WHAT IS CSBG?

The Community Services Block Grant (CSBG) provides critical funding to Community Action Agencies (CAAs) to operate programs addressing the causes and conditions of poverty under three national goals:

Goal 1 - Individuals and families with low incomes are stable and achieve economic security.

Goal 2 - Communities where people with low incomes live are healthy and offer economic opportunity.

Goal 3 - People with low incomes are engaged and active in building opportunities in communities.

North Dakota Community Action Agencies are centrally located to serve their communities. For maximum impact, they partnered with:

- 275 non-profits
- 510 for-profits
- 219 faith-based organizations
- 108 school districts

Community Action Agencies utilize a Results Oriented Management and Accountability system that is strategically designed to ensure accountability and improve performance management. In FY18 there were 5 ROMA professionals available in the network to help agencies with planning, reporting, data analysis and evaluation.

There were 48,942 hours of volunteer time donated to CAAs in North Dakota.

Community Action Agencies leverage several other federal, state, local and other private funds.

For every $1 of CSBG, North Dakota’s CAAs leveraged $8.33 from federal, state, local and private sources, including the value of volunteer hours.

- $3,284,295 in CSBG funds were allocated in support of CAAs in North Dakota in FY18.
- Including all leveraged funds, North Dakota had $30,279,780 available to the CAA network to improve the lives of people with low incomes in FY18.

3 CAAs in North Dakota also operate the Low Income Home Energy Assistance Program (LIHEAP).

6 CAAs in North Dakota also operate the Weatherization Assistance Program (WAP).

3 CAAs in North Dakota also operate a Head Start Program.

*Value of Volunteer Hours calculated using federal minimum wage, except in those states with a higher minimum wage.

**Values may not equal total due to rounding.
Community Action Agencies utilize CSBG funds to address specific local needs through services and programs that address one or more of the core domains in which we work: employment, education and cognitive development, income, infrastructure and asset building, housing, health and social/behavioral development, and civic engagement and community involvement.

**Employment**

77 outcomes were obtained in the employment domain. This includes outcomes such as obtaining and maintaining a job, increasing income, and obtaining benefits.

**Education**

3,763 outcomes were obtained in the education and cognitive development domain. This includes outcomes such as improved literacy skills, school readiness, and obtaining additional education and diplomas.

**Income**

158 outcomes were obtained in the income and asset building domain. This includes outcomes such as maintaining a budget, opening a savings account, increasing assets and net worth, and improving financial well-being.

**Housing**

7,775 outcomes were obtained in the housing domain. This includes outcomes such as obtaining and maintaining housing, avoiding eviction or foreclosure, and reducing energy burden.

**Health**

14,507 outcomes were obtained in the health and social/behavioral development domain. This includes outcomes such as increasing nutrition skills, improving physical or mental health, and living independently.

**Civic Engagement**

32 outcomes were obtained in the civic engagement and community involvement domain. This includes outcomes such as increasing leadership skills, and improving social networks.

This data is marked as preliminary until the release of the FFY18 CSBG Report to Congress. This publication was created by the National Association for State Community Services Programs in the performance of the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Grant Number 90ET0468. Any opinion, findings, and conclusions, or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.