

## 2015-2016 CSBG QUARTERLY REPORT INSTRUCTIONS

One copy of each community action agency's quarterly program and financial reports is due at the Office on Volunteerism and Community Services (OVCS) in Richmond no later than 45 days following the end of each quarter.

The reports should be submitted electronically by email to [csbg@dss.virginia.gov](mailto:csbg@dss.virginia.gov).

Due dates are: November 15 for first quarter; February 15, second quarter; May 15, third quarter; and August 15, fourth quarter. When any of these dates falls on a weekend or a holiday, the reports are due the following business day.

**Failure to submit reports in a timely manner without prior approval will result in a suspension of reimbursement under the CSBG contract.** If an extension is necessary, the agency shall contact OVCS *prior to the due date for the reports*. Extensions will be granted only under unusual circumstances.

The following are instructions for the specific forms:

### 2015-2016 CSBG QUARTERLY REPORT COVERSHEET

This form is used to certify the submission and accuracy of the quarterly reports. Since the coversheet references both programmatic and financial reports, all the forms must be submitted together in a single package.

#### Specific Instructions:

1. Quarter: Check the appropriate quarter being reported.
2. Agency Name: Enter the name of your agency
3. Reports Included: Check the line beside each of the reports included in this submission. Please note that most of the reporting forms are submitted for the 4<sup>th</sup> quarter only, while only the first three are submitted every quarter.
4. Certification: Signature, title, and date of individual certifying the submission and accuracy of the reports.

Check whether the reports have been approved by the board or will be submitted for approval. If the reports have been approved by your board, include the date the board approved the reports.

If the reports have not yet been submitted to the board for approval, include the date that they will be submitted for approval. If any changes are made to these reports subsequent to their submission to OCS, the changes must be certified by the board and submitted to OCS.

### **2015-2016 FINANCIAL STATUS REPORT (QRF-01)**

All expenditures reported shall be cumulative year-to-date.

1. Enter the name of the agency.
2. Enter the quarter for which this report is being submitted.
3. Separate columns are identified for Federal CSBG and State CSBG Expenditures.
4. For each line item listed (Salary & Wages, Fringe Benefits, Consultants & Professional Services, Travel, etc.) enter the total expenditures for each funding source.
5. This report should be submitted electronically.

### **2015-2016 TANF NON-ASSISTANCE PROGRAM REPORT (QRF-02)**

All expenditures reported shall be cumulative year-to-date.

1. Enter your agency's name and the quarter being reported.
2. Enter the total expenditures year-to-date for each program area. The total TANF expenditures year-to-date for all program areas will be calculated automatically in the last row.
3. For any amounts entered as "Other", provide a brief explanation of what programs and activities are included and how much was expended by each.
4. This report should be submitted electronically

## **CERTIFICATION OF BOARD MEETINGS – 2015-2016 (QR-01)**

1. Check the appropriate quarter being reported.
2. Enter the name of the agency.
3. Enter the date of **each** board meeting that has occurred since July 1. Enter “yes” or “no” to indicate if a quorum was present. Enter the date the minutes were approved by the board and the date the minutes were sent to OCS.
4. Sign and date the form.
5. This report should be submitted electronically.

## **2015-2016 STATEMENT OF AGENCY OPERATION (QR-02)**

This form is only submitted with your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter reports and electronically.

## **2015-2016 OUTCOMES REPORT (QR-03)**

This report is submitted quarterly and should be sent in electronic form.

The report is broken up into the six National goals, and has multiple National Performance Indicators beneath each goal. The reporting columns include an area for inserting your target, the number that enroll, and the number that actually complete (achieve outcome) the program. All program activities should be compared against the National Performance Indicator Reference sheets provided with the 2014-16 State Plan. Detailed information, including specific examples, can be found in the National Performance Indicators Instruction Manual (Attachment 6B, part 2 of the State Plan). If you have any questions about the proper NPI for a program outcome, please contact OVCS. We would like to have the questions by e-mail, so that we can create an FAQ document based on the feedback. As this is the first year for reporting in this format, there will be some opportunity to fine-tune the process as the year progresses.

For each of the 6 goals, there is a Notes page included with the outcomes reporting worksheets. These pages are to be used to list specific programs that fit within broad categories, and to allow for explanations of outcomes that are not currently being met (compared to targets). It will be very important that agencies use these Notes pages to communicate any information that will help OVCS in assessing progress towards meeting outcomes.

## **2015-2016 OTHER OUTCOMES REPORT (QR-04)**

This form is used to report programs and activities that are not included in the Outcomes Report (QR-03) and is submitted with your 4<sup>th</sup> quarter report only. If a program is included in the QR-03 – Outcomes Report, it is not also reported using the Other Outcomes Report. It is suggested that you contact the Office on Volunteerism and Community Service for guidance before completing this form.

1. Enter the Agency Name, Project Name, Program Area and Program Goal. Then enter the Measured Outcome for the program/activity and how the outcome is measured. (for example - Is everyone in the program/activity assumed to have reached the outcome, or is there a test or standard used?)

2. Then using the Individual and/or Families/Households columns as appropriate, enter the “Planned Outcomes”, “Actual Outcomes”, “Total Unduplicated in Program”, “Exited Prior to Achieving Outcome”, and the number “Still Progressing Toward Outcome”.

“Still Progressing Toward Outcome” is defined as the “Total Unduplicated in Program”, minus “Actual Outcomes” achieved, and minus “Exited Prior to Achieving Outcome”.

3. Then enter the amount of Federal CSBG, State CSBG, Other funds and Total funds spent achieving these outcomes (including the program’s share of the agency’s administrative costs).

4. You should then include a brief narrative description of the program.

## **2015-2016 CSBG UNDUPLICATED CLIENTS BY LOCALITY (QR-05)**

This report is submitted with your 4<sup>th</sup> quarter report only.

Enter the Agency name.

Enter the locality name and the total unduplicated clients served by the agency for each locality.

This report should be submitted electronically.

## **2015-2016 CSBG ANNUAL AGENCY CLIENT DEMOGRAPHIC REPORT (QR-06)**

This form is a compilation of all program participant intakes for the fiscal year (July 1 to June 30). The form is submitted once yearly with the fourth quarter report, which is due no later than August 15 (45 days after the end of the fiscal year).

## Specific Instructions:

1. Enter your agency name.
2. For items 1 and 2, enter
  - Item 1: the unduplicated number of individuals (persons who received services from your agency) for whom you obtained one or more demographic characteristic; and
  - the unduplicated number of individuals for whom no demographic characteristics were obtained.
  - The “Total unduplicated number of individuals receiving services this reporting period” is then automatically calculated.
  - Item 2: the unduplicated number of families (families who received services from your agency) for whom you obtained one or more characteristic(s); and
  - the unduplicated number of families for whom no demographic characteristics were obtained.
  - The “Total unduplicated number of families receiving services this reporting period” is then automatically calculated.
3. For items 3 through 8 enter the number of individuals that meet each characteristic; and for items 9 through 13 enter the number of families that meet each characteristic.
4. Item 8 – Other Characteristics captures whether individuals you served had health insurance or were disabled. Do not include individuals for whom no information regarding these two characteristics were obtained.
4. No section of the demographic report has produced more reporting errors than item 11 – Sources of Family Income. First, enter the unduplicated number of families reporting one or more sources of income. Note: OCS expects that agencies obtain income information on the lion share of families served. Those families that indicate they have no income whatsoever should be reported as “Unduplicated # Reporting Zero Income.” Note: OCS expects that few families have zero income. If your agency operates one or more programs for which no family income information is obtained, then those families should shown as “Family Income Not Reported.” The sum of these three numbers is automatically calculated and should equal the “Total unduplicated number of Families receiving services this reporting period” shown in line 2.
5. The “Level of Family Income” in item 12 requests unduplicated data on the family (household) income levels for families receiving services. Since some agencies operate one or more programs that have no income test, those unduplicated number of families are entered in the “Level of Income Not Reported” line. Note: OCS expects that since CSBG funds can only be used to serve families at or below 125% of poverty, then those

programs operated that have no income test should be funded with other funds. The total line is automatically calculated and should equal the “Total unduplicated number of Families receiving services this reporting period” shown in line 2.

6. The “Housing” section found in item 13 requests unduplicated data on the families (households) receiving services based on their housing type. Homeless families are those who (a) lack a fixed, regular, and adequate nighttime residence; and (b) those that stay in a supervised publicly or privately operated shelter, other temporary accommodations such as hotels/motels, congregate shelters, transitional housing facilities, or other public or private places not designed for or ordinarily used as a regular sleeping accommodation for human beings. Homeless families do not include any individual imprisoned or otherwise detained pursuant to Federal or State law.
7. This report should be submitted in both paper form and electronically.

**Important Note:** Before submitting this form, please check to ensure that your numbers make sense. Under categories that request individual characteristics (i.e. age, gender, etc.), make sure that the sum of all the numbers does not exceed the number reported in Item #1 at the top of the form - “Total number of individuals about whom at least one demographic characteristic was obtained.” Likewise, under categories that request family characteristics (i.e. family size, family type, housing), make sure that the sum of all the numbers does not exceed the number reported in Item #2 at the top of the form - “Total number of families about whom at least one demographic characteristics were obtained.”

When any of these error conditions occur, the Excel spreadsheet form will display the word “Error” in red and direct you to a cell in which you will find a description of the error condition and what to do to correct it. Please contact OVCS if you have difficulties resolving these error messages.

## **2015-2016 OTHER RESOURCES ADMINISTERED AND GENERATED (QR-07)**

This report should be submitted electronically.

This report requires that you identify the original source of all funding. Sometimes funding can originate at one level of government and then be passed down through other levels of government. For example, although you might receive CDBG funds from a local government, CDBG funds originate at the federal level and should be reported on the appropriate line in Table 1 – Federal Resources.

Begin by entering your agency's name and your Federal CSBG contract amount for FY'2016. Generally, this will equal the Federal CSBG funding amount shown on your final contract including carryover.

We have added a box in which to report the CFDA (Code of Federal Assistance) # for federal grants listed in the "Other HHS Resources" and "Other Federal Sources" sections. The CFDA is a required entry and will assist us in correctly identifying all federal grants you receive.

If your agency received any other ARRA (Recovery Act) funding, enter it in the appropriate line. For example, ARRA funds awarded for Head Start services are entered in line e – Head Start (HHS) of the ARRA column.

### **Table 1 – Federal Resources**

Table 1 summarizes **all Federal Resources (with the exception of your Federal CSBG Funds)** administered or generated by your local community action agency.

Several new federal resources have been added to Table 1 including several additional HUD-funded housing programs as well as the Department of Education in line "w", the Department of Justice in line "x", and the Department of Treasury in line "y".

When listing a funding source or program under an "Other" category on any of the tables, **please DO NOT use acronyms and abbreviations.** Rather, list the entire name of the funding source or program and the CFDA #.

To assist you in identifying your Federal Resources we have included "Appendix A – Federal Resources", a document that lists most commonly used federal grants and programs organized by the federal agency that administers or awards these grants. CFDA numbers are also a useful way of identifying the original name and source of federal funds and grants.

### **Table 2 – State Resources**

Table 2 summarizes all State funds and resources being administered by your agency. Typically, these are funds that have been appropriated by the Virginia General Assembly.

If your agency is receiving federal funds that are being "passed through" a State agency, they should not be reported in Table 2 but rather on the appropriate line in "Table 1 – Federal Resources".

Again, when listing a funding source or program under an "Other" category, **please DO NOT use acronyms and abbreviations.** Rather, list the entire name of the funding source or program.

### **Table 3 – Local Resources**

Table 3 summarizes the funds and resources being administered or generated by your agency from local government. Local government resources include funds appropriated by your County Boards of Supervisors, City Councils, or provided to you by local school boards or offices.

Please note that a new local resource has been added to Table 3 in line “b” – Amount of restricted funds appropriated by local government. Unrestricted funds appropriated by local government to your agency will continue to be reported in line “a”.

### **Table 4 – Private Sector Resources**

Table 4 summarizes the funds and resources being administered or generated by your agency from the private sector, including but not limited to, foundation funding, corporate funding, United Way funding, private funding from other non-profits or individuals, the value of items donated by private citizens or entities, fees paid by clients for services, and the value of in-kind services received from businesses.

Please note that Table 4 no longer asks for information pertaining to volunteer hours.

## **2015-2016 NARRATIVE REPORT (QR-08)**

Please follow the content, order, and format for each question as indicated.

A narrative report is submitted at the end of the fourth quarter, and is due no later than August 15 (45 days after the end of the fiscal year). The narrative report is designed to tell stories of community action programs and services beyond that provided in the statistical reports. It is also part of the state’s annual report to the federal office. Additionally, VACAP often uses this anecdotal information about community action programs and clients in preparing its annual reports and information packages that are shared with the Virginia General Assembly. If done well, your agency might also find this information useful as you market your programs to local governments and private donors.

After typing your agency's name and the fiscal year being reported, please prepare a narrative response to each of the five items listed. Please follow the format of each question.

This report should be submitted electronically to [csbg@dss.virginia.gov](mailto:csbg@dss.virginia.gov).