

The Center for Applied Management Practices

CAP GUIDEBOOK 2023

COMMUNITY

STRENGTH.

BE STRONG. LET'S LOOK OUT FOR ONE ANOTHER

A Step-by-Step Guide to Completing the CSBG Community Action Plan (CAP)



TABLE OF CONTENTS





PreludeLogging in



Login Email Password	
Login Forgot password? For the best user experience, eLogic Genesis should be used with the Google Chrome browser.	

You must initially log in to your eLogic Genesis account before completing the CAP.





lideo Demo 👻				Agency Admin	😬 <u>?</u> Q 🛎
G FRC			1		
2b CAP Module 2 Form	Tripartite Board Room Manage	ment Standards	Step 2a		
*					
Community Action	Plans				
Fiscal Year V	Status Y Due Date	~			
FY AND REPORTING PERIOD \$	CAP	DUE DATE 🗢	STATUS 🗢		
FY 2023 (03/10/2022 - 03/09/2023)	0	1/10/2024	In Progress	∠ ☷ (EDIT
FY 2024 (01/01/2024 - 12/31/2024)	1	2/31/2024	In Progress	∠ ≌ (EDIT
FY 2025 (06/15/2024 - 06/14/2025)	1	2/01/2023	Not Yet Started	2	CREATE
FY 2026 (09/01/2025 - 08/31/2026)	1	2/31/2026	Not Yet Started	2	CREATE

2a: Go to the "Compliances" tab in the system menu to view your compliances.

2b: Click the "CAP" subtab that is located under the "CSBG" tab.

2c: Find the Community Action Plan (CAP) that you must submit and then click the "Create" button under your Community Action Plan dashboard.





Purpose Overview

The Community plan to deliver (aids in the cons affected by pov families and ind obstacles that p	action Plan (CAP) is a road map showing how Community Services Block Grant (CSBG) eligible entities BG services. The CAP identifies and assesses poverty-related needs and resources in the community a uction of a comprehensive plan for how best to supply CSBG services to individuals and families most ty. CSBG funds may be used to support activities that aid low-income families and individuals, homeless iduals, migrant or seasonal farm workers, and elderly low-income individuals and families by removing event the achievement of self-sufficiency.	ind
Enter the date th	most recent Community Needs Assessment was completed:	
mm/dd/yyyy Describe the pro community serv	ess used to conduct the Community Needs Assessment (including the involvement of low-income persons, t I, agency staff, and the board of directors). You can upload your last Community Needs Assessment File Inst	he ead
0		

The first section in your CAP is the "Purpose," which outlines the objective of completing the CAP. (Much of this section is prefilled with State/CSBG information.)



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	070 COM	
Purpose	Your Uploaded File(s)	Î
The Community Action Plan (CAP) is a road map showing how Community Services Block Grant (CSBG) eligible entities plan to deliver CSBG services. The CAP identifies and assesses poverty- related needs and resources in the community and aids in the construction of a comprehensive plan for	No files	
related needs and resources in the community and aids in the construction of a comprehensive plan f how best to supply CSBG services to individuals and families most affected by poverty. CSBG funds may be used to support activities that aid low-income families and individuals, homeless families and individuals, migrant or seasonal farm workers, and elderly low-income individuals and families by removing obstacles that prevent the achievement of self-sufficiency.	In-Progress CAP's Checklist	
Enter the date the most recent Community Needs Assessment was completed:	Purpose	
mm/dd/yyyy	Mission	
Describe the process used to conduct the Community Needs Assessment (including the involvement of lo income persons, the community served, agency staff, and the board of directors). You can upload your las Community Needs Assessment File Instead: ⑦	low- last Vision	

Please enter the date of the most recent Community Needs Assessment in the designated "Date" box.



FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)		0% Com	xlete
Step 2	•	Your Uploaded File(s)	
Describe the process used to conduct the Community Needs Assessment (including the involvement of la	ow-	Tour opioudeu l'inc(o)	_
Community Needs Assessment File Instead: ?	st	No files	
		In-Progress CAP's Checklist	
		FY2023 ^	- 1
Upload File		Purpose	
COMPLIANCE WITH FEDERAL LAW To comply with the Community Services Block Grant (CSBG) Act. Section 676 (b)(11) which	11.	Mission	
requires the state to secure from each eligible entity, as a condition to receive funding through			
Community Services Block Grant, a Community Action Plan that includes a community-needs		Vision	
assessment for the community served.			
COURTINUE WITH STATE I AM	v	•••••	

Describe how the Community Needs Assessment was conducted, including the involvement of lowincome individuals, the community served, agency staff, and the board of directors.



Step 2a

FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	0% Complete
Describe the process used to conduct the Community Needs Assessment (including the involvement of low-	Your Uploaded File(s)
income persons, the community served, agency staff, and the board of directors). You can upload your last Community Needs Assessment File Instead: ⑦	No files
	In-Progress CAP's Checklist
h	FY2023 ^
Upload File Step 2a	Purpose
COMPLIANCE WITH FEDERAL LAW To comply with the Community Services Block Grant (CSBG) Act, Section 676 (b)(11) which	Mission
requires the state to secure from each eligible entity, as a condition to receive funding through Community Services Block Grant, a Community Action Plan that includes a community-needs assessment for the community served.	Vision

Alternatively, you may use the yellow "Upload File" button to upload your most recent Community Needs Assessment File.



FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)		0% Complete	
		Your Uploaded File(s)	^
COMPLIANCE WITH FEDERAL LAW To comply with the Community Services Block Grant (CSBG) Act, Section 676 (b)(11) which requires the state to secure from each eligible entity, as a condition to receive funding through Community Services Block Grant a Community Action Plan that includes a community-aperde	11	No files	l
Community Services block Grant, a Community Action Plan that includes a community-needs assessment for the community served. COMPLIANCE WITH STATE LAW To comply with Louisiana Revised Statues 23:63 in which a Community Action Agency shall		In-Progress CAP's Checklist	ł
I acknowledge, understand, and adhere to the federal and state laws.		Purpose	
tep 3		Mission	
Save and Next		Vision	
	×	<u></u>	٣

Please take a moment to familiarize yourself with the compliance laws. Once you have done so, kindly scroll down and locate the small checkbox on the left-hand side.



	*	Your Uploaded File(s)	
COMPLIANCE WITH FEDERAL LAW To comply with the Community Services Block Grant (CSBG) Act, Section 676 (b)(11) which requires the state to secure from each eligible entity, as a condition to receive funding through Community Contexp Detail Conta - Community Action Data that includes a community acade		No files	
community Services block Grant, a Community Action Plan that includes a community-needs assessment for the community served.	н.	In-Progress CAP's Checkli	ist
COMPLIANCE WITH STATE LAW To comply with Louisiana Revised Statues 23:63 in which a Community Action Agency shall		FY2023 ^	
 I acknowledge, understand, and adhere to the federal and state laws. 	11	Purpose	
	11	Mission	
Save and Next		Vision	
	v		

Please remember to click the Save and Next button afterward.



Part 2 Mission



Mission Overview

dentifies why the agency is in business and includes key elements of the population,
e, and relationships. Public and Private Entities: The tripartite board/advisory body has reviewed the tement within the past 5 years and assured that: 1. The mission addresses poverty; and 2. The vices are in alignment with the mission.
view your agency's Mission Statement?
ization's mission in the text field below. Please be sure to identify the population, services, outcomes, jps. where possible. You can copy and paste your text or upload a file. (?)

The second section in your CAP is the "Mission Statement," where you should enter your agency's mission.



		_
Mission	Your Uploaded File(s)	Â
Programmatic Purpose: Identifies why the agency is in business and includes key elements of the population, service/strategy, outcome, and relationships. Public and Private Entities: The tripartite boord/articles had in the service and the dependence incident extension at the service and the service of the service and the service at the service a	No files	
boaroradivsory body has reviewed the department s mission statement within the past's years and assured that: 1. The mission addresses poverty; and 2. The CSBG programs and services are in alignment with the mission.	In-Progress CAP's Checklist	ļ
mm/dd/yyyy 🖿 🖛 Step 1	Purpose	
Please provide your organization's mission in the text field below. Please be sure to identify the population, services, outcomes, and community relationships, where possible. You can copy and paste your text or upload a file. (?)	Mission	
	Vision	

Please provide the date of the Board's most recent review of your agency's Mission Statement.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	
·····	Your Uploaded File(s)
Please provide your organization's mission in the text field below. Please be sure to services, outcomes, and community relationships, where possible. You can copy an upload a file. ⑦	Identify the population, d paste your text or No files
	In-Progress CAP's Checklist
	Purpose
Step 2	Mission
Save and Next	Vision

Please thoroughly review your mission statement to ascertain its continued relevance in addressing poverty and its alignment with the programs and services offered by the agency. After completing your review, please enter your mission statement in the designated field.



Step 2a

Reporting Period. F1 2023 (03:10/2022 – 03/09/2023)		
· · · · ·	Your Uploaded File(s)	^
Please provide your organization's mission in the text field below. Please be sure to identify the population, services, outcomes, and community relationships, where possible. You can copy and paste your text or upload a file. ⑦	No files	
	In-Progress CAP's Checklist	ļ
Upload File	Purpose	
SIEP Za	Mission	
Save and Next	Vision	

Alternatively, you may use the yellow "Upload File" button to upload your agency's mission statement.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	9% Complete	
Blassa provide your organization's mission in the text field below. Blassa he sure to identify the population	Your Uploaded File(s)	Î
services, outcomes, and community relationships, where possible. You can copy and paste your text or upload a file. ⑦	No files	
	In-Progress CAP's Checklist	l
	Purpose	
Upload File	Mission	
Save and News 1 Stop 2	Vision	
Save and Next		۲.

To proceed, select the Save and Next button.





Vision Overview

10.011	
Programmatic Pur delineates manage convincing rational management's asp	ose: The Vision Statement identifies what the agency desires to achieve in the long run. A vision ment's aspirations for the company's future, providing a panoramic view of "where we are going" and e for why this makes good business sense. A clearly articulated strategic vision communicates irations to stakeholders and helps steer the energies of company personnel in a common direction.
When did the Board	last review your agency's Vision Statement?
mm/dd/yyyy	
Please provide you	organization's vision in the text field below. You can copy and paste your text or upload a file. $(?)$
(

The third tab section of the CAP is the "Vision Statement," where you should enter your agency's vision.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	● 18% Complete
Vision	Your Uploaded File(s)
Programmatic Purpose: The Vision Statement identifies what the agency desires to achieve in the long run. A vision delineates management's aspirations for the company's future, providing a panoramic view of "where up are reline" and a comunicating rationale for why this makes area house the surgeon across A clockly.	No files
or where we are going and a convincing rationate for why this makes good business sense. A clearly articulated strategic vision communicates management's aspirations to stakeholders and helps steer the energies of company personnel in a common direction. When did the Board last review your agency's Vision Statement?	In-Progress CAP's Checklist
mm/dd/yyyy	Purpose
Please provide your organization's vision in the text field below. You can copy and paste your text or upload a file. (?)	Mission
	Vision

Please provide the date of the Board's most recent review of your agency's Vision Statement.





FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	18% Complete	>
mm/dd/yyyy C	Your Uploaded File(s)	^
Please provide your organization's vision in the text field below. You can copy and paste your text or upload a file. ③	No files	L
	In-Progress CAP's Checklist	ļ
Upload File	Purpose	
Step 2	O Mission	
Save and Next	Vision	
		*

Please thoroughly examine your Vision Statement to ensure it is in coherence with your Mission Statement and accurately represents your agency's objectives. After completing a comprehensive review, kindly input the Vision Statement into the designated field.



Step 2a

mm/dd/yyyy D	Your Uploaded File(s)	Â
Please provide your organization's vision in the text field below. You can copy and paste your text or upload a file.	No files	
	In-Progress CAP's Checklist	ł
Upload File Step 2a	Purpose	
	Mission	
Save and Next	Vision	

Alternatively, you may use the yellow "Upload File" button to upload your agency's vision statement.

To proceed, select the "Save and Next" button.



Part 4 Assurances



Assurances Overview



The fourth section in your CAP is "Assurances," where you should outline how your agency plans to meet federal assurances for CSBG Funding.



Assurances: To assure the most effective use of CSBG funds to attain a measurable and positive impact on the causes of poverty, the Subgrantee assures that funds will be used to:	
Support activities that are designed to assist low income families and individuals, including families and individuals receiving assistance under Part A of Title IV of the Social Security Act, homeless families and individuals, migrant or seasonal farm workers, and elderly low-income families and individuals?	
Describe how your agency will work with local stakeholders to do so.	
Mission Vision	
Vpload File Assurances Data Collection Method	

1a: Review each of the seventeen assurances outlined in this section and identify which assurances your CAA plans to meet by selecting "Yes" or "No."

1b: For those marked "yes," describe how your CAA plans to meet those assurances.

1c: After responding to a question, select Next to proceed to the next question.



Coordinate and establish linkages between governmental and othe	^	Your Uploaded File(s)	î
		No files	L
Ensure coordination between antipoverty programs in each comm	0		1
Coordinate programs with and form partnerships with other organi	0	In-Progress CAP's Checklist	L
Establish procedures under which a low-income individual comm		FY2023 A	
		Purpose	
To Participate in the Results Oriented Management and Accountab	0	Mission	
		Vision	
Save and Next 2			

After completing all seventeen questions, click the Save and Next button.



Part 5Data Collection Method



Overview



The fifth section in your CAP Template is "Data Collection," where you will describe how your agency plans to collect data.



FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	36% Complete
Data Collection Method	Your Uploaded File(s)
Programmatic Purpose: To describe how your agency will collect better data on clients served. The agency will identify how you will collect data that is complete (no missing information), accurate (no mistakes), timely (collected on time or on a regular basis), and reliable (the data is collected the same way every time, and so that those involved understand what they	No files
are responsible for collecting.)	In-Progress CAP's Checklist
Please describe how your agency will collect data.	FY2023 ^
Does your agency have a centralized intake process? If no, enter "no" or "n/a". If yes, please describe. 🕥	♥ Purpose
	Mission
	Vision
Upload File	Assurances
Please describe how your agency collects CSBG required data elements? ③	Data Collection Method

Examine each of the eight queries presented in this section and explain how your organization collects data. In the field, input "no" or "n/a" if there is no data method.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	36% Complete
	Your Uploaded File(s)
	No files
Upload File	
Please describe how your agency defines a client served. 💿	In-Progress CAP's Checklist
	FY2023 ^
	Purpose
	Mission
Upload File	
	Vision
	Assurances
Save and Next 📥 🙎	
_	Data Collection Method

After completing all eight questions, click the Save and Next button.



Part 6 Service, and Referral Delivery Models



Overview



The sixth section in your CAP is "Service Delivery Model and Referrals." In this section, you will describe how your agency delivers services and makes referrals, specifically in response to CSBG prompts that are presented at the beginning of each field.





Please provide descriptions for the following five fields: Services Delivery System, Linkages, Innovative Community and Neighborhood-Based Initiatives, Child Support Offices, and Local Workforce Offices.

These fields aim to enhance client access, prevent service duplication, and meet various community needs.



	• FY2023 •
	Purpose
	Mission
Upload File	Vision
Local with not be unleed: In the Lado And, spec to regulary induiting being one ensures our double and any physical or employment and utiling accurates into (grand and any physical or employment and utiling accurates into (grand and any physical or employment and utiling accurates into (grand and any physical or employment and utiling accurates into (grand and any physical or employment and utiling accurates and ut	Assurances
	Data Collection Method
Liblood Elle	Service, and Referral Delivery Models
	Eligibility
Save and Next 2	Monitoring and Evaluation

Following your completion of all five questions, click the Save and Next button.




Eligibility Overview

Programmatic Purpose: Eligibility is the decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program benefits. Since some screening is necessary to ensure that CSBG funds are used for income-eligible clients, an eligible entity should adopt a written policy/procedure for determining qualification or overall suitability to receive programs/services. The client must satisfy outlined conditions to receive benefits. An income eligible policy and process should include definitions of the sources of income, household size, the time frame used to establish eligibility, and the documentation and verification procedures required to support the income determination. Based on the eligible entity's community needs assessment, this procedure may also prioritize specific client populations within the applicable income limit, such as people with disabilities, those experiencing homelessness, the elderly, the unemployed people with children under eighteen. Please describe how your agency verifies participant income eligibility: ③	Eligibility	
Please describe how your agency verifies participant income eligibility: 🕜	Programmatic Purpose: E requirements, to receive p income-eligible clients, ar suitability to receive progr policy and process should eligibile, and the docume eligible entity's communit applicable income limit, s people with children under	Eligibility is the decision as to whether an individual qualifies, under financial and nonfinancial program benefits. Since some screening is necessary to ensure that CSBG funds are used for n eligible entity should adopt a written policy/procedure for determining qualification or overall ams/services. The client must satisfy outlined conditions to receive benefits. An income eligibil d include definitions of the sources of income, household size, the time frame used to establish entation and verification procedures required to support the income determination. Based on the y needs assessment, this procedure may also prioritize specific client populations within the uch as people with disabilities, those experiencing homelessness, the elderly, the unemployed, r eighteen.
	Please describe how your	agency verifies participant income eligibility: 🕜

The seventh section in your CAP is "Eligibility". This section is dedicated to a description of how your agency verifies eligibility.



	FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)		54	% Complete	х
	Eligibility Programmatic Purpose: Eligibility is the decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program	0	Data Collection Method		
	befores. Since some screening is necessary to ensure that CSbs tands are use for income-engine claems, an engine entry should adopt a written policy/procedure for determining qualification or overall suitability to receive programs/services. The client must satisfy outlined conditions to receive benefits. An income eignibity policy and process should include definitions of the sources of income, household size, the time frame used to establish eighibity, and the documentation and verification procedures required to support the income fermination. Based on the eligible entity's community needs assessment, this procedure may also prioritize specific client populations within the applicable income item; such as people with disabilities, those experiment homelessmess. The AleMy the unamelwork and reports with other and estimation.	•	Service, and Referral Deliv Models	rery	
1	unse expeniencing noneessness, we every, we unengozed, and people will clinical under eighteen. Please describe how your agency verifies participant income eligibility: ()		Eligibility Monitoring and Evaluation		
			Community Needs Plannin	ıg	
	Upload File Please describe how your agency verifies participant income elipibility for services with limited in-take procedures (where individual income verification is not		Service and Referral Need: Planning	s	
	possible or practical; an example of these services is emergency food assistance): ()		Administrative and Outrea	ch	
				v	

Please answer the questions in each field and provide a detailed description if necessary.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)			54% Complete	
Upload File	•	J	Data Collection Method	•
Please describe how your agency verifies participant income eligibility for services with limited in-take procedures (where individual income verification is not possible or practical; an example of these services is emergency food assistance):		0	Service, and Referral Delivery Models	
	Ŀ	•	Eligibility	
Upload File Please identify which documents below are used to determine eligibility.	L		Monitoring and Evaluation Community Needs Planning	
			Service and Referral Needs Planning	í
	L		Administrative and Outreach	í
Save and Next	ļ.		CAP Review/Submission	

Additionally, at the bottom of the section, please enter an "X" on the right-hand side of the table to indicate which documents are used to determine eligibility.

If you use any documentation not provided in the list, please write it/them in the "New Document Enter Here" cell(s). Overwrite the "New Document Enter Here" title with the name of your documentation.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)				
	•	T		
Upload File		🕑 Data Collectio	n Method	
Pressé descritor row your agency verines participant income exiginity for services wina immera in-uaxe procedures (where individual income verincation is not possible or practical; an example of these services is emergency food assistance):		Service, and F Models	eferral Delivery	
		Eligibility		
Upload File		Monitoring an	d Evaluation	l
Please identify which documents below are used to determine eligibility.		Community N	eeds Planning	
Upload File		Service and R Planning	eferral Needs	
		Administrative	and Outreach	
Save and Next - 3		CAP Review/S	ubmission	

Following completion of all questions and document selection, click the Save and Next button.



Part 8 Monitoring and Evaluation



Monitoring and Evaluation Overview

Ν	Monitoring and Evaluation
P P A	rogrammatic Purpose: CSBG eligible agencies must monitor and actively evaluate their community action programs. ursuant to the CSBG Act (42 U.S.C.§9901 et seq.), Public Law Section 678B, LWC has responsibility to ensure CSBG gencies carry out their programs in accordance with all applicable laws, regulations, policies and the executed contract
Pl in	lease describe how your agency will monitor its programs and services and the frequency it will so. Please include activities
	Upload File
Pl ac	lease describe your agency's method(s) for evaluating programs and services and the frequency it will do so. Please include ctivities involved in each method identified: 🕜
(

The ninth tab section in your CAP is "Monitoring and Evaluation," where you will describe how your agency ensures the effectiveness of its programs and fiscal performance.



FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	63% Complete	x
Monitoring and Evaluation	I	•
Programmatic Purpose: CSBG eligible agencies must monitor and actively evaluate their community action programs. Pursuant to the CSBG Act (42 U.S.C.§9901 et seq.), Public Law Section 678B, LWC has responsibility to ensure CSBG Agencies carry out their programs in accordance with all applicable	Data Collection Method	
laws, regulations, policies and the executed contract. Please describe how your agency will monitor its programs and services and the frequency it will so. Please	Models	
	C Eligibility	
n h	Monitoring and Evaluation	•
Upload File	Service and Referral Needs	
Please describe your agency's method(s) for evaluating programs and services and the frequency it will do 🔹	Planning	*

Please respond to the questions in each field and add a detailed description if necessary.



Upload File Please describe your agency's method(s) for evaluating programs and services and the frequency it will do so. Please include activities involved in each method identified: (3)	ta Collection Method	1
Please describe your agency's method(s) for evaluating programs and services and the frequency it will do so. Please include activities involved in each method identified: (3)	ta Collection Method	
	rvice, and Referral Delivery dels	
	gibility	
Upload File Mo	nitoring and Evaluation	
Save and Next 2	mmunity Needs Planning rvice and Referral Needs	

Following completion of all questions, click the Save and Next button.



Part 9 Community Needs Planning



Community Needs Planning Overview

Community Needs Planni	g	
Please list all outcomes and their target ar	actual results.	
Outcomes (0) + Add Outcome		
Save and Next		

The ninth section in your CAP is "Community Needs Planning," where you will describe how your CAA plans to meet community needs.



FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	72% Complete
Community Needs Planning	Eligibility
Please list all outcomes and their target and actual results.	Monitoring and Evaluation
Outcomes (0) + Add Outcome	Community Needs Planning
Save and Next	Service and Referral Needs Planning
	Administrative and Outreach
	CAP Review/Submission

Please proceed to click on the "Add Outcome" button.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)		72% Complet	е
Community Needs Planning	ĺ	e Eligibility	
Please list all outcomes and their target and actual results.		Monitoring and Evaluation	
Outcomes (1) × Cancel Outcome Creation	- i	Community Needs Planning	
Outcome Type @ Step-2		Service and Referral Needs Planning	
Direct Outcome		Administrative and Outreach	
Proxy Outcome	_	CAP Review/Submission	
	*		×

Direct Outcomes, or "results," are client changes following a service or activity. In certain cases, obtaining a service constitutes success. Use the service or output as a proxy outcome.

To move forward, select an outcome type and go to the next column called "Target Population."



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	72% Complete
Outcome Type ⑦	eligibility
	Monitoring and Evaluation
	Community Needs Planning
Identified Need ③	Service and Referral Needs Planning
	Administrative and Outreach
	CAP Review/Submission

The individuals and families identified by the agency as eligible for its programs and services are the "Target Population".

Identify the target population your agency serves in this section. Include specific information about your target population.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	72% Complete	
	/ Your Uploaded File(s)	^
Identified Need (?)	Eligibility: Test.docx 📥 🖉 🗐	l
	In-Progress CAP's Checklist	ļ
Objective / Goal ③	Purpose	
	Mission	
	Vision	
Next		*

The "Identified Need" is the issue, problem, or concern that the client identifies during the agency's assessment process.

Please input the identified need of your target population in the provided text fields located in Column B. Please ensure that you enter only one need at a time. If the target population possesses multiple needs, kindly input each need on a separate row.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	3 72% Complete	
	Your Uploaded File(s)	^
Identified Need ⑦	Eligibility: Test.docx 📥 🖉 🛢	
	In-Progress CAP's Checklist	ļ
Objective / Goal ()	Purpose	
	Mission	
	t Vision	
Next		*

A goal is a broad statement that pertains to a desirable achievement. Objectives are trackable elements that, when taken together, create the larger goal.

Please input your specific target population's designated objective or goal in the provided field. Kindly give a thorough explanation in this section of your Community Action Plan. Objectives may include one or more outcomes.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	72% Complete
Identified Need 😨	e Eligibility
	Monitoring and Evaluation
	Community Needs Planning
Objective / Goal ③	Service and Referral Needs Planning
	Administrative and Outreach
Next> Step 6	CAP Review/Submission

Please proceed to click on the "Next" button.



FY 2023 – VIGEO DEMO CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	72% Complete
Program () 🛻 Step 7	Mission
Please select program	Vision
123	✓ Assurances
*Training demo 4 training	🔿 Data Collection Method
6 Training [PROGRAM NAME]	Service, and Referral Delivery Models
A/F Arkansas Emergency Rental Assistance Centennial State Social Services	C Eligibility
Child Care	Monitoring and Evaluation

Agencies operate programs that often consist of one or more services designed to meet the specific needs of their target populations.

Identify the program(s) designed for your target population's needs in this field to accomplish your agency's objectives.

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Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	72% Complete
Program 🍞	Mission
	Vision
Dease calant domain(c)	Assurances
Childcare	Data Collection Method
Client Survey	Service, and Referral Delivery Models
Disaster Assistance Education and Training	Eligibility
Employment	Monitoring and Evaluation

Domains are organizing devices, or ways to categorize similar programs, services, and/or conditions of stability and well-being. Domains also contain outcome scales that are specific to the domain.

In this section, specify the domain that will be used to convey any progress made toward the objectives/goals identified for your target population.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	72% Complete
Domain(s) 💿	
Childcare	- Eligibility
Outcome Scale(s) @	Monitoring and Evaluation
Prease select outcome scale(s) Q [Type to search,	Community Needs Planning
Childcare	Service and Referral Needs
Childcare - Households	Plaining
□ NPI 2a-2e	Administrative and Outreach
Stress Scale	CAP Review/Submission
test scae	

An outcome scale is a continuum of client states, statuses, or situations and is used to identify and measure incremental changes within families, agencies, and communities that have resulted from the agency's intervention.

Identify the outcome scale within the selected domain. Select the best outcome scale to measure progress towards your objectives/goals.



Outcome Starting Statement(s) @ + Step 10	Eligibility
Please select outcome starting statement(s)	
Q Type to search	Monitoring and Evaluation
Childcare - Enrolled in after school program or licensed, unsubsidized childcare of choice	Community Needs Planning
Childcare - Enrolled in licensed, subsidized childcare of choice, including Head Start and Early Head Start	
Childcare – Enrolled in licensed subsidized childcare, limited choice	Service and Referral Needs Planning
Childcare - Enrolled in Head Start or other childcare, limited hours/days, need for additional child care services	s Administrative and Outreach
Childcare - Childcare provided by family member or friend or in an unlicensed facility	
Childrare - At risk of loss of childrare benefits (Needs to reapply to continue childrare benefits)	CAP Review/Submission

The Outcome Starting Statement(s) is the initial outcome scale statement(s) that establishes your client's baseline.

Please provide the starting statement(s) from the selected outcome scale.



Childcare – Enrolled in after school program or licensed, unsubsidized childcare of choice	
	C Eligibility
Please select outcome ending statement(s)	Monitoring and Evaluation
Q frype to search	Community Needs Planning
Childcare – Enrolled in after school program or licensed, unsubsidized childcare of choice	
Childcare - Enrolled in licensed, subsidized childcare of choice, including Head Start and Early Head Start	Service and Referral Needs Planning
Childcare – Enrolled in licensed subsidized childcare, limited choice	
Childcare – Enrolled in Head Start or other childcare, limited hours/days, need for additional child care services	Administrative and Outreach
Childcare - Childcare provided by family member or friend or in an unlicensed facility	CAP Review/Submission
Childcare – At risk of loss of childcare benefits (Needs to reapply to continue childcare benefits)	

The Outcome Ending Statement(s) is the ending outcome scale statement(s) that identifies a positive movement from the original starting statement for your client.

Please provide the ending statement(s) from the selected outcome scale.

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Childcare - Enrolled in after school program or licensed, unsubsidized childcare of choice	~ ^		-
Outcome Ending Statement(s) 🧿		eligibility	
Childcare – Enrolled in after school program or licensed, unsubsidized childcare of choice	-	Monitoring and Evaluation	
Please select associated service(s)	-	Community Needs Planning	
Associated Referral(s) ③		Service and Referral Needs	
Please select associated referral(s)	*	Planning	
Associated FNPI(s) 💿		Administrative and Outreach	
Please select associated referral(s)	~	Administrative and Outreach	- 1
		CAP Review/Submission	

Associated services are those that are responsible for the positive movement from your Outcome Beginning and Outcome Ending Statement.

Identify the service(s) associated with your outcome scale. Consider the most helpful services for clients based on their situation and the agency's objectives.



Childcare – Enrolled in after school program or licensed, unsubsidized childcare of choice	*		-
Outcome Ending Statement(s) 🧿		C Eligibility	
Childcare – Enrolled in after school program or licensed, unsubsidized childcare of choice	*	Monitoring and Evaluation	
Associated Service(s) 💿			
Please select associated service(s)	*	Community Needs Planning	
Associated Referral(s) 💿 👉 Step 13		Service and Referral Needs	
Please select associated referral(s)	*	Planning	
Associated FNPI(s) ③		Administrative and Outreach	
Please select associated referral(s)	*		- 1
		CAP Review/Submission	

Referrals are instances where a client is "referred," or recommended to another agency for general assistance or specific services.

Identify referrals associated with the needs of your target population and objective in this field. Please only mention the organization if making a general referral. Please provide the organization's name and the specific service if you are referring to a service.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)			
Childcare – Enrolled in after school program or licensed, unsubsidized childcare of choice	· ·		-
Outcome Ending Statement(s) ⑦		eligibility	
Childcare – Enrolled in after school program or licensed, unsubsidized childcare of choice	~	Monitoring and Evaluation	
Associated Service(s) 💿			
Please select associated service(s)	*	Community Needs Planning	
Associated Referral(s) ③		Service and Referral Needs	
Please select associated referral(s)	~	Planning	
Associated FNPI(s) @ The Step 14		Administrative and Outreach	1
Q. Type to search		CAP Review/Submission	
2c.1			

Family National Performance Indicators (FNPIs) are a state and federal reporting requirement that consists of an unduplicated count of individuals who achieved one or more outcomes (organized by domain.)

Please identify any FNPIs connected to the needs of your target population and your agency's objective in this field.

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Childcare – Enrolled in after school program or licensed, unsubsidized childcare of choice	·	Eliaibility	
Outcome Ending Statement(s) 🤊			
Childcare - Enrolled in after school program or licensed, unsubsidized childcare of choice	~	Monitoring and Evaluation	
Associated Service(s) 💿			
Please select associated service(s)	*	Community Needs Planning	
Associated Referral(s) 💿		Service and Referral Needs	
Please select associated referral(s)	*	Planning	
Associated FNPI(s) 💿		Administrative and Outreach	i l
Please select associated referral(s)	*	Administrative and outreach	- 1
Cton 15		CAP Review/Submission	

Please click on the next button to proceed.



		Your Uploaded File(s)	î
1st Quarter (Unduplicated	Client Count)	Eligibility: Test.docx 📥 🥒	0
		In-Progress CAP's Checklist	
2nd Quarter (Unduplicated	Client Count)	Purpose	
		Mission	
3rd Quarter (Unduplicated	Client Count)	✓ Vision	
Target	Actual Result		

In this section, identify the target outcome(s) (i.e., your projected successes or positive movements) for your target population per the reporting quarter.



		Your Uploaded File(s)	ĺ
1st Quarter (Unduplicat Target	ted Client Count)	Eligibility: Test.docx 🖄 🖉 🗐	t
		In-Progress CAP's Checklist	
		FY2023 ^	
2nd Quarter (Unduplica Target	2nd Quarter (Unduplicated Client Count) Target Actual Result	Purpose	
	Mission		
3rd Quarter (Unduplicat	ted Client Count)	Vision	
Target	Actual Result		

In this section, identify the outcomes that have been achieved during the reporting quarter. Actuals will be entered later (as the quarter concludes).



		Your Uploaded File(s)	ĺ
1st Quarter (Unduplicat Target	ed Client Count) Actual Result	Eligibility: Test.docx 📥 🖉 🗐	
		In-Progress CAP's Checklist	
2nd Quarter (Unduplica Target	ted Client Count)	Purpose	
		Mission	
3rd Quarter (Unduplicat	ed Client Count)	♥ Vision	
Target	Actual Result		

In this section, identify the target outcome(s) (i.e., your projected successes or positive movements) for your target population per the reporting quarter.



		Your Uploaded File	(s)
1st Quarter (Unduplicated Client Count) Target Actual Result		Eligibility: Test.docx	☆ / 🛢
		In-Progress CAP's	Checklist
2nd Quarter (Unduplicated Client Count)		⊘ Purpose	
Target Actual Result	Step 19	Mission	
3rd Quarter (Unduplicated Client Count)		Vision	
Target Actual Result			

In this section, identify the outcomes that have been achieved during the reporting quarter. Actuals will be entered later (as the quarter concludes).



	Your Uploaded File(s)	Â
	Eligibility: Test.docx 📥 🥒 📋	
3rd Quarter (Unduplicated Client Count) Target Step 20 Actual Result	In-Progress CAP's Checklist	
	Purpose	
4th Quarter (Unduplicated Client Count) Target Actual Result	Mission	
	Vision	

In this section, identify the target outcome(s) (i.e., your projected successes or positive movements) for your target population per the reporting quarter.

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	Your Uploaded File(s)	Î
	Eligibility: Test.docx 🖄 🖉	•
3rd Quarter (Unduplicated Client Count)	In-Progress CAP's Checklist	
Target Actual Result	FY2023 ^	- 1
	Purpose	
4th Quarter (Unduplicated Client Count)	Mission	
	Vision	
		_

In this section, identify the outcomes that have been achieved during the reporting quarter. Actuals will be entered later (as the quarter concludes).



	eligibility	Î
4th Quarter (Unduplicated Client Count)	Monitoring and Evaluation	
	Community Needs Planning	
p 22 Total Annual Projected Outcome(s) (Unduplicated Client Count): 0	Service and Referral Needs Planning	
Total Annual Actual Outcome(s) (Unduplicated Client Count): 0	Administrative and Outreach	
Save Outcome	CAP Review/Submission	

Make sure the numbers entered match the Total Annual Projected Outcome(s)

Make sure the numbers entered match the Total Annual Actual Outcome(s)



	Eligibility
4th Quarter (Unduplicated Client Count)	Monitoring and Evaluation
	Community Needs Planning
Total Annual Projected Outcome(s) (Unduplicated Client Count): 0	Service and Referral Needs Planning
Total Annual Actual Outcome(s) (Unduplicated Client Count): 0	Administrative and Outreach
Stop 23	CAP Review/Submission

Please click on the Save Outcome button. To add more outcomes for your agency, simply repeat steps 1-22.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	90% Complete
Community Needs Planning	Mission
Please list all outcomes and their target and actual results.	Vision
Quitcomes (1) + Add Outcome	Assurances
Objective/Goal: giventy	Data Collection Method
Target Population: qwerty Ist Quarter: 1 Actual: 1 2nd Quarter: 0 Actual: 0 3rd Quarter: 0 Actual: 0 4th Quarter: 0 Actual: 0 Annual Targets: 1 Annual Total: 1	Service, and Referral Delivery Models
	Eligibility
Save and Next Step 24	Monitoring and Evaluation
4	Community Needs Planning

When you have finished adding all of the available outcomes, please click the "Save and Next" option so that you can proceed.



Part 10 Service and Referral Needs Planning



Service and Referral Needs Overview

Comics and Defemal Needs Dise	
Service and Referral Needs Plan	ning
Please list all services and referrals and their projected	l and actual results.
Services and Referrals (0) + Add Service	ce/Referral
Save and Next	

The tenth tab section in your CAP is "Services and Referrals." This section outlines planning related to Services and Referrals. This section is designed to capture how your agency plans to measure Services and Referrals.


FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	81% Complete
Service and Referral Needs Planning	Eligibility
Please list all services and referrals and their projected and actual results.	• Monitoring and Evaluation
Services and Referrals (0) + Add Service/Referral	Community Needs Planning
Save and Next	Service and Referral Needs Planning
	Administrative and Outreach
	CAP Review/Submission

Please proceed to click on "Add Service/Referral" button.



Please list all services and referrals and their projected and actual results.	e Eligibility
Services and Referrals (1) × Cancel Service/Referral Creation	Monitoring and Evaluation
Adding New Service/Referral	Community Needs Planning
Agency Name () 4 Step 2 Please type Agency Name	Service and Referral Needs Planning
Type ⑦ Please select service type	Administrative and Outreach
	CAP Review/Submission

Please enter the agency/organization that is providing the identified service. This should be your agency/organization or agencies/organizations within your community.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)		81% Complete	
	*		•
Please list all services and referrals and their projected and actual results.		Eligibility	
Services and Referrals (1) × Cancel Service/Referral Creation		O Monitoring and Evaluation	
Adding New Service/Referral		Community Needs Planning	
Agency Name 🕤 Please type Agency Name		Service and Referral Needs Planning	
Type 🗊 🛑 Step 3 Please select service type	^	Administrative and Outreach	
Direct Service Case Management Closed Long Referral	Ļ	CAP Review/Submission	

There are two types of services: A Direct Service is a service your agency provides that has an automatic/proxy outcome. The other type of service is a Case Management Service, which requires follow-up. There are also two types of referrals: A Closed Loop Referral is a referral made by a caseworker to a program or service within the agency or to another agency in the community. Follow-up is required to determine if the client obtained the service and if an outcome was achieved. Both the referral and the follow-up are documented in the case record. The other type of referral is a Quick Referral, which takes place when a person contacts an agency for information and, while information is provided, the agency does not follow up on the interaction.

Please specify the kind of referral and/or service. Create a new row with the same service/referral but with the additional type if a service is also regarded as a referral or vice versa.

Page 73

Please list all services and referrals and their projected and actual results.	Lingunity	
Services and Referrals (1) × Cancel Service/Referral Creation	Monitoring and Evaluation	
Adding New Service/Referral	Community Needs Planning	
Agency Name 🔊		
Please type Agency Name	Planning	I.
Туре 🕥	Administrative and Outreach	1
Please select service type		а.
Type 🕢 Please select service type	Administrative and Outreach	

To continue, click on the next button.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	or to complete
Sten 5	
Please select a program or service	Eligibility
Q [Type to search	Monitoring and Evaluation
Other P = 123 = "Genesis Demo	Community Needs Planning
S - ****Energy Assistance - *Genesis Demo S - ***Test Service Cost - *Genesis Demo	Service and Referral Needs Planning
P - *Training demo - *Genesis Demo	
P – 4 training – *Genesis Demo	Administrative and Outreach
P - 6 Training - *Genesis Demo	
P - [PROGRAM NAME] - *Genesis Demo	CAP Review/Submission
P – A/F – *Genesis Demo	

Please select the service or program being offered. If the option is not listed, select "Other."



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)		6170 Complete
Service Name ()	 , ,	Eligibility
Domain(s) () Step 6		O Monitoring and Evaluation
Q Type to search		Community Needs Planning
Childcare		Service and Referral Needs Planning
Disaster Assistance		Administrative and Outreach
Education and Training		CAP Review/Submission
Employment		

Domains are organizing devices, or ways to categorize similar programs, services, and/or conditions of stability and well-being. Domains also contain outcome scales that are specific to the domain.

Specify the domain that will be used to convey any progress made towards the objectives/goals identified for your target population.

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FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)		81% Complete X
Service Name 🔊	6	Service, and Referral Delivery Models
R – test now – Test 🔹		
Domain(s) ③	¢	Eligibility
Health Care 👻		
scale(s) 🛛 🛻 Step 7	- F	Monitoring and Evaluation
λ [Type to search		
] 1. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? OR Act in a way that	made you afraid	that you might be physically hurt?
2. Did a parent or other adult in the household often or very often, push orab slap or throw something at you? OR Ever hit you so hard that you?	had marks or we	re injured?
y an one particle of each and the response of each of the yorkern party and you and the each and you of the each and you of the and the you of the each and you of the		- njorca.
] 4. Did you often or very often feel that no one in your family loved you or thought you were important or special? OR your family didn't look out	for each other, fe	el close to each other, or support each other?
] 5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR your parents	were too drunk	or high to take care of you or take you to the doctor if you
] 6. Were your parents ever separated or divorced?		
7. Was your mother or stepmother: often or very often pushed, grabbed, slapped, or had something thrown at her? OR sometimes, often, or very of	often kicked bitte	en hit with a fist, or hit with something hard? OR ever rep

Outcome Scales are used as "before and after" snapshots that measure a client's progress or wellbeing "before and after" receiving services.

Choose the most suitable option for measuring progress towards your Agency's goals.



Service Name 🕐		Service, and Referral Delivery Models
R - test now - Test Domain(s) ③		Eligibility
Health Care Scale(s) ⑦		Monitoring and Evaluation
Please select service scale(s).	· •	Community Needs Planning
SRV Code(s) () Please select associated referral(s)		Service and Referral Needs Planning
Partnership MOUY or Contract Yes No		Administrative and Outreach
		CAP Review/Submission

SRV ("service") codes are unique identifiers that are attached to an agency's services that then allow the agency to accurately report on the provision and receipt of those services.

Please enter the SRV codes that identify the different types of services counted.



Service Name 🕥	Service, and Referral Delivery Models
R – test now – Test	· ·
Domain(s) 🕤	e Eligibility
Health Care	
Scale(s) ⑦	Monitoring and Evaluation
Please select service scale(s)	Community Needs Planning
SRV Code(s) ③	
Please select associated referral(s)	Service and Referral Needs Planning
Partnership MOUY or Contract	
	Administrative and Outreach
	CAP Review/Submission

If you have a partnership or contract with an organization, please choose "Yes." If there is no contract or partnership, please select "no."



Service Name 💿		0	Service, and Referral Delivery Models
R – test now – Test	*		
Domain(s) ⑦		Ó	Eligibility
Health Care	· · ·		Monitoring and Evaluation
Scale(s) 🔊		- T	monitoring and Evaluation
Please select service scale(s)	~	0	Community Needs Planning
SRV Code(s) 💿			
Please select associated referral(s)	~	ģ	Service and Referral Needs Planning
Partnership MOUY or Contract			
O Yes O No			Administrative and Outreach
			CAP Review/Submission

Click the next button to continue.



Adding New Service/Referral	^	Ē	Service, and Referral Delivery
Agency Name: ABCDEFG Type: Direct Service	0		Models
Service Name: R – test now – "Genesis Demo Domain(s): Health Care Scale(s): 1. Did a parent or other adult in the Partnership MOUY or Contract: No	0		 Eligibility
1st Quarter (Unduplicated Client Count)			Monitoring and Evaluation
Target Step 11 Actual Result			Community Needs Planning
			Service and Referral Needs Planning
2nd Quarter (Unduplicated Client Count)			
Target Actual Result			Administrative and Outreach
			CAP Review/Submission

In this section, identify the target outcome(s) (i.e., your projected successes or positive movements) for your target population per the reporting quarter.



Adding New Service/Referral	^		Service, and Referral Delivery
Agency Name: ABCDEFG Type: Direct Service	0		Models
Service Name: R – test now – "Genesis Demo Domain(s): Health Care Scale(s): 1. Did a parent or other adult in the Partnership MOUY or Contract: No	0		Eligibility
1st Quarter (Unduplicated Client Count)		•	Monitoring and Evaluation
Target Actual Result - Step 12			Community Needs Planning
			Service and Referral Needs Planning
2nd Quarter (Unduplicated Client Count)			
Target Actual Result			Administrative and Outreach
			CAP Review/Submission

In this section, identify the outcomes that have been achieved during the reporting quarter. Actuals will be entered later (as the quarter concludes).



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)			
Adding New Service/Referral	•		Service, and Referral Delivery
Agency Name: ABCDEFG Type: Direct Service	0		Models
Service Name: R - test now - "Genesis Demo Domain(s): Health Care Scale(s): 1. Did a parent or other adult in the Partnership MOUY or Contract: No	0		 Eligibility
1st Quarter (Unduplicated Client Count)			Monitoring and Evaluation
Target Actual Result			Community Needs Planning
		Le	Service and Referral Needs Planning
2nd Quarter (Unduplicated Client Count) Target Step 13 Actual Result			Administrative and Outreach
			CAP Review/Submission
	· ·		

In this section, identify the target outcome(s) (i.e., your projected successes or positive movements) for your target population per the reporting quarter.



Adding New Service/Referral Agency Name: ABCDEFG Type: Direct Service		Service, and Referral Delivery Models
Service Name: R – test now – *Genesis Demo Domain(s): Health Care Scale(s): 1. Did a parent or other adult in the Partnership MOUY or Contract: No		C Eligibility
1st Quarter (Unduplicated Client Count)		O Monitoring and Evaluation
Target Actual Result		Community Needs Planning
	ч	Service and Referral Needs Planning
2nd Quarter (Unduplicated Client Count) Target Actual Result		Administrative and Outreach
		CAP Review/Submission

In this section, identify the outcomes that have been achieved during the reporting quarter. Actuals will be entered later (as the quarter concludes).



3rd Quarter (Unduplicated Client Count) Target Step 15 Actual Result	Service, and Referral Delivery Models
	Eligibility
4th Quarter (Unduplicated Client Count)	Monitoring and Evaluation
Actual Result	Community Needs Planning
Total Annual Projected Service(s) (Undunlicated Client Count): 0	Service and Referral Needs Planning
Total Annual Actual Service/S/ (Indunficated Client Count): 0	Administrative and Outreach
Total Annual Actual Service(s) (Unduplicated Chefit County, 0	CAP Review/Submission

In this section, identify the target outcome(s) (i.e., your projected successes or positive movements) for your target population per the reporting quarter.



3rd Quarter (Unduplicated Client Count) Target Actual Result Step 16	Service, and Referral Delivery Models
	eligibility
4th Quarter (Unduplicated Client Count)	Monitoring and Evaluation
Target Actual Result	Community Needs Planning
Total Annual Projected Service(s) (Undunlicated Client Count): 0	Service and Referral Needs Planning
Total Annual Actual Service(s) (Lodunlicated Client County 0	Administrative and Outreach
	CAP Review/Submission

In this section, identify the outcomes that have been achieved during the reporting quarter. Actuals will be entered later (as the quarter concludes).



3rd Quarter (Unduplicated Client Count) Target Actual Result	 Service, and Referral Delivery Models
	Eligibility
4th Quarter (Unduplicated Client Count)	Monitoring and Evaluation
	Community Needs Planning
Total Annual Projected Service(s) (Unduplicated Client Count): 0	Service and Referral Needs Planning
Total Annual Actual Service(s) (Unduplicated Client Count): 0	Administrative and Outreach
	CAP Review/Submission

In this section, identify the target outcome(s) (i.e., your projected successes or positive movements) for your target population per the reporting quarter.



3rd Quarter (Unduplicated Client Count) Target Actual Result	Service, and Referral Delivery Models
	C Eligibility
4th Quarter (Unduplicated Client Count)	Monitoring and Evaluation
Actual Result	Community Needs Planning
Total Annual Projected Service(s) (Unduplicated Client Count): 0	Service and Referral Needs Planning
Total Annual Actual Service(s) (Unduplicated Client Count): 0	Administrative and Outreach
	CAP Review/Submission

In this section, identify the outcomes that have been achieved during the reporting quarter. Actuals will be entered later (as the quarter concludes).



3rd Quarter (Unduplicated Client Count) Target Actual Result	Service, and Referral Delivery Models
	♥ Eligibility
4th Quarter (Unduplicated Client Count)	Monitoring and Evaluation
Actual Result	Community Needs Planning
tep 19 Total Annual Projected Service(s) (Unduplicated Client Count): 0	Service and Referral Needs Planning
Total Annual Actual Service(s) (Undunlicated Client Count): 0	Administrative and Outreach
Total Annua Actual Screec(s) (Shaaphoalea Shent Sound). S	CAP Review/Submission

Make sure the numbers entered match the Total Annual Projected Outcome(s).

Make sure the numbers entered match the Total Annual Actual Outcome(s).



	I
3rd Quarter (Unduplicated Client Count) Target Actual Result	Service, and Referral Delivery Models
	Eligibility
4th Quarter (Unduplicated Client Count)	Monitoring and Evaluation
Actual Result	Community Needs Planning
Total Annual Projected Service(s) (Unduplicated Client Count): 0	Service and Referral Needs Planning
Total Annual Actual Service(s) (Unduplicated Client Count): 0	Administrative and Outreach
	CAP Review/Submission

Please click on the Save Service button. To add more services for your agency, simply repeat steps 1-19.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	90% Complete
Service and Referral Needs Planning	Service, and Referral Delivery Models
Please list all services and referrals and their projected and actual results.	Eligibility
Services and Referrals (1) + Add Service/Referral	O Monitoring and Evaluation
Service Name: R – test now - Test 🖉 🏮 Agency Name: ABCDEFG Type: Direct Service Domain(s): Health Care	Community Needs Planning
1st Quarter: 0 Actual: 1 2nd Quarter: 0 Actual: 0 3rd Quarter: 0 Actual: 0 4th Quarter: 0 Actual: 0 Annual Targets: 0 Annual Total: 1	Service and Referral Needs Planning
Save and Next Step 21	Administrative and Outreach
	CAP Review/Submission

When you have finished adding all of the available services, please click the "Save and Next" option so that you can proceed.



Part 11 Administrative and Outreach



Administrative Outreach Overview

Administ	rative and Outreach
Please List all operation.	main/administrative/satellite offices and the neighborhood/outreach centers, parishes served, and days & hours of
Facilities (0) + Add Facility
Save and	Next

The eleventh tab section in your CAP is "Administrative and Outreach Centers." This section outlines the different administrative outreach centers with which your agency coordinates. It is designed to capture how your agency plans to provide outreach and administrative services to community partners beyond their referral network.



FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	90% Complete
Administrative and Outreach	Service, and Referral Delivery Models
Please List all main/administrative/satellite offices and the neighborhood/outreach centers, parishes served, and days & hours of operation.	e Eligibility
Facilities (0) + Add Facility	Monitoring and Evaluation
Save and Next	Community Needs Planning
	Service and Referral Needs Planning
	Administrative and Outreach
	CAP Review/Submission

Please proceed to click on "Add Facility" button.



	-	
Adding New Facility Facility Name () Step 2		Service, and Referral Delivery Models
Please select Facility	^	eligibility
Q. Type to search 24/7 - Video Demo		Monitoring and Evaluation
ABC Accounting – *Genesis Demo ABC Accounting – Video Demo		Community Needs Planning
Adam's Tech – *Genesis Demo Alfredo's – *Genesis Demo		Service and Referral Needs
Altitude Beer Co. – Video Demo art shop – *Genesis Demo		Administrative and Sutraceb
ASD - *Genesis Demo AVC Child Care Facility - *Genesis Demo		Administrative and Outreach

Find the facility's name in the drop-down box and type it into the field labeled "Facility Name."



Step 3			
Address Line 1		16.1116	î
N/A		ionity	
Address Line 2	O Mor	itoring and Evaluation	
N/A	Con	nmunity Needs Planning	
N/A N/A N/A	Server Server Plan	rice and Referral Needs ning	
Phone Number	Adn	inistrative and Outreach	i
	CAF	Review/Submission	l

Check that the facility's correct address and contact information has been auto-populated in this section (per field). After reviewing the data, click the "Next" button.



Adding New Facility	^	
Facility Name: Betty's BBQ - Video Demo Address: N/A Phone Number: N/A	Ø	eligibility
Service Provided @		Monitoring and Evaluation
Enter service name		Community Needs Planning
State Served		Community Needs Flamming
Please select state served	~	Service and Referral Needs
County(ies) / Parish(es) Served		Planning
		Administrative and Outreach
Days and Hours of Operation		

Please identify the services this place provides.



Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)	
Service Provided ③	C Eligibility
State Served	Monitoring and Evaluation
Q Type to search	Community Needs Planning
Alabama	- Service and Deferral Needs
Alaska Arizona	Planning
Arkansas	Administrative and Outreach
California	Administrative and Outedan
Colorado	CAP Review/Submission
Connecticut	
Deleware	

Please name the state that this location is responsible for serving.



		i
State Served	• Eligibility	
Pennsylvania	 Monitoring and 	Evaluation
Q Type to search	Community New	eds Planning
Adams County	Service and Re	ferral Needs
Allegheny County		
Armstrong County	Administrative	and Outreach
Beaver County	CAP Review/Su	bmission

Please name the parish(es) that this location is responsible for serving.



	stop 7	
Days and Hours	From To + Add Time	Service, and Referral Delivery Models
🗆 Tuesday	From 01 11 AM To	Seligibility
🗆 Wednesday	02 12 From 03 13 To :	Monitoring and Evaluation
🗆 Thursday	04 14 From 05 15 To -:	Community Needs Planning
Friday	06 16 From	 Service and Referral Needs Planning
Saturday	From To	Administrative and Outreach
		CAP Review/Submission

You may choose the days and hours the facility is open by checking the box next to the appropriate day and then clicking the clock icon to enter the hours.



		•
🗆 Tuesday	From	Service, and Referral Delivery Models
🗆 Wednesday	From -: To -:	Eligibility
🗆 Thursday	From -: To -:	O Monitoring and Evaluation
🗆 Friday	From -: To -:	Community Needs Planning
Saturday	From	Service and Referral Needs Planning
Sunday	From	Administrative and Outreach
		CAP Review/Submission

Please click on the **Save Facility** button. To add more facilities for your agency, simply repeat steps 1-8.

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Administrative and Outreach	q	Service, and Referral Delivery Models
Please List all main/administrative/satellite offices and the neighborhood/outreach centers, parishes serve days & hours of operation.	ed, and	Eligibility
Facilities (1) + Add Facility	e	Monitoring and Evaluation
Facility Name: Betty's BBQ – Video Demo Address: N/A Phone Number: N/A Service: Utility Assistance, Food Bank Service	/ 8	Community Needs Planning
	•	Service and Referral Needs Planning
Save and Next Step 9		Administrative and Outreach
		CAP Review/Submission

When you have finished adding all of the available facilities, please click the "Save and Next" option so that you can proceed.



Part 12 CAP Review/Submission



CAP Review/Submission Overview

CAP Revi	ew and Submission
Please review complete the s	the CAP checklist on the right hand side. If any sections are marked in red please complete those sections before you can ubmission of this CAP.
Notes (1) Test - SaDesia Giles Created by: SaDesia	+ Add Note Giles 06/28/2023 2:40 PM
CAP Sub Signature SaDesia Gile	Date 07/07/2023
Submit CA	P

Your CAP will conclude with the CAP Review and Submission, the twelfth and final section. In this step, you will examine the CAP checklist, any files you may have uploaded, and any notes you may have included, and then submit the CAP.



	Step-1
CAP Review and Submission	Your Uploaded File(s)
Please review the CAP checklist on the right hand side. If any sections are marked in red please complete those sections before you can complete the submission of this CAP.	Eligibility: Test.docx 📥 🥔 📋
Notes (1) + Add Note	In-Progress CAP's Checklist 🛶
Test - SaDesia Giles Created by: SaDesia Giles 06/28/2023 2:40 PM	Purpose
CAP Submitted By	Mission
Signature Date	Vision
SaDesia Giles 07/07/2023	Assurances
	Data Collection Method

Review the files uploaded and the CAP checklist on the right-hand side. Complete any sections marked in red before submitting the CAP.

Note: *eLogic/CAMP* staff does not review for accuracy, please refer to your agency's specific contact for this purpose.

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FY 2023 – Video Demo CAP Reporting Period: FY 2023 (03/10/2022 – 03/09/2023)			100% Complete
Please review the CAP checklist on the right hand those sections before you can complete the	side. If any sections are marked in red please complete പ്പറ്റേ this CAP.	Your Uploaded File(s)	Í
ि	pz	Eligibility: Test.docx	△/ ■
Test - SaDesia Giles Croated by: SaDesia Giles 06/28/2023 2:40 PM		In-Progress CAP's Check	dist
CAP Submitted By		Purpose	
Signature	Date	Mission	
SaDesia Giles	07/07/2023	Vision	
		Assurances	
Submit CAP		- Data Collection Method	
		Data Conection method	

Check to see that your signature and the date have been auto-populated in the CAP Submitted By section, and if there are any further notes, go through them and add them if necessary. Click the "Submit CAP" button once all essential changes have been made to the document.

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Step 3

Please review the CAP checklist on the right hand side. If any sections are n those sections before you can complete the submission of this CAP	narked in red please complete	
	e Eligibility	
Test - SaDesia Giles	Monitoring and Evaluation	
Created by: SaDesia Giles 06/28/2023 2:40 PM CAP Submitted By Signature Date	Community Needs Planning	
	Service and Referral Needs	
SaDesia Giles 07/07/2023	Administrative and Outreach	
	CAP Review/Submission	

When you have finished reviewing the CAP and have clicked the "Submit" button, a notification will appear verifying that you want to submit it. To continue, please click the confirm button. To return, select "Cancel" from the menu. When you click the confirm button, the CAP will be made permanent, and you will no longer be able to make any further changes.

