



2020 REQUEST FOR PROPOSALS

Sutter County Community Action Agency is inviting proposals from qualified private nonprofit or public organizations capable of operating programs that provide services to Sutter County's low-income population under the Community Services Block Grant (CSBG) program. The amount available for this proposal is approximately \$240,000. Services will be provided from January 1 through December 31, 2020.

This Request for Proposal does not commit Sutter County Community Action Agency (SCCAA) to award a contract nor to pay any costs incurred in preparing a proposal. SCCAA reserves the right to accept or reject any or all proposals. Items that may be negotiated include type and scope of services and activities, administrative and program structure, and the budget. This is a process to select service providers with whom the SCCAA may subsequently enter into a written contract. SCCAA reserves the right to deviate from this Request for Proposal.

Upon recommendation from SCCAA, qualified contractors will be selected to provide services within Sutter County during the period of January 1 through December 31, 2020. Funding decisions are final and non-grievable.

Proposals which are incomplete or which do not follow stated instructions may be rejected. The Sutter County Community Action Agency board will evaluate proposals. **Applicants will be required to attend a proposal presentation session November 13 or 14, 2019, between 2pm-5pm.** You should be prepared to do a five minute presentation on your proposal and answer questions. You will be notified of the exact date and time after November 1. Applicants may also be required to provide proof of liability insurance, current audited financial statements, or other documents deemed necessary to assist SCCAA in developing funding recommendations.

Proposals are due Friday, November 1, 2019 no later than 3:00 pm

**Sutter County Community Action Agency
950 Tharp Road, Suite 1303
Yuba City, CA 95993
(530) 751-8555**

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INTENT

Sutter County Community Action Agency, hereinafter referred to as "SCCAA", is soliciting proposals from qualified 501(c)3 organizations and public agencies, hereinafter referred to as "CONTRACTOR", to administer and/or operate community based programs designed to reduce poverty, revitalize low-income communities, and empower low-income families and individuals within Sutter County to achieve self-sufficiency.

This solicitation is not intended to create an exclusive service AGREEMENT and multiple agreement awards may be made depending on funds available. SCCAA retains the ability, at its sole discretion, to add qualified CONTRACTORS at any time.

BACKGROUND AND SCOPE OF SERVICES

SCCAA oversees an anti-poverty program that allocates funding to nonprofit and public agencies that provide services to support, assist, and empower low-income people and improve their quality of life. SCCAA is a non-profit 501(c)3 organization governed by a volunteer board of directors representing the private, public and low-income sectors of the local community.

SCCAA receives funding from the Community Services Block Grant through the State Department of Community Services and Development. SCCAA strives to leverage funding from other resources to expand existing programs and to develop new services to meet identified needs in the community.

Every two years, SCCAA conducts a community needs assessment and public hearing. Comments and public needs are gathered and incorporated into a two-year plan called the Community Action Plan. The top five community priorities gathered from this process drive the types of services that will be considered for funding through a service provider process.

TIMELINE FOR PROCESS

Issue RFP	September 11, 2019
Proposal Submittal Deadline	November 1, 2019, 3:00 p.m.
Agency Proposal Presentations	November 13 or 14 from 2-5pm (agency exact date/time of presentation TBD)
Estimated Notification of Selection	December 2, 2019
Estimated Agreement Date	January 1, 2020

This schedule is subject to change as necessary.

POINT OF CONTACT

Questions and correspondence regarding this solicitation shall be directed to:

Jackie Slade, Sutter County Community Action Agency
950 Tharp Road, Suite 1303
Yuba City, CA 95993
Tel (530) 751-8555 Fax (530) 751-8515 Email jslade@ysedc.org

SCOPE OF WORK

The SCOPE OF WORK includes but is not limited to the following:

The specifications of this RFP are based on the 2020-2021 Community Action Plan.

Services must specifically relate to one or more of the identified top five countywide service priorities and proposals must include a Statement of Work that describes how contracting services match one or more of these priorities of the 2020-2021 Community Action Plan. If the agency plans to use this funding for administrative costs that will leverage other agency funds used for direct service, the agency must specify the funding amounts, funding sources, direct services and programs that will be provided to the community and how it relates to one or more of the top five countywide service priorities.

The services and needs identified as the top five countywide service priorities in SCCAA's 2020-2021 Community Action Plan in rank order are:

- 1) Homelessness prevention and reduction**
- 2) Temporary and semi-permanent housing (shelters/transitional)**
- 3) Access to mental, behavioral and substance abuse programs and counseling**
- 4) Affordable housing**
- 5) Opportunity for higher paying jobs & reduced unemployment**

SCCAA is particularly interested in receiving proposals that will provide services in these priority areas, that foster interagency coordination of activities and that eliminate duplication of services. More than one proposal may be submitted, but the proposal must be for different programs and different priority areas of service.

SCCAA has outlined the following criteria for allocating funds:

- Funding will be allocated based on the priority level of the service in the Community Action Plan and the CONTRACTOR'S projected service capacity to Sutter County residents living in poverty.
- SCCAA will execute individual contracts with each service agency. It is possible for more than one agency to provide services for the same service priority. It is also possible for one agency to provide services matching multiple service priorities; however regional service capacity will determine funding amounts.

Funding Allocation

Estimated total funds available for this RFP are \$240,000. The percentage of funds allocated to each agency is based on the numerical ranking of the service priority being served, how many service priorities are being served and the agency capacity. Poverty is defined as individuals living in families (including single persons) with income below the federal poverty level. See Attachment B – Federal Poverty Guidelines.

Funding increases or decreases within awarded contract agreements will be made on a case-by-case basis with regard to emergent needs within the county, the service priorities identified in the 2020-2021 Community Action Plan, and input from SCCAA.

Program Outcomes

- Outcome measurements for individual agencies contracted will be based on the proposed/projected service counts submitted on the Module 4, Section A: Individual and Family National Performance Indicators (NPIs) - Data Entry Form. Goals for each outcome will be specified in the contract between SCCAA and individual agencies at the time of contract negotiation with individual agencies, and will correspond to the goals outlined in the Community Action Plan. CONTRACTORS will maintain records of services provided and report data annually using the CSBG Module 4 form- Section A, Section B and Section C as well as Module 2-CSBG Eligible Entity Capacity Building Form and CSD 090 CSBG Program Accomplishments and Coordination of Funds form (forms are viewable at www.suttercares.org)
- Agencies will be required to participate in an annual site visit conducted by SCCAA staff and/or board members. Agencies may also be asked to participate in a site visit conducted by the State Department of Community Services and Development (CSD) as mandated by the current CSBG contract between SCCAA and

CSD. Site visits will focus on the agency's fiscal integrity, customer service, business management, and service delivery projections.

- In order to ensure quality customer service, agencies must utilize a customer satisfaction survey tool. The summation of the survey results will need to be submitted near the end of the contract term to SCCAA.

PROPOSAL PACKAGE REQUIREMENTS -CONTENT AND LAYOUT

CONTRACTOR shall provide the information as requested and as applicable to the proposed goods and services. The proposal package shall be organized as per the checklist below; headings utilized in the proposal package shall be the same as those identified in the Narrative Section below. Proposal packages shall include at a minimum, but not limited to, the following information in the format indicated below.

Use forms where provided. NO additional material may be submitted. Proposals that deviate from this format will not be considered for funding.

- ☐ Submit only 1 copy of the entire application packet
- ☐ **Cover Page** Using form titled "APPLICATION COVER PAGE" (Attachment A), provide all information including organization name, address, telephone number, program contact person, priority area of service and original signature, signed in blue ink, of agency official authorized by board resolution to submit proposal.
- ☐ **Narrative**
Submit a maximum of five pages (not including the cover page), addressing the following points, identifying each by corresponding heading:

Qualifications

- a) Describe your organization and its primary purpose, including your mission/vision statement.
- b) Describe your agency's qualifications to operate in the priority area you are proposing.
- c) Do you have a have policy that requires or encourages low income individuals to participate on your boards, committees, etc.

Need/problem

- a) Describe the causes and conditions of poverty in the area and need for your services proposed.
- b) Describe the client problem you will try to solve with the funding.
- c) Describe similar existing services locally and describe enhancements or expansions of services the program will provide without creating a duplication of services.

Program (Describe the proposed program)

- a) How the program will meet the need of the low-income population and the need for services in the area.
- b) How the program will empower low-income families and individuals to remove obstacles and achieve self-sufficiency.
- c) Identify how the program will interrelate with other programs within the area to meet the identified need.
- d) How services will be delivered.
- e) Give a breakdown of tasks to be used in completing the program, with approximate timelines.
- f) Attach a programmatic organizational chart depicting where this program will fit into your organization.
- g) Projected number of individuals and/or families served during the grant period and outcomes/results expected to achieve.

Evaluation

- a) Describe your methods for evaluating programs and services and how program success is measured. (If awarded, you will be required to provide copies of your client satisfaction survey tools)
- b) Describe the frequency of evaluations conducted.
- c) Describe how the data from program evaluation is utilized, analyzed and acted on to improve the agency programs and services.

Data Collection/Reporting/Tracking

- a) Describe how your agency typically verifies participant income eligibility (ex. collects pay stubs, social security award letters, bank statements, tax statements, etc)
- b) Describe your data collection process and how you ensure accurate data is collected
- c) Describe your data reporting process
- d) Describe your utilization of inputting client data into the Homeless Management Information System (HMIS) system
- e) Describe how the data is used, analyzed and acted on to improve agency programs and services.
- f) Describe your client data tracking and follow up process
- g) If volunteers are used to help run your programs, describe how you track the number and time they served.

Phase Out Plan

CSBG is intended to be short term funding. CSBG is subject to the Federal Budget process. Consequently, each year there is the possibility that these funds will be discontinued or decreased. SCCAA is interested in funding organizations that will use the CSBG as seed money, gradually phasing out these funds or at least incrementally reducing dependency on the CSBG to a minimum. An effective fiscal plan consists of determining available resources and preparing for possible funding reductions.

- a) Describe what process your agency would use to continue to operate in the event that CSBG funding is reduced or eliminated.
- b) In this regard, develop a phase-out plan that will estimate the percentage you will voluntarily reduce CSBG funds for this project after one year of operation, and in subsequent years.

Accessibility

- a) Give the location(s) of where the proposed services will be provided.
- b) Is this location(s) easily accessible to persons with disabilities and/or lack of transportation?
- c) Describe the plan/guidance to address the needs of individuals with limited or no English language skills.

Partnerships

- a) Indicate the types of programs and entities your agency coordinates services with.
- b) Indicate agencies who you already have formal contracts/MOU's with. (If awarded, you will be required to provide copies of contracts/MOU's held with other agencies.)
- c) Describe how your agency partners with the Coordinated Entry program.

- ☐ **CSBG Fiscal Data/CSD 425 S Budget Form (Attachment C)**
Clearly list expenditures by line item. Please complete all sections. Identify CSBG funds requested for the proposed program.
- ☐ **Board Resolution**—Original Board Resolution authorizing submission of proposal and acceptance of funding (if selected) must be attached.
- ☐ **Private non-profits must submit evidence of 501(c)3 status, including EIN#.**
- ☐ **Organizational chart**

SCORING CRITERIA	NO	YES
100 POINTS POSSIBLE		
PROGRAM INFORMATION		
1. Qualifications: The agency demonstrates prior experience in service delivery.	0	5
Agency has policy that requires or encourages low income individuals participate on their boards, committees, etc.	0	5
2. Need/problem: Agency demonstrates how the proposed program will meet the identified need for services.	0	5
3. Program: Services fit the description of one or more of SCCAA's <u>Top Five Countywide Service Priorities</u> .	0	10
Agency has an ability to provide services to individuals and families within Sutter County.	0	5
Agency programs empower low-income families and individuals within Sutter County to <u>achieve self-sufficiency</u> .	0	5
The program description is clear and the service delivery method is easy to understand.	0	5
Projection of clients served and outcomes to achieve are provided.	0	5
4. Evaluation: The outcome measures for program success are clear and achievable.	0	5
Agency has client satisfaction tools/measures in place and are used effectively.	0	5
5. Data Collection/Reporting/Tracking: Agency has capacity to accurately collect and report data.	0	5
Agency inputs client data into HMIS system.	0	5
6. Phase out Plan: Agency demonstrates fiscal stability.	0	5
7. Accessibility: Facility is accessible to all residents.	0	5
8. Partnerships: Agency has formal contracts/MOU's in place.	0	5
Agency partners with Coordinated Entry program.	0	5
BUDGET/RESOURCES		
9. The proposed budget is complete, clear and reasonable for the program goals.	0	5
10. The agency demonstrates other funds are used to support/leverage the program.	0	5
11. Overall, the application is well constructed and the agency has the expertise to implement the program they propose.	0	5

***A minimum of 55 points must be earned for the application to be considered.**

SELECTION CRITERIA

The selection of CONTRACTOR and subsequent contract award(s) will be based on the criteria contained in this Solicitation, as demonstrated in the submitted proposal. CONTRACTOR should submit information sufficient for SCCAA to easily evaluate proposals with respect to the selection criteria. The absence of required information may cause the Proposal to be deemed non-responsive and may be cause for rejection.

To the extent of personnel and equipment to be provided under this agreement, CONTRACTOR, if so requested, shall afford SCCAA an opportunity to inspect CONTRACTOR'S equipment prior to award of the agreement.

The award(s) resulting from this RFP will be made to the CONTRACTOR(s) that submit a response that, in the sole opinion of SCCAA, best serves the overall interest of the County.

CONTRACT AWARDS

SCCAA does not guarantee a minimum or maximum dollar value for any AGREEMENT or AGREEMENTS resulting from this solicitation.

SCCAA requires the contractor to give a brief presentation to the committee before a contract is awarded. The costs of the presentation are the CONTRACTOR'S responsibility.

SCCAA is not liable for any cost incurred by CONTRACTOR in response to this solicitation.

All CONTRACTORS who have submitted a Proposal or Qualifications Package will be notified of the final decision as soon as it has been determined.

CONTRACT REQUIREMENTS (if awarded)

If your agency is awarded a contract the following documents will also be required:

- Signed contract
- W-9
- \$1,000,000 liability insurance, SCCAA listed as additionally insured
- Workers Compensation insurance
- Fidelity Bond in amount of 25 percent of grant award
- Drug Free Workplace Certification (form provided)
- Lobbying Certification (form provided)
- Copy of Certification of Appeal Policy and Procedures
- Copy of Confidentiality policy
- 641 Annual Report Summary Form with projected clients to serve on Module 4, Section A form
- 425 CSBG Contract Budget Summary for amount awarded
- Copies of contracts/MOU's held with other agencies
- Copy of Child Support Policy and Procedures
- Copy of client satisfaction survey tools used by your agency

To be completed/submitted during the year

- Bi-monthly reimbursement request forms with backup to show expenses incurred
- Semi-annual report
- Pre-site visit questionnaire
- Single Audit or IRS Tax Form 990 AND Compilation Financial Statement
- Summation of client satisfaction survey results with proof that data was presented to your board
- CSBG 641 Annual Report Modules 2-4 showing clients served during the contract term, client demographics, volunteers, partnerships, etc. (including partnership chart)
- CSD 090 CSBG Program Accomplishments and Coordination of Funds form

ATTACHMENT A – APPLICATION COVER PAGE

Sutter County Community Action Agency – Community Services Block Grant
RFP NUMBER: SCCAA - CSBG 2020

MAILING ADDRESS:

Sutter County Community Action Agency
950 Tharp Road, Suite 1303, Yuba City, CA 95993

This Signature Page (signed in blue ink) must be included with your submittal in order to validate your proposal.
Proposals submitted without this page will be deemed non-responsive.

CONTRACTOR MUST COMPLETE THE FOLLOWING TO VALIDATE PROPOSAL

I hereby agree to furnish the articles and/or services stipulated in my proposal at the price quoted, subject to the instructions and conditions in the Request for Proposal package. I further attest that I am an official officer representing my firm and authorized with signatory authority to present this proposal package.

Requesting Agency: _____

Funding Request: _____ Program Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

Phone: () _____ Fax: () _____

Email: _____

Program Contact Person: _____

Authorized Persons Signature: _____ Date: _____

Printed Authorized Persons Name: _____

Which of the top five countywide needs will your agency address with CSBG funds? Check ALL that apply

- ☐ Homelessness prevention and reduction
- ☐ Temporary and semi-permanent housing (shelters/transitional)
- ☐ Access to mental, behavioral and substance abuse programs and counseling
- ☐ Affordable housing
- ☐ Opportunity for higher paying jobs & reduced unemployment
- ☐ Not addressing any of the above

Which of the following CSBG Domains do you feel your agency will predominantly address with CSBG funds – Check ONLY one

- ☐ Employment
- ☐ Education and Cognitive Development
- ☐ Income, Infrastructure and Asset Building
- ☐ Housing
- ☐ Health and Social/Behavioral Development (includes nutrition)
- ☐ Other (ex. Emergency management/disaster relief) _____

ATTACHMENT B – FEDERAL POVERTY GUIDELINES

FEDERAL POVERTY GUIDELINES & PERCENTAGE BREAK POINTS Guidelines for 2019

Family Size	Up to 50%	51-75%	76-100%	101-125%	126-150%	151-175%	176-200%	201-250%	251% and over
1	6,245	9,368	12,490	15,613	18,735	21,858	24,980	31,225	31,226 and up
2	8,455	12,683	16,910	21,138	25,365	29,593	33,820	42,275	42,276 and up
3	10,665	15,998	21,330	26,663	31,995	37,328	42,660	53,325	53,326 and up
4	12,875	19,313	25,750	32,188	38,625	45,063	51,500	64,375	64,376 and up
5	15,085	22,628	30,170	37,713	45,255	52,798	60,340	75,425	75,426 and up
6	17,295	25,943	34,590	43,238	51,885	60,533	69,180	86,475	86,476 and up
7	19,505	29,258	39,010	48,763	58,515	68,268	78,020	97,525	97,526 and up
8	21,715	32,573	43,430	54,288	65,145	76,003	86,860	108,575	108,576 and up
each add'l person add	2,210	3,315	4,420	5,525	6,630	7,735	8,840	11,050	

SOURCE: *Federal Register, Department of Health and Human Services January 2018*

Eligible beneficiaries are the following: (1) all individuals living in households whose income is at or below official poverty income guidelines as defined by the United States Office of Management and Budget; (2) All individuals eligible to receive Temporary Assistance to Needy Families or Federal Supplemental Security Income benefits (under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.)), and (3) Residents of a target area or members of a target group having a measurably high incidence of poverty and which is the specific focus of a project financed under this chapter.

If direct financial aid is provided as in the case of an Emergency Assistance Voucher, all beneficiaries must be at, or below the official OMB Poverty line.

For programs that use CSBG to fund portions of salary or operating expenses, the persons served per the approved contract performance objectives must be at or below the poverty line.

ATTACHMENT C – CSBG FISCAL DATA (CSD 425 S Budget Form)

Please make sure to complete all tabs on the 425 S Budget Form (425.S, 425.1.1, 425.1.2, 425.1.3, 425.1.4)

On 425.1.3 please provide a detailed list of ALL revenue source(s) and amounts funded by each source and used to support your programs.

CSBG CONTRACT BUDGET SUMMARY

Contractor Name:		Contract Number:	Amendment Number:
Prepared By:		Contract Term:	
Telephone Number:		Contract Amount:	
Date:		E-mail Address:	
SECTION 10: ADMINISTRATIVE COSTS			
Line Item			CSBG Funds (round to the nearest dollar)
1	Salaries and Wages		
2	Fringe Benefits		
3	Operating Expenses		
4	Equipment		
5	Out-of-State Travel		
6	Contract/Consultant Services		
7	Other Costs		
Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total operating budget in Section 80)			
SECTION 20: PROGRAM COSTS			
Line Item			CSBG Funds (round to the nearest dollar)
1	Salaries and Wages		
2	Fringe Benefits		
3	Operating Expenses		
4	Equipment		
5	Out-of-State Travel		
6	Subcontractor/Consultant Services		
7	Other Costs		
Subtotal Section 20: Program Costs			
SECTION 40: Total CSBG Budget Amount (Sum of Subtotal Sections 10 and 20) Note: Total cannot exceed allocation amount.			
SECTION 70: Enter Other Agency Operating Funds Used to Support CSBG			
SECTION 80: Agency Total Operating Budget (Sum of Sections 40 and 70)			
SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 80)			

CSBG BUDGET SUPPORT -- PERSONNEL COSTS

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Section 10 -- ADMINISTRATIVE COSTS -- SALARIES AND WAGES

<u>A</u> No. of Positions	<u>B</u> Position Title	<u>C</u> Total Salary for each position	<u>D</u> Percent (%) of CSBG time allocated for each position	<u>E</u> Number of CSBG months allocated for each position	<u>F</u> Total CSBG Funds budgeted for each position

Total (must match Section 10: Administrative Costs line item 1 on the CSD 425.S Budget Summary form)

SECTION 20 -- PROGRAM COSTS -- SALARIES AND WAGES

Total (must match Section 20: Program Costs line item 1 on the CSD 425.S Budget Summary form)

FRINGE BENEFITS

Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.)	Percentage	Section 10 Administrative Costs <small>List CSBG funds Budgeted Line 2</small>	Section 20 Program Costs <small>List CSBG funds Budgeted Line 2</small>

TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 425.S (BUDGET SUMMARY)

CSBG BUDGET SUPPORT -- NON PERSONNEL COSTS

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.

LIST EACH LINE ITEM Totals must match CSD 425.S Budget Summary form Attach additional sheet(s) if necessary	CSBG	
	Section 10: Administrative Costs	Section 20: Program Costs
List all Operating Expenses	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> sum should equal total on line item 3 of CSD 425.S Budget Summary form	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> sum should equal total on line item 3 of CSD 425.S Budget Summary form
List all Equipment Purchases	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> sum should equal total on line item 4 of CSD 425.S Budget Summary form	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> sum should equal total on line item 4 of CSD 425.S Budget Summary form
List all Out-of-State Travel: Name of conference; Specify location; Cost per trip	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> sum should equal total on line item 5 of CSD 425.S Budget Summary form	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> sum should equal total on line item 5 of CSD 425.S Budget Summary form
List all Contract/Consultant Services	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> sum should equal total on line item 6 of CSD 425.S Budget Summary form	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> sum should equal total on line item 6 of CSD 425.S Budget Summary form
List all Subcontractor/Consultant Services	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> sum should equal total on line item 6 of CSD 425.S Budget Summary form	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> sum should equal total on line item 6 of CSD 425.S Budget Summary form
Other Costs - List each line item (i - iv): Any additional Other Costs (attach additional sheet if necessary):	Section 10: Administrative Costs	Section 20: Program Cost
i		
ii		
iii		
iv		
Total Other Costs (Sum of i, ii, iii, iv):	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> sum should equal total on line item 7 of CSD 425.S Budget Summary form	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> sum should equal total on line item 7 of CSD 425.S Budget Summary form

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

[illegible]

CSBG CONTRACT BUDGET NARRATIVE

Contractor Name:	Contract Number:	Amendment Number:
Prepared By:	Contract Term:	
Telephone Number:	Contract Amount:	
Date:	E-mail Address:	

Budget Narrative