

2019 PALMETTO CAP FACTSHEET | SOUTH CAROLINA

From the South Carolina FFY 2019 Palmetto Community Action Partnership



For 2019:

Palmetto CAP served 12,340 people in Berkeley, Charleston and Dorchester counties with low incomes. A total of 5,651 families were served.

Palmetto CAP served 1,035 people who lacked healthcare, 2,085 people who reported having a disability, 2,479 senior citizens and 5,436 children living in poverty.



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.

Palmetto CAP serves Berkeley, Charleston and Dorchester counties in South Carolina. For maximum impact, they partnered with:

- 31 *Non-Profits*
- 26 *For-Profits*
- 15 *Faith Based*
- 5 *School Districts*
- 14 *Govt. Organizations*



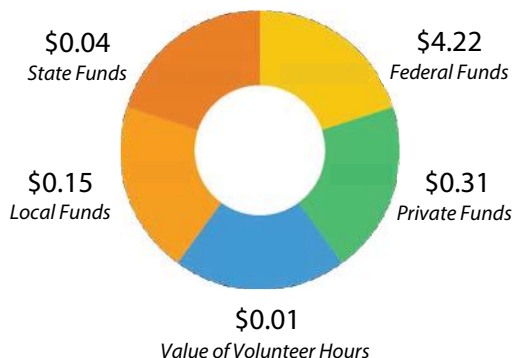
There were 233 hours of volunteer time donated to Palmetto CAP in FY19.

What kinds of RESOURCES does Palmetto CAP have?

Palmetto CAP utilizes a Results Oriented Management and Accountability system that is strategically designed to ensure accountability and improve performance management. In FY19 there were 6 ROMA professionals available in the network to help agencies with planning, reporting, data analysis and evaluation.



For every \$1 of CSBG, Palmetto CAP leveraged \$4.72 from federal, state, local and private sources, including the value of volunteer hours.



*Value of Volunteer Hours calculated using South Carolina minimum wage



39 homes were improved and made more energy-efficient by Palmetto CAP's Weatherization Assistance Program (WAP).



6,660 people received Utility Bill Assistance through Palmetto CAP's Low Income Home Energy Assistance Program (LIHEAP).



5,479 households with senior citizens or disabled members served by Palmetto CAP's Low Income Home Energy Assistance Program (LIHEAP).

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Palmetto CAP utilizes 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, asset building, housing, health, civic engagement and community involvement.

EMPLOYMENT

123 outcomes were obtained in the employment domain for 62 youth and adults. This includes outcomes such as obtaining and maintaining a job, increasing income, and obtaining benefits.

EDUCATION

167 outcomes were obtained in the education and cognitive development domain for 89 youth and adults. This includes outcomes such as improved literacy skills, school readiness, and obtaining additional education and diplomas.

HOUSING

6,824 outcomes were obtained in the housing domain for 4,113 households. This includes outcomes such as obtaining and maintaining housing, avoiding eviction or foreclosure, and reducing energy burden.

ASSET BUILDING

472 outcomes were obtained in the income and asset building domain for 279 youth and adults. This includes outcomes such as maintaining a budget, opening a savings account, increasing assets and net worth, and improving financial well-being.

CIVIC ENGAGEMENT

2,823 outcomes were obtained in the civic engagement and community involvement domain for 2,268 individuals. This includes outcomes such as increasing leadership skills, and improving social networks.

HEALTH

205 outcomes were obtained in the health domain. This includes increasing nutrition skills.



This data is marked as preliminary until the release of the FY19 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.