LASSEN-PLUMAS-SIERRA COMMUNITY ACTION AGENCY

Application for Funding for the Year 2027

Cover Page

Name of Applicant Organization:

_____

Name of Program:

_____

County(ies) to be served. For multiple county programs, indicate the percentage of total services to be provided in each county.

_____Lassen County _____Plumas County _____Sierra County

Contact Person/Title:

_____

Street Address:

_____

_____

Mailing Address:

_____

_____

Telephone #: _____ Fax #: _____

Email: _____

Amount Requested (2027): $_____

I hereby certify that all information in this proposal is correct to the best of my knowledge. I understand that I may be asked for additional information or documentation; that submission of this proposal does not constitute a contract or guarantee of funding; and that the decisions of the Lassen-Plumas-Sierra Community Action Agency (LPSCAA) are final. I further understand that in the event there is a grant from LPSCAA to my Program and an audit of my documentation for services provided, the Contract between my Program and LPSCAA will provide for repayment to LPSCAA of any funds for which I/we do not have documentation.

Authorized Signature:

_____

Printed Name:

_____

Title: _____ Date: _____

SECTION A: DESCRIPTION OF AGENCY

1. Check only one box to indicate your agency's legal status:

   _____ 501(c)3 _____ governmental/public agency

2. State the mission of your agency.

3. What year was your agency founded? _____

4. Briefly describe your agency's organizational make-up. You may submit an organizational chart if it is self-explanatory.

SECTION B: DESCRIPTION OF PROJECT/PROGRAM/ACTIVITY

1. Please check one or more of categories listed that best fit your proposed project/program/activity.

   - Family Development _____
   - Nutrition _____
   - Health _____
   - Housing/Home Energy Assistance _____
   - Other (explain)

     _____

2. Is this a new project/program/activity? Yes_____ No_____

3. Briefly describe your project/program/activity.

4. Clearly describe what services will be provided.

5. Describe the need for the project/program/activity. In other words, what need(s) does/do your project/program/activity address?

6. Cite any statistics and/or provide any data, documentation or evidence that supports the need for your project/program/activity. (*Such as waiting lists for services, demographic information, etc.)*

7. Based on the following definition of self-sufficiency, how will these services assist CSBG eligible families or individuals become more self-sufficient? (Or in the best case, attain self-sufficiency.)

Definition of Self-Sufficiency

- **The ability to meet family basic needs.** *Basic needs include: housing, utilities/telephone, childcare, food, transportation, health care, clothing and household items, and taxes (minus federal and state tax credits).*

OR

- **The ability to meet family basic needs without public or private assistance.**

OR

- **The ability to meet family basic needs without public or private assistance, and to have sufficient discretionary income for savings and emergency expenses.**

CSBG Income Eligibility Guidelines Effective January 1, 2026*

HH Size	1	2	3	4	5	6	7	8	9	10
Yearly	31,920	43,280	54,640	66,000	77,360	88,720	100,080	111,440	122,800	134,160
Monthly	2,660	3,607	4,553	5,500	6,447	7,393	8,340	9,287	10,233	11,180

For families with more than 10 persons, add $11,360 for each additional person.
* These are the 2026 income guidelines. **They may be revised in 2027**.

8. Regardless of income level, and by county, how many unduplicated individuals will be *served for calendar year 2027?
   Lassen _____ Plumas _____ Sierra _____

   If the proposed project/program/activity consists of funding a portion or all the **general operating expenses of the entire agency, estimate the total number of unduplicated individuals that will receive any services from the entire agency in calendar year 2027.*

   If the proposed project/program/activity consists of funding a portion or all the **general operating expenses of the project/program/activity, estimate the total number of unduplicated individuals that will receive any services from the project/program/activity in calendar year 2027.*

   If the proposed project/program/activity consists of funding a portion or all of **a direct client service, (such as commodities, emergency shelter, meals, etc.) estimate the total number of unduplicated individuals that will receive the service in calendar year 2027.*

9. How many CSBG eligible unduplicated individuals will the proposed project/program/activity serve for calendar year 2027?
   Lassen _____ Plumas _____ Sierra _____

10. What verification method(s) will you use to assure that CAA funding is used for CSBG eligible clients?

11. Are these or similar services being provided by another agency in the service area?
    Yes___ No___ Not sure___

11a. If yes, and if possible, identify the agency and program.

11b. If yes, describe how you will assure there will be no duplication of services.

12. How does the project/program/activity complement other existing services that allow for a continuum of services to assist in the client's path to self-sufficiency?

13. What outcome(s) must be produced in order to determine that the proposed project/program/activity will be successful? (i.e. achieve, at the least, some measure of self sufficiency - see above for definition)

14. How you will measure the identified outcome(s) (Item 13) that indicate a successful project/program/activity.

SECTION C: OPERATION OF PROPOSED PROJECT/PROGRAM/ACTIVITY

1. What staff will administer and operate the proposed project/program/activity?

2. What will there responsibilities be in the administration and operation of the proposed project/program/activity?

3. Are there volunteers? Yes____ No____

3a. If Yes, how many volunteers will there be? _____

3b. If Yes, what is their in-kind value?_____

3c. If Yes, What are their duties?

3d. How are staff and/or volunteers trained?

4. Do you have collaborative partners for the proposed project/program/activity? Yes_____ No_____

4a. If Yes, please list them.

4b. If Yes, do they offer financial/resource support? If so, give details.

5. Does the project/program utilize referrals? Yes_____ No_____

5a. If Yes, what is the chief referral source, and to what agency(ies) do you make referrals?

SECTION D: BUDGET

1. Attach your **total** Agency budget by **Program** or **Division** for calendar year 2027. If your Agency is on a fiscal year that does not begin 1/1/27, please provide us with your best estimates of revenue and expenses for calendar year 2027 and include your requested CAA funding as a line item.

2. Breakout the CAA line item into a detailed budget with an explanation of how the requested CAA funds will be used (i.e. general operational expenses, personnel, direct program costs etc.). If funds are requested for salaries, identify the position(s), the dollar amount(s) and express as a percentage of a Full Time Equivalent (FTE) position(s).

3. Attach your most recent audit, if applicable.

4. Attach your most recent annual financial statements.

5. Attach your latest form 990, if applicable.

6. If applicable, provide any other financial statements or information for auxiliary or subsidiary organizations under the applicant's control, not otherwise disclosed, such as separate savings and/or checking accounts.

7. What accounting procedures and control methods are in place to assure accurate reporting of income and expenses?

8. If funded, you may be awarded less that your request. How would you respond to an award less than the amount you requested?