2012 AmeriCorps State and National

APPLICATION INSTRUCTIONS

State Commission AmeriCorps State Formula New and Continuation

Deadline: February 1, 2012

OMB Control #: 3045-0047 **Expiration Date: 2/29/2012**

IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service's online grant application system, eGrants. All funding announcements by the Corporation for National and Community Service (CNCS or the Corporation) are posted on www.nationalservice.gov and www.grants.gov.

Public Burden Statement: Public reporting burden for this collection of information is estimated to average 40 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 1201 New York Avenue, NW, Washington, D.C. 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the CNCS website as part of ongoing efforts to increase transparency in grantmaking. This is described in more detail in the *Notice of Federal Funding Opportunity.* The information will not otherwise be disclosed to entities outside of AmeriCorps and CNCS without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

Federal Funding Accountability and Transparency Act: Grant recipients will be required to report at www.FSRS.gov on all subawards over $25,000 and may be required to report on executive compensation for recipients and subrecipients. Recipients must have the necessary systems in place to collect and report this information. See 2 C.F.R. Part 170 for more information and to determine how these requirements apply.

Universal Identifier: Applications must include a Dun and Bradstreet Data Universal Numbering System (DUNS) number and register with the Central Contractor's Registry (CCR). All grant recipients are required to maintain a valid registration, which must be renewed annually.

TABLE OF CONTENTS

Important Notice 2
New and Recompeting Programs 4
Application Resources 4
Submitting Your Application in eGrants 5
I. Applicant Info 6
II. Application Info 6
III. Narratives 6
IV. Performance Measures 15
V. Documents 16
VI. Budget Instructions 17
VII. Review, Authorize, and Submit 19
VIII. Survey on Ensuring Equal Opportunity for Applicants (Optional) 19

Continuation Requests 20

Tables
Table 1: Requirements in the AmeriCorps Regulations 5
Table 2: Match Requirements in the AmeriCorps Regulations 17

ATTACHMENTS
These Attachments are Worksheets only. All information must be entered in eGrants.

A. SF-424 Facesheet
(eGrants Applicant Info and Application Info Sections) 23
B. Service Categories (eGrants Performance Measures Section) 28
C. Performance Measure Instructions (eGrants Performance Measures Section) 31
D. Detailed Budget Instructions 37
E. Budget Worksheet 43
F. Detailed Budget Instructions for Fixed-Amount Grants 47
G. Fixed-Amount Budget Worksheet 49
H. Budget Checklist 50
I. Alternative Match Instructions 52
J. Survey on Ensuring Equal Opportunity for Applicants 54
K. Beale Codes and County-Level Economic Data 56
L. Assurances and Certifications (eGrants Authorize and Submit Section) 59
M. Beneficary Populations (eGrants Performance Measures Section) 67

NEW AND RECOMPETING PROGRAMS

Application Resources

Dates: Applications are due to CNCS **January 18, 2012** at 5:00 p.m. Eastern Time. Successful applicants will be notified by May 31, 2012.

If your proposed grant will be used to develop a program that will operate solely within one state, and you are not an Indian Tribe, you **must** apply through your state service commission for funding. The state service commission (commission) will provide you with the appropriate application materials and inform you of its application deadline.

A list of all State Service Commissions can be found here: http://www.americorps.gov/about/contact/statecommission.asp.

Commissions do not currently exist in American Samoa, the Commonwealth of the Northern Mariana Islands, South Dakota, and the U.S. Virgin Islands. We are accepting grant applications from organizations applying solely within these locales.

Please use these application instructions to apply directly to the Corporation for National and Community Service (CNCS) **only if** your proposed grant will be developing a multi-state AmeriCorps program, if you are an Indian Tribe applying for the Indian Tribe-specific funds, or if your program is located in a state or territory that does not have a commission.

Indian Tribes have the option of applying through their local state commissions, or directly to CNCS.

Please use these application instructions if you are a new or recompeting applicant applying for the following grants: State and National Competitive including Professional Corps, State and National Education Award Programs (EAPs), Full-time Fixed-amount grants, States and Territories without Commissions, and Indian Tribes.

If you are submitting a request for continuation, please see the Continuation Instructions which begin on page 21.

Use these instructions in conjunction with the 2012 *Notice of Federal Funding Opportunity (Notice)*, and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. **The *Notice* includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),[1] and other information that changes each year for all AmeriCorps grant programs.**

[1] One MSY is equivalent to at least 1700 service hours, a full-time AmeriCorps position. The CNCS cost per MSY is determined by dividing the CNCS share of budgeted grant costs by the number of MSYs requested in the application. It does not include childcare or the cost of the education award.

The AmeriCorps regulations include pertinent information (see Table 1, below). The *Notice* can be found at http://www.americorps.org/for_organizations/funding/nofa.asp. The full regulations are available online at www.gpoaccess.gov/ecfr.

Table 1: Requirements in the AmeriCorps Regulations

Topics	Citation in the AmeriCorps Regulations
Member Service Activities	§2520.20 - §2520.55
Prohibited Activities	§2520.65
Tutoring Programs	§2522.900-2522.950
Matching Funds	§2521.35-2521.90
Member Benefits	§2522.240-2522.250
Calculating Cost Per Member Service Year (MSY)	§2522.485
Performance Measures	§2522.500-2522.650
Evaluation	§2522.500-2522.540 and §2522.700-2522.740
Selection Criteria and Selection Process	§2522.400-2522.475

If there is any inconsistency between the AmeriCorps regulations, the *Notice,* and the Application Instructions, the order of precedence is as follows:

1. AmeriCorps regulations 45 CFR §§ 2520–2550 take precedence over the
2. *Notice of Federal Funding Opportunity,* which takes precedence over the
3. Application Instructions.

New and Recompeting Applicants
Submitting Your Application in eGrants

Dates: Applications are due **February 1, 2012** at 5:00 p.m. Eastern Time. Successful applicants will be notified by May 31, 2012.

New applicants need to establish an eGrants account by accessing this link: https://egrants.cns.gov/espan/main/login.jsp and selecting "Don't have an eGrants account? Create an account."

In eGrants, before Starting Section I you will need to:

- Start a new Grant Application
- Select a Program Area (AmeriCorps)
- Select a NOFA:
  - Commission AmeriCorps State FY 2012

If you are from an Indian Tribe, Territory, or State without a Commission and are applying for a fixed-amount grant, please use the AmeriCorps National Fixed-Amount Grants eGrants NOFA.

Your application consists of the following components. Make sure to complete each section.

I. Applicant Info
II. Application Info
III. Narratives
IV. Performance Measures
V. Documents

VI. Budget
VII. Review, Authorize, and Submit
VIII. Survey on Ensuring Equal Opportunity for Applicants (Optional)

I. Applicant Info

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet. **If you are submitting your application in hard copy, you will find the SF 424 in Attachment A.**

- Select **Continuation/Renewal** if you are recompeting (if you are in year three of a competitive three-year funding cycle). Select **New** only if you are applying for the first time, have received formula funding only in the past, or are a former grantee (non-formula).
- Enter, or update the requested information in the fields that appear. The contact person needs to be the person who can answer questions about the application.

II. Application Info

In the Application Info Section enter:

- Areas affected by your proposed program. Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two-letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
- Requested project period start and end dates. You may not request a program start date earlier than June 15. First-time grantees should not expect to start until late summer or early fall. The project period is three years.
- Indicate Yes or No if you are delinquent on any federal debt. If yes, send explanation as described in Section V.D.
- State Application Identifier: Enter N/A.
    - The Application is Subject to Review by State Executive Order 12372 Process: This is pre-filled as "No, this is not applicable."
- If you plan to request a waiver of the volunteer leveraging requirement please select "Request a waiver" at the bottom of the screen. A pop-up screen will appear. Select a waiver type and enter your volunteer leveraging waiver request justification in the narrative field in 2,000 characters or less.
- Leave the box for "Program Initiative" blank.
- The "Estimated Funds Requested" box will be populated automatically after you complete the budget.

III. Narratives

The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria. Below are some general recommendations to help you present your project in a way the reviewers will find compelling and persuasive.

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit each funding priority and special consideration articulated in the regulations or the *Notice.*
- **Be clear and succinct.** Reviewers are not interested in jargon, boilerplate, rhetoric, or exaggeration. They are interested in learning precisely what you intend to do, and how your project responds to the selection criteria presented below.

- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from CNCS in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections by criterion.

In eGrants, you will enter text for

- Executive Summary.
- Rationale and Approach (Program Design).
- Organizational Capability.
- Cost Effectiveness and Budget Adequacy.
- Evaluation Plan.

You may not exceed 26 double-spaced pages for the Narratives, including the Executive Summary and Cover Page, as the pages print out from eGrants. Reviewers will not consider material submitted over the page limit, <u>even if eGrants allows you to enter and submit text over the limit</u>. From the Review and Submit page, print out your application prior to final submission to ensure it is not over the 26 page limit. This limit does not include the budget and performance measures.

Note: The Narratives Section also includes fields for Clarification Information, Amendment Justification, and Continuation Changes. **Please enter N/A in these fields. They will be used at a later date to enter information for clarification following review, to request amendments once a grant is awarded, and to enter changes in the narrative in continuation requests.**

External and staff reviewers will assess your application against the selection criteria. The bullets that follow the criteria are recommendations on how to best respond to the criteria. To best respond to the criteria, we suggest that you include a brief discussion of each bullet if it pertains to your application.

A. Executive Summary

Please provide a one-paragraph executive summary of your proposed program. This summary must be one-half page or less. The summary should include who, what, where, when, and why:

- Who will be serving? Who will be served?
- What will the AmeriCorps members do?
- Where will the activity take place?
- When does the project begin and end?
- What is the expected outcome(s) of the project?

You may fill in the blanks in the following template to complete your executive summary.

[Number of] AmeriCorps members will leverage an additional [number of leveraged volunteers, if applicable] to [what the members will be doing] in [where they will be working]. At the end of the [duration of project] period, [anticipated outcome of project]. This project will focus on the CNCS focus area of [Focus Area(s)]. The CNCS investment of $[amount of request] will be matched with $[amount of projected match].

CNCS will post these summaries on **www.nationalservice.gov** in the interest of transparency and Open Government.

B. Selection Criteria

Each application must clearly describe a project that will effectively deploy AmeriCorps members to solve a significant community problem.

1. Rationale and Approach/ Program Design (50 percent)

In assessing Rationale and Approach/ Program Design, reviewers will examine the degree to which the applicant demonstrates how AmeriCorps members are particularly well-suited to solving the identified community needs.

Specifically, reviewers will assess the extent to which the applicant:

- Provides persuasive evidence that the identified needs exist in the targeted community(ies). (5 points)
- Describes the ways in which AmeriCorps members are a highly effective means to solving the identified community needs, including the unique value added by AmeriCorps. (15 points)
- Describes how the interventions the AmeriCorps members and volunteers are or will be engaged in are both evidence-based and will have a measurable community impact. The intervention is evidence-based if programs can demonstrate community impact and solve community problems through an evidence based approach (e.g. performance data, research, theory of change). (15 points)
- Describes the program components that enable the AmeriCorps members to have powerful service experiences that increase community impact and lead to continued civic participation and connectivity with other AmeriCorps and national service participants. (10 points)
- Convincingly links four major elements: (1) the need(s) identified, (2) the intervention that will be carried out by AmeriCorps members and community volunteers, (3) the ways in which AmeriCorps members are particularly well-suited to deliver the intervention, and (4) the anticipated outcomes. (5 points)

Recompeting grantees must describe their efforts and impact to date, and provide persuasive evidence that they should continue to be funded. If a new applicant is already working to meet the community need identified in the application, the applicant should describe how the proposed use of AmeriCorps members will add value, i.e., be more effective than what is currently being implemented, or enhance existing efforts. Include what the applicant's efforts and impact have been to date.

In discussing how you will meet the criteria, please include your response to the following:

a. Need
Describe the community need(s) you will be working on. Why did you choose this need? Provide documentation of the extent/severity of the need in the target community. Describe the target community. Why did you select this population to be served?

b. Value Added: AmeriCorps Member Roles and Responsibilities
What will members do? Give examples of specific proposed member activities. Why are the members a highly effective means to solve the identified community need? What is the added value of the AmeriCorps members' service? How many members are you requesting? What types of slots (service terms) are needed for these members? If you are requesting different slot types, explain how the different slot types align with your program design and activities.

c. Evidence-Based
Describe how the interventions the AmeriCorps members and volunteers will be engaged in are both evidence-based and will have a measurable community impact.

d. Member Experience
Describe the program components that enable the AmeriCorps members to have powerful service experiences that increase community impact and lead to continued civic participation and connectivity with other AmeriCorps and national service participants. Demonstrate how you will provide structured opportunities for participants to reflect on and learn from their service which will result in a quality member experience and promote a lifelong ethic of service and civic responsibility. Describe how your program will ensure that members are aware they are AmeriCorps members and identify as such to community members, partners, and the general public. Describe how you will connect your members with each other, with other AmeriCorps members and national service participants in the local communities in which they serve, with other AmeriCorps and national service participants in the state, and nationally. How will your program foster a sense of connection and identity with the AmeriCorps brand?

e. Overall Picture
How does your program design link: (1) the need(s) identified, (2) the intervention that will be carried out by AmeriCorps members and community volunteers, (3) the ways in which AmeriCorps members are particularly well-suited to deliver the intervention, and (4) the anticipated outcomes?

f. AmeriCorps Member Selection, Training, and Supervision
Describe your plans for recruiting members for your program. Describe how members will be included from the local communities to be served by your program. If you will be recruiting and engaging traditionally underrepresented populations, please describe the organization's history with working with those populations or how it will ensure success if this is a new population being recruited. Underrepresented populations may include new Americans, low-income individuals, rural residents, older Americans, veterans, members of faith-based organizations, communities of color, Native Americans and people with disabilities.

Describe your plan for orienting members to AmeriCorps, the community they are serving, their placement site, and to the service they will perform. Describe how you will ensure that training provided to members will prepare members to perform all the activities they will engage in during their term of service. Describe, as necessary, the ongoing training provided to members throughout their terms. What are the anticipated training topics and the timeline for member training? How and when will you ensure that members are aware of prohibited activities? What, if any, program design and/or member or staff training changes will be made to ensure a positive member experience for underrepresented populations?

Describe your plan for supervising members, and how it ensures that members will receive adequate support and guidance throughout their terms. Who will supervise the AmeriCorps members? Describe how supervisors are selected and trained. Describe how your program provides training, oversight, and support to supervisors.

g. Outcome: Performance Measures

What is the overall change you want to see by the end of the three-year grant cycle? What demonstrable impact will your program have? How will you measure impact? How will you report on this on an annual basis? How did you determine your performance measure targets?

Current Grantees Only: What impact has your program had? How successful have you been in tackling the identified problem?

h. Volunteer Generation

Describe how the proposed program will recruit volunteers to expand the reach/impact in the community. How will volunteers help meet the identified community needs and what will be their role(s)? What role will AmeriCorps members have in volunteer recruitment and management? If you are requesting a waiver of the requirement to recruit or support volunteers (see 45 CFR § 2520.35), enter the rationale in the waiver justification field (see p. 6).

i. Tutoring Programs Only

If you are proposing to operate a tutoring program, describe how your process complies with AmeriCorps requirements for member tutoring qualifications. Members who tutor must have a high school diploma, and successfully complete high-quality, research-based pre- and in-service training for tutors. This requirement does not apply to a member enrolled in a secondary school who is providing tutoring through a structured, school-managed cross-grade tutoring program.

Describe how your strategy for training members complies with AmeriCorps requirements for member tutor training that is high quality and research based, consistent with the instructional program of the local agency and with state academic content standards [section 1111 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311)], includes appropriate member supervision by individuals with expertise in tutoring, and provides specialized pre-service and in-service training consistent with the activities the member will perform.

2. Organizational Capability (25 percent)

Reviewers will assess the extent to which:

- The organization has the experience, staffing, and management structure to plan, implement and evaluate the proposed program.
- The organization has secured, or describes an effective plan for securing, the financial and in-kind resources necessary to support program implementation and to demonstrate community stakeholder support.
- The organization has the ability and structure to ensure its and its subgrantees and/or service locations' compliance with AmeriCorps rules and regulations including prohibited activities.
- Multi-state applicants have consulted with state and territory service commissions to ensure non-duplication and coordination of CNCS resources.
- Current or previous AmeriCorps grantees filled the member positions they were awarded and retained the AmeriCorps members they enrolled or have provided an explanation for less than 100% enrollment and retention.
- Current or previous AmeriCorps grantees have met performance targets and demonstrated compliance with grant terms and conditions.

In discussing how you will meet the criteria, please include your response to the following:

a. Organizational Background and Staffing

Provide the organization's mission and a brief history. Identify the primary and secondary contacts for the grant application. Describe your organization's prior experience administering AmeriCorps grants or other federal funds. Describe your organization's experience raising funds to support service activities and initiatives. Please list all sources of organizational funding in this section, and what percent the proposed AmeriCorps project represents in your budget. If you have received support from CNCS during the last five years, please specify what type of support you received. What percentage of your total funding comes from CNCS?

Explain your organization's management structure and how the board of directors (if applicable), administrators, and staff members will support your program.

If you already operate an AmeriCorps program, describe how it is integrated and supported within your organization. Provide evidence that you have managed the program well, have performed satisfactorily, and have a record of compliance and responsiveness.

Who will staff the AmeriCorps program and what is their specific role? What is their relevant experience? If positions are currently vacant, please describe the desired qualifications for each open position. What are your plans for providing financial and programmatic orientation; training and technical assistance; and monitoring program and service sites for compliance?

b. Sustainability

Outline your plans for ensuring that the impact of your program in the community is sustainable beyond the presence of federal support. For example, you might describe how your community relationships will lead to community investment in the program's continued operation; how you will diversify your funding sources to include a wide range of stakeholders (such as state, local,

and private sector funding); how your strategies for recruiting and supporting volunteers will sustain member activities after your AmeriCorps grant ends; or how the community will maintain your project once it is completed.

Who are your community stakeholders and partners? How are they involved in planning and implementing the proposed program?

c. Compliance and Accountability
How will your organizational ensure compliance with AmeriCorps rules and regulations at the grantee, subgrantee, and service site locations (if applicable)? How will your organization prevent and detect compliance issues in general and specifically as it relates to prohibited activities? How will your organization hold itself, subgrantees, and service site locations (if applicable) accountable if instances of risk or noncompliance are identified?

Current Grantees and Former Grantees Only
e. Enrollment and Retention
Enrollment: If you enrolled less than 100% of slots received during your last full year of program operation, provide an explanation, and describe your plan for improvement. Enrollment rate is calculated as slots filled plus refill slots filled divided by slots awarded.

Retention: If you were not able to retain all of your members during your last full year of program operation, provide an explanation, and describe your plan for improvement. While we recognize retention rates may vary among equally effective programs depending on the program model, we expect grantees to pursue the highest retention rate possible. Retention rate is calculated as the number of members exited with award (full or partial award) divided by the number of members enrolled.

f. Performance Targets and Demonstrated Compliance
Performance Targets: Describe your performance against objectives during your last full year of program operation. If you did not meet performance targets, provide an explanation and describe your plan for improvement.

Demonstrated Compliance: Describe any compliance issues and areas of weakness/risk identified during your last full year of program operation at your organization, your subgrantees, service sites (if applicable). If you, your subgrantees, and service sites (if applicable) had compliance or areas of weakness/risk identified, provide an explanation and describe the corrective action taken and your plan for improvement.

Multi-Site Applicants Only
g. Operating Sites and Member Service Sites
Identify your proposed operating sites and member service sites. Describe your process for selecting operating and service sites and ensuring they have adequate programmatic and financial capabilities to succeed. How will your site selection process incorporate the criteria required by the AmeriCorps regulations 45 CFR §2522.475 (quality, innovation, sustainability, quality of leadership, past performance, community involvement), and the special considerations found in

45 CFR §2522.450 (program models, program activities and programs supporting distressed communities)? What are your current or previous programmatic and funding relationships with the sites? If member service sites are not yet known, describe your timeline for selecting service sites.

h. Special Circumstances

In applying the organizational capability criteria, reviewers may also take into account the following circumstances of individual organizations: The age of your organization and its rate of growth; and whether your organization serves a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of philanthropic and corporate resources. In considering applications, CNCS shall ensure the equitable treatment of applicants from urban areas, applicants from rural areas, applicants of diverse sizes (as measured by the number of participants served), applicants from States, and applicants from national nonprofit organizations.

If you feel that any of the circumstances stated above have an impact on your organizational capability that has not already been discussed, please describe the circumstance and how it affects your organizational capacity.

3. Cost Effectiveness and Budget Adequacy (25 percent)

For cost-reimbursement grants, reviewers will assess the extent to which:

- The budget is clear, reasonable, cost-effective, and in alignment with the program narrative.
- The requested funds do not exceed the maximum cost per Member Service Year (MSY), or for existing programs, have not increased over previous years. The amount requested is a competitive factor in the selection process.

For EAPs and Full-time Fixed-amount grants, reviewers will assess:

- The applicant's demonstrated understanding of total program cost and capacity to raise the additional resources beyond the fixed-amount provided by CNCS.
- The amount requested per member. Fixed-amount applicants are encouraged to request less than the full maximum amount allowed per MSY. The amount requested is a competitive factor in the selection process.

a. Cost Effectiveness

The cost per MSY is determined by dividing the CNCS share of budgeted grant costs by the number of MSYs requested in the application. It does not include childcare or the cost of the education award. One MSY is equivalent to at least 1700 service hours, a full-time AmeriCorps position. The cost per MSY will be automatically calculated once you enter your budget in eGrants.

The maximum allowable cost per MSY is published each year in the *Notice.* Cost effectiveness will be evaluated by analyzing cost per MSY in relation to your program design. If you request above the maximum, please justify. This is rarely approved.

Demonstrate how your program has or will obtain diverse resources for program implementation. Indicate how much funding your program needs from non-Corporation sources to support the project. Indicate the non-CNCS resource commitments (in-kind and cash) that you have obtained to date and the sources of these funds. Indicate what additional commitments you plan to secure, and how you will secure them.

b. Current Grantees Only:
Describe the extent to which you are increasing your share of costs to meet or exceed program goals, or the extent to which you are proposing deeper impact or broader reach without a commensurate increase in Federal funds.

Cost per MSY: Recompeting grantees requesting a higher cost per MSY than in the previous year must include a compelling rationale for this increased cost. **This applies even if the increased cost per MSY is less than the maximum or if the increase is due to increased costs associated with the grant.**

c. Special Circumstances
In applying the cost-effectiveness criteria, CNCS may take into account the following circumstances of individual programs: program age, the extent to which your program expands to new sites; whether your program or project is located in a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of corporate or philanthropic resources; whether your program or project is located in a high-cost, economically distressed community, measured by applying appropriate Federal and State data; and whether the reasonable and necessary costs of your program or project are higher because they are associated with engaging or serving difficult-to-reach populations, or achieving greater program impact as evidenced through performance measures and program evaluation.

If you feel that any of the circumstances stated above have an impact on your organizational capability that has not already been discussed, please describe the circumstance and how it affects your organizational capacity.

d. Budget Adequacy
Unless you are applying for an EAP or Full-time Fixed-Amount grant, discuss the adequacy of your budget to support your program design including how it is sufficient to support your program activities and desired outputs and outcomes. Please explain how the cost of criminal history checks and FBI checks, if applicable, are covered if they are not included in the budget.

C. Evaluation Summary or Plan

If you are competing for the first time, please enter N/A in the Evaluation Summary or Plan field since it pertains only to recompeting grantees. If you are recompeting for AmeriCorps funds for the first time you must submit a summary of your evaluation efforts or plan to date in the Evaluation Summary or Plan field in eGrants. If you are recompeting for a subsequent time, you must submit your evaluation report according to the instructions in V. E., below. An evaluation report may be submitted in place of an evaluation plan.

Your evaluation requirements differ depending on the amount of your grant, as described in the AmeriCorps Regulations, Section 2522.710:

- If you are State and National grantee (other than an Education Award Program grantee), and your average annual CNCS program grant is $500,000 or more, you must arrange for an external evaluation of your program, and you must submit the evaluation with any application to CNCS for competitive funds as required in §2522.730 of this subpart.
- If you are State and National grantee whose average annual CNCS program grant is less than $500,000, or an Education Award Program grantee, you must conduct an internal or an external evaluation of your program, and you must submit the evaluation with any application to CNCS for competitive funds as required in §2522.730 of this subpart.

A formula program will be considered a recompeting application, if it satisfies the CNCS definition of "same project," below, and has been funded in formula for at least one three-year cycle. If your project satisfies the definition of same project, and you have completed one three-year cycle, you will be required to submit an evaluation plan, summary, or evaluation report when you recompete for the first time. If your project does not satisfy the definition, it will be considered new and will not be required to submit an evaluation plan, summary, or completed evaluation.

Two projects will be considered the same if they:

- Address the same issue areas.
- Address the same priorities.
- Address the same objectives.
- Serve the same target communities and population.
- Utilize the same sites.
- Use the same program staff and members.

D. Amendment Justification

Enter N/A. This field will be used if you are awarded a grant and need to amend it.

E. Clarification Information

Enter N/A. This field will be used to enter information that requires clarification in the post-review period. Please clearly label new information added during clarification with the date.

F. Continuation Changes

Enter N/A. This field will be used to enter changes in your narratives in your continuation requests.

IV. Performance Measures

All applicants must submit performance measures with their application. See Attachment C for instructions for entering performance measures. Applicants are encouraged to select performance measures from Tier 1, 2, 3.

For more information about Performance Measures go to:
http://www.nationalserviceresources.org/star/ac

For more information about the National Performance Measures go to: http://www.nationalserviceresources.org/national-performance-measures/home.

V. Documents

In addition to the application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary – see B., below) and a federally-approved indirect cost agreement (if budgeted by multi-state applicants, states and territories without commissions, and Tribes only) in hard copy or e-mail, as part of your application. After you have submitted the documents, change their status in eGrants from the default "Not Sent" to the applicable status "Sent," "Not Applicable," or "Already on File at CNCS.".

A. Evaluation

Submit any completed evaluation plan or report as described in E., below. Select Evaluation and select "Sent" once you have submitted a completed evaluation plan or report. If an evaluation is required, you must submit a copy at the time of application even if you think CNCS may already have it on file.

B. Labor Union Concurrence

1) If a program applicant:
   a) Proposes to serve as the placement site for AmeriCorps members; and
   b) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
   c) Those employees are represented by a local labor organization, then the application must include the written concurrence of the local labor organization representing those employees. Written concurrence can be in the form of a letter or e-mail from the local union leadership.

2) If a program applicant:
   a) Proposes to place AmeriCorps members at sites where they will be engaged in the same or substantially similar work as employees represented by a local labor organization, then the applicant must submit a written description of how it will ensure that:
      i) AmeriCorps members won't be placed in positions that were recently occupied by paid staff
      ii) No AmeriCorps member will be placed into a position for which a recently resigned or discharged employee has recall rights as a result of a collective bargaining agreement, from which a recently resigned or discharged employee was removed as a result of a reduction in force, or from which a recently resigned/discharged employee is on leave or strike.

For the purposes of this section, "program applicant" includes any applicant to CNCS or a State Commission, as well as any entity applying for assistance or approved national service positions through a CNCS grantee or subgrantee.

If either 1) or 2) above applies to you, please select "Enter New," name the new document 1) "Labor Union Concurrence," or 2) "Displacement Assurance" and select "Sent."

C. Federally-approved Indirect Cost Agreement

Multi-state, states and territories without commissions, and Indian Tribes applicants that include a federally approved indirect cost rate amount in their budget must submit the approved indirect cost rate agreement to americorpsgrants@cns.gov at the same time they submit their application.

D. Delinquent on Federal Debt

Any applicant that checks Yes to the question on federal debt delinquency must submit a complete explanation.

E. Submission Instructions for Evaluations, Labor Union Concurrence, and Indirect Cost Rate Agreements

Please submit the required documents to americorpsgrants@cns.gov. This information must be received at CNCS by 5 p.m. Eastern Time on the deadline
Or, you may send hard copy information to:
Corporation for National and Community Service
ATT: AmeriCorps State and National
1201 New York Avenue NW
Washington, DC 20525

Please use an alternative service to the U.S. Postal Service to send hard copy. U.S. Postal Service deliveries to government agencies often are delayed and sometimes damaged due to security measures. Attach a hard copy of the program's SF424 Facesheet to each document so that we know which application corresponds to each document.

A copy of the documents submitted to CNCS must mail to the Commission.

VI. Budget Instructions

A. Match Requirements

Program requirements, including requirements on match are located in the AmeriCorps regulations and summarized below.

Table 2: Match Requirements in the AmeriCorps Regulations

Competition	Match Requirement
State and National Competitive including Professional Corps, States and Territories without Commissions, Indian Tribes	Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in Year 4 to 50% by the tenth year of funding and any year thereafter.

- Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II)

plus Administrative Costs (Section III). If you are recompeting, please see 45 CFR 2521.40-2521.95 for the match schedule.

- The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.
- In Section III of the budget, enter a brief description of the source of match. Identify each match source separately. Include dollar amount, the match classification (cash, in-kind, or Not Available) and the source type (Private, State/Local, Federal, Other or Not Available),. Define all acronyms the first time they are used.
- See Attachment I for instructions for applying for the Alternative Match Schedule.

Note: The CNCS legislation permits the use of non-CNCS federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that grantees that use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to CNCS. If you use other federal funds as match, you must ensure you can meet the requirements and purpose of both grants. The Federal Financial Report (FFR) will be used to collect the federal match data. Grantees that use federal funds as match will be required to report the sources and amounts on the FFR.

B. Preparing Your Budget

Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative. Reviewers will consider the information you provide in this section in their assessment of the Cost-Effectiveness and Budget Adequacy selection criterion.

Follow the detailed budget instructions in Attachment D to prepare your budget. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheets in Attachments D and E.

As you enter your detailed budget information, eGrants will automatically populate a budget summary and budget narrative report. Prior to submission be sure to review the budget checklist (Attachment H) to ensure your budget is compliant. In addition, eGrants will perform a limited compliance check to validate the budget. If it finds any compliance issues you will receive a warning and/or error messages. You must resolve all errors before you can submit your budget.

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Itemize each cost and present the basis for all calculations in the form of an equation.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Please refer to the relevant OMB Circulars on allowable costs for further guidance. The OMB circulars are online at www.whitehouse.gov/OMB/circulars.

- A-21 - Cost Principles for Educational Institutions, 2 CFR 220
- A-87 - Cost Principles for State, Local, and Indian Tribal Governments, 2 CFR 225
- A-122 - Cost Principles for Non Profit Organizations, 2 CFR 230

Programs must comply with all applicable federal laws, regulations, and OMB circulars for grant management, allowable costs, and audits, including providing audits to the A-133 clearinghouse if expending over $500,000 in federal funds, as required in OMB Circular A-133.

VII. Review, Authorize, and Submit

eGrants requires that you review and verify your entire application before submitting, by completing the following sections in eGrants:

- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

Read the Authorization, Assurances, and Certifications carefully (Attachment L). The person who authorizes the application must be the applicant's Authorized Representative or his/her designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Be sure to check your entire application to ensure that there are no errors before submitting it. eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission when you verify the application. If someone else is acting in the role of the applicant's authorized representative, that person must log into his/her eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, his/her name will override any previous signatory that may appear and show on the application as the Authorized Representative.

Note: Anyone within your organization who will be entering information in the application at any point during application preparation and submission in the eGrants system must have their own eGrants account. Individuals may establish an eGrants account by accessing this link: https://egrants.cns.gov/espan/main/login.jsp and selecting "Don't have an eGrants account? Create an account."

VIII. Survey on Ensuring Equal Opportunity for Applicants (Optional)

CNCS and other federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives to conduct a survey of organizations that apply for federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to CNCS for funds, such as number of employees, budget size, and self-identification as a faith-based/religious organization or a non-religious community-based organization.

This form is for applicants that are nonprofit private organizations, **not including private universities.** All information from the attached survey will be confidential and the responses will be aggregated in a summary report. Information provided on your form will not be released and will not be considered in any way in making funding decisions. If you are submitting a hard copy application, the form can be found in Attachment J.

You may complete the survey while preparing your application or after submitting your application.

1. To complete the survey while preparing your application, go to the Main Menu, select Enter Survey on Ensuring Equal Opportunity, provide the requested information and submit.
2. If you submit your grant application without completing the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select Remind Me Later, you will be asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service.

CONTINUATION REQUESTS

The following instructions for submitting a continuation request apply only to programs that are currently in their first or second year of operation within a three-year grant cycle. If your program is currently in the final year of its grant cycle, you must apply using the application instructions for new and recompeting programs. In addition, if you are in year two or three of a cost-reimbursement grant three-year cycle you need to submit a new application to participate in the fixed-amount pilot; you cannot continue your existing three-year project period and switch from cost-reimbursement to fixed-amount. CNCS reserves the right to consider your continuation request if your fixed-amount application is not funded.

Additional funding is contingent upon satisfactory performance, a grantee's demonstrated capacity to manage a grant and comply with grant requirements, and availability of Congressional appropriations. CNCS reserves the right to adjust the amount of an additional grant award in subsequent years, or elect not to continue funding, based on these bases.

When to Submit Your Continuation Request:
The date for the submission of continuation requests is **January 18, 2012** at **5:00 p.m. Eastern Time**.

How to Submit Your Continuation Request:

- Submit your continuation request in eGrants.
- Click **Continuation/Renewal** on your eGrants home page. You will be shown a list of grants that are eligible to be continued. Select the grant you wish to continue. **Make sure you select the correct one. Do not start a new application.** The system will copy your most recently awarded application.
- Edit your continuation application as directed in the continuation request instructions below. When you have completed your work, click the **SUBMIT** button.

Be sure you also review the *Notice* when preparing your request. If you have questions about the content of your continuation request, please contact your Program Officer. **If you experience problems using eGrants, contact the eGrants Help Desk at (888) 677-7849 or (202) 606-7506, or email at egrantshelp@cns.gov.**

What to Include in Your Continuation Request:

I. Applicant Info and Application Info

Update the Applicant Info and Application Info Sections in eGrants if necessary. Note in the Continuation Changes field that you have updated the Applicant Info or Application Info Section(s).

II. Narrative (Narratives Section)

Your original application will appear in the Executive Summary and in the narrative sections Rationale and Approach, Organizational Capability, Cost-Effectiveness and Budget Adequacy, Evaluation Summary or Plan, Amendment Justification, Clarification Information, and Continuation Changes, as appropriate.

Do not enter continuation changes in the original narrative fields. If you are not proposing changes to your continuation request, simply leave your original narrative as it is, and enter No Changes in the Continuation Changes field.

If you have changes in any of these areas, please document them in the Continuation Changes field in eGrants. Clearly differentiate Year 2 and Year 3 continuation changes by using headings that label these as such. Continuation changes may include, but are not limited to:

- New site locations.
- Expansion to new sites, including the need that will be met in expansion communities, activities of expansion members, and organizational capacity to support the expansion.
- Any changes in the budget.
- Any increase in requested cost per MSY. **This applies even if the increased cost per MSY is less than the maximum or if the increase is due to increased costs set by CNCS.**

Plans for improving enrollment, retention, or other compliance issues. If you enrolled less than 100% of slots received during your last full year of program operation, provide an explanation, and describe your plan for improvement in the Continuation Changes field.

If you were not able to retain all of your members during your last full year of program operation, provide an explanation, and describe your plan for improvement in the Continuation Changes field. We recognize retention rates may vary among equally effective programs depending on the program model. We expect grantees to pursue the highest retention rate possible.

If you are requesting to conduct new activities or additional MSYs, these also need to be reflected in the budget and the performance measures. The page limit for the Continuation Changes field is 6 pages, as the pages print out from eGrants.

III. Performance Measures (Performance Measures Section)

Your performance measures are copied from your previous year's application into your continuation request. If you made changes to your program, such as adding or changing grant-funded activities, or requesting additional slots or MSYs, you may need to revise your performance measures, To revise performance measures, "View/Edit" the performance measures that copy over from your original application, or add new performance measures. Note in the Continuation Changes field that you have updated your performance measures.

IV. Budget (Budget Section)

Your budget from the previous year's application is copied into your continuation request so you can make the necessary adjustments. Revise your detailed budget for the upcoming year. Incorporate any required CNCS increases, such as an increase to the member living allowance into your budget. Justify any increases not required by CNCS. CNCS expects that the Cost per MSY for continuation applicants will decrease or remain the same. Any increase in Cost per MSY must be justified in the Continuation Changes field.

Source of Match

In the "Source of Match" field that appears at the end of Budget Section III, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available) and Match Source (State/Local, Federal, Private, Other or Not Available) **for your entire match.** Define any acronyms the first time they are used.

V. Increasing Grantee Overall Share of Total Budgeted Costs

Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.

See Attachment I for instructions for applying for the Alternative Match Schedule.

Additional requests:

Applicants must submit to the Commission two hard copies of the application, a copy of the must recent Single Audit (A-133) or Financial Statement, and and Organizational Chart.

ATTACHMENT A: Facesheet Instructions (eGrants Applicant Info and Application Info Sections)

Modified Standard Form 424 (Rev. 11/02 to conform to eGrants)

This form is required for applications submitted for federal assistance.

Item #

1. Filled in for your convenience.
2. Self-explanatory.
3. 3. a. and 3. b. are for state use only (if applicable).
4. Item 4. a: Leave blank.
   Item 4. b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.
5. Enter the following information:
   a. The complete name of the organization that will be legally responsible for the grant, not the name of the organizational unit within the legally responsible organization. (For example, indicate "National University" instead of "Liberal Arts Department.")
   b. Your organization's DUNS number (received from Dun and Bradstreet). **This is a required field. Please see the Notice for instructions on how to obtain a DUNS number.**
   c. The name of the primary organizational unit that will undertake the assistance activity, if different from 5. a.
   d. Your organization's complete address with the 9 digit ZIP+ 4 code.
   e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7. a.: Enter the appropriate letter in the box.
   Item 7. b.: Please enter the characteristic(s) that best describe your organization.

K-12 Education

1 School (K-12)
2 Local Education Agency
3 State Education Agency

Higher Education

4 Vocational/Technical College
5 Community College
6 2-year College
7 4-year College
8 Hispanic Serving College or University
9 Historically Black College or University
10 Tribally Controlled College or University

Non-Profit Organizations

11 Community-Based Organization
12 Faith-Based Organization
13 Chamber of Commerce/ Business Association
14 Community Action Agency/ Program
15 Service/Civic Organization
16 Volunteer Management Organization
17 Self-Incorporated Senior Corps Project
18 Statewide Association
19 National Non-Profit (Multistate)
20 Local Affiliate of National Organization
21 Tribal Organization (Non-government)
22 Other Native American Organization

Government

23 Local Government-Municipal
24 Health Department
25 Law Enforcement Agency
26 Governor's Office
27 State Commission/Alternative Administrative Entity
28 Other State Government
29 Tribal Government Entity
30 Area Agency on Aging
31 U.S. Territory

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
   - Check "New" if your organization has never held a competitive AmeriCorps State or National grant before. If your organization had a state formula grant, check "New."
   - Check "New Application/Previous Grantee" if your organization has held an AmeriCorps State or National grant in the past and this application is for a new grant.
   - Check "Continuation" if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State and National grants are typically awarded for three-year periods.

9. Filled in for your convenience.

10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.

11. Enter the project title.
    a. When applying for a "Continuation" or "Amendment" applicants should use the same title as used for their existing grant program. When applying as a "New Applicant/Previous Grantee" if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
    b. Enter the name of the program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.

12. List only the largest political entities affected (e.g., counties, and cities). Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.

13. (See item 8) "New" application or "New application/previous grantee:" Enter the dates for the proposed three-year project period. "Continuation" or "Amendment" application: Enter the dates of the approved three-year project period.

    Performance Period: this appears only in eGrants, and is for the use of staff only.

14. Leave blank, staff use only.

15. Estimated Funding. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed **during this budget period** on each appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.

a.	**Federal**	The total amount of federal funds being requested in the budget.
b.	**Applicant**	The total amount of the applicant share as entered in the budget.
b.	**State**	The amount of the applicant share that is coming from state sources.
d.	**Local**	The amount of the applicant share that is coming from local governmental sources (e.g., city, county and other municipal sources).

e.	**Other**	The amount of the applicant share that is coming from non-governmental sources.
f.	**Program Income**	The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program).
g.	**Total**	The applicant's estimate of the total funding amount for the agreement.

16. Pre-filled for your convenience. This program is excluded from coverage by State Executive Order 12372.

17. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.

18. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than $10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001

APPLICATION FOR FEDERAL ASSISTANCE

Standard Form 424 (Rev. 2-2007) Prescribed by OMB Circular A-102

1. TYPE OF SUBMISSION:
☒ Application ☒ Non-Construction

2. a. DATE SUBMITTED:	**3. a. DATE RECEIVED BY STATE:**	3. b. STATE APPLICATION IDENTIFIER:
2. b. APPLICATION IDENTIFIER:	**4. a. DATE RECEIVED BY FEDERAL AGENCY:**	4. b. FEDERAL IDENTIFIER: (Staff Only)

5. APPLICANT INFORMATION

5. a. LEGAL NAME:

5. b. ORGANIZATIONAL DUNS:

5. c. ORGANIZATIONAL UNIT (DEPARTMENT/DIVISION):

5. d. ADDRESS *(give street address, city, county, state and zip code):*

STREET:

CITY: COUNTY:

STATE: COUNTRY:

5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give area code):*

NAME:

TELEPHONE NUMBER: ( ) -

FAX NUMBER: ( ) - EMAIL:

INTERNET E-MAIL ADDRESS:

WEBSITE:

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):*

7. a. TYPE OF APPLICANT: (*enter appropriate letter in box)*

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
O. Federal Government
Q. State Education Agency
S. Other (specify)_____
H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Private Non-Profit Organization
P. HQ Internal Organizations
R. Territory

7. b. CNCS APPLICANT CHARACTERISTICS *Enter appropriate codes:*

8. TYPE OF APPLICATION

☐ NEW ☐ NEW/PREVIOUS GRANTEE

☐ CONTINUATION ☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION:

C. NO COST EXTENSION to _____ *(enter date)*

E. OTHER (*specify below)*

_____

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc.):*

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: ENDING DATE:

14. Performance Period (Staff Use Only_

15. ESTIMATED FUNDING: Check applicable box: Yr 1: ☐ Yr.2: ☐ Yr. 3: ☐

a. FEDERAL	$
b. APPLICANT	$
c. STATE	$
d. LOCAL	$
e. OTHER	$
f. PROGRAM INCOME	$
g. TOTAL	$

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON:
DATE _____

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES If "Yes," attach an explanation. ☐ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED:

ATTACHMENT B: Focus Areas and Service Categories (eGrants Performance Measures Section)

Bolded Service Categories align with National Performance Measures

EDUCATION FOCUS AREA

- ☐ **College Access and Success**
- ☐ Cultural Heritage
- ☐ Family Involvement
- ☐ Job Preparedness/School to Work/Vocational Education/Youth ESL and GED
- ☐ Leadership Development
- ☐ **Mentoring for Educational Success**
- ☐ **Out of School Time/and or Summer Learning**
- ☐ **Student Engagement**[2]
- ☐ School Climate[3]
- ☐ **School Readiness/Head Start/Early Childhood Education**
- ☐ Service-Learning
- ☐ **Teacher Recruitment, Classroom Education, Teacher Training, Teacher Aides, Retention**
- ☐ **Tutoring**

ENVIRONMENTAL STEWARDSHIP FOCUS AREA

- ☐ Air Quality Improvement
- ☐ At-risk Ecosystems Improvement
- ☐ Community Restoration/Clean Up
- ☐ **Energy Use Reduction**
- ☐ Environmental Awareness-building and Education
- ☐ Indoor Environment Improvement
- ☐ **Park Facilities/Trail Improvement**
- ☐ Renewable Energy
- ☐ Toxic Waste Management
- ☐ **Waste Reduction, Management, and Recycling**
- ☐ Drinking Water Quality and Availability Improvement

HEALTHY FUTURES FOCUS AREA

- ☐ Adult Day Care
- ☐ **Benefits Assistance**
- ☐ Community Gardens
- ☐ **Congregate Meals**
- ☐ Health and Mental Health Crisis Intervention

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[2] Student engagement is frequently used to, "depict students' willingness to participate in routine school activities, such as attending class, submitting required work, and following teachers' directions in class." Chapman, E. (2003) "Assessing student engagement rates," ERIC Clearinghouse on Assessment and Evaluation. ERIC identifier: ED482269. However, the term is also increasingly used to describe meaningful student involvement throughout the learning environment, including students participating curriculum design, classroom management and school building climate.

[3] School climate refers to the quality and character of school life. School climate is based on patterns of students', parents' and school personnel's experience of school life and reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures. A sustainable, positive school climate fosters youth development and learning necessary for a productive, contributing and satisfying life in a democratic society.

- ☐ **Food Security**
- ☐ **Health Education**
- ☐ Health Screening
- ☐ HIV/AIDS
- ☐ Hospice/Terminally Ill
- ☐ Hospital and Clinical Support Services including Rehabilitation
- ☐ Immunization
- ☐ **Independent Living**
- ☐ **In-Home Care**
- ☐ Mental Health
- ☐ **Obesity Prevention and Nutrition Education**
- ☐ Parent Support
- ☐ Physical and Developmental Disabilities
- ☐ Respite for Caregivers
- ☐ Safety and Accident Prevention Services
- ☐ Substance Abuse
- ☐ Teen Pregnancy Prevention
- ☐ **Transportation for Independent Living**
- ☐ Violence, Abuse and Neglect Prevention and Services

DISASTER SERVICES FOCUS AREA

- ☐ **Disaster Mitigation including Fire Prevention and Firefighting**
- ☐ **Disaster Preparedness**
- ☐ **Disaster Recovery**
- ☐ **Disaster Response**

VETERANS AND MILITARY FAMILIES FOCUS AREA:

Applicants that select this Focus Area will be able to choose from the complete list of service categories.

ECONOMIC OPPORTUNITY FOCUS AREA

- ☐ Adult Education and Literacy (including ESL and GED)
- ☐ Community Revitalization/Improvement
- ☐ Computer Literacy
- ☐ Consumer Education
- ☐ Cooperatives/Credit Unions
- ☐ **Employment Services**
- ☐ Employment Training
- ☐ Financial Asset Development
- ☐ **Financial Literacy**
- ☐ Foreclosure Prevention
- ☐ **Homeless Services**
- ☐ **Housing Infrastructure**
- ☐ **Housing Placement Services**
- ☐ Microenterprise Development and Support
- ☐ Regional/State/City Planning
- ☐ Tax Counseling
- ☐ Workforce Development

CAPACITY BUILDING

- ☐ **Non-profit Infrastructure Development including Organizational Development Assistance**
- ☐ **Non-profit Resource Development (Cash or In-kind)**
- ☐ **Volunteer Recruitment**
- ☐ **Volunteer Management**

OTHER

- ☐ Community Policing/Community Patrol

- ☐ Conflict Resolution/Mediation
- ☐ Household Safety and Security
- ☐ Justice System
- ☐ Legal Services
- ☐ Library Support Services
- ☐ Mentoring for Purposes Other than Educational Success
- ☐ Thrift Store/Reuse Retail

☐ **None of the Above/Other _____**

ATTACHMENT C: Performance Measures Instructions (eGrants Performance Measures Section)

AmeriCorps Performance Measures
To begin entering performance measures, from your eGrants grant application page select Performance Measures.

All applicants must complete Steps 1-6. Then, if you are:
- Entering applicant-determined performance measures, follow steps 7A-18A.
- Opting in to the National Performance Measures, follow steps 7B-17B.

Step 1: Select Characteristics.
To begin, click one or more boxes in the "Grant Characteristics"

Step 2: Select Focus Areas
Select the Focus Area in which your primary service activity fits. You may also select "Capacity Building" if this is a significant area of member activity. If your primary service activity does not fit into a Focus Area, select "Other" and skip to **Step 5**. You may select multiple Focus Areas to represent significant areas of AmeriCorps member activity. Do not include multiple Focus Areas to describe the same activity. Select the Focus Area that best describes the activity.

Step 3: Choose whether to Opt-in to National Performance Measures:

When you select a Focus Area, eGrants automatically pre-populates the selection "No" in response to the question "Will you be using a national performance measure related to this Focus Area?"

- Leave this selection as "No" if you do not want to participate in the National Performance Measures for that Focus Area.

- Change the selection to "Yes" if you want to opt-in to the National Performance Measures for that Focus Area.

You must consult the "National Performance Measures Instructions" to determine which performance measures are appropriate for your program: http://www.americorps.gov/for_organizations/funding/nofa_detail.asp?tbl_nofa_id=91. You may also find resources at this link to be helpful: http://www.nationalserviceresources.org/national-performance-measures/home

If you selected "Other" as your only Focus Area, you will skip this step as there are no National Performance Measures for "Other".

Step 4: Complete the MSY Chart(s)
For each Focus Area selected, complete a Member Service Years (MSY) Chart. If you have selected Capacity Building or Other, complete an MSY Chart for these selections as well. Click the "view/edit MSY Slots" orange link. There are two sets of numbers to enter in each MSY

Chart. First, for each slot type, enter the number of members that will be providing service in that Focus Area.

Second, enter the percent of time that members of each slot type will spend on activities in that Focus Area. Use whole numbers to represent the percent. Do not use a % or a decimal. (For example, for 100 percent, type "100.") eGrants will calculate the total MSYs for each slot type, then aggregate the MSYs for the entire chart in the "Total MSYs Devoted to Priority" field at the bottom of the chart.

Note that MSYs in each category should be mutually exclusive. Do not double count MSYs. The total MSYs across all Focus Areas, Capacity Building, and Other should not exceed the total MSYs requested in the budget.

Step 5: Add a Service Category

For each Focus Area selected above, as well as Capacity Building and Other, you must select a Primary Service Category. Click the "Add a Service Category" orange link. Select your Focus Area from the drop-down menu and click "Go." (See Attachement B for a list of service categories)

Select your Service Category from the options provided in the pop-up menu. The Service Category you select will determine the Indicator drop-down options in later steps.

If this is the first or only Service Category you select, eGrants will automatically check "Primary" to indicate this is your primary activity. To select more than one Service Category, simply click the "add a service category" link. Only one Service Category should be indicated as the primary per Focus Area. You may add additional service categories if appropriate for your program design. Additional service categories may be labled as "Secondary."

Step 6: Add a Performance Measure

You must create at least one aligned set of Performance Measures representing your Primary Service Activity, which is achieved through either National Performance Measures or applicant-determined performance measures. An aligned measure includes and output and an outcome.

If you have opted-in to National Performance Measures, you will see the links for both "add a national performance measure" and "add an applicant performance measure." If you have not opted-in to National Performance Measures, you will only see the link for "add an applicant performance measure."

Choose National Performance Measures or Applicant-Performance Measures or

- Follow the instructions **7A – 17A for** each aligned set of applicant-determined measures you need to create.

- Follow the instructions for **7B – 17B** for each aligned set of national performance measures you need to create.

Applicant Performance Measures

Step 7A: Add a Performance Measure
Follow the instructions for **7A – 18A** for each applicant-determined performance measure you will create. Begin by creating the Performance Measure Output and then repeat steps 13A-18A to create an aligned Intermediate Outcome.

Step 8A: Select a Focus Area
The Focus Area drop-down box will consist of all the focus areas that were initially select in the main Focus Area section.

Step 9A Add Performance Measure Title
Give this performance measure a title—usually 3-4 words that describe the activity— and enter it in the text box.

Step 10A: Select a Service Category
Service Category is a drop-down menu of choices based on your earlier identification of Service Categories; select one and continue by pressing the "go" button

Step 11A: Describe Strategies to Achieve Result
Briefly describe the intervention that will lead to the outcome you are proposing. Keep statements to one or two paragraphs with a maximum of 500 characters.

Step 12A: Select a Result Type
You will need to select the Result Type that you intend to track for this activity – output or intermediate outcome – and click "Add New Results Section." You should begin each aligned measure with the selection of an Output Measure.

Step 13A: Write a Result Statement
Enter 1-2 sentences stating the expected output or outcome.

Step 14A: Select an Indicator
Select an Indicator from the drop- down menu. If the options provided do not include the Indicator you are measuring, select "other" and describe the Indicator in the text box that will appear.

Step 15A: Write a Target Description
In 250 characters or less, include a description of the target. Be sure to include how you determine what is counted in this target. For example: 100 parents will attend the eight-week parenting skills/drop-out prevention class.

Step 16A: Select a Target Number or Percent
Write the number from your target statement in the Target box and indicate whether it is a whole number or percent

Step 17A: Identify your Instruments
Describe the Instruments that will be used to measure your output/outcome in 250 characters or less. These are specific tools to collect information such as a behavior checklist, tally sheet, attitude questionnaire, or interview protocol.

Step 18A: Write a Performance Measure Statement
Provide the expected result and target combined into one or two sentences in 1,000 characters or less.

Once you have completed the output performance measurement information, do the same for your intermediate outcome and/or additional measures, if necessary. Begin by identifying the Result Type as "intermediate outcome" and complete Steps 13A through 18A again. If you would like to enter an "end outcome", you may do so by completing Steps 13A through 18A again. End outcomes are not required.

National Performance Measures

Follow the instructions for **7B –17B** for each aligned set of National Performance Measures you need to create. You will use these instructions to complete measures if you have opted in to National Performance Measures for any Focus Area. Please refer to National Performance Measures Instructions for complete instructions for aligning measures.

- If you select the Education Focus Area and opt-in to National Performance Measures, you are only allowed to select National Performance Measures. You are not allowed to add any additional, applicant-determined measures.

- If you select the Disaster Services, Economic Opportunity, Environmental Stewardship, Healthy Futures, or Veterans Focus Areas, or Capacity Building, and opt-in to National Performance Measures, you will enter your National Performance Measures. If you choose, you may add additional, applicant-determined Measures after you enter the National Performance Measures.

Step 7B: Add a National Performance Measure
Click the "add a national performance measures" orange link. Then select the Focus Area. Only those Focus Areas that were checked as participating in the National Performance Measures will be displayed.

Step 8B: Add a Performance Measurement Title
Give this performance measure a title — usually 3-4 words that describe the activity — and enter it in the text box. Continue by pressing the "go" button.

Step 9B: Describe Strategies to Achieve Result
Briefly describe the intervention that will lead to the outcome you are proposing. Keep statements to one or two paragraphs with a maximum of 500 characters.

Step 10B: Select a Result Type
You will need to select the Result Type that you intend to track for this activity – output or intermediate outcome– and click "Add New Results Section." You should begin each aligned measure with the selection of an Output Measure.

Step 11B: Select the Indicator
This is where you select your National Performance Measure. There is a drop-down list containing the National Performance Measures for the Focus Areas that you have selected.

Once you select your first National Performance Measure, eGrants will provide onscreen instructions about other National Performance Measures you must use in conjunction with this measure or if you need to add an applicant-determined intermediate outcome.
If you need to add an applicant-determined intermediate outcome measure, you will select "Other" from the pop-up list.

Step 12B: Write Result Statement
Enter 1-2 sentences stating the expected output or outcome.

Step 13B Write a Target Description
In 250 characters or less, include a description of the target. Be sure to include how you determine what is counted in this target. For example: 100 parents will attend the eight-week parenting skills/drop-out prevention class.

Step 14B: Select a Target Number
Write the number in the Target box from your target description. You are only allowed to use a number.

Step 15B: Identify your Instruments
Describe the Instruments that will be used to measure your output/outcome in 250 characters or less. These are specific tools to collect information such as a behavior checklist, tally sheet, attitude questionnaire, or interview protocol. Check for guidance on appropriate instruments posted at the National Performance Measures resource
page: http://nationalserviceresources.org/national-performance-measures/home

Step 16B: Write a Performance Measures Statement
Provide the expected result and target combined into one or two sentences (1,000 characters or less).

Step 17B: Create Aligned Measure
After completing the output performance measurement information, do the same for your intermediate outcome. Begin by identifying the Result Type, and then complete Steps **11B to 16B** again.

Once you complete entering an aligned measure as defined by the National Performance Measure, you will return to Step 7 and create any other aligned measures to report member activities in Focus Areas or other areas of service either by:

- **Following Steps 7A – 18A for an applicant-determined measure or**
- **Following Steps 7B – 17B for an aligned National Performance Measure.**

ATTACHMENT D: Detailed Budget Instructions (eGrants Budget Section)

Section I. Program Operating Costs

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the "Total Amount," "CNCS Share," and "Grantee Share" for Parts A-I, for Year 1 of the grant, as follows:

A. Personnel Expenses
Under "Position/Title Description," list each staff position separately and provide salary and percentage of effort as percentage of FTE devoted to this award. Each staff person's role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either CNCS or Grantee share. Because the purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff and AmeriCorps members.

B. Personnel Fringe Benefits
Under "Purpose/Description," identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe benefit amount is over 30%, please list covered items separately and justify the high cost. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates, but are absorbed into the personnel expenses (salary) budget line item.

C. 1. Staff Travel
Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. The standard mileage reimbursement should not exceed the federal mileage rate unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

We expect all applicants to include funds in this line item for travel for staff and site staff to attend CNCS-sponsored technical assistance meetings. There are two to three such opportunities per year, including the Financial Management Institute and the Annual Grantee Meeting in Washington DC in the fall.

Please itemize the costs. For example: Two staff members will attend the Annual Grantee Meeting in Washington, DC.
2 staff X $750 airfare + $50 ground transportation + (1 day) X $400 lodging + $35 per diem = $2,470 for Annual Grantee Meeting.

C. 2. Member Travel
Describe the purpose for which members will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

D. Equipment
Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **$5,000 or more <u>per unit</u>** (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in E. Supplies below. Purchases of equipment are limited to 10% of the total CNCS funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

E. Supplies
Include the amount of funds to purchase consumable supplies and materials, including member service gear and equipment that does not fit the definition above. You must individually list any single item costing $1,000 or more. Except for safety equipment, grantees may only charge the cost of member service gear to the federal share if it includes the AmeriCorps logo. Grantees may also add the AmeriCorps logo to their own local program uniform items using federal funds. All safety gear may be charged to the federal share, regardless of whether it includes the AmeriCorps logo. All other service gear must be purchased with non-CNCS funds.

F. Contractual and Consultant Services
Include costs for consultants related to the project's operations, except training or evaluation consultants, who will be listed in Sections G. and H., below. Payments to individuals for consultant services under this grant should not exceed $750 per day (excluding costs for travel, supplies, etc.). The $750 daily rate is a ceiling, and we anticipate budgeted daily rates at considerably lower levels. Indicate the daily rate, number of days, and total cost for consultants you are proposing to use and their contractual services. Daily rates over the maximum amount should be justified in the narrative.

G. 1. Staff Training
Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the maximum daily rate limit of $750.

G. 2. Member Training
Include the costs associated with member training to support them in carrying out their service activities. You may also use this section to request funds to support training in Life after AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.

H. Evaluation

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not budgeted in Personnel Expenses. This cost does not include the daily/weekly gathering of data to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

I. Other Program Operating Costs

Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share).
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization's indirect cost allocation pool. If such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.
- Multi-state applicants: Indicate the number of subgrants and the average amount of subgrants. Indicate any match that you will require of your subgrants under the "grantee share" column in this category. Subgranted funds may only cover costs allowable under federal and AmeriCorps regulations and provisions.

Section II. Member Costs

Member Costs are identified as "Living Allowance" and "Member Support Costs." Your required match can be federal, state, local, or private sector funds.

A. Living Allowance

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time) and the amount of living allowance they will receive, allocating appropriate portions between the CNCS share (CNCS Share) and grantee match (Grantee Share).

The minimum and maximum living allowance amounts are provided below.

Minimum and Maximum Living Allowance

Service Term	Minimum # of Hours	Minimum Living Allowance	Maximum Total Living Allowance

Full-time	1700	$12,100	$24,200
One-year Half-time	900	n/a	$12,800
Two-year Half-time	900	n/a	$12,800
Reduced Half-time	675	n/a	$9,600
Quarter-time	450	n/a	$6,400
Minimum-time	300	n/a	$4,300

In eGrants, enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. In addition, enter the number of members for which you are not requesting funds for a living allowance, but for which you are requesting education awards.

B. Member Support Costs

Consistent with the laws of the states where your members serve, you must provide members with the benefits described below.

- **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when CNCS does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with State Departments of Labor or State Commissions where members serve to determine if you are required to pay worker's compensation and at what level. If you are not required to pay worker's compensation, you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or accidents.
- **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with CNCS funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the cost cannot be included in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. In your budget narrative, indicate the number of members who will receive health care benefits. CNCS will not pay for dependent coverage.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies.

Section III. Administrative/Indirect Costs

Definitions

Administrative costs are general or centralized expenses of the overall administration of an organization that receives CNCS funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122.

Options for Calculating Administrative/Indirect Costs (choose either A OR B)

Applicants choose one of two methods to calculate allowable administrative costs – a CNCS-fixed percentage rate method or a federally approved indirect cost rate method. Regardless of the option chosen, the CNCS share of administrative costs is limited to 5% of the total CNCS funds **actually expended** under this grant.

A. CNCS-Fixed Percentage Method
Five Percent Fixed Administrative Costs Option
The CNCS-fixed percentage rate method allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the CNCS-fixed percentage rate method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the CNCS funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

1. To determine the maximum CNCS share for Section III: Multiply the sum of the CNCS funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. The factor 0.0526 is used to calculate the 5% maximum amount of federal funds that may be budgeted for administrative (indirect) costs, rather than 0.0500, as a way to mathematically compensate for determining Section III costs when the total budget (Sections I + II + III) is not yet established. Enter this amount as the CNCS share for Section III A.

2. To determine the Grantee share for Section III: Multiply the total (both Corporation and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.

3. Enter the sum of the CNCS and grantee shares under Total Amount.

If a commission elects to retain a share of the 5% of federal funds available to programs for administrative costs, that decision is identified within each subgrant's budget. To calculate these fractional shares, within Section III of the subgrant budget, **one-fifth (20%) of the federal dollars budgeted for administrative costs is allocated to the commission's share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program's share. The allocation between commission and program shares would be calculated as follows:**

([Section I] + [Section II] x 0.0526) x (0.20) = Commission Share

([Section I] + [Section II] x 0.0526) x (0.80) = Subgrantee Share

If a commission elects to retain a share that is less than 1% budgeted for administrative costs, adjust the calculation above, as appropriate.

B. Federally Approved Indirect Cost Rate

If you have a federally approved indirect cost rate and choose to use it, the rate will constitute documentation of your administrative costs, including the 5% maximum payable by CNCS. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the CNCS and Grantee shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.

2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect costs.

3. To determine the Grantee share: Subtract the amount calculated in step b (the CNCS administrative share) from the amount calculated in step a (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

Source of Match

In the "Source of Match" field that appears at the end of Budget Section III, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available) and Match Source (State/Local, Federal, Private, Other or Not Available) **for your entire match.** Define any acronyms the first time they are used.

ATTACHMENT E: Budget Worksheet (eGrants Budget Section)

Section I. Program Operating Costs

A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	**Total Amount**	**CNCS Share**	**Grantee Share**
			Totals			

B. Personnel Fringe Benefits

Purpose/Description	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

C.1. Staff Travel

Purpose	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

C. 2. Member Travel

Purpose	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

E. Supplies

Purpose	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

G.1. Staff Training

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

G.2. Member Training

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

H. Evaluation

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

Subtotal Section I:	**Total Amount**	**CNCS Share**	**Grantee Share**

Section II. Member Costs

A. Living Allowance

Item	# Mbrs	Allowance Rate	# w/o Allowance	**Total Amount**	**CNCS Share**	**Grantee Share**
Full Time (1700 hrs)						
Half Time (900 hrs)						
1st Year of 2-Year Half Time						
2nd Year of 2-Year Half Time						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
			Totals			

B. Member Support Costs

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

	Total Amount	**CNCS Share**	**Grantee Share**
Subtotal Section II:			
Subtotal Sections I + II:			

Section III. Administrative/Indirect Costs

A. CNCS-fixed Percentage Rate

Purpose	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

B. Federally Approved Indirect Cost Rate

Cost Type	Cost Basis	Calculation	Rate	Rate Claimed	**Total Amount**	**CNCS Share**	**Grantee Share**

Total Sections I + II + III:	**Total Amount**	**CNCS Share**	**Grantee Share**

Budget Total: Validate this budget **Required Match Percentages:**	**Total Amount**	**CNCS Share**	**Grantee Share**

Source of Match

Source(s), Type, Amount, Intended Purpose				
	Private	**State and/or Local**	**Federal**	**Sources**
In-kind	$	$	$	.
Cash	$	$	$	
Total	$	$	$	

ATTACHMENT F: Detailed Budget Instructions for Fixed-amount Grants (eGrants Budget Section)

These instructions apply only to applicants for fixed-amount grants, including education award programs (EAPs).

EAP and Fixed-Amount Grant applicants may only request a fixed amount of funding per MSY. Therefore, Fixed-Amount applicants are not required to complete a detailed budget. In addition, the matching requirements in 45 CFR §§ 2521.40– 2521.95 do not apply to EAP and other Fixed-Amount grant applicants. Fixed-Amount applicants, except for EAP applicants, must include only full-time members.

Budget Section II. AmeriCorps Member Positions

A. Budget Section II: Full-Time Fixed-Amount Grants

Enter the number of full-time positions you are requesting under the column labeled without (w/o) living allowance. You may not request less than full-time positions unless you are applying for an Education Award Program.

Under "calculation" you will enter the calculation for your grant request. **Leave all other columns blank.**

Member Positions		Cost per MSY		Total Cost
_____Full-time (1700 hours)	x	$_____	=	$ _____

Enter the total amount requested in the "Total Amount" & "CNCS Share" columns. Leave the "Grantee Share" blank.

Please note that the final amount that a program receives will be adjusted to reflect actual hours served if a member does not serve the minimum number of hours necessary to complete a full term of service.

B. Section II: EAPs

Member Positions

Identify the number of Education Award members you are requesting by category (i.e. full-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#w/o Allow** (without CNCS-funded living allowance.) **Leave all other columns blank**.

The total number of member service years (MSY) will **automatically calculate** at the bottom of the Member Positions chart.The MSY are calculated as follows:

Calculation	MSY

Member Positions

_____Full-time (1700 hours)	(_____ members x 1.000)	= _____
_____1-Year Half-time (900 hours)	(_____ members x 0.500)	= _____
_____ 2-Year Half-time (1st Year) (generally 450 hours)	(_____ members x 0.500)	= _____
_____ 2-Year Half-time (2nd Year)* (generally 450 hours)	(_____ members x 0.000)*	= _____
_____Reduced half-time (675 hours)	(_____ members x 0.3809524)	= _____
_____Quarter-time (450 hours)	(_____ members x 0.26455027)	= _____
_____Minimum-time (300 hours)	(_____ members x 0.21164022)	= _____
	Total MSY	_____

** Grantees receive the total amount for 2-Year Half-time members in the first year. Therefore, 2-Year Half-time members serving in their second year are not included in the calculation for funds.*

Under "Calculation," you will enter the calculation for your grant request. Applicants may request up to $800 per member service year (MSY).

Display your calculation in the following format:

Total # of MSYs _____ x MSY amount (up to $800)_____ = Total Grant Request **$____**

Type the total amount requested in the "Total Amount" & "CNCS Share" columns. Leave the "Grantee Share" blank. See example below:

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share	edit	del
Program Grant Request	47.5 MSY X $800/MSY	$38,000	$38,000	$0	view	
Subtotal		$38,000	$38,000	$0		

ATTACHMENT G: Budget Worksheet for Fixed-Amount Grants (eGrants Budget Section)

If you are applying for a Full-Time Fixed-Amount grant, complete only the full-time fields in this table.Education Award Program applicants may complete other than full-time fields.

Item	# Mbrs	Allowance Rate	# w/o Allow	Total Amount	CNCS Share	Grantee Share		
Full Time (1700 hrs)								
1-Year Half Time (900 hrs)								
2-Year Half Time (1st Year)								
2-Year Half Time (2nd Year)								
Reduced Half Time (675 hrs)								
Quarter Time (450 hrs)								
Minimum Time (300 hrs)								
Subtotal							**MSY**	**Cost/MSY**

Member Positions

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Program Grant Request				
Subtotal				

ATTACHMENT H: Budget Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements.

In Compliance?	Section I. Program Operating Costs
Yes __ No __	Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff that recruit, train, place, or supervise members as well as manage the project.
Yes __ No __	Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Section III.) of the budget? Examples of administrative costs include central management and support functions.
Yes __ No __	Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes __ No __	All positions in the budget are fully described in the narrative?
Yes __ No __	The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, please list separately. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes __ No __	Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes __ No __	The purpose for all staff and member travel is clearly identified?
Yes __ No __	You have budgeted funds for staff travel to CNCS sponsored meetings in the budget narrative under Staff Travel?
Yes __ No __	Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget?
Yes __ No __	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes __ No __	All single equipment items over $5000 per unit are specifically listed?
Yes __ No __	Justification/explanation of equipment items is included in the budget narrative?
Yes __ No __	All single supply items over $1000 per unit are specifically listed?
Yes __ No __	You only charged to the federal share of the budget member service gear that includes the AmeriCorps logo, with the exception of safety equipment?
Yes __ No __	Are all consultant services budgeted below the maximum federal daily rate of $750/day? Is the daily rate noted in all sections of the budget narrative where consultants are proposed?
Yes __ No __	Does the budget reflect adequate budgeted costs for project evaluation?
Yes __ No __	Have you provided budgeted costs for background checks of members and grant-funded staff that are in covered positions per 45 CFR 2522.205?
Yes __ No __	Are all items in the budget narrative itemized and the purpose of the funds justified?

In Compliance?	Section II. Member Costs
Yes __ No __	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance. Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement.
Yes __ No __	Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served.
Yes __ No __	Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance.
Yes __ No __	Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or State Commission to determine whether or not you are required to pay worker's compensation and at what level (i.e., rate). If you are not required to pay worker's compensation, you need to provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., Death and Dismemberment coverage).
Yes __ No __	Health care is provided for full-time AmeriCorps members only (unless part-time serving in a full-time capacity)? If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own.

In Compliance?	Section III. Administrative/Indirect Costs
Yes __ No __	Applicant has chosen Option A – CNCS-fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes __ No __	Applicant has chosen Option A – CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?
Yes __ No __	Applicant has chosen Option B – federally approved indirect cost rate method and documentation submitted to CNCS if multi-state, state or territory without commission or Indian Tribe applicant? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.
Yes __ No __	Applicant has chosen Option B – The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS share?

In Compliance?	Match
Yes __ No __	Is the overall match being met at the required level, based on the year of funding?
Yes __ No __	For all matching funds, the source(s) [private, state and local, and federal], the type of contribution (cash or in-kind), and the amount (or an estimate) of match, are clearly identified in the narrative and in the Source of Match field in eGrants?

ATTACHMENT I: Alternative Match Instructions

Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.

Special Circumstances for an Alternative Match Schedule: Under certain circumstances, applicants may qualify to meet alternative matching requirements that increase over the years to 35% instead of 50% as specified in the regulations at §2521.60(b). To qualify, you must demonstrate that your program is either located in a rural county or in a severely economically distressed community as defined below.

A. Rural County: In determining whether a program is rural, CNCS will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 6, 7, 8 or 9 is eligible to apply for the alternative match requirement. See Attachment K for the Table of Beale codes.

B. Severely Economically Distressed County: In determining whether a program is located in a severely economically distressed county, CNCS will consider the following list of county-level characteristics. See Attachment K for a list of website addresses where this publicly available information can be found.

- The county-level per capita income is less than or equal to 75 percent of the national average for all counties using the most recent census data or Bureau of Economic Analysis data;
- The county-level poverty rate is equal to or greater than 125 percent of the national average for all counties using the most recent census data; and
- The county-level unemployment is above the national average for all counties for the previous 12 months using the most recently available Bureau of Labor Statistics data.
- The areas served by the program lack basic infrastructure such as water or electricity.

C. Program Location: Except when approved otherwise, CNCS will determine the location of your program based on the legal applicant's address. If you believe that the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about your program location in your request. CNCS will, in its sole discretion, determine whether some other address is more appropriate for determining a program's location.

If your program is located in one of these areas, see the instructions below for applying for this alternative match schedule. You must submit your request to the alternative schedule at least 60 days before the AmeriCorps application is due. CNCS will review your request and notify you within 30 days if you qualify for the alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

If approved for the alternative schedules, programs will base their budget in the upcoming application on the approved alternative match. The alternative match requirement will be in

effect for whatever portion of the three-year project period remains or if applying as a new grantee, for the upcoming three-year grant cycle.

D. Instructions for the Alternative Match Schedule: Programs operating in one state must send their requests to the State Commission for review and approval. The Commission will then forward the approved request to CNCS for consideration.

Submit e-mail applications at least 60 days prior to the application deadline to:

- State Programs – submit to your State Commission
- Multi-state Programs – submit to ACAlternateMatchScheduleRequests@cns.gov
- State Commissions (on behalf of state programs) – submit to ACAlternateMatchScheduleRequests@cns.gov

E-mail subject line: AmeriCorps Alternative Match Request

Send your request in memo format. You must respond to each item below. Please include both the item and your response in your request.

1. Basis of Request

a. Identify the basis for your request as either a rural county or a severely economically distressed community as described above.
b. Describe where your program operates and include the address of the legal applicant.

2. Rural Counties

c. Describe the economic conditions.
d. Confirm that your county has a Beale code of 6, 7, 8, or 9.

3. Economically Distressed Counties:

e. Provide your county per-capita income, poverty, and unemployment levels.
f. Demonstrate that your county per-capita income, poverty, and unemployment levels are above or below the national averages. Identify the data source(s) used to make your determination.
g. Provide any other statistics you deem relevant to demonstrate your county is economically distressed.

4. Program Location: If you believe the location of your program should not be based on the address of the legal applicant, describe your justification for requesting an alternative location(s).

5. Other: Provide any other justification and information for your request that is not presented in the responses to the above.

ATTACHMENT J: SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB NO. 1894-0010 EXP 5/31/2012

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:

Applicant's DUNS Number:

Federal Program: **CFDA Number:**

1. Has the applicant ever received a grant or contract from the Federal government?

☐ Yes ☐ No

2. Is the applicant a faith-based organization?

☐ Yes ☐ No

3. Is the applicant secular organization?

☐ Yes ☐ No

4. Does the applicant have 501(c) (3) status?

☐ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☐ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? *(Check only one box).*

☐ 3 or Fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☐ over 100

7. What is the size of the applicant's annual budget?

(Check only one box.)

☐ Less Than $150,000

☐ $150,000 - $299,999

☐ $300,000 - $499,999

☐ $500,000 - $999,999

☐ $1,000,000 - $4,999,999

☐ $5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicant

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.

2. Self-identify.

3. Self-identify.

4. 501(c) (3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

5. Self-explanatory.

6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1894-0010**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** *Amy Borgstrom*, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

ATTACHMENT K: Beale Codes and County-Level Economic Data

Rural Community

Beale codes are published by the U.S. Department of Agriculture and are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

2003 Beale Codes		
Code#	**Metropolitan Type**	**Description**
1	Metropolitan	Counties in metro areas of 1 million population or more
2	Metropolitan	Counties in metro areas of 250,000 to 1 million
3	Metropolitan	Counties in metro areas of fewer than 250,000
4	Non-metro	Urban population of 20,000 or more, adjacent to a metropolitan area
5	Non-metro	Urban population of 20,000 or more, not adjacent to a metropolitan area
6	Non-metro	Urban population of 2,500 to 19,999, adjacent to a metropolitan area
7	Non-metro	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area
8	Non-metro	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area
9	Non-metro	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area

Any program located in a county with a Beale code of 6, 7, 8, or 9 is eligible to apply for the alternative match.

Severely Economically Distressed Community

The following table provides the website addresses where the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels can be found.

WEBSITE ADDRESS	EXPLANATION
www.econdata.net	**Econdata.Net**: This site Links to a variety of social and economic data by states, counties and metro areas.
http://www.bea.gov/regional/	**Bureau of Economic Analysis' Regional Economic Information System (REIS):** Provides data on per capita income by county for all states except Puerto Rico.
www.census.gov/hhes/www/saipe/index.html	**Census Bureau's Small Area Poverty Estimates**: Provides data on poverty and population estimates by county for all states except Puerto Rico.
www.census.gov/main/www/cen2000.html	**Census Bureau's American Fact-finder**: Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.
www.bls.gov/lau/home.htm	**Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):** Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/	**US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes):** Provides urban rural code for all counties in US.
www.census.gov/hhes/www/saipe/index.html	**Census Bureau's Small Area Poverty Estimates: Provides data on poverty and population estimates by county for all states except Puerto Rico.**

WEBSITE ADDRESS	EXPLANATION
www.census.gov/main/www/cen2000.html	**Census Bureau's American Fact-finder: Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.**
www.bls.gov/lau/home.htm	**Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS): Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.**
http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/	**US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes): Provides urban rural code for all counties in US.**

ATTACHMENT L: Assurances and Certifications (eGrants Review, Authorize and Submit Section)

Instructions

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

a) Inability to certify
Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

b) Erroneous certification or assurance
The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

c) Notice of error in certification or assurance
You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

d) Definitions
The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

e) Assurance requirement for subgrant agreements
You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

f) Assurance inclusion in subgrant agreements
You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

g) Assurance of subgrant principals
You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

h) Non-assurance in subgrant agreements
If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

i) Prudent person standard
Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

ASSURANCES

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that the applicant:

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under

Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.
- Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
- Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-Corporation funds or paid with Corporation funds but employed with the organization operating the project prior to or on the date the grant was awarded. If your organization is a faith-based organization that makes hiring decisions on the basis of religious belief, your organization may be entitled, under the Religious Freedom Restoration Act, 42 U.S.C. § 2000bb, to receive federal funds and yet maintain that hiring practice, even though the national service legislation includes a restriction on religious discrimination in employment of staff hired to work on a Corporation-funded project and paid with Corporation grant funds. (42 U.S.C. §§ 5057(c) and 12635(c)). For the circumstances under which this may occur, please see the document "Effect of the Religious Freedom Restoration Act on Faith-Based Applicants for Grants" on the Corporation's website at: http://www.usdoj.gov/archive/fbci/effect-rfra.pdf.
- Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to: (a)Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served, the municipality and government of the county (if appropriate) in which the community is located, and potential participants in the program; and (2) community-based agencies with a demonstrated record of

experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;

- Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA;

- Will, in the case of an AmeriCorps program that includes or serves children, consult with the parents or legal guardians of children in developing and operating the program;

- Will, before transporting minor children, provide the children's parents or legal guardians with the reason for the transportation and obtain the parent's or legal guardian's permission for such transportation, consistent with state law;

- Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the State Commission for the state in which the program operates.

- Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;

- Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the National and Community Service Act of 1990, and in the Corporation's regulations at § 2540.100;

- Will comply with the grievance procedure requirements as set out in section 176(f) of the National and Community Service Act of 1990 and in the Corporation's regulations at 45 CFR § 2540.230;

- Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform, including training on prohibited activities;

- Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;

- Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the National and Community Service Act of 1990 or, with the approval of the Corporation, conduct an internal evaluation of the program;

- Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program's impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by the Corporation;

- Will ensure the provision of a living allowance and other benefits to participants as required by the Corporation;

- Has not violated a Federal criminal statute;

- If a state applicant, will ensure that the State subgrants will be used to support national service programs selected by the State on a competitive basis;

- If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;

- If a state applicant, will ensure that not less than 60% of the assistance will be used to make grants to support national service programs other than those carried out by a State agency, unless the Corporation approves otherwise.

CERTIFICATIONS

Certification – Debarment, Suspension, and Other Responsibility Matters

This certification is required by the government-wide regulations implementing Executive Order 12549, Debarment and Suspension, 2 CFR Part 180, Section 180.335, *What information must I provide before entering into a covered transaction with a Federal agency?*

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor its principals:

- Is presently excluded or disqualified;
- Has been convicted within the preceding three years of any of the offenses listed in § 180.800(a) or had a civil judgment rendered against it for one of those offenses within that time period;
- Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission or any of the offenses listed in § 180.800(a); or
- Has had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

Certification – Drug Free Workplace

This certification is required by the Corporation's regulations implementing sections 5150-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690), 45 CFR Part 2545, Subpart B. The regulations require certification by grantees, prior to award, that they will make a good faith effort, on a continuing basis, to maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 45 CFR Part 2542, Subparts G and H).

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief, that the grantee will provide a drug-free workplace by:

A. Publishing a drug-free workplace statement that:

   a. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace;

   b. Specifies the actions that the grantee will take against employees for violating that prohibition; and

   c. Informs employees that, as a condition of employment under any award, each employee will abide by the terms of the statement and notify the grantee in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace within five days of the conviction;

B. Requiring that a copy of the statement described in paragraph (A) be given to each employee who will be engaged in the performance of any Federal award;

C. Establishing a drug-free awareness program to inform employees about:

   a. The dangers of drug abuse in the workplace;

   b. The grantee's policy of maintaining a drug-free workplace;

   c. Any available drug counseling, rehabilitation, and employee assistance programs; and

   d. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;

D. Providing us, as well as any other Federal agency on whose award the convicted employee was working, with written notification within 10 calendar days of learning that an employee has been convicted of a drug violation in the workplace;

E. Taking one of the following actions within 30 calendar days of learning that an employee has been convicted of a drug violation in the workplace:

   a. Taking appropriate personnel action against the employee, up to and including termination; or

   b. Requiring that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

F. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (E).

Certification - Lobbying Activities
As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal contract, grant, loan, or cooperative agreement;
- If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the applicant will submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- The applicant will require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

Erroneous certification or assurance
The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

Notice of error in certification or assurance
You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

Definitions
The terms “debarment”, “suspension”, “excluded”, “disqualified”, “ineligible”, “participant”, “person”, “principal”, “proposal”, and “voluntarily excluded” as used in this document have the meanings set out in 2 CFR Part 180, subpart I, “Definitions.” A transaction shall be considered a “covered transaction” if it meets the definition in 2 CFR part 180 subpart B, “Covered Transactions.”

Assurance requirement for subgrant agreements
You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

Assurance inclusion in subgrant agreements
You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

Assurance of subgrant principals
You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

Non-assurance in subgrant agreements
If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

Prudent person standard
Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

Certification - Grant Review Process (State Commissions Only)
I certify that in conducting our review process, we have ensured compliance with the National and Community Service Act of 1990, the Corporation's peer review requirements, and all state laws and conflict of interest rules.

ASSURANCES AND CERTIFICATIONS

ASSURANCE SIGNATURE: NOTE: Sign this form and include in the application.

SIGNATURE:
By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

CERTIFICATION SIGNATURE: NOTE: Sign this form and include in the application.

SIGNATURE:
By signing this certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- Certification: Debarment, Suspension and Other Responsibility Matters
- Certification: Drug-Free Workplace
- Certification: Lobbying Activities

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

ATTACHMENT M: Beneficary Populations (eGrants Performance Measures Section)

BENEFICIARY POPULATIONS

- ☐ Communities of Color
- ☐ Low-income Individuals
- ☐ Members of Faith-based Communities
- ☐ Native Americans
- ☐ New Americans
- ☐ Older Americans
- ☐ People with Disabilities
- ☐ Rural Residents
- ☐ Veterans, Active Military, or their Families