures when individual income verification is not possible or practical.*

3.3 *Describe how the Tribe or Tribal Organization ensures that services target and benefit low-income communities, for those services that provide a community-wide benefit.*

Section 4 - Purpose of Funds

Note: This section is optional. If you are not providing this description, indicate “N/A” for not applicable.)

4.1 *Provide a description of the activities supported with CARES Act supplemental funds, including activities that will address at least one of the following three areas (4.1.a, 4.1.b, and 4.1.c, as applicable):*

4.1.a

- 1) Assisting low-income families and individuals in: (i.) removing obstacles that block the achievement of self-sufficiency; (ii.) secure and retain meaningful employment; (iii.) attain adequate literacy and education; (iv.) make better use of available income; (v.) obtain and maintain adequate housing; (vi.) obtain emergency assistance; and/or (vii.) achieve greater participation in the affairs of the communities.

Provide a description of activities that assist low-income families/individuals in removing obstacles. (If you are not providing this service or this description, indicate "N/A" for not applicable.)

4.1.b

- 2) Addressing the needs of youth in low-income communities through youth development programs.

Provide a description of activities that address the needs of youth in low-income communities. (If you are not providing this service or this description, indicate "N/A" for not applicable.)

4.1.c

- 3) Making more effective use of, and coordinating with, other programs related to the purposes of the CSBG Act.

Provide a description of activities that coordinate with other programs communities related to the purpose of the CSBG Act. (If you are not providing this service or this description, indicate "N/A" for not applicable.)

4.2 Linkages to Fill Service Gaps: *Provide a description of how funds were utilized to develop linkages to fill identified gaps in services. For example, through the provision of information, referrals, case management, and follow up consultations. (If you are not providing this description, indicate "N/A" for not applicable.)*

4.3 Public-Private Resource Coordination: *Provide a description of how funds will be coordinated with other public and private resources. (If you are not providing this description, indicate "N/A" for not applicable.)*

4.4 Innovative Community and Neighborhood-based Initiatives: *Provide a description of how funds will be used to support innovative and neighborhood-based initiatives. (If you are not providing this description, indicate “N/A” for not applicable.)*

Signature

Review and confirm that you have provided all of the necessary information. It is also helpful to save your PDF again. Once all answers are complete, the signature of the Tribe or Tribal Organization's Authorized Official can be added to the following section:

➤ Section 1, Item 1.7.d

End of Form

Once the signature has been added, save your final signed PDF file. It is ready to be uploaded to the [OLDC System](#) as part of your official CSBG Tribal CARES Act Plan submission.