[INSERT Agency Logo Here]

**COMMUNITY ACTION PLAN**

**CARES Act Funds**

*A plan to help illustrate the sub-grantee’s various planned activities using CARES Act CSBG Funds.*

INTRODUCTION

April 5, 2021

Dear Community Action Agency,

On March 27, 2020, President Trump signed into law the CARES Act, which provided $1 billion in supplemental CSBG funds to enhance poverty-fighting efforts at this critical time. According to the CARES Act, these funds must follow all of the same requirements as general CSBG appropriations, including the need for a Community Needs Assessment and Community Action Plan.

Indiana CAAs submitted original action plans for CARES funds in June of 2020; this document is an update to that original plan. Using the template below, you will describe how your agency has spent and plans to spend CSBG CARES funds, as well as major accomplishments your agency achieved in response to the COVID-19 pandemic.

**Please return this completed document to the Indiana Housing and Community Development Authority** **via your agency’s CSBG SharePoint folder by** **Monday,May 17, 2021 by 5 p.m. Eastern Time*.*** In lieu of a signature from your agency’s Executive Director, IHCDA will accept an email from the Executive Director stating that they have read and agree to the updated action plan, which should be attached as a PDF.

Please send all questions related to this document to [csbg@ihcda.in.gov](mailto:csbg@ihcda.in.gov).

Sincerely,

Veronica Watson

Community Programs Manager, CSBG, NAP, IDA

cc:

Emily Krauser – Director of Community Programs

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# CARES Act Community Action Plan

## **Actual & Projected Budget**

Provide an explanation for how your agency’s CARES Act CSBG funds have been spent, and how any remaining funds will be spent below. Funds should be assigned to Administrative Costs, or to , individual programs. In addition to easily identifiable programs such as “Emergency Assistance,” or “Job Training,” programs may include “partner coordination efforts” and “resource coordination (or referral) for clients” or similar.

Unlike the original CARES CSBG Community Action Plan, ALL CARES funds must be accounted for; IHCDA will not accept “unidentified needs” or “to be determined.”

***TABLE 1: Expected Expenditures by Program using CARES Act Funds***

|  |  |  |  |
| --- | --- | --- | --- |
| **CSBG Expenditures** | **CSBG CARES Funds Spent So Far** | **CSBG CARES Funds to Spend** | **Total CSBG CARES Funds** |
| **Administrative Costs (up to 36% of total funds)** | $ |  |  |
| **Program 1:** | $ |  |  |
| **Program 2:** | $ |  |  |
| **Program 3:** | $ |  |  |
| **Program 4:** | $ |  |  |
| **Program 5:** | $ |  |  |
| **Program 6:** | $ |  |  |
| **Program 7:** | $ |  |  |
| **Program 8:** | $ |  |  |
| **Program 9:** | $ |  |  |
| **Program 10:** | $ |  |  |
| **Total CSBG Expenditures** | **$** |  |  |

## **CARES Act Supported Services**

Please list and briefly describe the services your agency plans to support with CARES Act Funds. Each of the programs/services listed in the budget section of this Plan should be described below. Please use the same names and order as was provided in the budget. If you need additional tables to describe more programs, you can copy and paste a blank table provided below.

1. Identify if this program is new to your agency and if it is, whether you intend to continue it beyond CARES funding.
2. Describe what the program or project has accomplished or is meant to accomplish if it is ongoing or has not started yet.
   * If the program is a direct assistance program (payments for rent, utilities, car loans, etc.), include the maximum amount your agency provides.
   * If the “program” is actually an administrative activity for several CSBG-eligible programs done together (ex: purchasing new laptops for program staff), all of the impacted programs MUST be listed.
3. Describe the need and how your agency identified it (example sources: supplemental CARES Needs Assessment, feedback from partner agencies, recent survey of clients, etc.)
4. The individual or community population that is targeted for CARES CSBG funds must have incomes at or below 200% FPL AND be impacted by COVID in some way. Both characteristics MUST be included in the population description in addition to any other characteristics like age. If the program has a lower income limit, clarify that as well.
5. List the partners involved in the program and describe their roles.
6. Identify the month and year when the program started or is estimated to start. If the program is an ongoing CAA program that CARES provided additional funding to, put the month when those additional funds were first used.

|  |  |
| --- | --- |
| **Program 1:** | **PROGRAM NAME** |
| **1. Is this program new?** | Yes, it was started because of COVID/CARES and has ended or will likely end once CARES funds run out.  Yes, it was started because of COVID/CARES but we plan to continue the program one CARES funds run out.  No, this program already existed. |
| **2. Intent/ purpose of the program:** |  |
| **3. Need it Addresses:** |  |
| **4. Target Population:** |  |
| **5. Partners Involved:** |  |
| **6. Start Date:** |  |

|  |  |
| --- | --- |
| **Program 2:** | **PROGRAM NAME** |
| **1. Is this program new?** | Yes, it was started because of COVID/CARES and has ended or will likely end once CARES funds run out.  Yes, it was started because of COVID/CARES but we plan to continue the program one CARES funds run out.  No, this program already existed. |
| **2. Intent/ purpose of the program:** |  |
| **3. Need it Addresses:** |  |
| **4. Target Population:** |  |
| **5. Partners Involved:** |  |
| **6. Start Date:** |  |

|  |  |
| --- | --- |
| **Program 3:** | **PROGRAM NAME** |
| **1. Is this program new?** | Yes, it was started because of COVID/CARES and has ended or will likely end once CARES funds run out.  Yes, it was started because of COVID/CARES but we plan to continue the program one CARES funds run out.  No, this program already existed. |
| **2. Intent/ purpose of the program:** |  |
| **3. Need it Addresses:** |  |
| **4. Target Population:** |  |
| **5. Partners Involved:** |  |
| **6. Start Date:** |  |

## **Major Accomplishments**

IHCDA is often asked about the accomplishments of subgrantees in response to the COVID-19 pandemic. To help ensure IHCDA staff lift up the best, most interesting or most surprising successes that CAAs have achieved over the past year, please answer the questions below. It is not required that your responses involved CSBG CARES funds, but if they do, please highlight that fact.

IHCDA plans to share your responses with the wider Indiana CAA network, in addition to including select responses in the CARES Annual Report Module 1 submission; keep that in mind as you describe your major accomplishments.

### **Agency Impact**

Describe what you consider to be the top accomplishment your agency achieved that had an impact on your staff or internal operations. Include the actions taken as well as the ultimate outcome. 150 word maximum.

### **Client or Community Impact**

Describe what you consider to be the top accomplishment your agency achieved that had an impact on your clients or wider community. Include actions taken as well as the ultimate outcome. 150 word maximum.