

Community Action Block Grant



Sub-Award Agreement With

Community Action Partnership of Hennepin County, a Minnesota nonprofit corporation, whose address for notice purposes is 8800 Highway 7, Suite 401, St. Louis Park, MN 55426 (herein referred to as "CAP-HC") and whose address for notice purposes is (herein referred to as "Partner") enter into this **Agreement** (hereinafter "**Award**") upon the following terms and conditions.

As used herein, "Award," will refer to this agreement and all its attachments and incorporations while "**Grant**" will refer to the underlying Grant Agreement between the State of Minnesota and CAP-HC.

I. PURPOSE/ PROJECT DESCRIPTION

CAP-HC and Partner enter into this Award to work in a collaborative manner on the above-referenced Project for the purpose of

II. SUBAWARD DETAILS

- a. Partner's Employer Identification Number is:
- b. Partner's DUNS Number is:
- c. **The total amount of the Award to Partner is: \$**
- d. Check one:

This award is not passing through federal funds.

This award is passing through federal funds in the amount of:

- CFDA number:
- Titled:
- Federal Award ID No.

III. PERIOD OF PERFORMANCE

The overall period of performance of this Award begins on _____ and ends on _____

In the event the CAP-HC Grant Period of Performance is extended, the ending date for this Award will be automatically extended to coincide with the ending date of the Grant without further action by either party.

IV. ADDITIONAL STANDARDS

The following additional program standards and regulations apply to this Award Project:

V. SCOPE OF WORK

Partner will provide the necessary personnel, facilities, data, and materials to perform Partner-specific services as identified in the Partner’s Award Proposal a copy of which is incorporated by this reference as

VI. PROJECT MANAGERS AND ADMINISTRATIVE REPRESENTATIVES

CAP-HC assigns the following representatives for this project:

Project Manager:

Billing / Fiscal Contact:

Kim Mongoven

Director of Planning and Development
8800 Highway 7, Suite 401
St. Louis Park, MN 55426
o. (952) 697-1325
kmongoven@caphennepin.org

Director of Finance and Administration
8800 Highway 7, Suite 401
St. Louis Park, MN 55426
o.(952) 697-1331

Partner assigns the following representatives for this project:

Project Manager:

Billing / Fiscal Contact:

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

VII. ESTIMATED COSTS AND METHOD OF PAYMENT

Check all that apply:

Advance Basis. Partner is authorized to receive advance payments according to the following schedule:

This Award is a fixed amount award. The Award amount is based on the project scope and budget identified in the proposal and attached hereto. Award funds will be issued on an advance basis in partial payments according to the following schedule:

Initial payment:	(upon execution of contract)
Second payment:	(upon completion of interim report)
Third payment:	(upon completion of interim report)
Final Payment:	(upon completion of final report)

Upon completion of the Project, Partner will certify in writing that the Project was completed or the required level of effort was expended. If the required performance was not achieved the subaward amount will be adjusted.

Note that the fixed award amount is tied to Partner's proposed budget and indirect charges not already identified in the budget will not be allowed.

Reimbursement Basis. All other payments will proceed on a reimbursement basis. Upon receipt of proper documentation, Partner will receive grant funds (and provide any matching contribution funds) as detailed above and in the Proposal Budget.

Payment will be made to Partner on a reimbursement basis upon receipt of a detailed invoice, representing actual, allowable expenses, as well as all documentation required.

Eligible expenses for grant reimbursement include those incurred during the period of performance stated above, which are consistent with the Award accomplishments.

The final invoice whether for final reimbursement or holdback amounts must be labeled as final and submitted to CAP-HC no later than 40 days after termination of this agreement.

VIII. CONDITIONS OF PAYMENT

All services provided by Partner under this Award will be performed to the satisfaction of CAP-HC as determined at the sole discretion of CAP-HC. All services will be performed in accordance with all applicable federal, state, and local laws, ordinances, rules and regulations including business registration requirements of the

Office of the Secretary of State. Partner will not receive payment for work found by CAP-HC to be unsatisfactory, or performed in violation of federal state or local law, ordinance, rule or regulations. Payments made may be subsequently deemed ineligible and will be returned to CAP-HC.

IX. MONITORING AND ASSESSMENT

CAP-HC monitors subrecipients and reserves the right to carry out necessary monitoring activities as determined solely by CAP-HC. These measures may include:

- a. Requiring additional documentation for grant-funded or match expenditures either on a sample basis or for all activity;
- b. Requiring full documentation on any and all costs before payment of any invoice;
- c. Assigning a high risk status;
- d. Holding payments pending required compliance;
- e. Performing site visits;
- f. Offering technical assistance; etc.

To effectuate monitoring CAP-HC will confer with Partner's designated staff as CAP-HC deems necessary. Partner agrees to fully cooperate with CAP-HC and with any other organization or individual engaged by CAP-HC for this purpose.

CAP-HC's designated staff have the responsibility for monitoring and assessing the Sub-recipient's performance and compliance with results-based performance measures with respect to:

- a. Program, administrative and financial management;
- b. The requirements of this Award;
- c. Compliance with Community Services Block Grant requirements; and,
- d. Any other applicable regulations as required by the Project.

Partner will provide all reasonable assistance and facilities for the convenience of CAP-HC while conducting monitoring and assessment. Partner agrees that CAP-HC, through its authorized staff has the right, at all reasonable times, to inspect or otherwise monitor and assess the work performed, or being performed and the premises in which the work is being performed. CAP-HC may issue a written summary of its findings. In the event that monitoring reveals areas of concern, CAP-HC will provide written notification to the Partner requesting additional information, responses, steps and / or a corrective action plan. At a minimum, a corrective action plan must: identify how Partner plans to address the concerns including time and resources to be utilized.

Due to the time sensitive nature of this award, the Parties acknowledge that CAP-HC as a result of its monitoring and assessment has the right to make a determination about Partner's ability to carry out the Award work in a timely manner. If CAP-HC, in its sole discretion determines Partner is at risk of non-completion or untimely completion of the Project then CAP-HC may terminate the Award and Partner will issue a CAP-HC a check for any unexpended advance funds within 5 business days.

X. REPORTS

Partner must submit the following reports to the CAP-HC Project Manager listed above. Reports may be submitted by email with PDF report files attached or by US Mail to the Project Manager listed above.

1. Preliminary Report.

Due within 30 days of execution of this Award.

- i. Sub-recipient Questionnaire
- ii. Completed IRS W9.
- iii. Proof of www.SAM.gov registration in good status.
- iv. Proof of insurance coverage(s).
- v. Copy of Partner's Conflict of Interest Policy.
- vi. Financial Statements & Single Audit Report
(If not already provided at the time of proposal, then a copy of Partner's most recent consolidated financial statement including any Single Audit Report. Financial documents will be submitted with this executed agreement and annually thereafter as soon as available. In cases of non-compliance with Generally Accepted Accounting Principles, state or federal laws or regulations, Partner will also provide copies of responses to auditors' reports and its plan for corrective action in addition to the financial documents. Failure to produce financial documents may result in non-payment of invoices.)

2. Intermediate Financial and Performance Report(s)

Program Information Report Summary

Partner agrees to provide a mid-term report on:

of the number of clients served and outcomes achieved.

(Reporting Forms are attached to this agreement. Attachment

3. Final Financial and Performance Report

Final Report

Partner agrees to submit its final report on

(Reporting Forms are attached to this agreement. Attachment

4. Performance or Budget Modification Requests

All changes must be approved to the grant project by CAP-HC or AGENCY. Change requests or modifications must receive appropriate prior approval and clearances.

Modification Requests may be submitted using forms provided to Partner. Partner will incur expenses for as-yet-unapproved expenses at its own risk.

XI. CLOSEOUT

CAP-HC will close out this Award at the end of the Period of Performance, when it determines that all applicable administrative actions and all required work of Partner is complete.

Upon termination or close out, Partner will provide a final accounting of funds received, expended, and any remaining under this Award. Partner will submit all required final reports.

Partner will immediately refund to CAP-HC any balance of unobligated funds that is not authorized to be retained by Partner.

XII. PUBLICATIONS & MEDIA – ACKNOWLEDGMENTS

Partner will acknowledge the Funding Agency and CAP-HC for support of the above-referenced Project, including funding contributions and sponsorship, on appropriate media announcements, programs, publications and signage. Partner will provide copies of publications to CAP-HC.

XIII. PROGRAM INCOME

Partner will timely inform CAP-HC of any grant-related program income and will maintain appropriate records for the receipt and disposition of such income to enable CAP-HC to fulfill its responsibility to the Funding Agency. This includes income or interest earned on advanced funds.

XIV. 2 CFR 200 COMPLIANCE & STANDARD TERMS COMPLIANCE

In the case that federal funds are passed through to Partner, Partner agrees to comply with the requirements of 2 CFR 200 the applicable requirements are herein incorporated by reference and are available at http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

Partner agrees to comply with the terms in the Standard Compliance Terms (Page 9).

XV. ORIGIN OF FUND SOURCE – MATCH CERTIFICATION

Check one:

There are no matching contributions anticipated with this Award.

Partner anticipates making matching contributions through this Award and certifies to the best of its knowledge and belief that any and all matching funds committed to the grant, whether monetary or in-kind, are voluntarily committed and of non-state origin. Partner further certifies that matching funds have not previously been used as match for any other state grant and that Partner has proper authority to commit these funds as match to this project.

XVI. CONFLICTS

Partner warrants that it has a conflict of interest policy which requires its directors, officers, members, partners, employees, or agents to disclose actual or potential conflicts of interest.

Partner will take reasonable steps to ensure that its directors, officers, members, partners, employees, or agents do not hold or acquire any interest, directly or indirectly, which will or could create the potential for a conflict of interest in any manner or interfere with Partners performance of the Award.

Partner will disclose, in writing, any potential conflict of interest to CAP-HC.

XVII. SPECIFIC PROVISIONS OF THE GRANT AGREEMENT

All applicable provisions of the Grant Agreement are binding on Partner, and Partner agrees to comply with the same. A copy of the Grant has been provided to Partner.

XVIII. LIABILITY & INSURANCE

Partner will be solely responsible for the payment of any and all claims for loss, personal injury, death, property damage, or otherwise, arising out of any act or omission of its employees, officers, directors, agents, volunteers, etc. in connection with the performance of this work.

Partner agrees to maintain adequate Liability Insurance Coverage at all times during the Period of Performance.

Any insurance requirements herein are minimum requirements for this Award and in no way limit the indemnity covenants contained herein. CAP-HC in no way warrants that the minimum limits contained herein are sufficient to protect Partner from liabilities that might arise out of the performance of the work under this Award by Partner, its agents, representatives, employees, volunteers or subcontractors, and Partner is free to obtain additional insurance.

XIX. INDEMNIFICATION

Partner will indemnify, defend and hold harmless CAP-HC (including its officers, directors, employees and volunteers) against any demands, claims, damages to persons or property, losses and liabilities including reasonable attorneys' fees (collectively "Claims") arising out of or caused by Partners' (including its officers, directors, employees and volunteers acting on its behalf) acts or omissions in the execution, performance or failure to adequately perform Partner's obligations under this Award. Partner will not have waived or be deemed to have waived, by reason of this paragraph, any defense which it may have with respect to such Claims.

IN WITNESS WHEREOF, the parties have executed this agreement by their fully authorized officers.

**COMMUNITY ACTION
PARTNERSHIP OF
HENNEPIN COUNTY**

SUBRECIPIENT NAME

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Standard Compliance Terms

I. ACCOUNTS, AUDITS AND RECORDS

- (a) Records Maintenance. Partner agrees to maintain books, records, documents and other evidence pertaining to all costs and expenses incurred and revenues acquired under this Agreement to the extent and such detail as will properly reflect all costs and expenses for which reimbursement is claimed. These records will be maintained for a minimum period of three years after the final report is submitted.
- (b) Inspection. The books and accounts, documents, files and other records of Partner directly pertaining to this Agreement, will at all times be available for examination, excerpt, transcription or audit by CAP-HC and/or the Funding Agency and its authorized representatives to determine the proper application and use of all funds paid to Partner.
- (c) Data Disclosure. Partner consents to disclosure of its federal employer tax identification number and / or Minnesota tax identification number to federal and state tax agencies and CAP-HC personnel involved in the payment of agency obligations. These identification numbers may be used in the enforcement of federal and state tax laws that could result in action requiring Partner to file tax returns and pay delinquent tax liabilities, if any.
- (d) Disallowance. Partner will be responsible for reimbursing CAP-HC or the Funding Agency for a sum of money equivalent to the amount of any expenditure that may be disallowed related to the work or service Partner has performed.
- (e) Administrative Requirements. The administration requirements cited in 2 CFR 200 and Federal Acquisition Regulations, as applicable, are incorporated by reference herein.

II. REQUIRED ASSURANCES & CERTIFICATIONS

If the Partner is unable to comply with or show proof of compliance with the following provisions within 30 days of the award and throughout the duration of the award, then the contract with Partner will become null and void. Partner may cure within a reasonable time by demonstrating compliance.

- (a) Debarment and Suspension. Partner certifies to the best of its knowledge and belief that it is not presently debarred, suspended, or proposed for department or declared ineligible for participation in State or Federal grants or contracts, in accordance with OMB guidelines. The Partner also agrees to include the above requirements in any and all subcontracts into which it enters. The Partner will immediately notify CAP-HC if, during the term of this contract, Partner becomes debarred. CAP-HC may immediately terminate this contract by providing Partner written notice if Partner becomes debarred during the term of this contract.

- (b) Certification of Drug-Free Workplace. Partner certifies that it has implemented appropriate policy in accordance with the Drug-Free Workplace Act of 1988.
- (c) Certification of Equal Employment Opportunity. Partner certifies that it has implemented appropriate policy in accordance with State and Federal equal opportunity employment laws.
- (d) Copeland "Anti-Kickback" Act. For contracts in excess of \$2000 for construction or repair of public work, Partner certifies compliance with the Copeland Act.
- (e) Certification Regarding Lobbying. Partner certifies to the best of its knowledge and belief that no federal funds have been paid or will be paid, by or on behalf of Partner, to any person for influencing or attempting to influence a federal officer or employee of any agency in connection with the awarding of any Federal Award.
Clean Air Act and Water Pollution Control Act

If the contract exceeds \$100,000, then Partner agrees to comply with all applicable standards, orders and regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).

- (f) E-VERIFY. Partner hereby certifies that it has used E-VERIFY to verify the employment eligibility of all employees working for Partner on the federal award. Individuals who are self-employed are exempt from E-Verify but must comply with related State statutes or regulations. Partner understands and agrees that lawful presence in the United States is required by State and Federal law for employment under this Agreement and the Partner may be disqualified or the contract terminated if lawful presence cannot be verified.
- (g) FFATA Compliance. Partner agrees to comply with all FFATA requirements and to provide any information needed by CAP-HC to comply with reporting requirements under FFATA within 15 days of the contract award.
 - i. Partner hereby agrees to provide a written statement to CAP-HC showing the total compensation of its top five executives within 15 days of the contract award; **OR**,
 - ii. Partner hereby certifies that executive compensation information is already available through reporting to the SEC; **OR**
 - iii. Partner hereby certifies that it receives *less than 80%* of its annual gross revenues from the Federal government and those revenues are *less than \$25 million* annually.
- (h) Employee Whistleblower Protection. Recipients, and their subrecipients and Partners awarded contracts over the simplified acquisition threshold related to this award, will inform their employees in writing, in the predominant language of the

workforce, of the employee whistleblower rights and protections under 41 U.S.C. 4712.

- (i) 2 CFR part 215.48 and Appendix A. As applicable, Partner will comply with all other applicable terms required by 2 CFR part 215.48 and Appendix A, but not otherwise specified herein.

III. TRADEMARK. The CAP-HC name, and all logos and websites are the exclusive property of CAP-HC Partners may not use CAP-HC trademarks or materials without the express written permission of CAP-HC.

IV. OTHER TERMS

- (a) Entirety & Amendment. This document contains the complete agreement between the parties and supersedes any prior oral or written agreements or warranties between the Parties. No other agreement, amendment, representation or understanding will be binding on the parties unless made in writing by mutual consent of both parties.
- (b) Default. Partner's failure to comply with the terms and provisions of the Agreement will constitute a default. Upon default, Partner will have a reasonable time to cure the default. CAP-HC will have the right to seek administrative, contractual or legal remedies. Also, CAP-HC will be entitled to recover all costs, expenses, and reasonable attorney's fees in obtaining specific performance or any other remedies as allowed by law. The election of one remedy will not constitute a waiver of any other available remedies.
- (c) Severability. If any term of this Agreement is severed as invalid or unenforceable by a court of competent jurisdiction, then that term will be deemed valid to the greatest extent possible and the remainder of this Agreement will continue as valid and enforceable.
- (d) Choice of Law & Forum. The parties agree this Agreement is governed by the laws of Minnesota and applicable Federal Laws and that any dispute in which direct negotiations fail will be finally resolved in a court of competent jurisdiction in the state of Minnesota.
- (e) Assignability. This Agreement may not be assigned without the written consent of CAP-HC. If the Agreement is assigned, all provisions of the Agreement will be binding on the successors or assigns.
- (f) Waiver. Failure to exercise, or any delay in exercising, any right or remedy provided under this agreement or by law will not constitute a waiver of that or any

other right or remedy, nor will it preclude or restrict any further exercise of that or any other right or remedy.

- (g) Termination. As applicable, if at any time the underlying funding agreement is terminated, then this Agreement will also be automatically terminated as of the termination date of the underlying funding agreement. CAP-HC may terminate this Agreement at any time by 30 days' written notice to Partner of intent to terminate. If Partner is convicted of any crime or offense, fails or refuses to comply with the written policies or reasonable directive of CAP-HC, is guilty of serious misconduct in connection with performance under the Agreement, or materially breaches provisions of this Agreement, then CAP-HC at any time may terminate the engagement of the Partner immediately and without prior written notice. If this Agreement is terminated CAP-HC will timely pay a final invoice for satisfactory work completed prior to termination.

ATTACHMENT A: Narrative



COMMUNITY ACTION PARTNERSHIP OF HENNEPIN COUNTY SUB-GRANT REPORT

Organization:

Report Produced By: **Date:**

Upon completion, send your report to:

Kim Mongoven, kmongoven@caphennepin.org
 Community Action Partnership of Hennepin County
 Phone: 952-697-1325

Important Dates

Program Period: *January 1, 2018 – December 31, 2019*

Report Due Dates:	Mid-term Report Due:	Mid-term Report Due:	Mid-term Report Due:	Final Report Due:
	<i>February 28, 2018</i>	<i>September 30, 2018</i>	<i>September 30, 2019</i>	<i>January 30, 2020</i>

Narrative Report

Please provide a brief response to the questions below:

<p>Outreach</p> <p>Describe outreach activities & events completed this quarter for the funded program. Please discuss your efforts at reaching specific groups you targeted in your application.</p>	
<p>Program Activities</p> <p>What are the notable accomplishments during this grant period? Are you on track to meet your goals? Share a success or accomplishment that occurred during the quarter.</p>	
<p>Changes/Obstacles</p> <p>Did you encounter any particular problems or challenges delivering your services (change in client needs, change in demand for services, staffing changes, etc.)? How did you address these challenges?</p>	

<p>Training</p> <p>List training staff completed this quarter.</p>	
<p>Questions & Technical Assistance</p> <p>Are there any area's where your agency or staff needs additional information or guidance? Do you have any recommendations for CAPSH?</p>	

ATTACHMENT B: Program Participant Characteristics

1. Name of Agency Reporting

2. Total unduplicated number of persons about whom one or more characteristics were obtained:

3. Total unduplicated number of persons about whom no characteristics were obtained:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">4. Gender</th> <th style="text-align: center;">Number of Persons*</th> </tr> <tr> <td>a. Male</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>b. Female</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL*</td> <td style="text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">5. Age</th> <th style="text-align: center;">Number of Persons*</th> </tr> <tr> <td>a. 0 - 5</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>b. 6 - 11</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>c. 12 - 17</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>d. 18 - 23</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>e. 24 - 44</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>f. 45 - 54</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>g. 55 - 69</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>h. 70 +</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL*</td> <td style="text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">6. Ethnicity/Race</th> <th style="text-align: center;">Number of Persons*</th> </tr> <tr> <td colspan="2">I. Ethnicity</td> </tr> <tr> <td>a. Hispanic, Latino or Spanish Origin</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>b. Not Hispanic, Latino, or Spanish Origin</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL*</td> <td style="text-align: center;">0</td> </tr> <tr> <td colspan="2">II. Race</td> </tr> <tr> <td>a. White</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>b. Black or African American</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>c. American Indian and Alaska Native</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>d. Asian</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>e. Native Hawaiian and Other Pacific Islander</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>f. Other</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>g. Multi-Race (any two or more of the above)</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL*</td> <td style="text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">7. Education Levels of Adults # (# For Adults 24 Years Or Older Only)</th> <th style="text-align: center;">Number of Persons**</th> </tr> <tr> <td>a. 0-8</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>b. 9-12/Non-Graduate</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>c. High School Graduate/GED</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>d. 12+ Some Post Secondary</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>e. 2 or 4 years College Graduate</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL**</td> <td style="text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">8. Other Characteristics</th> <th colspan="2" style="text-align: center;">Number of Persons*</th> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Health Insurance</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL*</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>b. Disabled</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL*</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">9. 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Male	<input style="width: 100%; height: 100%;" type="text"/>	b. Female	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL*	0	5. Age	Number of Persons*	a. 0 - 5	<input style="width: 100%; height: 100%;" type="text"/>	b. 6 - 11	<input style="width: 100%; height: 100%;" type="text"/>	c. 12 - 17	<input style="width: 100%; height: 100%;" type="text"/>	d. 18 - 23	<input style="width: 100%; height: 100%;" type="text"/>	e. 24 - 44	<input style="width: 100%; height: 100%;" type="text"/>	f. 45 - 54	<input style="width: 100%; height: 100%;" type="text"/>	g. 55 - 69	<input style="width: 100%; height: 100%;" type="text"/>	h. 70 +	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL*	0	6. Ethnicity/Race	Number of Persons*	I. Ethnicity		a. Hispanic, Latino or Spanish Origin	<input style="width: 100%; height: 100%;" type="text"/>	b. Not Hispanic, Latino, or Spanish Origin	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL*	0	II. Race		a. White	<input style="width: 100%; height: 100%;" type="text"/>	b. Black or African American	<input style="width: 100%; height: 100%;" type="text"/>	c. American Indian and Alaska Native	<input style="width: 100%; height: 100%;" type="text"/>	d. Asian	<input style="width: 100%; height: 100%;" type="text"/>	e. Native Hawaiian and Other Pacific Islander	<input style="width: 100%; height: 100%;" type="text"/>	f. Other	<input style="width: 100%; height: 100%;" type="text"/>	g. Multi-Race (any two or more of the above)	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL*	0	7. Education Levels of Adults # (# For Adults 24 Years Or Older Only)	Number of Persons**	a. 0-8	<input style="width: 100%; height: 100%;" type="text"/>	b. 9-12/Non-Graduate	<input style="width: 100%; height: 100%;" type="text"/>	c. High School Graduate/GED	<input style="width: 100%; height: 100%;" type="text"/>	d. 12+ Some Post Secondary	<input style="width: 100%; height: 100%;" type="text"/>	e. 2 or 4 years College Graduate	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL**	0	8. Other Characteristics	Number of Persons*			Yes	No	a. Health Insurance	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL*	0	0	b. Disabled	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL*	0	0	9. Family Type	Number of Families***	a. Single Parent Female	<input style="width: 100%; height: 100%;" type="text"/>	b. Single Parent Male	<input style="width: 100%; height: 100%;" type="text"/>	c. Two Parent Household	<input style="width: 100%; height: 100%;" type="text"/>	d. Single Person	<input style="width: 100%; height: 100%;" type="text"/>	e. Two Adults NO children	<input style="width: 100%; height: 100%;" type="text"/>	f. Other	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL***	0	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">10. Family Size</th> <th style="text-align: center;">Number of Families***</th> </tr> <tr> <td>a. One</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>b. Two</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>c. Three</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>d. Four</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>e. Five</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>f. Six</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>g. Seven</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>h. Eight or more</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL***</td> <td style="text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">11. Source of Family Income</th> <th style="text-align: center;">Number of Families</th> </tr> <tr> <td>a. Unduplicated # Families Reporting One or More Sources of Income</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>b. Unduplicated # Families Reporting Zero Income</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL Unduplicated # Families Reporting One or More Sources of Income or Zero Income.***</td> <td style="text-align: center;">0</td> </tr> <tr> <td colspan="2"><i>Below please report the total # of families identifying the applicable sources of income</i></td> </tr> <tr> <td>c. TANF</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>d. SSI</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>e. Social Security</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>f. Pension</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>g. General Assistance</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>h. Unemployment Insurance</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>i. Employment + Other Source</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>j. Employment Only</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>k. Other</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>l. Total (Items c-k)</td> <td style="text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">12. Level of Family Income (% Of HHS Guideline)</th> <th style="text-align: center;">Number of Families***</th> </tr> <tr> <td>a. Up to 50%</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>b. 51% to 75%</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>c. 76% to 100%</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>d. 101% to 125%</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>e. 126% to 150%</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>f. 151% to 175%</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>g. 176% to 200%</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>h. 201% and over</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL***</td> <td style="text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">13. Housing</th> <th style="text-align: center;">Number of Families***</th> </tr> <tr> <td>a. Own</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>b. Rent</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>c. Homeless</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>d. Other[†]</td> <td style="text-align: center;"><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>TOTAL***</td> <td style="text-align: center;">0</td> </tr> <tr> <td colspan="2">e. [†]Please describe housing situations included in 16.d. Other:</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	10. Family Size	Number of Families***	a. One	<input style="width: 100%; height: 100%;" type="text"/>	b. Two	<input style="width: 100%; height: 100%;" type="text"/>	c. Three	<input style="width: 100%; height: 100%;" type="text"/>	d. Four	<input style="width: 100%; height: 100%;" type="text"/>	e. Five	<input style="width: 100%; height: 100%;" type="text"/>	f. Six	<input style="width: 100%; height: 100%;" type="text"/>	g. Seven	<input style="width: 100%; height: 100%;" type="text"/>	h. Eight or more	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL***	0	11. Source of Family Income	Number of Families	a. Unduplicated # Families Reporting One or More Sources of Income	<input style="width: 100%; height: 100%;" type="text"/>	b. Unduplicated # Families Reporting Zero Income	<input style="width: 100%; height: 100%;" type="text"/>	TOTAL Unduplicated # Families Reporting One or More Sources of Income or Zero Income.***	0	<i>Below please report the total # of families identifying the applicable sources of income</i>		c. TANF	<input style="width: 100%; height: 100%;" type="text"/>	d. SSI	<input style="width: 100%; height: 100%;" type="text"/>	e. Social Security	<input style="width: 100%; height: 100%;" type="text"/>	f. Pension	<input style="width: 100%; height: 100%;" type="text"/>	g. General Assistance	<input style="width: 100%; height: 100%;" type="text"/>	h. Unemployment Insurance	<input style="width: 100%; height: 100%;" type="text"/>	i. Employment + Other Source	<input style="width: 100%; height: 100%;" type="text"/>	j. Employment Only	<input style="width: 100%; height: 100%;" type="text"/>	k. Other	<input style="width: 100%; height: 100%;" type="text"/>	l. Total (Items c-k)	0	12. Level of Family Income (% Of HHS Guideline)	Number of Families***	a. 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b. Rent	<input style="width: 100%; height: 100%;" type="text"/>																																																																																																																																																																																														
c. Homeless	<input style="width: 100%; height: 100%;" type="text"/>																																																																																																																																																																																														
d. Other [†]	<input style="width: 100%; height: 100%;" type="text"/>																																																																																																																																																																																														
TOTAL***	0																																																																																																																																																																																														
e. [†] Please describe housing situations included in 16.d. Other:																																																																																																																																																																																															

* The sum of this category should not exceed the value of Item 3
 ** The sum of this category should not exceed the value of Items 8 e-h
 *** The sum of this category should not exceed the value of Item 5

Section G CSBG IS 2015 - Variance Notes

Provide notes on any significant changes (+/- 20%) in value reported in FY 2015 as compared to FY 2014 CSBG-IS.

ATTACHMENT C: Program Activity Form

Grantee: _____

	NUMBER OF PEOPLE SERVED	NUMBER OF HOUSEHOLDS SERVED	TIMES SERVICE PROVIDED
PROGRAM ACTIVITY			
EMPLOYMENT			
D3 Youth Employment			
D6 Senior Employment Programs			
D8 Displaced Homemakers			
D9 Employment and Training Services			
A1 Community Development			
A5 Cottage Industries			
EDUCATION			
L2 Literacy			
L3 English / Second Language (ESL)			
L5 GED, ABE, and Educational Services			
INCOME MANAGEMENT			
M2 Financial Education			
M3 Tax Preparation Assistance			
M4 Asset Development and Savings Programs			
HOUSING			
B1 Weatherization			
B7 Energy Related Repairs			
B9 Energy Conservation Services			
C1 Housing Grnts & Loans			
C3 Home Repair / Rehabilitation			
C5 Small Cities Dvlp. Grnts (SCDG)			
C6 Rental Housing Assistance			
C9 Community Homeownership Ed			
C12 Low-Income Housing Development & Stabilization			
EMERGENCY SERVICES			
B5 Energy Assistance			
B6 Energy Crisis			
B8 Fuel Fund			
C10 Homeless Assistance			
C11 Transitional Housing			
G1 Emergency Family Services			
G3 Abuse & Neglect			
G6 Donated Articles			
G8 Crisis Intervention			
NUTRITION			
H3 Holiday Projects			
H4 Women, Infants, Children (WIC)			
H5 Gardening			
H6 Home Delivered Meals			
H7 Congregate Meals			
H9 USDA Commodity Assistance			
H10 Supplemental Nutrition Assistance Program (SNAP) Outreach			
H11 Food Assistance			
LINKAGES			
E1 Transportation System			
E3 Transportation Assistance			
E4 Vehicle Program			
E5 Transportation Safety Programs			
F1 Senior Oriented Services			
F3 Chore Services			

ATTACHMENT C: Program Activity Form

F5	Retired Senior Vol (RSVP)			
F6	Senior Companion / Foster Grpnt			
K1	Information & Referral			
K2	Outreach			
K3	Public Education, Information, and Advocacy			
K4	Benefit Enrollment and Application Assistance			
K5	Leadership Development			

SELF SUFFICIENCY

J1	Head Start			
J2	Early Childhood Care & Education			
J3	Child Care Administration			
J4	At Risk Youth			
J5	Campership			
J6	Child Care Resource Referral			
J7	Youth Recreation			
J8	Parenting			
J9	Fatherhood Initiative			
J10	Crisis Nursery			
M1	Self Sufficiency			
M5	Family Loan Fund			

HEALTH

I1	Health Care Aid (Non-Financial)			
I2	Health Care Aid (Financial)			
I3	Family Planning			

ATTACHMENT D: Program Outcomes

Green Zone Initiative

Activities	Projected Number Served in Project(s) (#)	Actual Number Served in Project(s) (#)
Employ/Contract and train at least two young adults from North to help recruit, engage, organize and educate others community stakeholders to be better able to participate effectively in this and future civic activities.	2 Young Adults	<i>3 Young Adults</i>
Establish an Advisory Committee of Northside residents to make recommendations on the Northern Metals Consent Decree.	10-15 Residents	<i>12 Residents</i>
Engage 300 residents in decision-making on the Northside Green Zone Work Plan and the Northern Metals Consent Decree Dollars which will go towards projects guided by the community in accordance with the consent decree	300 Residents	<i>365 Residents</i>
Facilitate 12 meetings to inform and engage residents of efforts and timelines.	12 meetings	<i>12 Meetings</i>



Sub-Grantee Reporting Questionnaire

The following is information requested by CAPSH's federal funding source for the Minneapolis sub-grant. Please complete and e-mail this document to kmongoven@caphennepin.org as part of your first reporting deadline of February 28, 2018.

Please check the statement that applies:

1. Administrative capacity to administer approved grant activities including fiscal and data management
 - a. Organization is in business less than 5 years
 - b. Organization's total revenue (previous 12 months) less than \$200,000
 - c. Organization's has fewer than 2 full time employees

None of these conditions exist

One of these conditions exist

Two or more of these conditions exist

2. Ability of agency systems and procedures to assure continuity of day to day operations

Agency has all policies and procedures requested

Agency missing 1-2 requested policies and procedures

Agency missing all 3 requested policies and procedures

3. The agency has
 - a. Current or pending lawsuits and/or
 - b. Has lost funding due to accountability issues, misuse or fraud.

None of these conditions exist

One of these conditions exist

Both of these conditions exist

4. The functioning of the agency's governing board"
 - a. Meets infrequently
 - b. Has outdated by-laws, or
 - c. Is not seated in accordance with its by laws

None of these conditions exist

One of these conditions exist

Two or more of these conditions exist



5. Stability Executive Director and/or Fiscal Director positions during the biennium
 - No change in Executive or Fiscal Director
 - Change in either Executive or Fiscal Director
 - Change in both Executive or Fiscal Director
6. Outcome of the Agency's most recent audit"
 - Zero to one findings
 - Two to three findings
 - Four+ findings
7. Agency ratio of current assets/ current liabilities:
 - Asset/Liability ratio between 1.5 and 3
 - Asset/Liability ratio between 1 and 1.5, or higher than 3
 - Asset/Liability ratio < 1
8. Operating or unrestricted net assets (UNA) balance:
 - No deficit
 - Deficit up to 3 percent of Total Expenses
 - Deficit of 3 percent or more of Total Expenses, or multiple years of deficit
9. Ability of program partnership and linkages to provide quality programming and referrals
 - Above-average, high-quality partnership and linkages for participants
 - Average, acceptable partnerships and linkages for participants
 - Below-average partnership and linkages for participants
10. Number of consumer complaints received and substantiated:
 - Zero to one consumer complaints substantiated
 - Two to three consumer complaints substantiated
 - Four+ consumer complaints substantiated
11. Sources for other program revenue (for funded program) are:
 - Many sources of program revenue
 - Two or three sources of program revenue
 - One or less source of program revenue