FFY 2019 STATE CSBG FACTSHEET | ALASKA

WHO WE SERVE...



For FFY 2019:

There was 1 CAA serving 3,035 people with low incomes who were living in 1,453 families.

The CAA served 326 people who lacked healthcare, 407 people who reported having a disability, 147 senior citizens, 1,928 children living in poverty, and 12 veterans.

From the Alaska FFY 2019 Community Services Block Grant Annual Report



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.

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

- 88 non-profits
- 58 for-profits
- 3 faith based organizations
- 24 school districts



Community Action Agencies utilize a Results Oriented Management and Accountability system that is strategially

designed to ensure accountability and improve performance management. ROMA professionals in the network help agencies with planning, reporting, data analysis and evaluation.

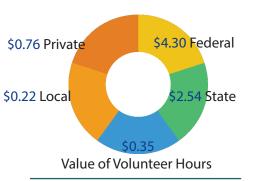




There were 125,880 hours of volunteer time donated to the CAA in Alaska.

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

For every \$1 of CSBG, Alaska's CAA leveraged \$8.16 from federal, state, local and private sources, including the value of volunteer hours.



- \$2,613,273 in CSBG funds were allocated in support of the CAA in Alaska in FY19.
- Including, all leveraged funds Alaska had \$23,026,412 available to the CAA network to improve the lives of people with low incomes in FY19.



1 CAA in Alaska also operates the Weatherization Assistance Program (WAP).



1 CAA in Alaska also operates a Head Start Program.



^{**} Values may not equal total due to rounding



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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

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

EDUCATION

1,450 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

12 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.

CIVIC ENGAGEMENT

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

HOUSING

1,976 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

1,423 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.

This data is marked as preliminary until the release of the FFY19 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.