

Updated APRIL 2026 CSBG application

Here is an application packet for CSBG assistance funding. Please be sure to **complete all areas** of the application **and include all supporting documents** that are needed. Incomplete applications will not be considered for funding. A check list of all items that will need to be included for your application to be considered complete is itemized below. Only one application per household address will be funded per grant fiscal year (July 1 – June 30) and must wait one year from date you received your last CBSG assistance.

- **Complete** and signed application-all **demographic information** for all in your household. You must be listed in , **Section I, Section II and Section III** as you are in your household.
- **Income verification** for the previous month. Income includes Unemployment, MFIP, Social Security, etc. If **NO** income, then submit **ZERO** income form.
- **W9** completed by landlord, vendor performing vehicle repairs or vendor approved for employment clothing. Whoever is listed on the W9 is who the check will be made out to. This is not a reimbursement program or direct pay program.
- **Statement for Use of Funds: Quote or estimate.** The Statement for Use of Funds is what the funds will be used for. **From Landlord:** Verification of rent owed or security deposit when used for rental assistance. **From Vehicle Repair Shop:** Quote or Estimate if used for car repair. **From your new employer:** Dress code if used for employment clothing
- **Proof of Bois Forte Enrollment** (if **new** to the program)

Maximum assistance dollar amounts are as follows:

- Employment clothing - \$250.00
- Vehicle repairs - \$500.00
- Rental assistance - \$500.00

This is NOT an instantaneous program. Processing your application will take time but will be done efficiently and effectively after proper income verification and paperwork have been received. **EMAILED are preferred as there is a record of sending and receiving.** *Snail mailed CSBG applications are acceptable too but may take a little more time. You are highly encouraged to check up on your CSBG application!!*

Completed applications can be returned by **postal mail or in person:**

Bois Forte Tribal Government Center
Attn: Tracey Dagen
5344 Lakeshore Dr
Nett Lake MN 55772

Returned by **fax:**
218-757-3312
Attn: Tracey Dagen

Returned by **email:**
tracey.dagen@boisforte-nsn.gov

Part IV.

CSBG HOUSEHOLD CHARACTERISTICS

6. Household Type		8. Source of Household Income		9. Level of Household Income	
a. Single Parent/Female		a. No Income		a. up to 50%	
b. Single Parent/Male		b. TANF		b. 51 to 75%	
c. Two-parent household		c. SSI		c. 76% to 100%	
d. Single person		d. Social Security		d. 101% to 125%	
e. Two adults/no children		e. Pension		e. 126% to 150%	
f. Other		f. General Assistance		f. 151% to 175%	
		g. Unemployment Insurance		g. 176% to 200%	
		h. Employment plus any sources above		h. 201% and over	
7. Household Size		i. Employment Only		10. Housing	
a. 1		j. Other		a. Own	
b. 2				b. Rent	
c. 3				c. Homeless	
d. 4				d. Other	
e. 5					
f. 6				11. Other Characteristics	
g. 7		CSBG Demographics & Household Characteristics have been transferred to tally sheets Date: _____ By: _____		a. Receive Food Stamps	
h. 8 or more				b. Farmer	
				c. Migrant Farmworker	
				d. Seasonal Farmworker	

Part V.

CERTIFICATION (APPLICANTS MUST SIGN THIS SECTION)

I certify that the information provided on this application is true and correct to the best of my knowledge and belief.

Date: _____

(Applicant's Signature)

Part VI.

DESCRIPTION OF HOUSEHOLD SITUATION - PLAN OF ACTION

Describe the current household situation relevant to seeking assistance and agency plan of action. List assistance provided on Client Service Record.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CSBG PROGRAM



PLEASE print FULL NAME _____

Social Security Number _____

I hereby certify that I do **NOT** receive income from any of the following sources:

- Employment wages
- Private Entities (Self-Employment Earnings)
- Rental Income from real or personal property (Interest Assets)
- Social Security or Disability Benefits
- Veteran's Benefits or Death Benefits
- Public Assistance (MFIP, GA or any County assistance)
- Alimony or Child Support
- Educational grants (Student loans or Scholarships)
- Other sources of income

I had NO Income for the month of _____ or for the LAST (30) THIRTY DAYS

Signature Date

Federal Poverty Level Chart

This table compares the 100% FPL to the 125% FPL (usual for CSBG eligibility) to the 200% FPL currently being used as an exception for CSBG eligibility through 9/30/2026.

Note: These Federal Poverty Level (FPL) resources are designed for CSBG Eligible Entities determining client eligibility for the CSBG programs.

Number of Persons in Family/Household	100% Federal Poverty Level for 2026	200% of Federal Poverty Level (effective through 9/30/2026)	125% of Federal Poverty Level (effective after 9/30/2026)
1	\$15,960	\$31,920	\$19,950
2	\$21,640	\$43,280	\$27,050
3	\$27,320	\$54,640	\$34,150
4	\$33,000	\$66,000	\$41,250
5	\$38,680	\$77,360	\$48,350
6	\$44,360	\$88,720	\$55,450
7	\$50,040	\$100,080	\$62,550
8	\$55,720	\$111,440	\$69,650
For each additional person, add amount of:	\$5,680	\$11,360	\$7,100