Community Services Block Grant (2027-2029)

Questions on this application should be emailed to: CSBG@elpasoco.com

The Community Services Block Grant (CSBG) is a federally funded program that provides funds to support services that alleviate the causes and conditions of poverty. In Colorado, the funds are issued to the Department of Local Affairs (DOLA) to administer and allocate to various entities with the following goals: 1) The reduction of poverty; 2) The revitalization of low-income communities; 3) The empowerment of low-income families to become fully self-sufficient. El Paso County (EPC) has participated in this program for many years and will be applying for the 2027 – 2029 grant cycle. In anticipation of being awarded funding, EPC is accepting applications from service-oriented organizations in the county that are qualified to efficiently disburse funds within the parameters of the CSBG goals.

The following organizational eligibility must be met to be considered for funding:

· Entity must be able to document how the proposed program / services will aim to alleviate the causes and conditions of poverty

· Entity must be located in El Paso County

· Entity must be able to capture required data information including, but not limited to, individuals/ households served, outcomes achieved and demographic information

Required

Organizational Information

1. Legal Entity Name *

2. DBA (if applicable)

3. Legal Entity Physical Address *

4. Legal Entity City *

5. Legal Entity State *

- ◯ Colorado
- ◯ Other

6. Legal Entity Physical Zip Code *

The value must be a number

7. Is your mailing address different from your physical address? *

- ◯ Yes
- ◯ No

8. Mailing Address Street or PO Box *

9. Mailing Address City *

10. Mailing Address State *

11. Mailing Address Zip Code *

The value must be a number

12. Entity Telephone Number *

EX (7195201234)

The value must be a number

13. Year Entity was Founded *

Year founded, if there is a lapse in time organization has provided services, please describe why.

The value must be a number

14. Number of Years Operating in El Paso County *

The value must be a number

15. Entity Website *

If you do not have a website, please indicate with "NA"

16. Please indicate the name of person who has Signature Authority *

Name

17. Authorized Signer Email *

Email

Please enter an email

18. Authorized Signer Phone *

Phone Number

The value must be a number

19. Financial Reporting Contact *

Name

20. Financial Contact Email *

Email

Please enter an email

21. Financial Contact Phone *

Phone

The value must be a number

22. Applicant/Program Contact *

Name

Enter your answer

23. Applicant/Program Contact Email *

Email

Please enter an email

24. Applicant/Program Contact Phone *

Phone Number

The value must be a number

25. EIN *

Employer Identification Number is a unique nine-digit number assigned by the IRS to identify a business entity

26. Unique Entity ID (UEI) Number *

A business can obtain a free Unique Entity Identifier (UEI) exclusively through the SAM.gov entity registration portal

27. Is your UEI Number registered with SAM.gov? *

The response will be verified by EPC Staff

- ◯ Yes
- ◯ No

28. Organization Type *

- ◯ Non-Profit 501(c)(3)
- ◯ Other

29. Organization Mission Statement and Vision *

Provide your organization's current mission and vision statements exactly as they have been approved by your governing body or leadership.

30. Number of full-time employees *

Number of full-time employees that are included in the budget

31. Number of part-time employees *

Number of part-time employees that are included in the budget

32. Is your organization registered and in good standing with the Colorado Secretary of State? *

Select "Yes" if your organization is currently registered and in good standing with the Colorado Secretary of State. Select "No" if your organization is required to register but is not currently in good standing. Select "Not Applicable" if your organization is not required to register

- ◯ Yes
- ◯ No
- ◯ Not Applicable

Previous Funding Information

33. Have you received State and/or Federal funding (excluding CSBG) during the period of 2021 - 2026? *

- ◯ Yes
- ◯ No

34. Please provide a chronological list of the name(s) of the awarding/issuing agencies and the amount of funding received per year *

Awarding/issuing agency - (Year) - $amount received. Include all requested information in chronological order, beginning with the **most recent funding**. Be sure to include all details outlined in the questions for each award received.

EX: Office of Community Services (OCS) - 2026 - $000,000, State Department of Health and Human Services - 2025 - $000,000, ect.

35. Please provide a brief description of how those funds were used *

Description

36. Have you received funding from El Paso County (excluding CSBG) during the period of 2021 - 2026? *

El Paso County Funding

- ◯ Yes
- ◯ No

37. Please provide the amount of funding received per year *

Include all requested information in chronological order, beginning with the **most recent funding**. Be sure to include all details outlined in the questions for each award received. Do not include previous CSBG funding

38. Please provide a brief description of how those funds were used *

Description

39. Has your organization received CSBG funding during the period of 2018-2026 (the three most recent CSBG grant cycles)? *

- ◯ Yes
- ◯ No

40. Please provide a chronological list of the amount of CSBG funding received per grant cycle *

Include all requested information in chronological order, beginning with the **most recent funding**. Be sure to include all details outlined in the questions for each award received.

41. Please provide a brief description of how those funds were used, whether your project met the goals set, and if the award was fully expended. *

Be sure to include all details outlined in the questions for each award received.

Organizational Compliance

42. Does your organization keep and maintain complete and accurate financial records in accordance with the Generally Accepted Accounting Principles (GAAP)? *

- ◯ Yes
- ◯ No

43. Does your organization have an annual audit completed by an independent CPA? *

If your operating budget is under $250,000, certified year-end financials approved by your Board Chair or Executive Director may be substituted.

- ◯ Yes
- ◯ No

44. Does your organization have an annual audit certification form? *

If your operating budget is under $250,000, certified year-end financials approved by your Board Chair or Executive Director may be substituted.

- ◯ Yes
- ◯ No

45. Does your organization follow the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Part 200 (the "Uniform Guidance")? *

- ◯ Yes
- ◯ No

46. Does your organization comply with all Federal laws and regulations to maintain its 501(c)3) tax-exempt status? *

Complete this question only if your organization is recognized as a 501(c)(3) tax-exempt organization by the Internal Revenue Service (IRS). Select "Yes" if your organization remains in compliance with all applicable federal requirements necessary to maintain its tax-exempt status. If your organization is not a 501(c)(3), select "Not Applicable".

- ◯ Yes
- ◯ No
- ◯ Not Applicable

47. If applicable, does your organization maintain a governing board of at least 5 unrelated members who serve without compensation, meet regularly, and provide effective oversight to further the organization's mission? *

Complete this question only if your entity is governed by a board of directors. Select "Yes" if your entity has a governing board consisting of at least five unrelated members who serve without compensation, meet regularly, and actively provide oversight of the entity's mission and operations. If this requirement does not apply to your entity, select "Not Applicable".

- ◯ Yes
- ◯ No
- ◯ Not Applicable

48. Does your organization have established administrative, management, and personnel policies and procedures in place to ensure organizational operations? *

These may include policies related to human resources, financial management, procurement, internal controls, records management and organizational governance.

- ◯ Yes
- ◯ No

49. Has your organization filed all required federal, state, and local tax returns, as applicable? *

Indicate whether your organization has filed all required federal, state, and local tax returns applicable to its organizational status. If your organization is not required to file certain tax returns, select "Not Applicable"

- ◯ Yes
- ◯ No
- ◯ Not Applicable

50. Is your organization in compliance with all applicable federal nondiscrimination laws and regulations, including Title VI of the Civil Rights Act of 1964, governing the use of federal funds? *

Organizations receiving federal funds must not deny benefits or services or otherwise discriminate on the basis of race, color, national origin (including limited English proficiency), disability, age, or sex (including sexual orientation and gender identity), as prohibited by applicable federal law.

- ◯ Yes
- ◯ No

51. Does your organization: Receive 80% or more of its annual gross revenues from federal procurement contracts, subcontracts, loans, grants, subgrants, and cooperative agreements subject to the Federal Funding Accountability and Transparency Act (FFATA); and receive $25 million or more in annual gross revenues from these federal funding sources? *

    Answer "Yes" only if both conditions are met. This question is used solely to determine whether your organization may be subject to federal executive compensation reporting requirements under 2 CFR Park 170. Most organizations will answer "No"

    ◯ Yes

    ◯ No

52. If you answered "Yes" to the previous question, please provide the name, title, and total annual compensation for your organization's five highest-compensated executives for the most recently completed fiscal year.

    Be sure to include all details outlined in the question for each of your organization's five highest-compensated executives for the most recently completed fiscal year.

Project Information

53. Project Summary *

When read separately from the rest of the application, this summary should serve as a succinct and accurate description of the proposed work.

54. Project Timeline *

Provide a project timeline that identifies key project activities, major milestones and expected timeframes for implementation. The timeline should demonstrate how the proposed activities will be completed within the grant period.

55. Describe the needs to be addressed with CSBG grant funds and the collection and analysis process used to determine the need. *

Describe the community need(s) that the proposed project will address. Support your response with local data, community assessments, stakeholder input, surveys, or other relevant information. Explain how the needs were identified, the methods used to collect and analyze the information and why the identified need is a priority for the proposed service area and target population.

56. Describe the actions or services that will be provided to address the stated need(s). *

Describe the activities, programs, and services that will be funded through CSBG. Include a detailed explanation of what will be provided, who will deliver the services and how the proposed activities will directly address the identified community need(s).

57. Describe the process for capturing and documenting mandatory CSBG program eligibility information, specifically client income as it relates to the Federal Poverty Level and residency verification. *

58. Describe how your organization will provide or coordinate services funded through CSBG for low-income individuals and families in El Paso County. *

Describe how your organization will complete the proposed project and ensure services are accessible to eligible low-income individuals and families. Include information on service delivery methods, outreach strategies, partnerships or collaborative efforts, referral processes and coordination with other community resources, as applicable.

59. Total amount requested (in full dollars) *

Enter the total amount of funding requested for the entire three-year grant period. *Do not* enter annual funding amounts. If awarded, grant funds will be distributed in accordance with the grant agreement and funding availability.

The value must be a number

60. If we are unable to fund the full amount requested, please identify the lowest funding amount at which the program or project could still operate while achieving the proposed objectives and deliverables. *

Lowest funding amount at which the program or project could still operate while achieving the proposed objectives and deliverables.

The value must be a number

61. Describe the viability and sustainability of the requested project and organization in the absence of CSBG funding. *

Describe how the project and organization would continue operating without CSBG funding, including alternative funding sources, operational adjustments, and long-term sustainability plans.

Federal Domains and Outcomes

62. Federal Domain(s) your organization will support with CSBG funds *

- [ ] Employment
- [ ] Education and Cognitive Development
- [ ] Income, Infrastructure, and Asset Building
- [ ] Housing
- [ ] Health and Social/Behavioral Development (includes Nutrition)
- [ ] Civic Engagement and Community Involvement
- [ ] Services Supporting Multiple Domains
- [ ] Linkages (for example partnerships that support multiple domains)
- [ ] Agency Capacity Building
- [ ] Other

63. List Objective(s) your organization plans to achieve in relation to the above noted Federal Domain(s) *

If more than one Federal Domain has been selected, note the Domain followed by the related Objective(s)

64. List Services your organization plans to provide with CSBG funds in order to achieve the Objective(s) listed above *

If more than one Objective has been selected, note the Objective followed by the related Services

65. Anticipated number of community members to be served by your project *

If you have selected more than one Service, please provide number of community members expected to receive each Service. Please provide an annual, unduplicated number, as opposed to the total you anticipate serving over the 3-year cycle

66. Anticipated number of community members to achieve Outcomes through your CSBG program *

If you have selected more than one Outcome, please provide number of community members expected to achieve each Outcome. Please provide an annual, unduplicated number, as opposed to the total amount you anticipate over the 3-year cycle

67. On average, how many individuals and households does your organization directly serve in a year? *

68. How many individuals and households are currently served in the specific program(s) for which you are requesting funding? *

If you plan to use CSBG funds for a new program, please note that.

69. Provide a description of any innovative community or neighborhood-base initiatives currently implemented or planned by your organization.

Submission

70. **Certification of Compliance**

By submitting this application, I understand and agree that:

- the CSBG Funds may only be used to cover costs that:
  - Are meant to alleviate the causes and conditions of poverty; and
  - Are made to serve eligible low-income individuals and families; and
  - Are incurred only during the effective dates of a fully executed agreement.

I understand that this federal funding may require additional reporting and financial disclosure regarding our organization's financial audit.

- I understand and agree that adequate documentation will be provided to El Paso County upon request.
- My organization's activities are legal under Colorado and federal law.
- I certify that my organization will be required to provide documented receipts and other supporting documentation reflecting expenditure of grant funds.
- I certify that my organization will be required to submit monthly and quarterly reports detailing the project progress, funding expenditure, and additional metrics/data to be determined by El Paso County.
- I certify that my organization's application submission will not be considered until a completed application and requested supporting documents have been submitted.
- The information provided in this application is true and correct to the best of my knowledge.
- I understand that El Paso County may verify any and all statements contained in this application, and that any false information or omission may disqualify my organization from further consideration for funding under the Community Service Block Grant provided by El Paso County.
- I also understand that, upon submission, my application becomes property of El Paso County and will not be returned to my organization in whole or in part and will become a public record subject to CORA.

*

☐ I certify that I have read and agree to the all terms located within

Checklist

71. Use the checklist below to ensure a complete application. The documents listed below are required to accompany your application. *

Email these documents to CSBG@elpasoco.com. Subject line: [AGENCY NAME] | CSBG APPLICATION

- [ ] Completed Application - ALL questions have a response
- [ ] Excel line itemed budget worksheet
- [ ] Form W-9 Request for Taxpayer Identification Number and Certification
- [ ] Audited Financial Statements (last 3 years). If your 2025 audit is not yet complete, provide a letter stating when the audit will be complete and provide an unaudited financial statement for 2025
- [ ] Federal Tax Return for tax year ending 2025. If you have not yet filed, provide a copy of your 2025 extension and Federal Tax return for tax year ending in 2024
- [ ] Insurance Certificate