



# COMMUNITY SERVICES BLOCK GRANT (CSBG) FY18 ANNUAL REPORT

## FILLABLE-PDF TOOL FOR TRIBES & TRIBAL ORGANIZATIONS

A resource provided by the  
CSBG Tribal Training and Technical Assistance  
Program

July 2018

*Under contract with the HHS/ACF Office of Community Services, the CSBG Training & Technical Assistance Program for Tribes and Tribal organizations connects CSBG Tribal grantees and provides information and assistance through webinars, conferences, and direct phone support to maximize the impact of CSBG funding. The program offers free comprehensive training and technical assistance, tools and resource materials, and 1:1 phone consultation.*

## INSTRUCTIONS

The following form is provided as a technical assistance tool to assist grantees in producing the CSBG Annual Report as required by [Section 678E of the CSBG Act](#). Please follow the step-by-step directions provided in the [CSBG Tribal Plan & Application Tool Guide](#) to ensure successful completion.

As you work through the application, please remember that help is available anytime from the CSBG Tribal T&TA team at [tribalta@luxcg.com](mailto:tribalta@luxcg.com) or 301-244-3557.

**Note:** *All* renewing applicants must submit the CSBG Annual Report as part of their required CSBG application materials each year. Tribal grantees in the middle of an approved two-year Tribal Plan are still required to submit an updated SF-424M and Annual Report *every year* in order to receive funding.

All CSBG Tribal Plan and application materials are due by September 1 every year.

## ANNUAL REPORT:

The Annual Report is a narrative description of how the grantee met its CSBG goals and objectives and provides information on the types of projects supported with CSBG funding awarded in the previous fiscal year. (**Note:** *Although the fiscal year will not be finished at the time of reporting, please provide the most current information available.*)

1. **Fiscal Year Reporting:** Fiscal Year 2018 (10/01/2017 – 09/30/2018)
2. **Contact Information:** Please provide contact information in the text boxes below.
  - (2.a) **Name of Tribe or Tribal Organization:**
  - (2.b) **Name of Tribal CSBG Program Contact Person:**
3. **Annual Report Content:** CSBG guidelines require that the Annual Report address the following content. In order to provide a thorough Annual Report, please complete each section using the text boxes below.
  - (3.a) **An accounting of how funds were spent on the direct delivery of local services:** *Click the text box below to enter a description of how funds were spent on the direct delivery of local services.*
  - (3.b) **Information on the number of and characteristics of clients served:** *Click the text box below to enter a description of the individuals served by the CSBG Program.*
  - (3.c) **Details regarding how the grantee met its CSBG goals and objectives:** *Click the text box below to enter a description of how the grantee met its CSBG goals and objectives detailed in the previous fiscal year's CSBG Tribal Plan.*

(3.d) **Information on the types of projects supported by CSBG funds:** *For any sections that are not applicable, please type N/A.*

(3.d.1) **Employment:** *Click the text box below to enter a description of employment-related services, such as support for job placement, vocational and skills training, job development, and eliminating barriers to work. (Indicate N/A if not applicable.)*

(3.d.2) **Education:** *Click the text box below to enter a description of education-related services, such as adult education, literacy programs, scholarships, Head Start enhancement, child development programs, and anti-drug education. (Indicate N/A if not applicable.)*

(3.d.3) **Housing:** *Click the text box below to enter a description of housing-related services, such as homeownership counseling and loan assistance, counseling/advocacy in landlord/tenant relations and fair housing concerns, housing assistance, shelters and services for the homeless, and home repair and rehabilitation. (Indicate N/A if not applicable.)*

(3.d.4) **Nutrition:** *Click textbox below to enter a description of nutrition-related services, such as organizing, operating and assisting food banks, counseling and public education regarding nutrition and food preparation, community gardening, water, and food production programs, preparing and delivering meals. (Indicate N/A if not applicable.)*

- (3.d.5) **Emergency Assistance:** *Click the text box below to enter a description of emergency assistance-related services, such as temporary housing, rent or mortgage assistance, cash assistance/short-term loans, energy or utility assistance, emergency food, clothing and medical services, and disaster response. (Indicate N/A if not applicable.)*
- (3.d.6) **Health Care Services:** *Click the text box below to enter a description of health care-related services, such as diabetes and other health education and treatment, emergency medical services, and transportation to medical services for elders. (Indicate N/A if not applicable.)*
- (3.d.7) **Self-Sufficiency:** *Click the text box below to enter a description of self-sufficiency-related services, such as services to assist individuals and families in becoming more financially independent, including assessing needs and resources, developing a plan of support, and linking and identifying resources. (Indicate N/A if not applicable.)*
- (3.d.8) **Income-Management:** *Click the textbox below here to enter a description of income management-related services, such as services include assistance with budgeting, tax preparation, tax credit information, and medical and other benefit claims assistance. (Indicate N/A if not applicable.)*

(3.d.9) **Service Linkages:** *Click the text box below to enter a description of service linkages, such as Services include eligibility coordination, inter-agency partnerships, Tribal/State partnerships, and public/private partnerships. (Indicate N/A if not applicable.)*

(3.e) **Tracking accomplishments of projects and activities:** *Click the text box below to enter a description of the measurable accomplishments that have been achieved by the CSBG projects and activities. (Examples can include participation rates, number of people served or employed, etc.*

(3.f) **Outcome data that addresses progress toward implementation of the CSBG national goals:** *Click the text box below to enter outcome data that reflects the implementation of the CSBG National Goals.*

#### END OF FORM

Please review all of your information and ensure that you have answered all of the necessary questions. Once the form is complete, please save the PDF for your records. The completed CSBG Annual Report PDF should be included in your official FY19 CSBG Tribal Plan and Application Package. Please refer to the [CSBG Tribal Plan & Application Tool Guide](#) for detailed instructions on how to submit your application.