**State of Iowa**

**Community Services Block Grant Program (CSBG)**

**Community Action NPI Reports (B1 and B2)**

**[FY 2025]**

Period ending: 6 months

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Executive Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Executive Director’s signature and date signed indicates Agency review and approval. Agencies are expected to distribute and present the Community Action NPI reports (B1 and B2) to their governing board.

Providing and presenting the Community Action NPI reports (B1 and B2) to the governing board and documenting the action in the Agency’s board minutes (or board meeting materials) confirms the governing board received an update on the progress and outcomes of the Agency’s Community Action NPI’s that are included in their FY 2025 CSBG application. See CSBG Organizational Standards 4.4 and 9.3 for Agency requirements.