[INSERT Agency Logo Here]

**COMMUNITY ACTION PLAN**

**Program Year 2025**

*A plan to illustrate the sub-grantee’s activities within the upcoming CSBG program year.*

Introduction

September 9, 2024

Dear Community Action Agency,

The Community Action Plan is a framework to outline your agency’s programs, services, goals, and training needs for the 2025 program year (January-December 2025). IHCDA uses your answers to complete federal reporting and some monitoring actions. This document should describe your agency’s plan to administer CSBG activities directly or in partnership with other organizations. Please address each question, providing **attachments** as noted on **pages 14-16**.

There are no changes to this year’s CAP documents. However, please remember to:

* *Complete* **page 18** (Office Location and Contact Information).
* *Complete,* ***sign/date*** *and return* **Attachment 9** (Certification of Information).

The Community Action Plan and each required attachment should be saved as separate documents**. Please return these completed items** including the signed Certificate of Information Form, to the Indiana Housing and Community Development Authority **via shared file by Monday, December 2, 2024, by 5 p.m. Eastern Time*.***

Questions? Please email [CSBG@ihcda.in.gov](mailto:CSBG@ihcda.in.gov).

Sincerely,

Text

Description automatically generated with low confidence

Tina Darling

CSBG Manager

cc: Emily Krauser, Chief Deputy Director of Programs

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# 2024 Community Action Report

## **2024 Agency Review**

This 2024 Reporting section of the 2025 Community Action Plan serves as a short snapshot of your agency and its current or recent services. This snapshot can provide context for the information you provide in the 2025 Action Plan; it also allows IHCDA to collect necessary information to meet CSBG Assurances and prepare for future Annual Reports and State Plans.

### Budget

1. Total Expected 2025 Organizational Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Staff

2. Use the table below to show your agency’s current staffing break-down.

|  |  |
| --- | --- |
| Employees |  |
| Number of Regular Full-Time Staff |  |
| Number of Regular Part-Time Staff |  |
| Number of Seasonal Full-Time Staff |  |
| Number of Seasonal Part-Time Staff |  |
| Number of Interns, AmeriCorps Members or Similar (not captured in the figures above) |  |
| Total Number of Employees |  |
| Number of Staff (full and part time) Paid by CSBG |  |

3. Please provide the primary contact information (including email and phone) for your agency’s Board of Directors chairperson below.

4. Did your agency hire a new Executive Director/Chief Executive Officer, Chief Financial Operator or Chief Operating Officer in 2024? Yes  No.

If yes, please explain:

5. Were any of your agency’s Director or Manager-level positions made vacant and/or filled in 2024? Yes  No.

If yes, please explain:

6. Were any Executive, Director, or Manager-level positions created in 2024 that were not in place in 2023? Yes  No.

If yes, please explain:

### Management Accomplishment

7. Briefly describe what you consider to be the top management accomplishment achieved by your agency in 2024. Describe how responsible, informed leadership and effective, efficient processes led to high-quality, accessible, and well-managed services and strategies. The management accomplishment does NOT have to relate directly to how CSBG funds are used. *CSBG Statute Sec. 676(b)(12).* *Annual Report Module 1 Question B.5*

### Innovative Approach

8. Briefly describe how your agency addressed a cause or condition of poverty in the community using an innovative or creative approach in 2024. Include local partners involved, outcomes, and specific information on how CSBG funds were used to support implementation. *Annual Report Module 1 Question B.6.*

### Continuous Improvement

9. Briefly provide an example of changes made by your agency to improve service delivery and enhance impact for individuals, families, and communities with low incomes; your response should show how the change was based on in-depth analysis of performance data. *CSBG Statute Sec. 676(b)(12). Annual Report Module 1 Question I.5. State Plan Question 13.4.*

### Partnerships

10. Please describe 2-5 of the most important partnerships your organization formed or maintained with other faith-based organizations, charitable groups, and/or community organizations in 2024. *CSBG Statute Sec. 676(b)(9). State Plan Question 9.6*

Under “Partnership Organization Type,” **only** the following categories are available in the dropdown menu: **faith-based organization, charitable group, community organization, or other**.

|  |  |  |
| --- | --- | --- |
| Partner Organization | Organization Type  (select from dropdown menu) | Partnership Description (i.e., purpose of partnership), including its importance to your agency and/or community. |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |

# 2025 Community Action Plan

## **Overview**

This section serves as a planning tool for your agency for the upcoming program year. IHCDA strongly encourages each sub-grantee to utilize this tool for planning its annual program target outputs and outcomes, which will then be reported in the 2025 Annual Report, due in Spring 2026. The planning process should include staff, board, and constituent feedback.

## **2025 Services**

### Addressing Top Community Needs

11. List and briefly describe how your agency plans to address the top 3-5 needs in your communities, identified by your most recent Community Needs Assessment, in the coming program year. For any narrative question, limit your response to 2-5 sentences. *CSBG Statute Sec. 676(b)(11). CSBG Statute Sec. 676(b)(3)(B). State Plan Question 9.3b. Annual Report Module 1 Question G.3.b, IM138 Standard 4.2.*

|  |  |
| --- | --- |
|  | Community Need 1 |
| Describe the community need or gap in services. |  |
| Is need a community, individual/family, or agency-level need? | Community  Individual/Family  Agency |
| Page number from community assessment where need is identified: |  |
| Is your agency addressing the need directly or through a linkage to a community partner? | Directly  Linkage |
| Describe how your agency is addressing the need. |  |
| Is the strategy/ service/linkage to address the need new for 2024? | New strategy/service/linkage  Something already underway  Combination |

|  |  |
| --- | --- |
|  | Community Need 2 |
| Describe the community need or gap in services. |  |
| Is need a community, individual/family, or agency-level need? | Community  Individual/Family  Agency |
| Page number from community assessment where need is identified: |  |
| Is your agency addressing the need directly or through a linkage to a community partner? | Directly  Linkage |
| Describe how your agency is addressing the need. |  |
| Is the strategy/ service/linkage to address the need new for 2024? | New strategy/service/linkage  Something already underway  Combination |

|  |  |
| --- | --- |
|  | Community Need 3 |
| Describe the community need or gap in services. |  |
| Is need a community, individual/family, or agency-level need? | Community  Individual/Family  Agency |
| Page number from community assessment where need is identified: |  |
| Is your agency addressing the need directly or through a linkage to a community partner? | Directly  Linkage |
| Describe how your agency is addressing the need. |  |
| Is the strategy/ service/linkage to address the need new for 2024? | New strategy/service/linkage  Something already underway  Combination |

|  |  |
| --- | --- |
|  | Community Need 4 |
| Describe the community need or gap in services. |  |
| Is need a community, individual/family, or agency-level need? | Community  Individual/Family  Agency |
| Page number from community assessment where need is identified: |  |
| Is your agency addressing the need directly or through a linkage to a community partner? | Directly  Linkage |
| Describe how your agency is addressing the need. |  |
| Is the strategy/ service/linkage to address the need new for 2024? | New strategy/service/linkage  Something already underway  Combination |

|  |  |
| --- | --- |
|  | Community Need 5 |
| Describe the community need or gap in services. |  |
| Is need a community, individual/family, or agency-level need? | Community  Individual/Family  Agency |
| Page number from community assessment where need is identified: |  |
| Is your agency addressing the need directly or through a linkage to a community partner? | Directly  Linkage |
| Describe how your agency is addressing the need. |  |
| Is the strategy/ service/linkage to address the need new for 2024? | New strategy/service/linkage  Something already underway  Combination |

**Linkages to Avoid Duplication**

12. What steps does your agency regularly take to avoid duplication with other services in your community? Are those steps only taken when considering a new program or expansion of a program, or are current programs also reviewed to ensure they are not unnecessarily duplicating services provided elsewhere in your community? If you have a recent example of your agency taking those steps, please describe the situation and resulting outcome. *CSBG Statute Sec. 676(b)(5) State Plan 9.3a*. *Annual Report Module 1 Question G.3.a, IM138 Standard 4.2.*

### CSBG-Required Services or Referrals

13. The CSBG Act requires that eligible entities provide services (or refer their client for services) that provide additional resources for their household. Use the table below to provide information for the services indicated.

|  |  |  |  |
| --- | --- | --- | --- |
| Service | Yes | No | If no, please explain. |
| Does your agency offer or refer custodial parents in single-parent families to Child Support Offices for services if needed? *CSBG Statute Sec. 678G(b)* |  |  |  |
| Does your agency offer or refer employment and career training services for clients? (Please say yes if your agency coordinates this service to clients by referral). *CSBG Statute Sec. 676(b)(5) & Sec. 676(b)(1)(ii)* |  |  |  |
| Does your agency offer or refer services for low-income families who experience financial crisis? *CSBG Statute Sec. 676(b)(1)(vi*). |  |  |  |
| Does your agency participate in or support activities that strengthen and improve relationships with local law enforcement agencies? This may include participation in activities such as neighborhood or community policing efforts. *CSBG Statute 676(b)(1)(ll)* |  |  |  |
| Does your agency offer or refer to services that provide, on an emergency basis, supplies, nutritious foods and related services that counteract the conditions of starvation and malnutrition among low-income individuals? *CSBG Statute 676(b)(4)* |  |  |  |
| Does your agency offer or refer youth development programs that have demonstrated success in preventing or reducing youth crime? Examples include youth mentoring, life skills training, job creation and entrepreneurship programs, as well as after-school childcare programs. *CSBG Statute 676(b)(1)(B)* |  |  |  |

### Community-Targeted Services

14. How does your organization ensure that services that provide community-wide benefit (e.g., development of community assets/facilities, building partnerships with other organizations, etc.) target and benefit low-income communities? *State Plan Question 12.3.*

### Coordinating Resources

15. How will your agency coordinate CSBG funds with funds from other public and private sources? Please provide specific examples of other funding sources that are leveraged for CSBG-supported activities. *CSBG Statute Sec. 676(b)(3)(C). State Plan Question 9.7.*

# Attachments: descriptions & Detail

**Attachment 1: Tripartite Board Compliance Documentation**

IHCDA will use this documentation to help ensure agencies are in keeping with federal and state requirements for governing board makeup. For this attachment, CAAs must use the IHCDA-created **CAA** **Board Governance Management Tool** (3.0),and complete, at a minimum, the following tabs:

* “Roster”: with Columns B, C, D and G completed (color coded green).
* “Attendance”: all columns completed where meetings occurred.

NOTE:

* The full version of the tool may be easier to provide, but not required. IHCDA considers all information provided as confidential.
* Information must be provided for ALL governing board members that were active at some point in 2024, even if they are no longer a board member.
* IHCDA may request additional information upon review of the provided documentation.

If your agency’s governing board is not currently in compliance with tripartite requirements, you **MUST** provide an additional attachment explaining your agency’s plan to return to compliance, including a timeline.

**Attachment 2: Community Needs Assessment**

* Please submit the most recent Needs Assessment completed by your agency.

**Attachment 3: Organizational Standards Self-Assessment**

Per IM-138; IHCDA, as the State Lead Agency, is required to annually assess each CAA on the Organizational Standards. IHCDA has chosen the self-assessment method to meet this expectation. This tool is for agencies to evaluate how well they are currently meeting the Organizational Standards within IM-138.

Using the document provided, for each standard:

1. **Required**: carefully consider each standard and use the drop-down menu to indicate if your agency has “Met” or “Not Met” **each** standard.
2. **Required**: describe in the Notes column what steps are being taken towards meeting a standard if it is not currently being met.
3. **Required, if applicable**: provide an update in the Notes column on what actions occurred for each standard that your agency partially met or did not fully meet in its last CSBG monitoring review. This must be done even if the agency marks “Met” for the standard now.

IHCDA will only review this tool to ensure agencies are considering all standards and taking some form of action for standards they have self-assessed as not being met. Acceptance of this attachment does NOT guarantee any particular score on a next CSBG Monitoring Review, nor does it mean IHCDA agrees with your agency’s plans for proving that standards have been met.

For more information about how to meet specific standards, please refer to the [2023-2025 Monitoring Toolkit.](https://www.in.gov/ihcda/files/Indiana-CSBG-Monitoring-Toolkit-2023-2025June.pdf)

***NOTE:*** *The targets set in* ***Attachments 4 and 5*** *as a part of the 2025 Community Action Plan are the targets your agency MUST use for the 2025 Annual Report. Updated numbers for provided targets set now will not be allowed.*

**Attachment 4: Community Transformation**

This is a tool to prepare agencies for Module 3 of the CSBG Annual Report where agencies provide updates on a multi-year initiative that is in place to address a community-level need or issue. **Because Module 3 is not a requirement of the Annual Report, this section of the Community Action Plan is optional.**

According to OCS, a [community-level transformation](https://www.acf.hhs.gov/ocs/resource/csbg-dear-colleague-2020-14-community-level-transformation-module-3-guidance) is a project designed to create measurable community-wide improvement affecting one (or more) cause or condition of poverty within a defined geographic area. The project has clearly defined, and measurable goals and one or more strategic activities designed to achieve that goal. The CSBG eligible entity must be an active participant with a clearly defined role that complements those of any other organizational partners with the necessary expertise and capacity to affect change in community conditions.

If you are unsure if an initiative that your agency is managing or participating in counts as a Community-Level Transformation, please contact Tina Darling ([tdarling@ihcda.in.gov](mailto:tdarling@ihcda.in.gov)) to discuss.

**NOTE: For agencies that expect to have an active Community Transformation in 2025**:

* Attachment 4 ***is*** required. Agencies ***must use their 2023 Annual Report Module 3 Smart Form***, which IHCDA can provide if needed.
* For agencies that did NOT have a Community Transformation in 2023 (did not submit a Module 3 for the 2023 Annual Report) but will start an initiative in 2025, ***this attachment is required***. Answer Questions 1-11; the remainder can be left until the initiative starts.
* For agencies that did NOT have a Community Transformation in 2023 (did not submit a Module 3 for the 2023 Annual Report) but started an initiative in 2024 ***this attachment is required.*** All questions should be answered.
* For agencies that reported on a Community Transformation in the 2023 Annual Report that was active in 2024 and that may be active in 2025:
  + Questions 1-11 should remain the same as previous CAP and Annual Report submissions (other than #2)
  + Questions 12-16 should be updated as needed, to reflect what will be submitted (or close to it) for the 2024 Annual Report, due in Spring 2025.

**Attachment 5: Individuals and Families** is a tool to prepare agencies for Module 4 of the CSBG Annual Report where agencies report on the outputs and outcomes from programs that address individual and family-level needs and issues. Attachment 5 is to:

1. Set targets for the coming program year, the outcomes for which will be reported in the 2025 Annual Report.
2. Compare future targets with previous results as a simple form of data analysis.
3. Identify which programs provide Annual Report-identified services and outcomes.
4. Describe how outcome indicators are measured.

The Cover Page to Attachment 5 asks for a list of all programs and services provided by your agency, sorted by the CSBG Domains. It also asks that programs supported directly by CSBG funds be highlighted; *these programs will be used for Attachment 6*.

**Attachment 6: CSBG Program and Income Verification Description** is meant to describe programs that receive CSBG funding directly. While the full community action plan (and Annual Report) reflects all of your agency’s programs and outcomes, Attachment 6 is concerned *only* with programs that are funded wholly or partially (including only staff-time) with CSBG funds. You will need to:

1. Describe ultimate intent of the program in a few sentences.
2. Identify the income limits for the program if there are any. If there are, write the limit in the highlighted section.
3. Identify where the income limits come from. If a non-IHCDA funder sets the limits, provide their name in the highlighted section.
4. If IHCDA or another funder sets the programs income limits, confirm whether or not that funder monitors client files.
5. Identify who provides this program to clients.
6. Identify how your agency is reasonably assured that CSBG funds used in this program are used only on CSBG-eligible clients or communities.
7. Identify how your agency verifies client or community eligibility.
8. Provide further detail on how your agency performs income verification for this program. Address the additional information requested in parentheses in #7.

The attachment relates directly to CSBG Statute Sec. 676(b)(3)(A) and State Plan Questions 12.2 & 14.3.

**Attachment 7: Certificate of Liability Insurance**: please upload your agency’s current (active) Certificate of Liability Insurance naming IHCDA as the Certificate Holder.

**Attachment 8: System for Award Management (SAM)**: please upload your current (active) notification of approval from SAM.gov.

**Attachment 9: Certification of Information**

* Please ensure that this document is completed, signed, and dated by the **Executive Director.**

# Attachments: UPLOADS Summary

Please include the following required supporting documents, saved as searchable documents (when possible), separate from the Plan document. Save each one separately, with the title “Attachment 1 Board Matrix,” “Attachment 2 Community Needs Assessment,” etc. **Please save all documents in the shared folders for which IHCDA has provided links.**

ATTACHMENT ONE Governing Board Management Tool **(document provided)**

* Make sure to include ALL Board Members from the past year, including those that left and are no longer current members.
* “Roster” tab, only columns B-D and G and all of the “Attendance” tab are required; the rest of the Tool is optional.

ATTACHMENT TWO Most Recent Community Needs Assessment

* Please **upload** the most recent Needs Assessment completed by your agency.

ATTACHMENT THREE Organizational Standards Self-Assessment **(document provided)**

ATTACHMENT FOUR Optional: Community Transformation that will be submitted in next Annual Report (use your 2023 Smart Form, request from IHCDA if needed)

ATTACHMENT FIVE Targets for Individuals and Families **(document provided)**

* Cover Page Tab: Be sure to highlight programs funded (all or in part) by CSBG (see below).

ATTACHMENT SIX CSBG Program and Income Verification Description **(document provided)**

* The programs described should match the ones highlighted on the Cover Page Tab of Attachment 5 (see above).

ATTACHMENT SEVEN Certificate of Liability Insurance **(upload)**

ATTACHMENT EIGHT System for Award Management Approval from SAM.gov **(upload)**

ATTACHMENT NINE Certification of Information **(document provided)**

# Office Location and Contact Information

**Main Location**

Address:

City:

Zip Code:

Phone Number:

**Finance Manager**

Name:

Phone Number:

Email:

**CSBG/Community Programs Manager**

Name:

Phone Number:

Email:

**Executive Director**

Name:

Phone number:

Email:

**Community Action Plan/Annual Report Contact** (if not CSBG Manager or ED)

Name:

Phone number:

Email

**Governing Board President**

Name:

Phone Number:

Email:

**Governing Board Treasurer**

Name:

Phone Number:

Email: