NOFA for CSBG Discretionary Funds for Reentry Activities										
Applicant	t Name:		0							
		Instructions:								
1. Attachme 2. Response determine v 3. Years of I year 5 mont	ents: Applicant must complete all areas highlighted in yellow and up es: If the response is provided in a separate document, please ensurablished question the response pertains to, the applicant may not rece Experience: When responding to years of experience, if the experients would be 1 year and 1 year 6 months would be 2 years. ants must complete all parts of the application questions.	e that the response is uploaded as the appropriate entrive points for their response.	ry in the submis	sion. If the Depa						
		Section B.1: Experience								
Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)				
1.1	The applicant's experience administering other state or federally funded programs subject to 2 CFR Part 200 or UGMS/TXGMS (currently administered directly by applicant) during the past 10 years. Other grant funds from the Texas Department of Housing and Community Affairs (TDHCA), <b>EXCLUDING</b> the CSBG Discretionary Re-Entry grant, are to be included. If applicant received the grant for more than one fiscal year, include number of years it was received.	State or federally funded grant programs administered: Note: A maximum of 20 points will be awarded. • 2 point for each state or federally funded program administered Note: Points will not be given for current TDHCA CSBG Discretionary Re-Entry grant.	20							
	Table 1.1 In the table below, list all current state or federally funde  Grant Name	d grant programs administered directly by the applicar  Funding Entity Providing Award		nd the number of years adm		Federal or State Funds (Y/N)				
Section	Question and Response	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)				
1.2	the most recently funded CSBG-D Re-Entry contracts, has the applicant failed to submit their monthly performance and/or monthly expenditure reports to the Department by the due date (August - November 2025)? If applicant does not currently have CSBG-D Re-Entry funding, leave blank; self score = 0.	If Department records show late submissions of performance or expenditure reports during the most recently funded CSBG-D Re-Entry contracts (August - November 2025):  Deduct 2 points per late submission. EX: 1 late expenditure report + 1 late performance report = -4 points	(points to be deducted based on review)							

1.3	the following information reported on your organization's current expenditure reports of CSBG Discretionary funds for the most recently completed TDHCA CSBG Discretionary contract, through November 2025 (due 12/15/24). If applicant does not currently have CSBG-D Re-Entry funding, leave blank; self score = 0.  Response: Enter your expenditure level through November 2025	Max 15 total points:  Expenditure Reporting through November 2025 (58.33% of contract term):  Spent less than 15% of contract = -15 points  Spent 15-35% of contract = 0 points  Spent 36+% of contract = 15 points  Note: The Department will verify from our records.	15			
	Monthly Expenditure Report:					
1.4a		Max 15 total points: Performance Reporting through November 2025 (58.33% of contract term): Served less than 15% of projected performance target = -15 points Served 15-35% of projected performance target = 0 points Served 36+% of projected performance target = 15 points Note: The Department will verify from our records.	15			
1.4b	performance reports of CSBG Discretionary funds for the most	Max 15 total points: Performance Reporting through Final Report: Served less than 20% of projected performance target = -15 points Served 20-60% of projected performance target = 0 points Served 60+% of projected performance target = 15 points Note: The Department will verify from our records.				
Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)

1.5	Provide the following information on the experience in serving the	In assigning points, reviewer will consider:	200								
	target population, which for this application is defined as										
	individuals who have recently (within the past 42 months) exited	A maximum of 200 total points may be awarded: (a) +									
	jail, prison, or transitional housing. This information should NOT	(b) + (c) + (d). Additional support should be provided									
	include any work done with the existing CSBG-D Re-Entry	in rows 39-61 below.									
	contract.	a. A maximum of 30 points may be awarded for									
		providing direct transitional assistance to the									
		targeted population:									
		10 points for 2 years of experience;									
		20 points for 3-4 years;									
		30 points for 5+ years.									
		<b>b</b> . Provide points for the number of unduplicated									
		persons, within the targeted population, served with									
		direct assistance in the past calendar year:									
		1-15 persons award 5 points;									
		16-29 persons award 10 points;									
		30-45 persons award 20 points;									
		46 - 60 persons award 30 points;									
		61+ persons award 40 points									
		c. 10 points will be awarded for each service									
		provided, with a maximum of 50 points possible.									
		d. 10 points will be awarded for each additional									
		service currently being provided, with a maximum of									
		80 points possible.									
In the space	e below, provide a detailed description of relevant prior experience	providing services related to aiding individuals in the tail	rget population	. Must indicate v	vhether the exp	erience was					
	providing services to formerly incarcerated populations. If services	-									
to meet the	e needs of the target population. Include any potential experience we	orking with landlords, property managers, and other ho	ousing providers	s.							
a. In the spa	ace below, provide the number of years (include particular years i.e.	2016-2025) of relevant experience providing transition	al assistance to	the target popu	lation. Example	s of					
transitional	assistance: GED assistance, employment training, transportation he	lp, housing assistance, personal documentation collecti	on (driver's lice	ense, ID, etc.), etc	c. This informat	ion should					
NOT include	e any work done with the existing CSBG-D Re-Entry contract.										
	ace below, provide the number of unduplicated individuals in the tar		nsitional assist	ance by the appli	cant between J	anuary 1 -					
December 3	December 31, 2025. This information should NOT include any work done with the existing CSBG-D Re-Entry contract.										
	,										
c. In the spa	ace below, indicate how many of the direct housing services, listed b	elow, you <u>CURRENTLY</u> offer to the target population. T	his information	should NOT incl	ude any work d	one with the					
					-						
existing CSB	ace below, indicate how many of the direct housing services, listed b	hose service(s), as well as the total volume of people fr			-						
existing CSB	ace below, indicate how many of the direct housing services, listed b BG-D Re-Entry contract. List the total volume of people helped with t	hose service(s), as well as the total volume of people fr		d demographic v	-						
existing CSB	ace below, indicate how many of the direct housing services, listed b BG-D Re-Entry contract. List the total volume of people helped with t	hose service(s), as well as the total volume of people fr		d demographic v	vho were helpe	d with those					
existing CSB	ace below, indicate how many of the direct housing services, listed b BG-D Re-Entry contract. List the total volume of people helped with t	hose service(s), as well as the total volume of people fr	om the targete	d demographic v	-	d with those					

				#DIV/0!					
				#DIV/0!					
				#DIV/0!					
				#DIV/0!					
				#DIV/0!					
d. If you <u>CURRENTLY</u> offer other transitional assistance services, describe all your services below. Examples of transitional assistance: GED assistance, employment training, transportation help, housing assistance, personal documentation collection (driver's license, ID, etc.), etc. This information should NOT include any work done with the existing CSBG-D Re-Entry contract. List the total volume of people helped with those service(s), as well as the total volume of people from the targeted demographic who were helped with those service(s) within the last 12 months. Please									
upioau supp	ort documentation to substantiate data reported as part of the application.		Unduplicated						
	Direct Housing Services	Total Unduplicated Persons Served	Persons Served from Targeted Population	% of Targeted Population Assisted					
Service Provided:				#DIV/0!					
Service Provided:				#DIV/0!					
Service Provided:				#DIV/0!					
Service Provided:				#DIV/0!					
Service Provided:				#DIV/0!					
Service Provided:				#DIV/0!					
Service Provided:				#DIV/0!					
Service Provided:				#DIV/0!					
		250	0	0 0					

### NOFA for CSBG Discretionary Funds for Reentry Activities Section B.2: Prior Performance

Applicant Name: 0

# Section B.2: Prior Performance

		Section B.2: Prior Performance				
					Reviewer 1	Reviewer 2
			Maximum		(TDHCA use	(TDHCA use
Section	Question	Scoring Mechanism	Points	Self-Score	only)	only)
2.1	In the table below, list all funded programs	Number of monitoring concerns, findings/deficiencies (or other comparable	(points to be			
	administered and monitored in the past <b>3</b>	terms), and disallowed costs identified in monitoring reviews of federal and	deducted			
	years.	state funded programs. No maximum point deduction for (1)-(6) below.	based on			
			review)			
	Provide copies of the most recent	(1) for each concern, deduct -1 point				
	monitoring reports for each of the programs	(2) for each finding which is not significant, deduct				
	listed in response to question 1.1.	-3 points:				
	If the grant has <b>not been monitored</b> ,	(3) for each finding which is significant, deduct -5 points. Significant findings				
	provide information on the name of agency	are those such as ones related to questioned costs or potentially ineligible				
	providing funds, contact name, email and	costs related to client financial assistance due to ineligible clients or cost				
	phone number and an explanation as to why	allocation issues:				
	it hasn't been monitored.	(4) For each monitoring report of any State or federal funds which had				
		disallowed costs under \$1000, deduct -2 points, in addition to point deductions				
		related to (2) and (3) above.				
		(5) For each monitoring report of any State or Federal funds which had				
	Durani da fallano no managara fuana finadina	disallowed costs \$1,000 and above, deduct -5 points, in addition to point				
	Provide follow-up responses from funding	deductions above.				
	agency and your organization to	(6) Applicant shows history of not cooperating with or not submitting TDHCA				
	demonstrate resolution of monitoring	requested monitoring documentation in the past 3 years:				
	findings/deficiencies. If follow-up response	Deduct -10 points per fund source of non-cooperation.				
	has not been released, explain.					
		<b>Note</b> : If monitoring report and follow-up responses are not attached and/or				
	Deficiencies are those which identify issues	explanatory information as to why a monitoring report is not provided: Deduct				
	related to fraud, waste, abuse, or financial	5 points per funded program. If a monitoring report is not attached and/or				
	irregularity, or <u>significant</u> non-compliance	explanatory information is not provided: Deduct -5 points per grant.				
	with either federal rules, state	Maximum point deduction -20 points total for missing documentation.				
	regulations/rules including, but not limited	,				
	to 2 CFR Part 200 or Uniform Grant					
	Management Standards/Texas Grant					
	Management Standards.					
Table 2.1	(Instruction: Please provide copies of the mo	st recent monitoring reports for each funding source. If the grant has not been n	nonitored in the	e nast 36 mont	hs provide a d	ocument from

**Table 2.1** (Instruction: Please provide copies of the most recent monitoring reports for each funding source. If the grant has not been monitored in the past 36 months, provide a document from the funding source to that effect. Scan all monitoring reports into one document and include a cover page labeled as "Documents in response to Question #2.1.")

# of Concerns

Copy of Report attached (Y/N)

	Funding Source	Name of Most Recent Monitoring Report		# of Findings/Deficie ncies	Date of Last Monitoring (MM/DD/YY)	Amount of Disallowed Costs
Section	Question and Response	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)
2.2	-	Applicant's history of being on a modified cost reimbursement method of payment for TDHCA Community Affairs Division funded programs.  • Yes, during the past 3 years: Deduct -10 points  • Yes, currently on modified cost reimbursement: Deduct -20 points  • No, not during the past 3 years: 0 point deduction	(points to be deducted based on review)			

			Marrimanna		Reviewer 1	Reviewer 2
Section	Question and Response	Scoring Mechanism	Maximum Points	Self-Score	(TDHCA use only)	(TDHCA use only)
2.3	Audit:	Three Scoring Areas:	(points to be	Jen Jeore	J,	J,
	Submit the most recently completed Single	Audit Findings for most recent audit period	deducted			
	Audit or third-party audit. Also include	Audit with no findings: 0 points	based on			
	management letters and responses to	Audit with some findings (not significant): -5 points	review)			
	management letters as applicable.	Audit with significant findings (Note that significant findings/deficiencies may				
	Submit/upload with Attachment C.	deem an application ineligible: -10 points				
		2. Disallowed Costs for current audit period				
	If the audit indicates that the	No disallowed costs: 0 points				
	findings/questioned costs, disallowed costs,	Questioned costs: -5 points				
	or internal control deficiencies/ concerns,	Disallowed costs (significance based on other than minor administrative				
	are the same as those raised in the	error): -10 points if disallowed costs are 10% or more of the related grant				
	monitoring reports already addressed in	award. If below 10% of the related grant award, deduct -7 points.				
		3. Internal Control Deficiencies or Material Weakness for current audit period				
		No internal control deficiencies or material weakness or concerns: 0 points				
	2.1 will be scored first, and any additional	Material weakness(es) identified: - 5 points				
	point deductions will be applied here.	Significant Internal Control Deficiency(ies) identified: -10 points				
		• Internal Control Deficiencies identified: -5 points				
	An organization <i>not</i> subject to either the	4. Single Audit has not been completed and is overdue (do not deduct points if				
	Federal or the State Single Audit	an extension is allowed due to COVID-19): -20 5. If applicant does not meet threshold for completing a Single Audit and has				
	requirements must submit one copy of a third-party audit of financial statements	not had a third-party audit of financial statements prepared by a Certified				
	prepared by a Certified Public Accountant,	Public Accountant, deduct -20 points.				
	including any notes to the audit.	Tubile Accountant, deduct -20 points.				
	Submit/upload with Attachment C.					
	Private Nonprofit Organizations that have					
	expended less than \$750,000 in Federal or					
	State funds <u>and</u> who have received LIHEAP					
	or CSBG funds from the Department in the					
	last fiscal year are not required by federal or					
	state law to have an audit and therefore are					
	not required to submit a separate audit with					
	this RFA. For these organizations, Section					
	2.1 will suffice as the scoring tool to be used					
	for prior performance.					

	NOFA for CSBG Discretionary Funds for Reentry Activities Section B.3: Proposed Reentry Services/Activities											
Applicant Na	ame:		0									
		Section B.3: Proposed Reentry Services/	'Activities									
Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)						
3.1	In the table below, briefly describe the allowable initiatives and how your organization will implement the proposed initiatives and evaluate progress on accomplishing what is proposed.	Evaluation of Initiative: Review plan to evaluate proposed initiative and award points as follows: Evaluation plan should include, but not be limited to, identification of the tasks, steps to accomplish tasks, planned outreach methods, method of evaluating success, and frequency of evaluation.  • Award up to 10 points for each of the listed activities to be offered below. Max of 70 points if applicant has a well laid out plan for the program, with appropriate methods for outreach and internal evaluation and will be providing 7 of the 7 possible services.  Example: if applicant is currently providing, or proposing, 3 of the 7 possible services = 30 points.										

#### 3.1 Table

**Evaluation Process** - In second column, identify and describe which activities/services you intend to provide; 3) In third column, identify the steps to accomplish the activity/service; 4) In fourth column, describe planned outreach methods to reach target population with proposed services, 5) In fifth column, describe methods for evaluating success, and 6) In sixth column, describe frequency of evaluation of the

activity/service.					
Possible Services	Description of how you will provide these services. For any services you will not provide, write N/A	Steps to allow you to begin providing these services, if you are not already doing so. If you are, describe your current process.	Outreach methods you will use to reach target population with proposed services	Methods for evaluating success	Frequency of evaluating implementation/success
Landlord					
Incentives					
Up to \$1500 for a					
6-month lease,					
up to \$2000 for					
12-month lease					
Housing					
Application Fees					
Payment of					
standard housing					
application fees					
Deposit					
Payments					
Payment of					
standard security					
or utility					
deposit(s) prior					
to lease					
commencing					
Damage					
Coverage					
Payment of up to					
\$3,000 in					
applicable					
property					
damages for					
eligible tenant		1			
Unexpected Vacancy					
Coverage					
Payment of up to					
2 months' rent in					
the event of an					
unepected					
vacancy during					
the lease term					
High Risk					
Administrative					
Costs					

	1				1	
Must be						
associated with						
regular business						
practices:						
security deposit						
insurance,						
renter's						
insurance						
Rent						
	1					
First 1 months						
First 4 months						
rental assistance						
payments						
maximum OR up						
to 4 months of						
rental arrears						
assistance to						
avoid/prevent						
eviction						
					Reviewer 1 (TDHCA	Reviewer 2 (TDHCA
Section	Question	Scoring Mechanism	Maximum Points	Self-Score	use only)	use only)
3.2	Provide target for the total number of unduplicated	Award points as follows:	60			
	persons to be served through the grant (only counting	0-9 persons: 0 points				
	the individual once, even if they will receive multiple	10-19 persons: 20 points				
	services). This number should be reasonable, based on					
	the data reported in 1.5(c)(d). This target number will	30+ persons: 60 points				
	be in your contract, if awarded.	301 persons. 00 points				
	be in your contract, if awarded.					
		3.2 Response:				
		JIZ Nesponsei				
					Reviewer 1 (TDHCA	Reviewer 2 (TDHCA
Section	Question	Scoring Mechanism	Maximum Points	Self-Score	use only)	use only)
	•	Scotting integrications	Widalina in Folia			
3.3	Provide the following information in the yellow-	In assigning points, reviewer will consider the	70			
3.3	Provide the following information in the yellow-	-				
3.3	Provide the following information in the yellow- highlighted area below: Describe how your	In assigning points, reviewer will consider the				
3.3	Provide the following information in the yellow- highlighted area below: Describe how your	In assigning points, reviewer will consider the depth to which items are described:		00.1100.10		
3.3	Provide the following information in the yellow- highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates:				
3.3	Provide the following information in the yellow- highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of				
3.3	Provide the following information in the yellow-highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe and stable housing. Include current and planned	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of clear coordination and planned efforts: 10 point				
3.3	Provide the following information in the yellow-highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe and stable housing. Include current and planned efforts, and identify them as such. List all applicable	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of clear coordination and planned efforts: 10 point maximum.				
3.3	Provide the following information in the yellow-highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe and stable housing. Include current and planned efforts, and identify them as such. List all applicable partners and their services on tab Section B.3.3.	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of clear coordination and planned efforts: 10 point maximum. b. On the next tab, "Section B.3.3," list all your	70			
3.3	Provide the following information in the yellow-highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe and stable housing. Include current and planned efforts, and identify them as such. List all applicable partners and their services on tab Section B.3.3.	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of clear coordination and planned efforts: 10 point maximum. b. On the next tab, "Section B.3.3," list all your partners and the variety of client needs addressed	70			
3.3	Provide the following information in the yellow-highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe and stable housing. Include current and planned efforts, and identify them as such. List all applicable partners and their services on tab Section B.3.3.	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of clear coordination and planned efforts: 10 point maximum. b. On the next tab, "Section B.3.3," list all your partners and the variety of client needs addressed through those coordination efforts; 5 points per	70			
3.3	Provide the following information in the yellow-highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe and stable housing. Include current and planned efforts, and identify them as such. List all applicable partners and their services on tab Section B.3.3.	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of clear coordination and planned efforts: 10 point maximum. b. On the next tab, "Section B.3.3," list all your partners and the variety of client needs addressed through those coordination efforts; 5 points per activity.	70			
3.3	Provide the following information in the yellow-highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe and stable housing. Include current and planned efforts, and identify them as such. List all applicable partners and their services on tab Section B.3.3.	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of clear coordination and planned efforts: 10 point maximum. b. On the next tab, "Section B.3.3," list all your partners and the variety of client needs addressed through those coordination efforts; 5 points per activity. EX: If all 12 columns (Columns B-M on following	70			
3.3	Provide the following information in the yellow-highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe and stable housing. Include current and planned efforts, and identify them as such. List all applicable partners and their services on tab Section B.3.3.	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of clear coordination and planned efforts: 10 point maximum. b. On the next tab, "Section B.3.3," list all your partners and the variety of client needs addressed through those coordination efforts; 5 points per activity. EX: If all 12 columns (Columns B-M on following tab) are covered = 60 points max.	70			
3.3	Provide the following information in the yellow-highlighted area below: Describe how your organization will <b>coordinate and partner</b> with other service providers in the service area to meet the varied needs of clients enabling them to maintain safe and stable housing. Include current and planned efforts, and identify them as such. List all applicable partners and their services on tab Section B.3.3.	In assigning points, reviewer will consider the depth to which items are described: Applicant provided information that demonstrates: a. Section 3.3 below: provide narrative answer of clear coordination and planned efforts: 10 point maximum. b. On the next tab, "Section B.3.3," list all your partners and the variety of client needs addressed through those coordination efforts; 5 points per activity. EX: If all 12 columns (Columns B-M on following	70			

200	0	0	0

3.3 - Table														
Below, list all partners and identify the s	ervices the	y offer. Indi	cate wheth	er they are i	referral part	tners, work	ing partners	, or if you h	nave an MO	U/contract	in place. Ac	ld lines as n	ecessary.	
Organization Name	Employment	Job Skills/Training	Education	Obtain Needed Identification	Budgeting Education	Healthcare	Food	Ufilities	Child Care	Clothing	Transportation	Household Essentials (hygiene kits, furniture)	Describe any other related services offered	Use drop down to identify if partnership is referral only, a working partnership, or MOU/contract partnership
											·			

NOFA for CSBG Discretionary Funds for Reentry Activities Section 4: Budget					
Applicant Name: 0					
Instructions: Complete tabs B.4.1 - B.4.3 in full detail; this tab will auto-populate					
Amount of CSBG Funds Applicant is Requesting:	Amount of CSBG Funds Applicant is Requesting:				
BUDGET CATEGORIES	AMOUNT				
B.4.1 Personnel/Fringe/Supplies		\$	-		
<b>B.4.2 Direct Client Services</b>		\$	-		
B.4.3 Indirect Costs	\$	-			
TOTAL BUDGET* \$ -					
% of Budget Sp	#DIV/0!				
Scoring Mechanism	Maximum Points	Self-Score		Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)
Award points based on % of budget spent on direct client	100	3c.ii 3001c		use omy,	use omy,
services:	100				
100% 100 points					
85-99.99%: 85 points					
70-84.99%: 70 points					
0-69.99% 0 points				l	

PERSONNEL_FRINGE_SUPPLIES					
Personnel Salary Costs for Staff (Admin, Management, Program Staff, etc)					
			% of CSBG-D		
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary	Support	Amount of CSBG funds	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
			Personnel Subtotal:	\$0.00	
Fringe Benefit Costs for S	taff (Admin, Mana	gement, Program St	taff, etc)		
	% of CSBG-D				
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary	Support	Amount of CSBG funds	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary		Amount of CSBG funds \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary			
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary		\$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary		\$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary		\$0.00 \$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary		\$0.00 \$0.00 \$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months	Annual Salary		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months			\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)	# of months  Equipment Costs		Support	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)			Support	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Job Titles of Admin, Mgmnt, Program Staff (only staff titles)  Other Costs (this is not expected)			Support ge Benefit Subtotal:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Equipment Costs	Fring	Support  ge Benefit Subtotal:  % of CSBG-D	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	

				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
		E	quipment Subtotal	\$0.00
	Supplies Costs			
			% of CSBG-D	
Other Costs (EX: audit, office supplies, office space, etc)	# of months	Monthly Costs	Support	Amount of CSBG funds
		, , , , , , , , , , , , , , , , , , , ,	2 2.10 10 2 2 2	
(2000)			Соррого	\$0.00
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				\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
			Supplies Subtotal:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

**NOTE:** Enter Number of Months, Annual Salary, and % of CSBG Support only, the subtotal is auto-calculated.

**NOTE:** This submitted budget will be the budget in your contract, if awarded. Contract amendments will be allowed to move funds from Worksheets B.1 or B.3 to Worksheet B.2, but Worksheet B.2 funds will not be allowed to move to Worksheets B.1 or B.3. The funds of this contract are intended to be direct client service expenses.

DIRECT CLIENT SERVICES					
		% charged to			
List of Available Direct Client Service Options	Total Costs	CSBG-D	Amount of CSBG funds		
Landlord Incentives			\$0.00		
Housing Application Fees			\$0.00		
Deposit Payments			\$0.00		
Damage Coverage			\$0.00		
Unexpected Vacancy Coverage			\$0.00		
High Risk Admin Costs			\$0.00		
Rental Assistance/Eviction Avoidance			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
1	\$0.00				

**NOTE:** Include all direct client services allocable to the CSBG-D program. All direct client activities must result in a minimum 6-12 month lease on a rental unit (hotel/motel vouchers are NOT allowed).

**NOTE:** The breakdown of expenses between the allowable activites is an estimate based on the services you intend to provide.

**NOTE:** This submitted budget will be the budget in your contract, if awarded. Contract amendments will be allowed to move funds from Worksheets B.4.1 or B.4.3 to Worksheet B.4.2, but Worksheet B.4.2 funds will not be allowed to move to Worksheets B.4.1 or B.4.3. The funds of this contract are intended to be direct client service expenses.

## **INDIRECT COSTS**

If your Agency currently has a federally approved Indirect Cost Rate and you will be charging it to the grant, then please provide a copy of the Approval Letter and documents which indicate the approved rate.

Indirect Costs					
%	Base	CSBG-D Indirect Costs			
		\$0.00			
Enter Base amount (full CSBG-D budget) in B6 then % of IC rate in A6.					
CSBG-D Indirect Cost Support For Other Program(s) - List all Program(s) being supported (this is NOT expected):					
Program 1:					
%	Base	CSBG-D Indirect Costs			
		\$0.00			
Program 2:					
%	Base	CSBG-D Indirect Costs			
		\$0.00			
Program 3:					
%	Base	CSBG-D Indirect Costs			
		\$0.00			
	TOTAL INDIRECT COSTS:	\$0.00			

**NOTE:** This submitted budget will be the budget in your contract, if awarded. Contract amendments will be allowed to move funds from Worksheets B.4.1 or B.4.3 to Worksheet B.4.2, but Worksheet B.4.2 funds will not be allowed to move to Worksheets B.4.1 or B.4.3. The funds of this contract are intended to be direct client service expenses.

# NOFA for CSBG Discretionary Funds for Reentry Activities Section B: Scoring Summary

Applicant Name:	0					
Checklist of Application Questions Requesting Attachments						
Question		Attachment Item Requested  Most recent monitoring report for each grant listed in 1.1 in the last 3 years				
Question	2.1					
	2.3	Most recently completed Single Audit or Third Party Audit (if required)				
		Application Question Secti	ons			
Scoring Section		Maximum Points	Self Score Points Received	Reviewer 1	Reviewer 2	
Section B.1: Experience		250	0	0	0	
Section B.2: Prior Performance		0	0	0	0	
Section B.3: Proposed Services/Activities, Outreach & Partnerships		200	0	0	0	
Section B.4: Budget		100	0	0	0	
Maximum Points = 550						
Final Score		550	0	0	0	

<sup>\*</sup> The Self-Score column on Attachment B Parts 1-3 are to be completed by the Applicant; however, the Department does not base its scoring of the application on the Applicant's self-score.

Department of Criminal Justice; followed by Section B.4 (highest score); followed by Section B.1.5 (highest score); followed by Section B.3.1 (highest score.

<sup>\*\*</sup>The Department reserves the right to reject applications with a score below 50% of the maximum eligible points. See Section VI of the NOFA for further details.

<sup>\*\*\*</sup>TDHCA reserves the right to request further information related to the application for clarification purposes during the scoring review period.