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|  webtag-fullcolor-cmyk-update **2016 State Commission AmeriCorps State Competitive**  **REQUEST FOR APPLICATIONS** **State Competitive New and Continuation** **DEADLINE: DECEMBER 4, 2015 by 5:00 PM**  |

#

## IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service’s online grant application system, [eGrants](https://egrants.cns.gov/espan/main/login.jsp). All funding announcements by the Corporation for National and Community Service (CNCS) are posted on [www.nationalservice.gov](http://www.nationalservice.gov) and [www.grants.gov](http://www.grants.gov/).

**Public Burden Statement:** Public reporting burden for this collection of information is estimated to average 80 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: Jennifer Bastress Tahmasebi, 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 CFR 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. §§ 12581 - 12585 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](http://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.

**Indirect Cost Rates:** CNCS allows applicants to include administrative (indirect) costs in grant budgets. Based on qualifying factors, applicants have the option of using a federal or state approved indirect cost rate, a 10% de minimus rate of modified total direct costs, or may claim certain administrative costs directly as outlined in 2 CFR 200.413.

Applicants who hold a state or federal negotiated indirect cost rate or will be using the 10% de minimus rate must enter that information in the Organization section in eGrants.

**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.

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## Overview

### Serve DC

Serve DC – The Mayor’s Office on Volunteerism, also known as the DC Commission on National and Community Service, was established by an Executive Order in 2000 and is housed in the Office of Community Affairs in the Executive Office of the Mayor. Serve DC is the District of Columbia Government agency dedicated to promoting service as an innovative, sustainable solution to the challenges we face as a community and a nation. Serve DC engages District communities by building partnerships and organizational capacity, serving as the local lead for national volunteer and service initiatives, and providing and promoting meaningful service opportunities throughout the year. This application applies to Single State applicatants operating only in the District of Columbia.

### Corporation for National and Community Service

Serve DC receives federal funding from the Corporation for National and Community Service (CNCS) to support National Service programs in the District of Columbia including the AmeriCorps State program. The mission of CNCS is to improve lives, strengthen communities, and foster civic participation through service and volunteering. CNCS - through AmeriCorps, Senior Corps, the Social Innovation Fund, and the Volunteer Generation Fund - has helped to engage millions of citizens in meeting community and national challenges through service and volunteer action.

Through all its programs, CNCS seeks to expand economic opportunity – helping Americans acquire the skills, education, and training they need for productive employment. By helping more Americans graduate, pursue higher education, and find work: national service can provide immediate and long term benefits by expanding individual opportunity, building family stability, and creating more sustainable, resilient communities.

### AmeriCorps

AmeriCorps is a National Service program funded by CNCS. Locally, Serve DC supports the AmeriCorps State program in Washington, DC. AmeriCorps projects address a combination of the national service priorities, meet critical needs of our nation, achieve national service goals, and address community problems. These include disaster services, economic opportunity, education, environmental stewardship, healthy futures, and veterans and military families. Within these issue areas, programs may submit proposals that address specific problems of local communities. Full-time members who complete their service earn an Eli Segal AmeriCorps Education Award of 5,730.00 to pay for college, graduate school, or to pay back qualified student loans. Members who serve part-time receive a partial Award. Some AmeriCorps members may also receive a modest living allowance during their term of service.

### Disclosure CSCS

Publication of this Announcement of Federal Funding Opportunity (Notice) does not obligate the Corporation for National and Community Service (CNCS) to award any specific number of grants or to obligate the entire amount of funding available.

### Disclosure Serve DC

Funding for this award is contingent on funding from the grantor. This RFA does not commit the Serve DC to make an award. Serve DC reserves the right to accept or deny any or all applications. Serve DC reserves the right to issue addenda and/or amendments or to rescind this RFA.

### Key Dates

For new and recompeting grantees only Logic Models are due **by Wednesday, October 21, 2015 by 5:00pm** to Serve DC. On **Friday October 30, 2015** new grantees will be notified if they are invited to submit a full application.

Applications are **due Friday, December 4, 2015** **at 5:00 p.m**. Eastern Time to Serve DC.

Serve DC will submit of a Notification of Intent to Apply by **Wednesday, December 9, 2015 at 5:00 p.m.** Eastern Time and our application to CNCS by **Wednesday, January 20, 2016 at 5:00 p.m. Eastern Time**

Serve DC will not consider applications received after the deadline, except as noted below. Serve DC reserves the right to extend the submission deadline and any notice of such extended deadline will be posted. This deadline applies to new, recompeting, and continuation applicants.

## FEDERAL AWARD INFORMATION

### Estimated Available Funds

CNCS expects a highly competitive AmeriCorps FY 2016 grant competition. The actual level of funding will be subject to the availability of annual appropriations, which have not yet been made. Grant awards have two components: operating funds and AmeriCorps member positions. Grant award amounts vary – both in the level of operating funds and in the type and amount of AmeriCorps member positions.

### Award Period

Unless otherwise specified, the grant generally covers a three-year project period. In approving a multi-year project period, CNCS generally makes an initial award for the first year of operation and the application is submitted with a one-year budget. Continuation funding is not guaranteed. Factors considered in awarding continuation grants include satisfactory performance, demonstrated capacity to manage the grant, compliance with grant requirements, agency priorities, and the availability of appropriated funds. CNCS reserves the right to adjust the amount of a grant or elect not to continue funding for subsequent years.

### Project/Award Period

The project start date is generally one year with a start date proposed by the applicant. The project start date may not occur prior to the date CNCS awards the grant. AmeriCorps members may not enroll prior to the start date of the award. AmeriCorps members may not begin service prior to the beginning of the member enrollment period as designated in the grant award. A program may not certify any hours a member performs prior to the beginning of the member enrollment period.

### Purpose of AmeriCorps Funding

AmeriCorps grants are awarded to eligible organizations (see page 9) proposing to engage AmeriCorps members in evidence-based or evidence-informed interventions to strengthen communities. An AmeriCorps member is an individual who engages in community service through an approved national service position. Members may receive a living allowance and other benefits while serving. Upon successful completion of their service, members earn a Segal AmeriCorps Education Award from the National Service Trust that members can use to pay for higher education expenses or apply to qualified student loans.

CNCS may award a Cost Reimbursement, a Fixed Amount grant, or an AmeriCorps Partnership Challenge grant to any successful applicant, but the availability of a Full Time Fixed Amount grant is limited to certain applicants. See Section Glossary for more information. In addition to the funding allocated for competitive distribution under this Notice, CNCS provides funding based on population directly to Governor-appointed State Service Commissions which they, in turn, award through a process they administer according to state priorities.

This Notice should be read together with the AmeriCorps Regulations, 45 CFR §§ 2520–2550, the Notice Glossary, Application Instructions, and the Performance Measure Instructions which are incorporated by reference. These documents can be found at <http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities>. The full regulations are available online at [www.ecfr.gov](http://www.ecfr.gov). The TTY number is 800-833-3722. For a printed copy of related material, call 202-606-7508.

### CNCS Focus Areas

In order to carry out Congress’ intent and to maximize the impact of investment in national service, CNCS has the following focus areas:

**Disaster Services**

Grant activities will provide support to increase the preparedness of individuals for disasters, improve individuals’ readiness to respond to disasters, help individuals recover from disasters, and/or help individuals mitigate disasters. Grantees also have the ability to respond to national disasters under CNCS cooperative agreements and FEMA mission assignments.

**Economic Opportunity**

Grants will provide support and/or facilitate access to services and resources that contribute to the improved economic well-being and security of economically disadvantaged people; help economically disadvantaged people, including youth identified in My Brother’s Keeper to have improved access to services that enhance financial literacy; transition into or remain in safe, healthy, affordable housing; and/or have improved employability leading to increased success in becoming employed.

**Education**

Grants will provide support and/or facilitate access to services and resources that contribute to improved educational outcomes for economically disadvantaged children; improved school readiness for economically disadvantaged young children; improved educational and behavioral outcomes of students in low-achieving elementary, middle, and high schools; and/or support economically disadvantaged students prepare for success in post-secondary educational institutions.

**Environmental Stewardship**

Grants will provide support for increased individual behavioral change leading to increased energy efficiency, renewable energy use, and ecosystem improvements particularly for economically disadvantaged households and communities. Grant activities will decrease energy and water consumption; improve at-risk ecosystems; increase behavioral changes that lead directly to decreased energy and water consumption or improved at-risk ecosystems; and/or increase green training opportunities that may lead to decreased energy and water consumption or improved at-risk ecosystems.

**Healthy Futures**

Grants will provide support for activities that will improve access to primary and preventive health care for communities served by CNCS-supported programs; increase seniors’ ability to remain in their own homes with the same or improved quality of life for as long as possible; and/or increase physical activity and improve nutrition in youth with the purpose of reducing childhood obesity.

**Veterans and Military Families**

Grants will positively impact the quality of life of veterans and improve military family strength; increase the number of veterans, military service members, and their families served by CNCS-supported programs; and/or increase the number of veterans and military family members engaged in service through CNCS-supported programs.

### 2016 AmeriCorps Funding Priorities

CNCS seeks to prioritize the investment of national service resources in:

* Disaster Services - improving community resiliency through disaster preparation, response, recovery, and mitigation
* Economic Opportunity - increasing economic opportunities for communities, specifically opportunity youth (see Glossary), both as the population served and as AmeriCorps members.
* Education - improving student academic performance in Science, Technology, Engineering, and/or Mathematics (STEM) or addressing student and school needs through School Turnaround AmeriCorps programming (see Glossary and Appendix)
* Environment - 21st Century Service Corps (see Glossary)
* Veterans and Military Families -- positively impacting the quality of life of veterans and improving military family strength
* Governor and Mayor Initiatives (see Glossary)
* Programming that supports My Brother’s Keeper (see Glossary)
* Multi-focus intermediaries that demonstrate measureable impact and primarily serve communities with limited resources and organizational infrastructure. i.e. rural and other underserved communities (see Glossary)
* Safer communities - activities that focus on public safety and preventing and mitigating civil unrest e.g., summer programming or engaging communities that are part of The National Forum on Youth Violence Prevention

In order to receive priority consideration, applicants must demonstrate that the priority area is a significant part of the program focus and intended outcomes and must include a high quality program design. Responses that propose programs for the purpose of receiving priority consideration are not guaranteed funding.

### Next Gen AmeriCorps

Depending on overall funding available, CNCS is inviting applicants to propose the Next Generation AmeriCorps or Next Gen AmeriCorps. The importance of service remains even within tight fiscal constraints we face as a nation. The goal of Next Gen AmeriCorps is to use innovative strategies to offer the same service opportunities but at a more efficient cost to the government. To participate, applicants must have a cost per member that is lower than $10,000 per year per full time member using CNCS funding.  CNCS is looking for innovative approaches and models to implement, for example: locating operations in Promise Zones, areas that meet Promise Zone criteria, or that demonstrate other indicators of severe need.

Congress set a goal that 10 percent of AmeriCorps funding should support encore service programs that engage a significant number of participants age 55 or older. CNCS seeks to meet that target in this competition and encourages encore programs to apply. Encore will provide an opportunity for current evidence-based Senior Corps Foster Grandparents Program and Senior Companion Program grantees to expand their programs through AmeriCorps funding.

### National Performance Measures

The Serve America Act (SAA) emphasizes measuring the impact of service and focusing on a core set of issue areas. CNCS’s five-year Strategic Plan establishes an ambitious set of objectives that guided the development of 16 agency-wide Priority Performance Measures. CNCS expects organizations to use National Performance Measures as part of their comprehensive performance measurement strategy that relies on both performance and evaluation data to learn from their work as well as make tactical and strategic adjustments to achieve their goals. For more information, please refer to the National Performance Measure Instructions [<http://www.nationalservice.gov/documents/main-menu/2014/2015-performance-measures-instructions>].

All applications must include at least one aligned performance measure (output and outcome) that corresponds to the proposed primary service activity. CNCS does not expect applicants to select performance measures to correspond to each and every potential member activity or community impact. CNCS values the quality of performance measures over the quantity of performance measures. As described in the Application Instructions, applicants must include all their information about their proposed performances measure in the Performance Measure section of the applications in eGrants (CNCS’s web-based grants management system). All information requested in the National Performance Measure Instructions must be included in the text of the performance measures themselves, and it must be evident in the performance measure text that all definitions and requirements outlined in the National Performance Measures Instructions and NOFO FAQs are met. Providing performance measures information elsewhere in the narrative cannot be in lieu of providing full information in the Performance Measures section of the application in eGrants.

### Program Authority

The National and Community Service Act of 1990 (NCSA), as amended. 42 U.S.C. 12501 et seq. The full text of the NCSA is available online at <http://uscode.house.gov>. The full regulations are available online at <http://www.ecfr.gov>

CNCS’s Fiscal Year 2016 Congressional Budget Request includes a request for additional statutory authority to operate summer-based programs for disadvantaged Opportunity Youth who are 14 or older at the time they begin their national service.

## ELIGIBILITY INFORMATION

### Eligible Applicants

The following entities are eligible to apply: public or private nonprofit organizations, including faith-based and other community organizations; institutions of higher education; labor organizations; partnerships and consortia; and federally recognized Indian Tribes. Receiving funding previously from CNCS or another Federal agency is not a prerequisite to apply under this Notice.

Organizations that have been convicted of a federal crime are disqualified from receiving the assistance described in this Notice. Pursuant to the Lobbying Disclosure Act of 1995, an organization described in Section 501 (c)(4) of the Internal Revenue code of 1986, 26 U.S.C. § 501 (c)(4), that engages in lobbying activities is not eligible to apply.

Organizations proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, “Debarment and Suspension,” and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency cannot apply for funding.

### New Applicants

CNCS encourages organizations that have never received funding from CNCS to apply. The general practice is to award no more than 50 member positions (slots) and at least 20 member positions (slots) to organizations receiving an AmeriCorps grant for the first time.

New applicants are eligible to apply for Cost Reimbursement and Education Award Program (EAP) grants but not eligible to apply for Full Time Fixed Amount grants. Existing subgrantees/operating sites of Fixed Amount and Cost Reimbursement grantees that can demonstrate a track record and capacity to manage a Fixed Amount grant are considered to have AmeriCorps experience and therefore can apply for Fixed Amount grants. School Turnaround AmeriCorps applicants may not apply for Full Time Fixed Amount grants.

### Continuation Applicants

Organizations that have current AmeriCorps awards that do not end in FY16 must submit an application in order to be eligible to receive funding for the following year. Please see p.37 of the Application Instructions. Requests by existing continuation applicants for increases in the level of funding or number of positions will be assessed using the criteria under this Notice.

## COST SHARING OR MATCHING

### Fixed Amount Grants and Education Award Program Grants

There is no specific match requirement for Full Time Fixed Amount, Education Award Program, and AmeriCorps Partnership Challenge grants. CNCS does not provide all the funds necessary to operate the program; therefore organizations must raise the additional revenue required to operate the program. Serve DC requires prior approval to submit and application for a fixed-amount grant.

### Cost Reimbursement Grants

A first-time successful applicant is required to match at 24 percent for the first three-year funding period. Starting with year four, the match requirement gradually increases every year to 50 percent by year ten, according to the minimum overall share chart.

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| AmeriCorps Funding Year  | 1, 2, 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10+  |
| Grantee Share Requirements  | 24%  | 26%  | 30%  | 34%  | 38%  | 42%  | 46%  | 50%  |

Section 121(e)(5) of NCSA (42 U.S.C. 12571(e)) requires programs that use other federal funds as match for an AmeriCorps grant to report the amount and source of these funds to CNCS on a Federal Financial Report. Grantees must track and be prepared to report on that match separately each year and at closeout.

The living allowance or salary provided to AmeriCorps members in Professional Corps programs (see Glossary) does not count toward the matching requirement.

### Alternative Match

Under certain circumstances, applicants may qualify to meet alternative matching requirements that increase over the years to 35 percent instead of 50 percent as specified in the regulations at 45 CFR §2521.60(b). To qualify, applicants must demonstrate that the proposed program is either located in a rural county or in a severely economically distressed community as defined in the Application Instructions. Applicants that plan to request an alternative match schedule must submit their request to Serve DC at the time the application is submitted.

## APPLICATION AND SUBMISSION INFORMATION

These application instructions should be read together with the AmeriCorps Regulations, 45 CFR §§ 2520–2550, the CNCS Application Instructions/Notice of Funding Opportunity, and the Performance Measure Instructions which are incorporated by reference. The CNCS Notice and Application Instructions can be found at http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities/2015/americorps-state-and-national-grants-fy-2015. The full regulations are available online at www.ecfr.gov. The TTY number is 800-833-3722. For a printed copy of related material, call 202-606-7508.

### Logic Models

For new and recompeting Grantees only Logic Models are due **by Wednesday, October 21, 2015 by 5:00pm**. Applicants are required to send a copy of their logic model by e-mail to pamela.weinberg@dc.gov by the deadline. Include the name of the applicant organization, address, contact person, e-mail address, and phone number. Applicants should state the type of grant they intend to apply for. Providing an e-mail address will also allow Serve DC to contact applicants directly if application materials are updated. On **Friday October 30, 2015** new grantees will be notified if they will be invited to submit a full application.

### Submission Dates and Times

**The deadline for submission is December 4, 2015, by 5:00 p.m**. Applications must be entered in to the CNCS eGrants online system and all required hard-copy documents must be submitted to Serve DC. Late applications will not be accepted. An application is considered late at 5:01 p.m. Any changes to the application deadline will be shared with attendees of technical assistance sessions via email. This deadline applies to continuation sub-grantees, as well as new and recompeting applicants.

Applicants must submit one (1) hard copy of each of the items listed below:

1. Original signed copy of the SF424 Facesheet (see Appendix A)

2. Most recent A-133 Audit or Form 990

3. Labor concurrence (if applicable as required under 45 CFR 100 (c)) on behalf of your programs, depending on amount of funds and history with the Corporation

4. Program evaluations (as required under 45 CFR 2522.730)

Applicants must provide Serve DC with nine (9) hard copies of their completed application to include the documents below (Please note that Continuation Applicants must provide six (6) hard copies):

1. SF424 Facesheet (does not need to be original, signed copy)

2. Application (including Performance Measures)

3. State Performance Measures (Word Document)

4. Budget

5. Budget Narrative

6. Logic Model

7. Additional documents may include (if applicable): evaluation reports, letters from the consortium members for Multi-focused intermediaries, and up to two evaluation briefs, reports, and/or peer reviewed articles if the applicant has a moderate or strong evidence base.

### How to Submit an Application in eGrants

Applicants must submit their applications electronically via the CNCS web-based system, eGrants (egrants.cns.gov). Because it is a unique system, it is recommended that applicants create an eGrants account and begin the application creation process at least three weeks before the deadline. Applicants should draft the application as a word processing document and copy and paste the document into the appropriate eGrants fields no later than 10 days before the deadline. Please note the length of a document in word processing software may be different than what will print out in eGrants. CNCS will consider the number of pages as they print out through eGrants when determining compliance with any page limits in this Notice.

Contact the National Service Hotline at 800-942-2677 or <https://questions.nationalservice.gov/app/ask_eg> if a problem arises while creating an account or while preparing or submitting an application in eGrants.

National Service Hotline hours are as follows: Mon - Fri, 9 am – 7 pm EST (Jan, Aug, Sept)
Mon - Thu, 9 am – 7 pm EST (Oct, Nov, Dec). In addition to those hours, the Hotline will also be open Oct 31 and November 1, December 5-6 and 12-13 as well as the one weekend prior to the application deadline (January 16-18) from 10:00 a.m. – 7:00 p.m. ET to assist applicants. If you contact the Hotline, be prepared to provide the application ID, organization name, and the Notice to which your organization is applying.

If technical issues prevent an applicant from submitting an application on time, please contact the National Service Hotline prior to the deadline to explain the technical issue and receive a ticket number. If the issue cannot be resolved by the deadline, the applicant must continue working with the National Service Hotline to submit via eGrants.

### Late Applications

In cases where an applicant is unable to submit the application by the deadline, Serve DC may, at its discretion, consider an application received after the deadline; but only if the applicant submits an email/letter to pamela.weinberg@dc.gov explaining the extenuating circumstance that caused the delay. The letter must be received no later than 8:00pm on December 4, 2015. If the applicant experiences technical difficulties with eGrants that are unresolved, the correspondence must include the National Service Hotline ticket number and the applicant must continue working with the National Service Hotline to submit the application. Serve DC determines whether or not to accept a late application for review on a case-by-case basis.

If extenuating circumstances make the use of eGrants impossible, applicants must contact pamela.weinberg@dc.gov for an alternative method of submitting the application.

### Submission of Additional Documents

Applicants must submit all required additional documents by the application deadline. All additional required documents should labeled with the applicant organization name and Application ID number at the top of the page and are due by the application deadline at AdditionalDocuments@cns.gov. Emails should include in the Subject line, the applicant organization name and Application ID number. State/territory applicants should check the state or territory’s application information to determine the process for submission of documents.

Additional documents may include (if applicable): letter(s) of support for the Governor/Mayor Initiative, evaluation reports, letters from the consortium members for Multi-focused intermediaries, and up to two evaluation briefs, reports, and/or peer reviewed articles if the applicant has a moderate or strong evidence base. School Turnaround AmeriCorps applications must submit the additional documents that are outlined in the Glossary and Appendix.

Failure to submit the required additional documents may have a negative impact on the assessment of an application. Do not submit other items not requested in the *Notice*. CNCS will not review or return them.

### Application Fields and Page Limits

In eGrants, applicants will enter text in the following fields:

* Executive Summary
* Program Design
* Organizational Capability
* Cost Effectiveness and Budget Adequacy
* Evaluation Plan

Applications may not exceed 15 pages for the Narratives (16 pages for Multi-State applications with more than five operating sites, 18 pages for Multi-Focus Intermediaries, School Turnaround, and Next Gen AmeriCorps applicants). Application content considered in determining page limit compliance includes the Executive Summary, SF 424 Facesheet; and the Narrative Sections contained in the Program Design, Organizational Capacity, and Cost Effectiveness and Budget Adequacy as the pages print out from eGrants. Please note the length of a document in word processing software may be different than what will print out in eGrants. CNCS will consider the number of pages as they print out through eGrants when determining compliance for page limits. CNCS strongly encourages applicants to print out the application from the “Review and Submit” page prior to submission to check that the application does not exceed the page limit. The application page limit does not include the budget, narrative portion of the Evaluation Plan, the Logic Model, performance measures, or the supplementary materials, if applicable.

The Logic Model may not exceed more than three pages when printed from the application.

Reviewers will not consider submitted material that is over the page limits in the printed report, even if eGrants allows an applicant to enter and submit text over the limit. This applies to both the application page limit and the logic model page limit. Do not submit other items not requested in the Notice or Application Instructions. CNCS will not review or return them.

### Assessment Criteria

Each applicant must describe a project that will deploy AmeriCorps members effectively to solve a significant community problem. CNCS urges applicants to submit high quality applications that carefully follow the guidance in this Notice and in the Application Instructions. The quality of an application will be an important factor in determining whether an organization will receive funding.

### Threshold Issues

Applications should reflect that they meet the threshold requirements for the grant type for which they are applying. No applicant should submit an application with less than 20 member slots. If an applicant is applying for a Professional Corps grant, its application should demonstrate that the community in which it will place AmeriCorps members serving as professionals has an inadequate number of said professionals. If an applicant is applying for a Full Time Fixed Amount grant, the application should reflect that only full-time or less than full-time positions serving in a full-time capacity will be permitted. School Turnaround AmeriCorps applicants must meet the threshold requirements outlined in the Glossary and Appendix.

New and recompeting applicants must submit an application with a minimum of 20 AmeriCorps members. Applications that have less than 20 members will be deemed noncompliant and will not be reviewed.

CNCS will assess an applicant’s strategic considerations. Applicants must check the relevant boxes in the Performance Measure tab in eGrants in order to be considered for CNCS’ assessment of the strategic considerations. Applicants should only check the boxes if the strategic consideration is an intentional part of their program design and the implementation strategies are described in the application.

## APPLICATION FIELDS

**A. Executive Summary (Required - 0 percent)**

Please fill in the blanks of these sentences to complete the Executive Summary. Do not deviate from the template below.

The [Name of the organization] proposes to have [Number of] AmeriCorps members who will [what the members will be doing] in [the locations the AmeriCorps members will serve]. At the end of the first program year, the AmeriCorps members will be responsible for [anticipated outcome of project]. In addition, the AmeriCorps members will leverage an additional [number of leveraged volunteers, if applicable] who will be engaged in [what the leveraged volunteers will be doing.]

This program will focus on the CNCS focus area(s) of [Focus Area(s)].\* The CNCS investment of $[amount of request] will be matched with $[amount of projected match], $[amount of local, state, and federal funds] in public funding and $[amount of non-governmental funds] in private funding.

\*If the program is not operating in a CNCS’ focus area, omit this sentence.

Fixed Amount grant applicants (EAP, Fulltime Fixed, and AmeriCorps Partnership Challenge) should list their Other Revenue (see Glossary) because they are not required to provide a specific amount of match, but still must raise significant additional resources to operate the program. CNCS will post all Executive Summaries of awarded grant applications on [www.nationalservice.gov](http://www.nationalservice.gov) in the interest of transparency and Open Government.

**B. Program Design (50 percent)**

Reviewers will consider the quality of the application’s response to the criteria below. Do not assume all sub-criteria are of equal value. School Turnaround AmeriCorps applicants should respond to the additional criteria in the Glossary and Appendix.

**1. Problem/Need (9 points)**

* The community problem/need is clearly defined and aligns with the proposed intervention.
* The community problem/need is prevalent and severe in communities where members will serve and has been well documented with relevant data.

***2*. Theory of Change and Logic Model (13 points)**

* The applicant’s proposed intervention is clearly articulated including the design, target population, and roles of AmeriCorps members and (if applicable) leveraged volunteers.
* The applicant’s intervention is likely to lead to the outcomes identified in the applicant’s theory of change. The theory of change should be either evidence-informed or evidence-based, meaning that the proposed intervention is guided by the best available research evidence that supports it effectiveness in the evidence section.
* The proposed outcomes represent meaningful progress in addressing the community problem/need identified by the applicant.
* The applicant’s AmeriCorps members will produce significant and unique contributions to existing efforts to address the stated problem.

The logic model shall depict:

* A summary of the community problem/need outlined in the narrative.
* The inputs or resources that are necessary to deliver the intervention, including:
	+ Number of locations or sites in which members will provide services
	+ Number of AmeriCorps members that will deliver the intervention
* The core activities that define the intervention or program model that members will implement or deliver, including:
	+ The duration of the intervention (e.g., the total number of weeks, sessions or months of the intervention)
	+ The dosage of the intervention (e.g., the number of hours per session or sessions per week)
	+ The target population for the intervention (e.g., disconnected youth, third graders at a certain reading proficiency level)
* The measurable outputs that result from delivering the intervention (i.e. number of beneficiaries served.) Identify which National Performance Measures will be used as output indicators
* Outcomes that demonstrate changes in knowledge/skill, attitude, behavior, or condition that occur as a result of the intervention.

Programs may include short, medium, or long-term outcomes in the logic model. While performance measure outcomes should be consistent with the program’s theory of change, programs are not required to measure all outcomes that are included in the logic model. The Logic Model should identify which National Performance Measures will be used as outcome indicators.

Applicants with multiple interventions should complete one Logic Model chart which incorporates each intervention. Logic model content that exceeds the three pages will not be reviewed.

**3. Evidence Base (12 points)**

Applicants will be awarded up to 12 points for providing evidence that their proposed intervention will lead to the outcomes identified in the logic model. Applicants shall provide a description of up to two research studies or evaluations that provide evidence that the proposed intervention is effective for the target population and community problem, and should describe how this evidence places them in the highest evidence tier for which they are eligible. Applicants should pay particular attention to the requirements for each tier of evidence. More points are awarded for higher tiers of evidence.

Applicants requesting consideration for the moderate and strong evidence levels should reference the Submission of Additional Documents section for guidance on the submission of evaluation studies.

All applicants must include as much detailed information as possible in the Evidence section of the application. Applicants are advised to focus on presenting high-quality evidence from two of the strongest and most relevant studies. Studies must be evaluations of specific programs or interventions. Research that does not focus on a specific program or intervention, but rather focuses on a broader issue area or population, will not be considered applicable and will not be reviewed or receive any points.

All applicants must include a description of up to two research studies or evaluations in order to earn points, including the following information:

1. The date of the research or evaluation was completed, and the time period for which the intervention was examined
2. A description of the target population studied (e.g. the demographics)
3. The methodology used in the study (e.g.; outcome study, random assignment, regression discontinuity design , or propensity score matching)
4. A description of the data, data source, and data collection methods
5. The outcomes or impacts examine and the study findings
6. The strength of the findings (e.g. confidence level, statistical power of the study design and statistical significance of findings).

Reviewers will examine the descriptions (and attached studies if relevant) using the following criteria:

1. How closely the intervention evaluated in the studies matches the one proposed by the
2. applicant;
3. The methodological quality and rigor of the studies presented (e.g., sample size and statistical
4. power, internal and/or external validity, use of control or equivalent comparison groups, baseline equivalence and study attrition, etc.);
5. Strength and consistency of the findings, with preference given to findings that show a
6. meaningful and persistent positive effect on participants demonstrated with confidence levels;
7. The date of the study, with a preference towards studies that have been conducted within the last six years.

If the evidence submitted as part of this application does not describe a well-designed and well-implemented evaluation, the applicant will be considered for a lower tier of evidence and related point values.

Requirements associated with the five evidence tiers are described next.

**No evidence** (0 points) means that the applicant has not provided evidence that they have systematically collected any qualitative or quantitative data to date.

**Pre-preliminary evidence** (1-2 points) means the applicant has demonstrated data collection experience testing or tracking at least one aspect of its logic model. For example, the applicant has collected systemic and accurate data on one or more of the following: the community need the proposed intervention will address, the program intervention’s activities and services delivered, participation in the intervention by the target population, and/or participant outcomes (for example, performance measurement data or a process evaluation assessing implementation of the intervention.) The data collection process and results must be described fully and the applicant should explain the link between data collection and the relevant component(s) of its logic model. Evidence for the pre-preliminary tier should be described in the Evidence section of the application but does not require submission of supplemental documentation.

**Preliminary evidence** (3-6 points) means the applicant has described up to two outcome studies about the intervention that yielded promising results for the proposed intervention or a similar intervention that the applicant will replicate with fidelity to the evaluated program model. The ways to demonstrate preliminary level of evidence are as follows:

* The applicant must describe at least one outcome study that was conducted of their own intervention. This must include a detailed description of the outcome study data from pre and post-tests without a comparison group or post-test comparison between intervention and comparison groups. An outcome study includes data beyond that which is collected as part of routine performance measurement. This description should explain whether the outcome study was conducted internally by the applicant organization or by an entity external to the applicant.

OR

* The applicant must describe at least one random control trial study or quasi-experimental evaluation (e.g. propensity score matching) that found positive results for the same intervention that the applicant plans to replicate. The description should include details about how the intervention studied and the applicant’s proposed approach are the same and how the applicant will replicate the intervention with fidelity to the program model. The study must have been conducted by an entity external to the organization whose program was studied.

OR

* The applicant may submit evidence from both bullets listed above. In this case, the applicant must provide data from an outcome study of an intervention it has previously implemented (see above) and also proposes to modify their program by replicating another random control trial study or quasi-experimental evaluation. Applicants should describe their previous outcome study and should also describe and submit the study (ies) of the proposed evidence-based intervention.

For the purposes of this Notice, “replicate” means that the key elements of the applicant’s intervention are implemented as the evidence-based program model describes (e.g., in terms of content or curriculum, delivery process, and target population), and the applicant’s adaptations are relatively minor. For example, an applicant implementing an intervention using certified teachers to administer the curriculum would not be considered replicating that program with fidelity if it replaces teachers with AmeriCorps members who are not certified teachers, because the documented success of the intervention relied on the specialization of certified teachers.

**Moderate evidence** (7-9 points) means the applicant has submitted up to two well-designed and well-implemented studies that evaluated the same intervention described in this application and identified evidence of effectiveness on one or more key desired outcomes of interest as depicted in the applicant’s logic model. Evidence of effectiveness (or positive findings) is determined using experimental design evaluations (i.e., Randomized Controlled Trials (RCT)) or quasi-experimental design evaluations (QED) with statistically matched comparison (i.e., counterfactual) and treatment groups. The ability to generalize the findings from the RCT or QED beyond the study context may be limited (e.g., single-site). The studies were conducted by an independent entity external to the organization implementing the intervention.

Applicants classifying their evidence as **Moderate** must submit up to two evaluation reports from external sources or evaluations published in peer-reviewed articles as separate attachments.

Current CNCS grantees are required to submit an evaluation report of their CNCS funded program. The CNCS-required evaluation report may count towards one of the two studies required for Moderate evidence tier or may be submitted in addition to this. In the latter case, all three studies will be considered against the review criteria.

If the applicant is not a current grantee, then more than two studies will not be considered.

**Strong evidence** (10-12 points) means the applicant has demonstrated that the intervention has been tested nationally, regionally, or at the state-level (e.g., multi-site) using a well-designed and well-implemented QED or RCT. Alternatively, the proposed intervention’s evidence may be based on multiple (up to two) well-designed and well-implemented QEDs or RCTs in different locations or with different populations within a local geographic area. The overall pattern of study findings is consistently positive. Findings from the RCT or QED studies may be generalized beyond the study context. The studies were conducted by an independent entity external to the organization implementing the intervention.

Applicants classifying their evidence as **Strong** must submit up to two evaluation reports from external sources or evaluations published in peer-reviewed articles as separate attachments.

Current CNCS grantees are required to submit an evaluation report of their CNCS funded program. The CNCS-required evaluation report may count towards one of the two studies required for Strong evidence tier or may be submitted in addition to this. In the latter case, all three studies will be considered against the review criteria.

If the applicant is not a current grantee, then more than two studies will not be considered.

**4. Notice Priority (3 points)**

* The applicant proposed program fits within one or more of the 2016 AmeriCorps funding priorities as outlined on page 3 and more fully described in the Glossary.
* The proposed program meets all of the requirements detailed on page 3 and in the Glossary.

**5. Member Training (4 points)**

* AmeriCorps members will receive high quality training to provide effective service.
* AmeriCorps members and volunteers will be aware of, and will adhere to AmeriCorps requirements including the rules regarding prohibited activities (see Glossary).

**6. Member Supervision (3 points)**

* AmeriCorps members will receive high quality guidance and support from their supervisor to provide effective service.
* AmeriCorps supervisors will be adequately trained/prepared to follow AmeriCorps and program regulations, priorities, and expectations.

**7. Member Experience (3 points)**

* AmeriCorps members will gain skills and experience as a result of their training and service that can be utilized and will be valued by future employers after their service term is completed.
* AmeriCorps members will have access to meaningful service experiences, including opportunities for reflection and connection to.
* the broader National Service network. The program will recruit AmeriCorps members from the geographic or demographic communities in which the programs operate.

**8. Commitment to AmeriCorps Identification (3 points)**

* Members will know they are AmeriCorps members.
* Staff and community members where the members are serving will know they are AmeriCorps members.
* AmeriCorps members will be provided with and will wear service gear that prominently displays the AmeriCorps logo daily.

**C. Organizational Capability (25 percent)**

Reviewers will consider the quality of the application’s response to the following criteria below. Do not assume all sub-criteria are of equal value.

**1. Organizational Background and Staffing (10 points)**

* The organization has the experience, staffing, and management structure to plan and implement the proposed program.
* The organization has adequate experience administering AmeriCorps grants or other federal grants effectively.
* The organization has sufficiently engaged community members and partner organizations in planning and implementing its intervention.

As documentation of community support and commitment to the program please procure, keep on file, but do not submit to CNCS, letter(s) from the applicant’s most significant community partner(s). The letter(s) should include what the partner(s) see as the benefit to the community provided by the applicant’s AmeriCorps members and what activities would not happen without the AmeriCorps members.

**2. Compliance and Accountability (15 points)**

* The applicant’s organization, in implementation and management of its AmeriCorps program, will prevent and detect compliance issues.
* The applicant will hold itself, subgrantees, and service site locations (if applicable) accountable if instances of risk or noncompliance are identified.
* The organization will comply with AmeriCorps rules and regulations including those related to prohibited and unallowable activities at the grantee, subgrantee, and service site locations (if applicable).
* The AmeriCorps members service will not duplicate, displace, or supplant volunteers, staff and/or interns.

**D. Cost Effectiveness and Budget Adequacy (25 percent)**

Reviewers will consider the quality of the application’s response to the following criteria below. Do not assume all sub-criteria are of equal value.

**1. Cost Effectiveness (18 points)**

* The budget is sufficient to carry out the program effectively.\*
* The budget aligns with the applicant’s narrative.\*
* The program design is cost effective and the benefits justify the cost.
* The applicant has raised or describes an adequate plan to raise non-CNCS resources to fully support the program.
* The applicant, if recompeting, has a lower cost per Member Service Year (MSY – see Glossary) than approved in previous grants, or provides a compelling rationale for the same or increased cost including why this increase could not be covered by the grantee share.

Program costs not included in the formal budget, including for Fixed Price and Partnership Challenge grantees, must be described in this section in sufficient detail to allow reviewers to assess their sufficiency and alignment.

Having a low cost per Member Service Year (MSY) is a competitive advantage. New applicants that submit with a low cost per MSY and recompeting applicants that submit with a lower cost per MSY than previously funded may receive higher priority for funding. Applicants requesting a higher cost per MSY than funded in previous years must justify their requests. If an applicant requests above the maximum cost per MSY (see Section 5.C.), it must justify its request. Please note that such requests are rarely approved.

**2. Budget Adequacy (7 points)**

* Budget is submitted without mathematical errors and proposed costs are allowable, reasonable, and allocable to the award.
* Budget is submitted with adequate information to assess how each line item is calculated.
* Budget is in compliance with the budget instructions.
* Match is submitted with adequate information to support the amount written in the budget.

Applicants must complete the budget and ensure the following information is in the budget narrative (requested information in the budget screens):

* Identify the non-CNCS funding and resources necessary to support the project.
* Indicate the amount of non-CNCS resource commitments, type of commitments (in-kind and/or cash) and the sources of these commitments.

**E. Evaluation Plan (Required for recompeting grantees - 0 percent)**

If the applicant is competing for the first time, please enter N/A in the Evaluation Plan field since it pertains only to recompeting grantees. If the applicant is recompeting for AmeriCorps funds for the first time (see definition of “recompeting” below) the program must submit its evaluation plan in the Evaluation Plan field in eGrants. If the applicant is recompeting for a subsequent time, the program must submit its evaluation report via email to AdditionalDocuments@cns.gov by the application deadline, as well as an evaluation plan for the next three-year period in the Evaluation Plan field in eGrants. Evaluations plans submitted outside of eGrants will not be reviewed.

Evaluation plans must include as much information as possible for each of the following (see Frequently Asked Questions: Evaluation, available at http://www.nationalservice.gov/resources/evaluation/cncs-evaluation-policies):

* A short description of the theory of change - why the proposed intervention is expected to produce the proposed results
* Outcome of interest - clear and measurable outcomes that are aligned with the theory of change and will be assessed during the evaluation
* Research questions to be addressed by the study - concrete research questions (or hypotheses) that are clearly connected to the outcomes
* Study components – a) a proposed research design for the evaluation including a rationale for the design selected, an assessment of its strengths and limitations, and a description of the main components; b) description of the sampling methods, measurement tools, and data collection procedures, and c) an analysis plan
* Qualifications needed for the evaluator
* The estimated budget.

For more information about evaluation plans visit the CNCS Knowledge Network’s Evaluation Resources: <http://www.nationalservice.gov/resources/evaluation/planning-evaluation>.

The evaluation requirements differ depending on the amount of the grant, as described in 45 CFR §2522.710:

* If the applicant is other than an Education Award Program grantee, and its average annual CNCS program grant is $500,000 or more, it must arrange for an external evaluation of the program, and it must submit the evaluation with any subsequent application to CNCS for competitive funds as required in §2522.730 of this subpart.
* If the applicant’s average annual CNCS program grant is less than $500,000, or an Education Award Program Grantee, it must conduct an internal or an external evaluation of the program, and it must submit the evaluation with any subsequent application to CNCS for competitive funds as required in §2522.730 of this subpart.

A program will be considered a recompeting application if it satisfies the CNCS definition of “same project” (see Glossary) and has been funded competitively for at least one complete three-year cycle. If the project satisfies the definition of same project and the applicant has completed one three-year cycle, it will be required to submit an evaluation plan. If the project satisfied the definition of same project and the applicant has completed two or more three-year cycles, the applicant will be required to submit an evaluation report as well as an evaluation plan for the upcoming 3 year grant. If the project does not satisfy the definition of recompeting, it will not be required to submit an evaluation plan, or completed evaluation report.

The Evaluation Plan field of eGrants does not count towards the page limit of the application; however, it does have a set character limit. Applicants should print out the plan to ensure the narrative does not exceed the character limits when entered in eGrants.

Subgrantees with an average annual CNCS program grant of $500,000 or more that are recompeting for funds are eligible to apply for approval of an alternative evaluation approach. Grantees requesting approval of an alternative evaluation approach should submit a request for approval of an alternative evaluation approach along with their evaluation plan in the Evaluation Summary or Plan field in eGrants. The request should clearly explain: (a) the evaluation constraints faced by the program, (b) why the proposed approach is the most rigorous option feasible, and (c) how the proposed alternative approach will help the grantee build their evidence base. Evaluation plans should include, at a minimum, the required elements listed in this Notice. The evaluation plan must be consistent with the information submitted in the competitive funding application and in the request for approval of an alternative evaluation approach. More information on alternative evaluation approaches can be found at: <https://www.nationalserviceresources.gov/files/guidance_for_grantees_approval_of_alternative_evaluation_approach.pdf>.

If the request for the alternative evaluation approach and the evaluation plan itself will exceed the character limit of the evaluation summary or plan field in eGrants, the applicant should do the following:

* Enter the evaluation plan in the evaluation summary or plan filed in eGrants.
* Include a note in the evaluation summary or plan field stating that the applicant is requesting an alternative evaluation approach.
* Include the alternative evaluation approach at the END of the application narrative with the heading “REQUEST FOR ALTERNATIVE EVALUATION APPROACH.” This section of the application narrative will not count against the page limit.

**F. Performance Measures (0 percent)**

All applicants must submit performance measures with their application. See Attachment B for instructions for entering performance measures. The performance measures may be used after grant making separate from the grant narrative. Thus all information requested in the National Performance Measure Instructions must be included in the text of the performance measures themselves, and it must be evident in the performance measure text that all definitions and requirements outlined in the National Performance Measures Instructions and NOFO FAQs are met. Should an applicant choose to provide duplicate information about performance measures in the narrative, this information will also need to be in the performance measures module.

**G. Amendment Justification (0 percent)**

Enter N/A. This field will be used if the applicant is awarded a grant and needs to amend it.

**H. Clarification Information (0 percent)**

Enter N/A. This field will be used to enter information that requires clarification in the post-review period.

**I. Continuation Changes (0 percent)**

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

**Dun and Bradstreet University Numbering System (DUNS) Number and System for Award Management (SAM)**

Applications must include a DUNS number and an Employer Identification Number. The DUNS number does not replace an Employer Identification Number. DUNS numbers may be obtained at no cost by calling the DUNS number request line at (866) 705-5711 or by applying online: <http://fedgov.dnb.com/webform>.The website indicates a 48-hour e-mail turnaround time on requests for DUNS numbers; however, CNCS suggests registering at least 30 days in advance of the application due date. After obtaining a DUNS number, all applicants must be registered with the Systems for Award Management (SAM) at <https://www.sam.gov/portal/public/SAM/>.

SAM collects, validates, stores, and disseminates data in support of Federal agency contracts, grant awards, cooperative agreements, and other forms of federal assistance. All grant recipients are required to maintain a valid SAM registration, which must be renewed annually. Applicants that are not already registered with SAM are urged to begin the registration process immediately in order to avoid any delays in submitting applications. Applicants must have a DUNS number in order to register with SAM. To register online go to <https://www.sam.gov/portal/pulbic/SAM/>.[https://www.sam.gov/portal/public/SAM/](https://www.sam.gov/portal/public/SAM)

## FUNDING RESTRICTIONS

### Types of Grants

AmeriCorps grants can be awarded on a cost reimbursement or fixed amount basis. Serve DC and CNCS will not provide both types of grants for the same project in one fiscal year. See Glossary.

General Summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Types** | **Cost Reimbursement** |  | **Fixed Amount** |
| Available Subtypes | Traditional | Professional Corps |  | Full-Time/Less than FT Serving in a full time capacity | EAP | Professional Corps |
| Maximum Cost per MSY  | $13,730 | Up to $1,000\* |  | $13,430 | $800 | Up to $1,000\* |
| Type of Slots in the National Service Trust | All | All |  | Full-Time or Less than Full-Time Serving in a full time capacity Only | All | Full-Time Only |
| Budget Submission Required | Yes |  | No | Yes, if requesting operating funds |
| Availability of Funds linked to enrollment and retention of awarded MSY | No |  | Yes |
| Special Requirements | N/A | Must place qualified professionals in communities with an inadequate number of such professionals. Member salaries must be paid entirely by organization where member serves and not included in the budget. |  | School Turnaround AmeriCorps applicants are not eligible for Full Time Fixed Amount grants | N/A | Must place qualified professionals in communities with an inadequate number of such professionals. No CNCS funds may be used to pay member living allowance or salary. |
| Match Requirements | Yes | Yes; Living allowance or salary paid to members may not be counted toward the match requirement. |  | No, but organizations must raise the additional revenue required to operate the program. |
| Financial Reporting Requirements | Yes |  | No |
| Available to New Applicants | Yes |  | No | Yes | Yes |

\*CNCS’s assumption is that Professional Corps will be covering the operating expenses associated with the AmeriCorps program through non-CNCS funds and thus will not be requesting operating funds as part of their applications. CNCS will consider requests for operating funds of up to $1,000 per MSY if an applicant is able to demonstrate in its narrative and supporting budget materials significant organizational financial need and substantial challenges to raising non-CNCS resources.

### Member Living Allowance

The proposed budget must include a living allowance for full-time members that is between $12,530 (minimum) and $25,060 (maximum) per member except as noted below. A living allowance is not considered a salary or a wage.

Cost reimbursement programs are not required to provide a living allowance for members serving in less than full-time terms of service. If a program chooses to provide a living allowance to a less than full-time member, it must comply with the maximum limits in Table 1 below. For Cost Reimbursement grants, the amount must be included in the proposed budget as either CNCS or grantee share. (EXCEPTION: as noted in Section B.1. and B.3.)

While Fixed Amount grant applicants are not required to submit detailed budgets, they are still required to provide a living allowance that complies with the minimum and maximum requirements to members (EXCEPTION: as noted in section B.2. and B.3.) Most Fixed Amount grant applicants are not required to indicate that amount in the application and should request those positions as “without living allowance” in the budget.

**Table 1: Minimum and Maximum Living Allowance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Term** | **Minimum # of Hours** | **Minimum Living Allowance** | **Maximum Total Living Allowance**  |
| Full-time  | 1700 | $12,530 | $25,060 |
| One-year Half-time | 900 | n/a | $13,265 |
| Reduced Half-time | 675 | n/a | $9,950 |
| Quarter-time | 450 | n/a | $6,635 |
| Minimum-time | 300 | n/a | $4,420 |

***1. Exceptions to the Living Allowance Requirements (for programs existing prior to September 21, 1993)***

If a program existed prior to September 21, 1993, a living allowance is not required. If an applicant chooses to offer a living allowance, it is exempt from the minimum requirement, but not the maximum requirement.

***2. EAP Grantees*** are not required to provide a living allowance, but if a living allowance is provided, it must comply with the maximum requirements set forth in the Living Allowance Table above.

***3. Professional Corps Grantees*** must provide members a living allowance or salary, which must meet the minimum, but may exceed the maximum living allowance set in the Living Allowance Table above. Professional Corps member salaries are paid entirely by the organizations with which the members serve, and are not included in the budget. School Turnaround AmeriCorps EAPs may exceed the maximum living allowance.

**C. Maximum Cost per Member Service Year (MSY)**

Maximum Costs per MSY are set forth in Table 2 below. The CNCS cost per MSY is determined by dividing the CNCS share of budgeted grant costs by the number of MSYs requested. It does not include child care or the value of the education award a member may earn. The maximum amount an applicant may request from CNCS per MSY is determined on an annual basis.

New and recompeting State Commission sub-grantees/applicants will be held to the maximum cost per MSY for their grant type.

**Table 2: 2016 Maximum Cost per MSY**

|  |  |
| --- | --- |
| **Grant Program** | **Maximum** |
| Individual Competitive State/Territory Program (cost reimbursement) | $13,730 |
| Multi-state (cost reimbursement) | $13,730 |
| Professional Corps Grant (Cost Reimbursement) | Up to $1,000\* |
| Professional Corps Fixed Amount Grant | Up to $1,000\* |
| Education Award Program Fixed Amount Grant | $800 |
| Education Award Program Partnership Challenge Grant\*\* | $0 |
| Fulltime Fixed Amount Grant | $13,430 |
| State/Territory Commission Average (of all its subgrants) | $13,730 |

\*CNCS’s assumption is that Professional Corps will be covering the operating expenses associated with the AmeriCorps program through non CNCS funds and thus will not be requesting operating funds as part of their applications. CNCS will consider operating funds of up to $1,000 per MSY if an applicant is able to demonstrate in its narrative and supporting budget materials significant organizational financial need and substantial challenges to raising non CNCS resources.

**\*\* Partnership Challenge applicants should apply as an EAP program in eGrants but will request $0 cost per MSY.**

Programs that recruit opportunity youth as AmeriCorps members may request up to $13,930 cost per MSY for the AmeriCorps members who are opportunity youth. All applicants must include a compelling case as to why the applicant’s cost per MSY must be higher.

**D. Amount of the Segal AmeriCorps Education Award for FY 2016**

AmeriCorps members serving in programs funded with FY 2016 dollars who successfully complete a term of service will receive an Education Award from the National Service Trust of $5,775 for a year of full-time service, with correspondingly smaller awards for less than full-time service. The amount of the Education Award is linked to the value of the Pell Grant. A member has up to seven years after his or her term of service to use the Education Award.

**Table 3: Term of Service and FY16 Education Award**

|  |  |  |
| --- | --- | --- |
| **Term of Service** | **Minimum # of Hours** | **FY15 Education Award** |
| Full Time | 1700 | $5,775.00 |
| Half Time | 900 | $2,887.50 |
| Reduced Half Time | 675 | $2,199.92 |
| Quarter Time | 450 | $1,527.45 |
| Minimum Time | 300 | $1,221.96 |

## APPLICATION REVIEW INFORMATION

The assessment of applications involves a wide range of factors and considerations. The AmeriCorps State Competitive application process includes two levels of review: one by Serve DC’s and one at the Federal CNCS level.

Following Serve DC’s initial review of the full applications, a decision will be made as to which programs Serve DC will recommend to CNCS for Competitive funding consideration. The remaining applications – and those not selected by CNCS for Competitive funding – will be considered for AmeriCorps Formula funds. Serve DC reserves the right to reject applicants from both the Competitive process and from consideration for Formula funding. Serve DC anticipates notifying Competitive awardees by no later than May 30, 2016 (contingent on full year appropriations) and anticipates making Competitive grant awards in or about the first week of July 2015.

Serve DC and CNCS will engage external reviewers to provide insight and input with respect to eligible applications. In addition, Serve DC and CNCS staff will apply their experience and expertise in evaluating applications. In the end, the review and selection process will produce a diversified set of high-quality programs that represent the priorities and selection factors described in these application instructions.

### Review and Selection Process

Specifically, the review and selection process will:

A. Identify eligible applications that satisfy the following considerations:

* High alignment with narrative assessment criteria
* High alignment with priorities outlined in the Notice, including priority-specific requirements as detailed in the Glossary
* Relative risk and opportunity.

B. Consider:

* Commission rank and recommendations on District of Columbia applicants
* Commission input on National Direct applications, except federally-recognized Indian Tribes.

C. Yield a diversified portfolio based on the following strategic considerations:

* Meaningful representation of Faith- and community-based organizations
* Focus area representation
* Organizations and/or program models that recruit and engage traditionally underrepresented populations as AmeriCorps members (e.g.; people with disabilities, low-income individuals, older Americans,etc) and expand opportunities to serve as AmeriCorps members
* High ratio of match and/or other revenue to CNCS investment
* Evidence levels
* Promise Zone designees or cities that have had a Strong Cities, Strong Communities community solutions team.

**The process below is the review process for CNCS. Serve DC will utilize two review panels (peer/outside reviewers and staff) to determine if an application will be submitted to CNCS for the second level of review, moved to the Serve DC AmeriCorps State Formula review, or to be rejected. Applicants must be prepared to provide clarification information as needed by Serve DC or CNCS.**

### Compliance and Eligibility Review

CNCS staff will review all applications submitted to CNCS to determine compliance with eligibility, deadline, and completeness requirements. In order to be compliant and advance to Phase One Review, an applicant must satisfy all the following requirements:

* Submit an application by the application submission deadline
* Submit an application that is complete, in that it contains all required elements and follows the instructions provided in this *Notice*
* Submit an application with a minimum of twenty AmeriCorps members.

### Phase One Review

There are three components to Phase One: 1) An assessment of the applicant’s past performance for the same program model (if applicable), 2) a review of Theory of Change and Logic Model portion of the application narrative, and 3) a review of the Evidence Base portion of the Application. Each application will be read by several CNCS staff.

State Commission staff will assess their recompeting subgrantees’ past performance and submit those assessments to CNCS. CNCS will assess its recompeting direct grantees related to past performance. This assessment is in addition to the evaluation of the applicant’s eligibility for funding or the quality of its application on the basis of the Selection Criteria. Results from this assessment will inform funding decisions. In evaluating programmatic performance, CNCS will consider the following for applicants that are current formula and competitive grantees and are submitting applications for the same program model:

* Grant progress reports – Performance Measures
* Enrollment and retention
* Compliance with 30 day enrollment and exit in the AmeriCorps portal
* Site visits or other monitoring (if applicable)
* Significant opportunities and/or risks of the grantee related to national service
* Commission Rank

External reviewers will review and assess the evidence base criteria in the *Notice*.

### Selection of Applications for Phase Two Review

Applications will advance to Phase Two Review based on the results of the Phase One Review, as well as consideration of the priorities and the strategic considerations outlined in the *Notice*. Those applications that do not advance to Phase Two Review will not be recommended for funding.

### Phase Two Review

Several CNCS staff will assess the remaining portions of the application on the basis of the selection criteria. Some applicants may receive requests to provide clarifying information and/or make changes to their application including changes to the budget. This information is used by CNCS staff in making final recommendations. Applications may be recommended for funding even if they are not asked clarification questions. A request for clarification does not guarantee a grant award. Failure to respond to requests for additional information in response to clarification questions in a timely fashion will result in the removal of applications from consideration.

### Financial and Risk Assessment Evaluation

CNCS staff will evaluate the risks to the program posed by each applicant, including conducting due diligence to ensure an applicant's ability to manage federal funds. This evaluation is in addition to the evaluation of the applicant’s eligibility for funding, the quality of its application on the basis of the Selection Criteria, and the assessment of programmatic past performance. Results from this evaluation will inform funding decisions. If CNCS determines that an award will be made, special conditions that correspond to the degree of risk assessed may be applied to the award. In evaluating risks, CNCS may consider the following, but not limited to:

* Financial stability
* Quality of financial management systems and ability to meet the administrative standards prescribed in applicable OMB Guidance
* History of performance as reflected in the applicant’s record in managing previous CNCS awards, cooperative agreements, or procurement awards, including:
	+ Timeliness of compliance with applicable reporting requirements,
	+ If applicable, meeting matching requirements, and
	+ If applicable, the extent to which any previously awarded amounts will be expended prior to future awards
* Information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information, such as—
	+ Federal Awardee Performance and Integrity Information System (FAPIIS),
	+ Dun and Bradstreet, or
	+ “Do Not Pay”
* Reports and findings from single audits performed under OMB Circular A-133 and findings of any other available audits
* IRS Tax Form 990
* An applicant organization's annual report
* Publicly available information including information from an applicant organization's website;
* Any other information listed in CFR § 2522.140; and
* The applicant’s ability to effectively implement statutory, regulatory, or other requirements.

### Selection for Funding

Applicants that do not advance to Phase Two will not be selected for funding. The CEO will select the final portfolio, based on staff recommendations on the quality of response (including clarification responses) against the criteria, programmatic and financial risk assessments, external review input, *Notice*’s priorities and strategic considerations.

### Feedback to Applicants

Following grant awards, each applicant will receive the summary comments of Phase One and, if applicable, Phase Two Review pertaining to their application. Feedback will be based on the review of the original application and will not reflect any information that may have been provided in response to clarification questions, if any.

CNCS is committed to transparency in grantmaking. The following information pertaining to this competition for new and recompeting applications will be published on the CNCS website (<http://www.nationalservice.gov/about/open-government-initiative/transparency/results-grants-competition>), within 90 business days after all grants are awarded:

* A blank template of the internal review form.
* A blank template of the external review form of the Evidence Base.
* A list of all compliant applications submitted.
* Executive summaries of all compliant applications submitted by the applicants as part of the application.
* Data extracted from the Standard Form 424 Face Sheet (SF424) and Program Narrative submitted by applicants for successful applications.
* Summaries of external reviewers’ comments for successful applications.
* A list of external reviewers who completed the review process.

## FEDERAL AWARD ADMINISTRATION INFORMATION

### Federal Award Notices

Applicants will be notified via email as to funding decisions. This notification is not an authorization to begin grant activities. The Notice of Grant Award signed by the grant officer is the authorizing document for grant activities.

### Administrative and National Policy Requirements

**Documents that Govern the Grant**

The Notice of Grant Award incorporates the approved application as part of a binding commitment under the grant as well as the AmeriCorps regulations and grant provisions.

**Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Cost Principles, and Audit Requirements for Federal Awards**

Grants under this program are subject to 2 CFR Part 200 and CNCS regulations issued to implement Part 200. Those regulations supersede and streamline requirements the from OMB Circulars A-21, A-87, A-110, and A-122 (which have been placed in OMB guidances); Circulars A-89, A-102, and A-133; and the guidance in Circular A-50 on Single Audit Act follow-up.

**National Service Criminal History Check Requirements**

The National Service Criminal History Check (NSCHC) is a screening procedure established by law to protect the beneficiaries of national service. The law requires recipients to conduct and document NSCHCs on any person (including award-funded staff, national service participant, or volunteer) receiving a salary, living allowance, stipend or education award through a program receiving CNCS funds.  An individual is ineligible to serve in a position that receives such CNCS funding if the individual is registered, or required to be registered, as a sex offender or has been convicted of murder. The cost of conducting NSCHCs is an allowable expense under the award.

Unless CNCS has provided a recipient with a written exemption or written approval of an alternative search procedure, recipients must perform the following checks–

All award-funded staff, national service participants, and volunteers must undergo NSCHCs that include:

1. A nationwide name-based search of the National Sex Offender Public Website (NSOPW); *and*
2. *Either*
* A name- or fingerprint-based search of the statewide criminal history registry in the person’s state of residence and in the state where the person will serve/work *or*
* A fingerprint-based FBI criminal history check.

Special Rule for Persons Serving Vulnerable Populations. Award-funded staff, national service participants, and volunteers *with recurring access to vulnerable populations* (i.e., children age 17 or younger, individuals age 60 or older, or individuals with disabilities) must undergo NSCHCs that include:

1. A nationwide name-based check of the [NSOPW](http://www.nsopw.gov/); *and*
2. *Both*
* A name- or fingerprint-based search of the statewide criminal history registry in the person’s state of residence and in the state where the person will serve/work; *and*
* A fingerprint-based FBI criminal history check.

*See* 45 C.F.R. § 2540.200–§ 2540.207 and <http://www.nationalservice.gov/resources/criminal-history-check> for complete information and FAQs. Vendor checks (checks performed by commercial vendors) are often noncompliant with these requirements. Inability of a grantee to demonstrate that they have conducted an NSOPW and other required criminal history checks, as specified in CNCS’s regulations, may result in disallowance of all or part of the costs associated with noncompliance.

**Use of Material**

To ensure that materials generated with CNCS funding are available to the public and readily accessible to grantees and non-grantees, CNCS reserves a royalty-free, nonexclusive, and irrevocable right to obtain, use, modify, reproduce, publish, or disseminate publications and materials produced under the award, including data, and to authorize others to do so.45 CFR §2543.36; 2541.30

### Reporting

While applications will not be evaluated on these criteria, grantees will be expected to have data collection and data management policies and practices that provide reasonable assurance that they are providing CNCS with high quality programmatic and financial data. At a minimum, grantees should have policies and practices which address the following five aspects of data quality:

* The data measures what it intends to measure;
* The grantee collects data in a consistent manner;
* The grantee takes steps to correct data errors;
* The grantee ensures that the data reported is complete; and
* The grantee actively reviews data prior to submission.

**Reporting Requirements**

All approved applicants will be required to submit the following reports (and any others per CNCS/Serve DC guidelines and requirements):

* *Progress Reports (Quarterly)*

Must identify the status of progress of tasks and performance measures as provided in the Application and Budget approved by Serve DC and CNCS

* *Progress Report Data (Semi-Annually)*

Must report progress toward the grant’s approved performance measure outputs and outcomes

* Demographic data (Annually)

Must report volunteer demographic information for AmeriCorps Members and episodic and ongoing volunteers

* *Periodic Expense Reports (Monthly)*

Must identify funds expended during the Reporting Period

* *Federal Financial Reports (Semi-Annually)*

Must identify funds expended to date during the Reporting Period

* *Volunteer Generation Reports (Monthly)*

Must identify the number of the Non-AmeriCorps Member Volunteers generated through AmeriCorps program (State Performance Measure)

* *AmeriCorps Member Timesheet Reports (Monthly)*

Must submit AmeriCorps Member timesheets on a monthly basis in the OnCorps Reporting System

### Re-Focusing of Funding

CNCS reserves the right to re-focus funding in the event of disaster or other compelling need for service.

## OTHER INFORMATION

In addition to consulting the Application Instructions, Supplementary Materials, and AmeriCorps regulations as directed in this *Notice*, applicants are encouraged also to consult the Serve DC and CNCS web site for a schedule of technical assistance conference calls, and Frequently Asked Questions that are updated during the competition period. Applicants can also make an appointment with Pamela Weinberg, Grants Management Specialist by emailing pamela.weinberg@dc.gov

## APPLICATION INSTRUCTIONS

Please use these application instructions if you are a new or recompeting applicant to CNCS.

If you are submitting a request for continuation to CNCS, please see the Continuation Instructions which begin on page 37.

Use these instructions in conjunction with the *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]](#footnote-1) and other information that is specific to the grant competition.**

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](http://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/Notice of Federal Funding Availability,* which takes precedence

over the

 3. Application Instructions.

### SUBMITTING YOUR APPLICATION IN EGRANTS

### New and Recompeting Applicants

New applicants need to establish an eGrants account by accessing this link: [https://egrants.cns.gov/espan/main/login.jsp](https://egrants.cns.gov/espan/main/login.jsp%20) 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 (see the Notice for a listing)

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

I. Applicant Info

II. Application Info

1. Narratives

IV. Performance Measures

V. Documents

VI. Budget

VII. Review, Authorize, and Submit

### 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.**

* If you are recompeting (in the final year of a competitive funding cycle and applying for a new grant cycle), select **Continuation/Renewal**
* If you are not a current grantee, but have received a competitive AmeriCorps grant in the past five years, select **Continuation/Renewal**
* If you are applying for the first time, have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, select **New**
* If you are a current planning grantee applying for an implementation grant, select **New**

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.

### Application Info

In the Application Info Section enter:

* Areas affected by your proposed program. Please include the letters DC capitalized for the District of Columbia where the program will operate.
* Requested project period start and end dates. The length of the project period is specified in the *Notice*.
* Enter Funding Type
* 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.”
* Indicate Yes or No if you are delinquent on any federal debt. If yes, send explanation as described in Section V.E.
* Leave the box for “Program Initiative” blank unless otherwise noted in the *Notice*.

In the Funding/Demographics Section enter:

* Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not identified as CNCS share or grantee share (match). Note: Programs should not enter the total operating budget for their organization unless the entire operating budget supports the AmeriCorps program. Programs that have additional revenue sources not included in the matching funds section of the budget should provide the amount of this additional revenue that supports the program. This amount should not include the CNCS or grantee share amounts in the budget. Fixed amount grantees should enter all non-CNCS funds that support the program in this field. All fixed grants will have other revenue.
* Number of Episodic Volunteers Generated by AmeriCorps members. Please enter the number of volunteers that will be participating in one day service projects that the proposed AmeriCorps members will generate.
* Number of Ongoing Volunteers Generated by AmeriCorps members. Please enter the number of volunteers that have an ongoing volunteer commitment that the proposed AmeriCorps members will generate.
* Percentage of MSYs who are opportunity youth, if any
* Number of reported in performance measure O15 who are opportunity youth
* Number of reported in performance measure O17 who are opportunity youth

In the Program Information Section:

General Information: select either Yes or No from the drop down menu

* My organization has received an AmeriCorps State and National Grant. Organizations that have been a host site for AmeriCorps members but never had a direct grant relationship with either a State Commission or CNCS should answer No.
* Opt in to theNational Service Registry. Applicants wishing to make information from their application to potential private sector funders can opt in during the application process.

2016 AmeriCorps Funding Priorities

Check any priority area(s) that apply to the proposed program. In order to receive priority consideration, applicants must demonstrate that the priority area is a significant part of the program focus, high quality program design, and outcomes.

* Education - improving student academic performance in Science, Technology, Engineering, and/or Mathematics (STEM) or addressing student and school need through School Turnaround AmeriCorps programming (see Glossary and Appendix)

|  |  |
| --- | --- |
| * Disaster Services
 | * Economic Opportunity – especially opportunity youth
 |
| * Environment – 21St Century Service corps
 | * Multi-focus Intermediary
 |
| * Veterans and Military Families
 | * Safer Communities
 |
| * Governor and Mayor Initiative
 | * Next Generation AmeriCorps School Turnaround
 |
| * Programming that supports My Brother’s Keeper
 | * No NOFO priority area
 |

Populations Served

Check the appropriate box (es) to identify the populations the proposed program will serve. If you do not plan to serve any of the listed populations, select "None of the above."

|  |  |
| --- | --- |
| * Individuals who are homeless
 | * Individuals receiving mental health services
 |
| * Adult ESL participants
 | * Individuals receiving substance abuse services
 |
| * Youth ESL participants
 | * Individuals with HIV/AIDS
 |
| * Disadvantaged youth (K-12)
 | * Senior Citizens
 |
| * Head Start participants
 | * Veterans
 |
| * Immigrants and refugees
 | * Veteran family members
 |
| * Individuals with physical or developmental disabilities
 | * Victims/Survivors of violence and abuse
 |
| * Caregivers
 | * Indiviudals receiving hospice for terminal illness.
 |

* None of the Above

Grant Characteristics

Check any grant characteristics that apply to the proposed program:

|  |  |
| --- | --- |
| * Encore Program
 | * Faith based organizations
 |
| * Community-based organizations
 | * STEM Program
 |
| * SIG/Priority Schools
 | * Geographic Focus – Urban
 |
| * Professional Corps
 | * Geographic Focus – Rural
 |
| * None of the the above grant characteristics
 |  |

Applicants must check the relevant boxes in order to be considered for CNCS’ assessment of the strategic considerations and Special Initiatives.

Grant Characteristics:

* AmeriCorps member Population – Communities of Color
* AmeriCorps member Population – Low-income individuals
* AmeriCorps member Population – Native Americans
* AmeriCorps member Population – New Americans
* AmeriCorps member Population – Older Americans
* AmeriCorps member Population – People with Disabilities
* AmeriCorps member Population – Rural Residents
* AmeriCorps member Population – Veterans, Active Military, or their Families
* AmeriCorps member Population – Economically disadvantaged young adults/Opportunity Youth
* AmeriCorps member Population – None of the above categories

AmeriCorps Identity/Co-branding Questions. Check all that apply.

### Narratives

The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria as outlined in the *Notice*. 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

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.**

Reviewers will assess your application against the selection criteria. To best respond to the criteria listed in the *Notice* and Application Instructions, we suggest that you include a brief discussion of each bullet if it pertains to your application.

### Performance Measures

All applicants must submit performance measures with their application.  All information requested in the National Performance Measure Instructions must be included in the text of the performance measures themselves, and it must be evident in the performance measure text that all definitions and requirements outlined in the National Performance Measures Instructions and NOFO FAQs are met.

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>.

### Documents

In addition to the application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary – see B., below) a federally-approved indirect cost agreement (if applicable and as indicated in the *Notice*), other required documents listed in the *Notice* (if applicable), and an explanation of federal debt delinquency (if applicable) via the e-mail listed in the *Notice*, 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 F., 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:
	1. Proposes to serve as the placement site for AmeriCorps members; and
	2. Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
	3. 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:
	1. 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:
		1. AmeriCorps members won’t be placed in positions that were recently occupied by paid staff.
		2. 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.

If either 1) or 2) above applies, 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**

Applicants applying directly to CNCS that include a federally approved indirect cost rate amount in their budget must submit the current approved indirect cost rate agreement to americorpsgrants@cns.gov at the same time they submit their application.

**D. Other Documents**

Provide other required documents list in the *Notice* (if applicable) via the email listed in the Notice, as part of your application.

**E.** **Delinquent on Federal Debt**

Any applicant that checks Yes to the question on federal debt delinquency must submit a complete explanation to Additonaldocuments@cns.gov at the same time they submit their application.

**F. Submission Instructions for Evaluations, Labor Union Concurrence, Indirect Cost Rate Agreements, Other Required Documents. And Explanations of Federal Debt Delinquency, as applicable.**

Please submit the required documents to the email listed in the *Notice* with the subject line of the name of your organization and the application ID number. This information must be received at CNCS by the deadline in the *Notice*.

### Budget Instructions

**For Fixed-Amount grants, including EAPs: Use the Budget Instructions for Fixed-Amount applicants (Attachment E) and the Budget Worksheet (Attachment F) to prepare your budget.**

1. **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**

|  |  |
| --- | --- |
| **Grant Type** | **Match Requirement** |
| Cost Reimbursement 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**.** |
| EAP Fixed-Amount Grants | There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over the cost in the NOFO provided by CNCS. |
| Professional Corps Fixed-Amount Grants | There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over the cost in the NOFO provided by CNCS. |
| Stipended Fixed-Amount Grants  | There are no specific match requirements for full-time Fixed-amount grants. Grantees pay all program costs over the maximum cost in the NOFO provided by CNCS. |

* 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, and/or private sector funds in accordance with applicable AmeriCorps requirements.
* In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your **entire match**. Define all acronyms the first time they are used. See Attachment H for instructions for applying for the Alternative Match Schedule.

*Note*: 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. Grantees that use federal funds as match will be required to report the sources and amounts on the Federal Financial Report (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 C to prepare your budget. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheets in Attachments C and D.

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 G) 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).

Programs must comply with all applicable federal laws, regulations, and the requirements of the Omni Circular. Please refer to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) for allowable, allocable, and reasonable cost information, as well as, audit requirements, including the need to provide audits to the Clearinghouse if expending over $750,000 in federal funds as required in the Omni Circular. The OMB Omni circular can be found on-line at [www.whitehouselgov/OMB/circulars](http://www.whitehouselgov/OMB/circulars).

### 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 J). 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.”

## 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 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 cycle, you need to submit a new application to participate in the fixed-amount grant; you cannot continue your existing 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.

**When to Submit Your Continuation Request:**

See the *Notice* for application deadlines.

**How to Submit Your Continuation Request:**

* 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.

### 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). See pages 30 – 32.

### Narrative (Narratives Section)

Your original application will appear in the Executive Summary and in the narrative sections Rationale and Approach/Program Design, 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.

**Provide the following information in the Continuation Changes narrative field:**

1. Identify whether this is a Year 2 and Year 3 continuation in the heading of this section.
2. Did the program enroll 100% of the slots in the last full year of program operation? If no, provide an explanation and describe the plan for improvement.
3. Did the program retain 100% of the members in the last full year of program operation? If no, provide an explanation, and describe the plan for improvement. CNCS recognizes retention rates may vary among equally effective programs depending on the program model but expects all grantees to pursue the highest retention rate possible.
4. Was the program 100% compliant with 30-day enrollment and exit requirements? If no, provide an explanation and the plan to ensure future compliance.
5. For national direct applicants: describe the manner and extent to which you consulted with the State Commission in the states in which you plan to operate (not applicable to Tribes or single state applications applying through state commissions.)
6. Are you proposing a change in operating sites or service locations? This includes expansion to new sites. If yes, describe these changes and provide a justification for the change. The justification should include the need that will be met at any new sites, the activities of the members, and organizational capacity to support new sites.
7. Are you proposing a change in program scope or design? If yes, describe the change and provide a justification.
8. Are you requesting an expansion (increase in members, increase in funding, and/or an increase in cost/MSY)? Please note that continuation requests for increases in funding are rarely approved and are considered against the criteria outlined in the *Notice* and subject to available funding.

**Continuation applicants requesting expansions should not modify performance measures and the application budget to reflect the increase.** Instead, please respond to the questions below. If your continuation request is approved, you will be invited to modify your performance measures and budget accordingly.

1. What type of expansion is being requested (increase in members, increase in funding, and/or increase in cost per MSY)?
2. What is the level of increase being requested?
3. Provide a justification for the expansion. The justification should include an explanation of the problem/need that will be met, how or whether member activities will differ from those already included in the approved grant, and a description of the organizational capability to support the expansion, including the organizational staffing and experience to manage the expansion and ensure quality and compliant programming and member experience.
4. Provide a detailed description of how the expansion would change the application budget and a dollar amount of the total increase. Include any additional staffing that would be added, changes to member training, criminal history checks, etc.
5. Provide a detailed description of how the expansion would change the application performance measures. Indicate how the expansion will impact program outcomes and make the program more effective.
6. Are you proposing other changes not captured above? If yes, describe these changes and provide a justification for them.

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 (see Attachment B for instructions). 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. The CNCS total share of the budget should generally not be increased. Continuation applicants requesting increase in funding should describe their request in the Continuation Changes section of the application and make modifications to the budget ONLY if this request is approved. CNCS expects that the Cost per MSY for continuation applicants will decrease or remain the same. Any proposed increase in Cost per MSY must be justified in the Continuation Changes field. **T**his 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.

**V. Source of Funds (Match)**

In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your **entire match**. Define all acronyms the first time they are used.

**VI.  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 H for instructions for applying for the Alternative Match Schedule.

# ATTACHMENTS

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** |  | **Non-Profit Organizations** |
| 1 | School (K-12) | 11 | Community-Based Organization  |
| 2 | Local Education Agency | 12 | Faith-Based Organization |
| 3 | State Education Agency | 13 | Chamber of Commerce/ Business Association |
|  |  | 14 | Community Action Agency/ Program |
|  | **Higher Education** | 15 | Service/Civic Organization |
| 4 | Vocational/Technical College | 16 | Volunteer Management Organization |
| 5 | Community College | 17 | Self-Incorporated Senior Corps Project |
| 6 | 2-year College | 18 | Statewide Association |
| 7 | 4-year College | 19 | National Non-Profit (Multistate)  |
| 8 | Hispanic Serving College or University | 20 | Local Affiliate of National Organization |
| 9 | Historically Black College or University | 21 | Tribal Organization (Non-government)  |
| 10 | Tribally Controlled College or University | 22 | Other Native American Organization |
|  |  |  |  |
|  |  |  |  |
|  | **Government** |  |  |
| 23 | Local Government-Municipal | 28 | Other State Government  |
| 24 | Health Department | 29 | Tribal Government Entity |
|  25 | Law Enforcement Agency | 30 | Area Agency on Aging |
|  26 | Governor’s Office |  31 | U.S. Territory  |
| 27 | State Commission/Alternative Administrative Entity |  |  |

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:

* If you are recompeting (in the final year of a competitive funding cycle and applying for a new grant cycle), select **Continuation/Renewal**
* If you are not a current grantee, but have received a competitive AmeriCorps grant in the past five years, select **Continuation/Renewal**
* If you are applying for the first time, but have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, select **New**
* If you are applying for the first time, have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, , select **New**
* If you are a current planning grantee applying for a three-year implementation grant, select **New**

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) Enter the dates for the proposed project period. “Continuation” or “Amendment” application: Enter the dates of the approved project period. This period should be one year in duration. The start date generally should reflect the start of the member enrollment 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. |
| 1. **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 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.C. § 1001)**

|  |  |
| --- | --- |
| **APPLICATION FOR FEDERAL ASSISTANCE**Standard Form 424 (Rev. 2-2007) Prescribed by OMB Circular A-102 | **1. TYPE OF SUBMISSION:** [x]  Application [x]  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. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ONMATTERS INVOLVING THIS APPLICATION *(give area code):* |
| 5. d. ADDRESS *(give street address, city, county, state and zip code):*STREET:      CITY:       COUNTY:      STATE:       COUNTRY:       | 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 H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University  D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization O. Federal Government P. HQ Internal Organizations Q. State Education Agency R. Territory  S. Other (specify) 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: [ ]   | **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. [x]  PROGRAM IS NOT COVERED BY E.O. 12372   **17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** [ ]  YES If “Yes,”attach an explanation. [ ]  NO |
| a. FEDERAL | $       |
| b. APPLICANT | $       |
| c. STATE | $       |
| d. LOCAL | $       |
| e. OTHER | $       |
| f. PROGRAM INCOME | $       |
| g. TOTAL | $       |
| **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: Performance Measures Instructions

**eGrants Performance Measures Module Instructions**

**About the Performance Measures Module**

In the performance measures module, you will:

* Provide information about your program’s connection to CNCS focus areas and objectives.
* Show MSY and member allocations.
* Create one or more aligned performance measure.
* Set targets and describe data collection plans for your performance measures.

**Home Page**

To start the module, click the “Begin” button on the Home Page.

As you proceed through the module, the Home Page will summarize your work and provide links to edit the parts of the module you have completed. You may also navigate sections of the module using the tab feature at the top of each page.

Once you have started the module, clicking “Continue Working” will return you to the tab you were on when you last closed the module.

To edit the interventions, objectives, MSYs, and member allocations for your application, click the “Edit Objectives/MSYs/Members” button.

After you have created at least one aligned performance measure, the Home Page will display a chart summarizing your measures. To edit a performance measure, click the “Edit” button. To delete a measure, click “Delete.” To create a new performance measure, click the “Add New Performance Measure” button.

**Objectives Tab**

An expandable list of CNCS focus areas appears on this tab. When you click on a focus area, a list of objectives from the CNCS strategic plan appears. A list of common interventions appears under each objective.

First click on a focus area. Then click on an objective. All national performance measures fall under a strategic plan objective. Only the performance measures that correspond to the strategic plan objectives you select on this tab will be available for selection as you continue through this module. To see which performance measures correspond to which objective, refer to the CNCS Performance Measures Instructions

<http://www.nationalservice.gov/documents/main-menu/2014/2015-performance-measures-instructions>

Next, select all interventions that are part of your program design. Interventions are the activities that members and volunteers will carry out to address the problem(s) identified in the application. Select “other” if one of your program’s interventions does not appear on the list. Repeat these actions for each of your program’s focus areas. Select “other” for your focus area and/or objective if your program activities do not fall within one of the CNCS focus areas or objectives.

Choose your program’s primary focus area from the drop-down list. Only the focus areas that correspond to the objectives you selected above appear in the list. Next, select the primary intervention within your primary focus area. You will be required to create an aligned performance measure that contains your primary intervention.

You may select a secondary focus area and a secondary intervention. The primary and secondary focus area may be the same if you have more than one intervention within the focus area.

**MSYs/Members Tab**

On this tab, you will enter information about the allocation of MSYs and members across the focus areas and objectives you have selected. Begin by entering the total MSYs for your program.

Next, enter the number of MSYs your program will allocate to each objective. Only the objectives that were selected on the previous tab appear in the MSY chart. If some of your program’s objectives are not represented in the chart, return to the previous tab and select additional objectives. The MSY chart must show how all your program’s resources are allocated. If you have selected the Find Opportunity objective (under the Economic Opportunity focus area) and/or the Teacher Corps objective (under the Education focus area), enter 0 MSYs for these objectives and allocate your MSYs to the other objectives you selected.

As you enter MSYs into the MSY column of the chart, the corresponding percentage of MSYs will calculate automatically. When you have finished entering your MSYs, the total percentage of MSYs in the chart must be 100%. The total number of MSYs in the chart must equal the number of MSYs in your budget (+/- 1 MSY).

In the members column, enter the number of members that will be assigned to each objective. Some members may perform services across more than one objective. If this is the case, allocate these members to all applicable objectives. For example, if one member works on both school readiness and K-12 success, allocate one member to each of these objectives. It is acceptable for members in this table to exceed total slots requested in the application due to double counting members’ service across multiple objectives.

**Performance Measure Tab**

This tab allows you to create sets of aligned performance measures for all the grant activities you intend to measure. You must create at least one aligned performance measure that includes your primary intervention. You may create additional aligned performance measures.

To create an aligned performance measure, begin by selecting an objective. The list of objectives includes those you selected on the objectives tab.

Provide a short, descriptive title for your performance measure.

Briefly describe the problem your program will address in this performance measure.

Select the intervention(s) to be delivered by members and member-supported volunteers. The list of interventions includes the ones you selected previously for this objective. Select only the interventions that will lead to the outcomes of this aligned performance measure. If you selected “other” as an intervention and wish to include an applicant-determined intervention in your aligned performance measure, click “add user intervention” and enter a one or two word description of the intervention.

Select output(s) for your aligned performance measure. The output list includes only the National Performance Measure outputs that correspond to the objectives you have selected. If you do not wish to select National Performance Measures, you may create an applicant-determined output by clicking “Add User Output.”

Select outcome(s). If you have selected a National Performance Measures output with a corresponding National Performance Measures outcome, these outcomes will be available to select. If you have not selected a National Performance Measures output, or if there is no corresponding outcome, create an applicant-determined outcome by clicking “Add User Outcome.”

For Capacity Building National Performance Measures, you may select optional end outcomes. Complete the corresponding drop-down box for any end outcome selected. To select more than one focus area, click “Add new focus area.” To select more than one beneficiary population, click “Add new beneficiary.” To de-select an item in the drop-down box, click the first (blank) line in the drop-down. To identify focus area outcomes that are connected to your capacity building activities, check the “Focus Area Outcome” box. To select more than one focus area outcome, select “Add new outcome.” To de-select an item in the drop-down box, click the first (blank) line in the drop-down.

Enter the number of MSYs and members your program will allocate to achieving the outcomes you have selected in this performance measure. Since programs are not required to measure all grant activities, the number you enter does not have to correspond to the MSY chart you created on the MSY/Members tab; however, the total number of MSYs across all performance measures within a single objective cannot exceed the total number of MSYs previously allocated to that objective. Members may be double-counted across performance measures, but MSYs may not. Note that MSYs and members cannot be entered for performance measures associated with the Find Opportunity objectives. For the Teacher Corps objective, enter 0 MSYs and members.

Click “next” to proceed to the data collection tab. Later you can return to this tab to create additional aligned performance measures.

**Data Collection Tab**

On this tab, you will provide additional information about your interventions, instruments and plan for data collection.

Describe the design and dosage (frequency, intensity, duration) of the interventions you have selected. Frequency refers to how often an intervention occurs (for example, number of sessions per week); intensity refers to the length of time devoted to the intervention (for example, number of minutes per session); and duration refers to the period of time over which the intervention occurs (for example, how many total weeks of sessions).

Expand each output and outcome and enter data collection information.

The performance measures may be used after grant making separate from the grant narrative. Thus all information requested in the National Performance Measure Instructions must be included in the text of the performance measures themselves, and it must be evident in the performance measure text that all definitions and requirements outlined in the National Performance Measures Instructions and NOFO FAQs are met. Should an applicant choose to provide duplicate information about performance measures in the narrative, this information will also need to be in the performance measures module.

Select the data collection method you will use to measure the output or outcome. To select more than one method, click the “Add new method” button. To de-select a method, click the first (blank) line in the method drop-down.

Describe the specific instrument(s) you will use to measure the output or outcome. Include the title of the instrument(s), a brief description of what it measures and how it will be administered, and details about its reliability and validity if applicable.

Enter the target number for your output or outcome. Targets must be numbers, not percents.

For applicant-determined outputs and outcomes, enter the unit of measure for your target. The unit of measure should describe the population you intend to count (children, miles, etc.). Do not enter percents or member hours as units of measure.

After entering data collection information for all outputs and outcomes, click “Mark Complete.” You will return to the Performance Measure tab. If you wish to create another performance measure, repeat the process. If you would like to continue to the next step of the module, click “Next.”

**Summary Tab**

The summary tab shows all of the information you have entered in the module.

To print a summary of all performance measures, click “Print PDF for all Performance Measures.”

To print one performance measure, expand the measure and click “Print This Measure.”

Click “Edit Performance Measure” to return to the Performance Measure tab.

Click “Edit Data Collection” to return to the Data Collection tab.

“Click Validate Performance Measures” to validate this module prior to submitting your application.

**Understanding MSY and Member Allocations in the AmeriCorps State and National Application**

**How to Calculate MSY and Member Allocations**

In the performance measure module, applicants enter the total share of program resources (MSYs and members) that will be directed to each objective.[[2]](#footnote-2) Member and MSY allocations entered in the application are understood to be the program’s best estimate of how member time will be allocated to various program objectives.

The charts below show how a sample program could calculate its MSY allocations for different member types and different percentages of member time spent per objective. In this example, the program has a total of 135 members. All members spend some time contributing to the K-12 Success objective. Only the program’s 105 full-time and half-time members contribute to the School Readiness objective.

|  |
| --- |
| Objective #1: K12 Success |
| **Type of Member** | **MSY Multiplier for Type** | **X** | **Number of Members for Type** | **X** | **% of Member Time for Objective** | **=** | **MSY Allocation** |
| FT | 1 | X | 100 | X | .50 | = | 50 |
| HT | .5 | X | 5 | X | .80 | = | 2 |
| RHT | .3809524 | X | 10 | X | 1.00 | = | 3.81 |
| QT | .26455027 | X | 10 | X | 1.00 | = | 2.65 |
| MT | .21164022 | X | 10 | X | 1.00 | = | 2.17 |
| **Total Members** | **135** | **Total MSYs** | **60.63** |

|  |
| --- |
| Objective #2: School Readiness |
| **Type of Member** | **MSY Multiplier for Type** | **X** | **Number of Members for Type** | **X** | **% of Member Time for Objective** | **=** | **MSY Allocation** |
| FT | 1 | X | 100 | X | .50 | = | 50 MSY |
| HT | .5 | X | 5 | X | .20 | = | .5 MSY |
| RHT | .3809524 | X | 0 | X | 0 | = |  |
| QT | .26455027 | X | 0 | X | 0 | = |  |
| MT | .21164022 | X | 0 | X | 0 | = |  |
| **Total Members** | **105** | **Total MSYs** | **50.5** |

**How It Looks on the MSY Tab**

The program enters the total number of MSYs and members for each objective on the MSY/Members tab of the performance measures module. The system automatically calculates the percentage of MSYs allocated to each objective.



Note: Programs that select the Find Opportunity objective (Economic Opportunity Focus Area) or the Teacher Corps objective (Education Focus Area) must enter 0 MSYs for these objectives and allocate their MSYs to other objectives. This is because the MSY allocations are designed to show how programs’ resources are allocated to activities that benefit the community. The Find Opportunity and Teacher Corps objectives are focused on benefits to members.

**How It Looks in the 424 PDF**

Table 1 and its corresponding pie chart show the total number of MSYs by Focus Area. Since both the K-12 Success and School Readiness objectives are in the Education Focus Area, Table 1 shows 100% of MSYs in Education.

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Table 4 in the PDF report shows the number of MSYs and members allocated to each objective, as seen on the MSY/Members tab:



Note that the total number of members does not accurately reflect the number of slots the program is requesting since some members are performing service in both objectives. The total number of MSYs does, however, reflect the total number of MSYs requested by the program.

Table 2 and its corresponding pie chart show the same MSY information expressed as percentages of the total MSYs:



**How To Assign MSYs to Performance Measures**

When a program creates an aligned performance measure, it must indicate how many MSYs and how many members will contribute to the outcomes of the aligned measure. Based on the MSY allocations already entered for the sample program, the program may allocate no more than 60.63 MSYs to K-12 Success performance measures, and no more than 50.5 MSYs to School Readiness performance measures. However, programs are not required to measure all of their activities, so it is possible that not all of these MSYs will be allocated to performance measures.

Our sample program has three performance measures, one for the K-12 Success objective and two for the School Readiness objective.

|  |
| --- |
| Objective #1: K-12 Success |
| **Intervention** | **Aligned Performance Measure** | **Percent of K-12 Success Time Spent on Achieving PM Outcomes** | **X** | **Total MSYs in Objective** | **=** | **MSYs Allocated to Performance Measure** | **Percent of Total MSYs** |
| Mentoring | ED3A, ED4A, ED27A | .75 | X | 60.63 | = | 45.47 | 41% |
| Parent Engagement | No performance measure. | .25 | X | 60.63 |  | NA | 14% |

|  |
| --- |
| Objective #2: School Readiness |
| **Intervention** | **Aligned Performance Measure** | **Percent of K-12 Success Time Spent on Achieving PM Outcomes** | **X** | **Total MSYs in Objective** | **=** | **MSYs Allocated to Performance Measure** | **Percent of Total MSYs** |
| Tutoring 1:1 | ED20, ED21, ED23 | .75 | X | 50.5 | = | 37.88 | 34% |
| Parent Engagement | Applicant-Determined Measure | .25 | X | 50.5 | = | 12.62 | 11% |

Note: Any aligned performance measure that has member outcomes rather than beneficiary outcomes should have an MSY allocation of 0 members since MSY allocations are designed to show how programs’ resources are allocated to achieving beneficiary outcomes.

**How It Looks in the 424 PDF**

Table 3 and its corresponding pie chart in the 424 PDF report shows the percentage of MSYs allocated to National Performance Measures, applicant-determined performance measures, or to no performance measures. As seen in the table above, the program has two National Performance Measures (ED3A/4A/27A and ED20/21/23), accounting for 75% of total MSYs. The program has one applicant-determined measure, and a small percentage of program activity is not being measured.

****

CNCS requires all applicants to have one aligned performance measure for the primary intervention. Applicants may have additional aligned measures provided that they measure significant programmatic activities. There is no expectation that 100% of program activity would be allocated to National Performance Measures, or to any performance measures at all.

**Performance Measures Checklist**

**This checklist is used to assess performance measures during the review process. Items on the checklist are common problems that require clarification. The checklist is not a comprehensive list of all performance measure items that may require clarification. Refer to the Performance Measure Instructions and NOFO FAQs for full requirements.**

|  |
| --- |
| **Alignment with Narrative/TOC** |
| Focus areas, objectives, interventions, outputs and outcomes are consistent with the application narrative, logic model and theory of change. |
| **Interventions** |
| The interventions selected contribute directly to the outputs and outcomes. |
| Interventions are not repeated in multiple aligned performance measures. |
| **Dosage** |
| The dosage (frequency, intensity, duration of intervention) is described and is sufficient to achieve outcomes. |
| **Resource Allocation** |
| MSY and member allocation charts are consistent with the member activities/time spent on member activities described in the application narrative. |
| MSY allocations for performance measures are reasonable. (If it is clear that not all interventions are being measured, then 100% of MSYs should not be allocated to performance measures. CNCS expects an accurate estimate of MSYs that will lead to performance measure outcomes and does not require applicants to measure 100% of program activity or to allocate a certain percentage of activity to National Performance Measures.) |
| MSYs are zero for Teacher Corps (ED12, ED13, ED14, ED17, ED18, ED19) and Member Development (O12, O13, O14, O15, O16, O17) performance measures and any other performance measures that measure member outcomes rather than beneficiary outcomes (EN2, EN2.1, V2, V10). |
| **Selection Rules/Performance Measure Instructions** |
| Unless the applicant is a continuation, no retired measures (e.g., measures marked deleted or not appearing in the 2015 Performance Measures Instructions) have been selected. |
| The applicant has at least 1 aligned performance measure for the primary intervention. |
| National Performance Measures conform to selection rules, definitions and data collection requirements specified in the Performance Measure Instructions. (Compliance with definitions and data collection requirements must be clearly explained in the performance measure text boxes or must be clarified.) |
| Individuals counted in National Performance Measures meet definition of "economically disadvantaged" in the Performance Measure Instructions. (Note: Definitions are different for different performance measures.) |
| It is clear that beneficiaries are not double-counted in an aligned performance measure. |
| National Performance Measures count beneficiaries, not AmeriCorps members, unless the measure specifies that national service participants are to be counted.  |
| The population counted in each National Performance Measure is the population specified in the Performance Measure Instructions. |
| Capacity Building interventions meet the CNCS definition of capacity-building in the Performance Measure Instructions. |
| Member development measures (O12, O13, O14, O15, O16, O17) have a 30-day timeline, not the previously acceptable 90-day timeline. |
| Applicant is not using applicant-determined member development or volunteer generation measures that are the same or similar to National Performance Measures or Grantee Progress Report demographic indicators (e.g., number of volunteers.) |
| Member development measures (O12, O13, O14, O15, O16, O17) or volunteer generation measures (G3-3.1, G3-3.2, G3-3.3) are only present if these activities are the primary focus of the program or a significant component of the program's theory of change. |
| **Education Selection Rules/Performance Measure Instructions** |
| Completion is defined for education outputs measuring completion. (ED2, ED4A, ED21, ED32). Note: Dosage and completion are not necessarily the same. The applicant must specify the minimum dosage necessary to be counted as having completed the program, which may or may not be the same dosage specified in the intervention description. |
| ED1/ED2 and ED3A/ED4A are not used in the same aligned PM. |
| The mentoring intervention is selected for ED3A/ED4A, and no other interventions are selected for ED3A/ED4A. Mentoring is not selected as an intervention in any education measures other than ED3A/ED4A. |
| The mentoring dosage meets the dosage requirements described in the Performance Measure Instructions for ED3A/ED4A. |
| It is clear that the proposed standardized test for ED5 and/or ED30 meets the definition in the Performance Measure Instructions. |
| If the state standardized test is proposed to measure ED5 and/or ED30, a justification is provided as directed in the Performance Measure Instructions. (Note: Request must be approved by CNCS.) |
| If the applicant is measuring multiple subjects under ED5 and/or ED30, it is clear whether/how much students must improve in reading, math or both subjects in order to be counted. |
| For ED27A or ED27B, the applicant specifies which dimension(s) of academic engagement described in the Performance Measure Instructions will be measured. |
| **Alignment & Quality** |
| Applicant-determined outputs and outcomes are aligned correctly. |
| Outputs and outcomes clearly identify what is counted. |
| Each output or outcome counts only one thing (except certain National Performance Measures). |
| Outcomes clearly identify a change in knowledge, attitude, behavior or condition. (Counts that do not measure a change are outputs and must be labeled as such.) |
| Outcomes clearly specify the level of improvement necessary to be counted as "improved" and it is clear why this level of improvement is significant for the beneficiary population served. |
| Outcomes count individual level gains, not average gains for the population served. |
| Outcomes measure meaningful/significant changes and are aligned with the applicant's theory of change. (Note: Outcomes that do not measure significant changes in knowledge, attitude, behavior or condition should be revised. If the applicant is not able to propose a meaningful outcome, the aligned performance measure should be removed. CNCS prefers that applicants measure a small number of meaningful outcomes rather than a large number of outputs paired with insignificant outcomes.) |
| Outcomes can be measured during a single grant year. |
| **Data Collection/Instruments** |
| Data collection methods are appropriate. |
| Instruments are likely to yield high quality data. |
| The instrument, and what it measures, is clearly described. |
| If the Performance Measure Instructions specify the instrument to be used, the applicant is using that instrument (e.g., pre/post test). |
| The instrument measures the change specified in the outcome. (For example, if the outcome is a change in knowledge, the proposed instrument measures a change in knowledge, not a change in attitude.) |
| Output instruments are sufficient to count all beneficiaries served and to ensure that individuals are not double-counted. |
| Outcome instruments will be administered to all beneficiaries receiving the intervention or completing the program. (Note, competitive grantees may propose a sampling plan for CNCS approval if this is not the case. Formula grantees are not permitted to sample.) |
| **Pre/Post Test** |
| If using a pre/post test to measure knowledge gains from training activities, it is clear how the pre/post test is connected to the learning objectives of the training. |
| The timeline for administering the pre/post test is clear. |
| If a pre/post test is required by the Performance Measure Instructions, the instrument described is a pre/post test. |
| The applicant can successfully match pre-test data with post-test data at the individual level. The same instrument must be used for the pre-test and the post-test. |
| **Targets** |
| Target values appear ambitious but realistic/It is clear how targets were set. |
| Outcome targets are smaller than output targets, with some exceptions (i.e., capacity-building National Performance Measures). Note: In some cases it may be appropriate for the outcome target to be equal to the output target. |
| The output and outcome targets are reasonably proportional. Note: What constitutes reasonably proportional may depend on what is being counted, how and when. |
| **Unit of Measure** |
| The unit of measure is not AmeriCorps members except in National Performance Measures that count national service participants. |
| The unit of measure is consistent for all outputs or outcomes in the PM unless otherwise specified in the Performance Measure Instructions. |
| The unit of measure is not hours. |
| The unit of measure is a number, not a percent. |
| **Sampling** |
| If sampling is proposed, the targets represent the total for the population being served, not just the sample. (Note: Formula grantees are not permitted to sample.) |
| If sampling is proposed, the sampling plan is forwarded to CNCS for consideration. (Note: Formula grantees are not permitted to sample.) |
| **Misc.** |
| The applicant has not opted into National Performance Measures but has the potential to do so. (In this case, clarify why the applicant has not opted into National Performance Measures and, if applicable, direct them to select appropriate National Performance Measures.) |
| The applicant has not created applicant-determined measures that are identical to National Performance Measures. (Note: This is a common problem that occurs when applicants have not selected the correct objective. Applicants must review the selection rules and choose the correct objectives or the corresponding performance measures will not be available for selection. Applicant-determined measures are recognizable by the labels OUTPT or OUTCM, followed by numbers. Any applications containing these labels are NOT National Performance Measures, even if the applicant has labeled them with the number of a national measure.) |

# ATTACHMENT C: Detailed Budget Instructions for Cost Reimbursement Grants(eGrants Budget Section)

Fixed Amount Grants refer to Attachment E

**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. 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 State Commissions and National Direct 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**.

Please itemize the costs. For example: Two staff members will attend the Annual AmeriCorps Symposium in Washington, DC.

2 staff X $750 airfare + $50 ground transportation + (1 day) X $400 lodging + $35 per diem = $2,470 for Annual AmeriCorps Symposium.

**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 per unit** (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**

AmeriCorps members must wear an AmeriCorps logo on a daily basis – preferably clothing with the AmeriCorps logo. The item with the AmeriCorps logo is a required budget expense. Please include the cost of the item with the AmeriCorps logo in your budget or explain how your program will be providing the item to AmeriCorps members without using grant funds. Grantees may add the AmeriCorps logo to their own local program uniform items using federal funds. Please note that your program will be using the AmeriCorps logo in the budget description.

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. 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. There is not a maximum daily rate.

**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. There is not a maximum daily rate.

**G. 2. Member Training**

Includethe 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. There is not a maximum daily rate.

**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). Please include the cost for these checks for staff and members or explain how your program will be covering the cost in the budget narrative.
* 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 share (match).

The minimum and maximum living allowance amounts are provided in the *Notice*.

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 Omni Circulars.

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

Applicants choose one of three methods to calculate allowable administrative costs – a CNCS-fixed percentage rate method, a federally approved indirect cost rate method, or a de minimis method. Regardless of the option chosen, the CNCS shareof administrative costs is limited to 5% of the total CNCS funds **actually expended** under this grant. Do not create additional lines in this category.

**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 CNCS 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 up to 2%, that decision is identified within each subgrant’s budget. If the commission elects to retain 1% of the administrative costs, 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.

Commissions are not eligible to retain any portion of funds from fixed amount subgrants.

**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.

If a commission elects to retain a share of the 5% of federal funds available, please note the percentage or amount in the text. There is no separate line item to show this calculation.

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.

**C. De Minimis Rate of 10% of Modified Total Direct Costs**

If you have never had a federally negotiated indirect cost rate and receive less than $35 million in direct federal funding, you may indefinitely use a de minimis rate of 10% of modified total direct costs (MTDC). Additional information regarding what is included in MTDC and use of this option can be found at 2 CFR 200.414 (f) and 200.68. If this option is elected, it must be used consistently across all federal awards.

**Source of Match**

In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-inkind), and the source type (Private, State/Local, or Federal) for your **entire match**. Define all acronyms the first time they are used. The total amount of Source of Match should equal the Grantee Share amount.

Note: the value of the Segal Education Awards that members earn for their service is not identified in the budget. Also, the childcare reimbursements provided to eligible full-time members is not included in the budget.

# ATTACHMENT D: 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) |  |  |  |  |  |  |
| 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 |  |  |  |

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

**Section III. Administrative/Indirect Costs**

**A. Corporation-fixed Percentage Rate**

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

1. **Federally Approved Indirect Cost Rate**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cost Type | CostBasis | Calculation | Rate | Rate Claimed | **Total Amount** | **CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |  |  |

**C. De Minimis Rate of 10% of Modified Total Direct Costs**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Total: Validate this budgetRequired Match Percentages:  | **Total Amount** | **CNCS Share** | **Grantee Share** |
|  |  |  |

**Source of Funds**

|  |
| --- |
|  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section** | **Proposed vs Secured** | **Amt** | **Type** | **Source** |
| **Sources of Funds** |  |  |  | . |
| **Total Source of Funds** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |

# ATTACHMENT E: Detailed Budget Instructions for Fixed-amount Grants including Partnership Challenge (eGrants Budget Section)

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

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 or complete the grantee share column. However, you must complete the source of match chart to identify the sources of the additional revenue you need to operate the program If you are applying for a Stipended Fixed-Amount grant, you must pay at least the minimum living allowance listed in the *Notice* for each type of position you are proposing.

**Budget Section II. AmeriCorps Member Positions**

**Member Positions**

Identify the number of 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:

|  |  |  |
| --- | --- | --- |
| **Member Positions** | **Calculation**  | **MSY**  |
| \_\_\_\_\_Full-time (1700 hours) | (\_\_\_\_\_\_ members x 1.000)  | =  |
| \_\_\_\_\_Half-time (900 hours)  | (\_\_\_\_\_\_ members x 0.500) | = |
| \_\_\_\_\_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**  |  |

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

**Fixed Award**

Display your calculation in the following format:

|  |  |  |
| --- | --- | --- |
| Total # of MSYs \_\_\_\_\_\_\_\_ | x MSY amount (See NOFO for amounts)\_\_\_\_ | = Total Grant Request **$\_\_\_\_** |

Type the total amount requested in the “Total Amount” & “CNCS Share” columns. Leave the “Grantee Share” blank. See example below (applies to a Stipended Fixed Amount grant):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Purpose** | **Calculation** | **Total Amount** | **CNCS Share** | **Grantee Share** | **edit** | **del** |
| **Program Grant Request** | 47.5 MSY X $9,500/MSY | $451,250 | $451,250 | $0 | view |  |
| **Subtotal** |  | $451,250 | $451,250 | $0 |  |  |

**Source of Funds**

|  |
| --- |
|  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section** | **Proposed vs Secured** | **Amt** | **Type** | **Source** |
| **Sources of Funds** |  |  |  | . |
| **Total Source of Funds** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |

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

Complete the fields for the # w/o Allowance only.

**Member Positions**

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

|  |
| --- |
|  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section** | **Proposed vs Secured** | **Amt** | **Type** | **Source** |
| **Sources of Funds** |  |  |  | . |
| **Total Source of Funds** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |

# ATTACHMENT G: Budget Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. Note: This does not apply to Fixed-amount grants.

| **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 program 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.  |
| 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 State Commission and National Direct 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 \_\_ | Cost of items with the AmeriCorps logo that will be worn daily is included for all AmeriCorps members? Or if not, there is an explanation of how the program will be providing the AmeriCorps logo item to AmeriCorps members using funds other than CNCS grant funds. |
| Yes \_\_ No \_\_ | You only charged to the federal share of the budget member service gear that includes the AmeriCorps logo and noted that the gear will have the AmeriCorps logo, with the exception of safety equipment? |
| Yes \_\_ No \_\_ | Does the budget reflect adequate budgeted costs for project evaluation? |
| Yes \_\_ No \_\_ | Have you provided budgeted costs for criminal history checks of members and grant-funded staff that are in covered positions per 45 CFR 2522.205? Or, if not, there is an explanation of how the program will be covering the costs. |
| 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. If exempted from paying FICA, is the exemption noted in the budget narrative? |
| 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 will 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.  |
| Yes \_\_ No \_\_ | Unemployment insurance is only budgeted if state law requires it? |

|  |  |
| --- | --- |
| **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?  |
| Yes \_\_ No \_\_ | Applicant has chosen Option B-the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified? |
| Yes \_\_ No \_\_ | Applicant has chosen Option B – the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified? |
| Yes \_\_ No \_\_ | Applicant is directly apply to CNCS and has chosen Option B. A copy of the current approved indirect cost rate agreement has been submitted to additionaldocuments@cns.gov |
| Yes \_\_ No \_\_ | Applicant has chosen Option C – a de minimis rate of 10% of modified total direct costs has been budgeted? |

|  |  |
| --- | --- |
| **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, proposed vs secured, the source(s) [private, state, local, and/or federal], the type of contribution (cash or in-kind), and the amount of match, are clearly identified in the narrative and in the Source of Funds field in eGrants?  |
| Yes \_\_ No \_\_ | The amount of match is for the entire amount in the budget narrative. (The total amount of match equals the amount in the budget?) |

# ATTACHMENT H: 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 I 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 I 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 per the information contained in the *Notice*. 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 mail applications per the NOFO instructions.**

# ATTACHMENT I: County-Level Economic Data for Alternative Match Requests

**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](http://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](http://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](http://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](http://www.bls.gov/lau/home.h)   | 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](http://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](http://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](http://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 J: 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:

1. 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.
2. 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.
3. 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.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. 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).
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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).
12. 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.
13. 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.).
14. 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.
15. 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.
16. 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.
17. 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.
18. 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:

1. Publishing a drug-free workplace statement that:
	1. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee’s workplace;
	2. Specifies the actions that the grantee will take against employees for violating that prohibition; and
	3. 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;
2. 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;
3. Establishing a drug-free awareness program to inform employees about:
	1. The dangers of drug abuse in the workplace;
	2. The grantee’s policy of maintaining a drug-free workplace;
	3. Any available drug counseling, rehabilitation, and employee assistance programs; and
	4. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;
4. 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;
5. 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:
	1. Taking appropriate personnel action against the employee, up to and including termination; or
	2. 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;
6. 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:

1. 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;
2. 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;
3. 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 K: Beneficiary Populations/Grant Characteristics

* AmeriCorps member Population – Communities of Color
* AmeriCorps member Population – Low-income individuals
* AmeriCorps member Population – Native Americans
* AmeriCorps member Population – New Americans
* AmeriCorps member Population – Older Americans
* AmeriCorps member Population – People with Disabilities
* AmeriCorps member Population – Rural Residents
* AmeriCorps member Population – Veterans, Active Military, or their Families
* AmeriCorps member Population – Economically disadvantaged young adults/Opportunity Youth
* AmeriCorps member Population – None of the above
* Geographic Focus – Rural
* Geographic Focus – Urban
* Encore Program
* Faith- and community-based organizations
* Governor and Mayor Initiative
* SIG/Priority Schools
* Professional Corps
* 21st CSC
* School Turnaround AmeriCorps
* Other

# ATTACHMENT L: Logic Model Instructions for New/Recompeting and Continuation Applicants (eGrants Logic Model Section)

To begin entering your logic model, from your eGrants application page select “Logic Model” in the left side navigation menu.

In the first blank row of the logic model, click “edit.” Clicking this link will open a pop-up screen with fields for each column of the logic model. Complete any fields that are applicable; there are no required fields in this screen. When you are finished click “save and close.”

You may add an unlimited number of rows to the logic model by clicking “add a new row.” However, please be mindful of any page limits specified elsewhere in the application instructions or NOFO.

You may edit or delete an existing row by clicking “edit” or “delete” in the last column of the logic model.

# ATTACHMENT M: eGrants Indirect Cost Rate (IDCR) User Instructions

**eGrants Indirect Cost Rate (IDCR) User Instructions**

A new feature has been introduced to eGrants which allows users to input Indirect Cost Rate information into their eGrants account. Grantees that will be claiming or budgeting for indirect costs on CNCS awards are required to enter the following indirect cost rates in eGrants: federally negotiated rates, state negotiated rates, and the use of de minimis rate of 10% of modified total direct costs (MTDC). Recipients of AmeriCorps State and National awards may only charge 5% of their negotiated rate to the federal share of the award, with the remaining balance being charged to match (See [45 CFR §§ 2521.95](http://www.ecfr.gov/cgi-bin/text-idx?SID=2ea79b2eb0c09e5c1ad42ea96846484e&node=se45.4.2521_195&rgn=div8) and [2540.110](http://www.ecfr.gov/cgi-bin/text-idx?SID=2ea79b2eb0c09e5c1ad42ea96846484e&node=se45.4.2540_1110&rgn=div8)).

**Once a rate is entered & saved in eGrants, it cannot be edited.** If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

**Entry for the IDCR screen can be accessed using the following steps:**

1. From the **eGrants Home** screen, in the lower panel under **Managing My Account**, click on **My Account**



1. From the **My Account** screen, under **Edit My Organization Info**, click on **Add and View Indirect Cost Rate**



1. From the **Add and View Indirect Cost Rate** screen, select **add a new** to add a rate or **cancel** to back out of the screen.



Field by field instructions can be found by clicking the “**?”** located next to Indirect Cost Rate or Indirect Cost Rate Record.

If **add a new** is selected, the screen below will pop up.



1. **Do you have an Indirect Cost Rate to record?** Respond Yes or No. If **NO** is selected, users cannot go any further & nothing will be recorded. If **Yes** is selected, users can continue on.

If your organization will be claiming or budgeting with a current, approved indirect cost rate on any CNCS awards, it must be reported on this page.  The rate information you record will be used in all award negotiation and reviews until it is superseded by a new approved rate, or expires. Applicants will have an opportunity to identify, in applications, if they will be using a lesser percentage of an approved rate, if you so choose.

1. **Rate Type:** If your rate type is not one of the following options, contact your grants officer for guidance:

**Federally Negotiated –** select if your rate has been negotiated by your cognizant federal agency. Cognizance is determined by the agency which provides the highest amount of direct federal funding;

**State Negotiated –** select if your rate has been negotiated by a state agency or other pass through entity; or

**10% of MTDC** – select if your organization qualifies for & elects to use the 10% de Minimus rate of Modified Total Direct Costs (MTDC). Organizations qualify for this rate if they have NEVER had a federally negotiated rate. State entities must also not receive more than $35 million in direct federal funding.

**Rates must be used consistently across ALL federal awards.**

1. **Issuing Agency.**  Respond by selecting the federal agency that approved your rate, or if the federal agency who issued your rate is not listed, select **Other**, or if your rate is issued by a state agency select **Other**.

Identify federal agencies using the drop down list.  If your rate is approved by a federal agency other than the ones listed, notify your grants officer. Other federal agencies may be added as needed.

1. **Acceptance Date.** Enter a valid date.

The acceptance date is usually identified where the rate was signed by the issuing state or federal agency.

1. **Rate Status.** Select one of the following options: **Final**, **Provisional**, **Predetermined**, **Fixed**, **Other**, or **Other – 10%**.

Rates issued by federal agencies will almost always be final or provisional.  However, if your organization has formally notified a federal or state agency of your eligibility and intent to use the 10-percent of MTDC rate, select **Other – 10%**.  If your organization has a **predetermined** or **fixed rate**, select those options accordingly. If a state rate indicates a term that is not listed here select **Other** and notify your grants officer. Additional rate status options may be added as needed.

1. **Effective From.** Enter a valid date.

The effective from date is found on your indirect cost rate document. If using the 10-percent of MTDC rate, enter today’s date or the date your organization formally started charging costs under the 10-percent of MTDC rate.

1. **Effective To.** Enter a valid date.

The effective to date is found on your indirect cost rate document. If your organization has received approval to extend your rate, enter the end date of the extension.

1. **No Expiration.** Check or leave unchecked.

If your rate does not have an expiration date, as is the case with the use of the 10-percent of MTDC rate, check this box, otherwise, leave unchecked.

1. **Extended?** Respond Yes or No.

If the rate “effective to” date has been extended with approval of the federal cognizant agency under authority of the 2014 Omni Circular, respond **Yes**.  If it is not an extended rate effective to date, respond **No**.

1. **Rate Base.** Enter up to 500 characters including spaces.

Enter the text as found on your indirect cost rate approval document.  For rates issued by state agencies, enter either the rate base used to determine the indirect cost pool as stated on your indirect cost rate approval document or “State Rate N/A.” If you need more than 500 characters, indicate “Summary” and record the most important content.

1. **Treatment of Fringe Benefits.** Enter up to 500 characters including spaces.

Enter the text as found on your indirect cost rate approval document.  For rates issued by state agencies, enter either the how fringe benefits were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or “State Rate N/A.” If you need more than 500 characters, indicate “Summary” and record the most important content.

1. **Treatment of Paid Absences.** Enter up to 500 characters including spaces.

Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the how paid absences were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or “State Rate N/A.” If you need more than 500 characters, indicate “Summary” and record the most important content.

1. When you have completed all of the above entries, click the **“save & close”** button at the bottom of the page.



* If you would like to cancel your entry, click the “**cancel**” button and the entry will be cancelled. All entry information will be lost & no entry will be shown.
* **Once a rate is saved it cannot be modified**.
* If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.
1. **Order of Rates** - Once an entry is saved, users will be able to see the rates they have entered. Rates will display in the order of entry. Entry of rates will provide users and CNCS with a historical record which can be used to clarify indirect cost rate inquiries for monitoring, consistent record maintenance, & audits.

If you have any questions or concerns, please contact your assigned grants officer.

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. [↑](#footnote-ref-1)
2. Objectives are objectives of the CNCS strategic plan. Activity that does not contribute to a strategic plan objective is categorized as “Other.” [↑](#footnote-ref-2)