



DELAWARE SCHOOL TURNAROUND AMERICORPS APPLICATION INSTRUCTIONS

Competitive including:

AmeriCorps Indian Tribes AmeriCorps National Direct AmeriCorps National Education Awards Program State Commission AmeriCorps State Competitive State Commission AmeriCorps State Competitive Education Awards Program AmeriCorps State Competitive Direct (if applicable) AmeriCorps State Competitive Direct Education Awards Program (if applicable)

IMPORTANT NOTICE

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

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

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C. §§ 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 <u>www.FSRS.gov</u> on all subawards over \$25,000 and may be required to report on executive compensation for recipients and subrecipients. Recipients must have the necessary systems in place to collect and report this information. See 2 C.F.R. Part 170 for more information and to determine how these requirements apply.

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

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

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New Programs

Application Resources

If your proposed grant will be used to develop a program that will operate solely within Delaware, and you are not an Indian Tribe, you **must** apply through Serve Delaware

The due dates for this competition are:

| April 1, 2013 | Notice of Intent to Apply due to Serve Delaware by 11a.m. |
|---------------|---|
| | EST. |

- April 15, 2013 First Draft Competitive Due by 11a.m., EST (both to Procurement Office and on eGrants) by 11a.m. EST.
- April 17, 2013 Feedback from Serve Delaware sent to Applicants no later than 11a.m.EST.

April 19, 2013 Final Draft Competitive due by 11a.m. EST.

Use these instructions in conjunction with the **2013 School Turnaround AmeriCorps** Serve Delaware RFP (Notice of Federal Funding Opportunity (*Notice*)), and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. The *Notice* includes deadlines, letter of intent to apply requirements, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),¹ and other information.

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

| 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 |

Table 1: Requirements in the AmeriCorps Regulations

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

1. AmeriCorps regulations 45 CFR §§ 2520–2550 take precedence over the

2. Notice of Federal Funding Opportunity, which takes precedence over the

¹ One MSY is equivalent to 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.

3. Application Instructions.

Submitting Your Application in eGrants

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

Serve Delaware requires that all applicants make every effort to submit their applications electronically utilizing the Corporation for National and Community Service's web-based application system, eGrants. In addition to submitting your application on eGrants, state procurement guidelines require that you submit hard copies of your application to the address below by the due date.

Delaware Health and Social Services Herman M. Holloway Sr. Campus Procurement Branch Main Administration Bldg, Sullivan Street Second Floor, Room #257 1901 North DuPont Highway, New Castle, Delaware 19720

Serve Delaware may, at its discretion, consider an application received after the deadline, but only if the applicant submits a letter to <u>charles.a.harris@state.de.us</u> explaining the extenuating circumstance(s) that caused the delay. The letter must be received no later than April 14, 2013, 11:00 a.m. EST on April 15, 2013. If the applicant experiences technical difficulties with eGrants that are unresolved, the correspondence must include the eGrants help desk ticket number. The Commission determines whether or not to accept a late application for review on a case-by-case basis.

We strongly recommend that you create your eGrants account and begin your application at least three weeks before the due date and begin pasting your application into eGrants no later than ten days before the due date. This will allow you time to address technical issues prior to the due date.

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. National Service Hotline hours are Monday through Thursday: 9:00 a.m. to 7:00 p.m. EST. Be prepared to provide the application ID, organization's name, and the Notice to which the organization is applying. If technical issues will 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.

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

- Start a new Grant Application
- Select a Program Area (AmeriCorps)

- Select a NOFA:
- Commission applicants select one of the following:

 School Turnaround AmeriCorps Commission State Competitive FY 2013 will need to locate the following Grant Applicant ID: 13AC148741 to submit their application.
 School Turnaround AmeriCorps Commission State Competitive Education Awards Program (EAP) FY 2013 will need to locate the following Grant Application ID: 13ES148745 to submit their application.

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

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Performance Measures
- V. Documents
- VI. Budget
- VII. Review, Authorize, and Submit

I. Applicant Info

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

- If you are applying for the first time or for a different project, 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**.
- If you are a current grantee (in year three of a competitive three-year funding cycle and applying for a new three-year grant for the same project), select **Renewal**.
- If you are not a current grantee, but have received a competitive AmeriCorps grant in the past five years for the same project, select **Renewal**.
- Enter, or update the requested information in the fields that appear. The contact person needs to be the person who can answer questions about the application.

II. Application Info

In the Application Info Section enter:

- Areas affected by your proposed program. Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two-letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
- Requested project period start and end dates. You may not request a program start date earlier than **August 1st.** First-time grantees should not expect to start until late summer or early fall. The project period is three years.
- Indicate Yes or No if you are delinquent on any federal debt. If yes, send explanation as described in Section V.D.

- State Application Identifier: Enter N/A.
 - The application is not subject to review by State Executive Order 12372 Process. This is pre-filled as "No, this is not applicable."
- If you plan to request a waiver of the volunteer leveraging requirement please select "Request a waiver" at the bottom of the screen. A pop-up screen will appear. Select a waiver type and enter your volunteer leveraging waiver request justification in the narrative field in 2,000 characters or less.
- Leave the box for "Program Initiative" blank.
- The "Estimated Funds Requested" box will be populated automatically after you complete the budget.

III. Narratives

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

- Lead from your program strengths and be explicit. Do not make the mistake of trying to stretch your proposed program description to fit each funding priority and special consideration articulated in the regulations or the *Notice*.
- **Be clear and succinct.** Reviewers are not interested in jargon, boilerplate, rhetoric, or exaggeration. They are interested in learning precisely what you intend to do, and how your project responds to the selection criteria presented below.
- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from CNCS in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- Use an impartial proofreader. Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- Follow the instructions and discuss each criterion in the order they are presented in the instructions. Use headings to differentiate narrative sections by criterion.

In eGrants, you will enter text for:

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

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.

A. Executive Summary

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

- Who will be serving? Who will be served?
- What will the AmeriCorps members do?
- What is the expected outcome(s) of the project?
- What is the CNCS investment? What is the match amount?
- Where will the activity take place?
- When does the project begin and end?
- Why is this a good investment?

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

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

CNCS and Commission may post these summaries in the interest of transparency and Open Government.

B. Selection Criteria

Each application must clearly describe a project that will effectively deploy AmeriCorps members to solve a significant community problem. Specifics about the selection criteria are published in the *Notice*.

The desired outcomes of School Turnaround AmeriCorps are to improve the academic performance, academic engagement, and/or attendance outcomes of students in eligible schools. In assessing Program Design, reviewers will examine the degree to which the applicant demonstrates how AmeriCorps members are particularly well-suited to deliver effective turnaround interventions and achieve the desired students outcomes in these schools.

All applications must identify the schools that will participate in grant activities and demonstrate that they will serve eligible schools not currently served by a national service program (e.g. AmeriCorps State and National, VISTA, or Foster Grandparents Program) or will support expansion and better coordination of existing national service activities in those schools to be considered eligible for funds.

a. AmeriCorps Members as Highly Effective Means to Support and Sustain School Turnaround Efforts (15 points)

When addressing this criterion, please provide the following information:

- Need(s) identified by eligible partner school(s) and LEA leadership.
- Description of AmeriCorps member activities.
- The number of AmeriCorps members requested under the proposed project.
- The types of slots (service terms) needed for these members. If requesting different slot types, explain how the different slot types align with the program design and activities.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- The extent to which the number and type of AmeriCorps members is reasonable in relation to the program design, activities, and objectives.
- The extent to which the applicant has demonstrated that the use of AmeriCorps members is a suitable and effective means for accomplishing objectives that it would not otherwise accomplish through existing staff and/or volunteers.
- The extent to which the potential contribution of AmeriCorps members addresses the needs identified by eligible school and LEA leadership.
- For applicants that propose to serve multiple school sites, the extent to which the applicant coordinates its turnaround efforts among those sites and takes advantage of the scale of the project (e.g., through economies of scale).
- The extent to which the project addresses multiple student needs and is aligned with comprehensive school turnaround plans, including the extent to which the proposed project incorporates at least one, or preferably more than one, of the following:
 - Providing ongoing mechanisms for family and community engagement.
 - Establishing a school culture and environment that improves school safety, attendance, and discipline and addresses other non-academic factors that impact student achievement, such as students' social, emotional, and health needs.
 - o Accelerating students' acquisition of reading and mathematics knowledge and skills.
 - Increasing graduation rates through strategies such as early warning systems, creditrecovery programs and re-engagement strategies.
 - Increasing college enrollment rates through college preparation counseling assistance to include completing the Free Application for Federal Student Aid (FAFSA) and college applications, and educating students and their families on financial literacy for college.
 - Supporting school implementation of increased learning time.

b. Evidence-Informed and Measurable Impact (15 points)

All applications must demonstrate that the proposed project would use evidence-informed interventions. An intervention is evidence-informed if it is supported by evidence of promise or a strong theory. The definitions of these levels of evidence are provided in Appendix A of this *Notice*.

When addressing this criterion, please provide the following information:

- The evidence supporting the intervention.
- National Performance Measure targets and the determination for these targets.
- Plan for collecting data, reporting outcomes, and using data to target services.
- *For Existing AmeriCorps Programs Only*: Outline the existing AmeriCorps program impact, including a description of the performance outcomes against objectives during the last full year of program operation. If performance outcomes were not met, provide an explanation and demonstrate a plan for improvement.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- The extent to which the objectives and outcomes to be achieved by the proposed project are clearly specified and measurable.
- Whether the interventions AmeriCorps members and volunteers will engage in are evidence-informed.
- The extent to which the applicant demonstrates that the proposed project likely will have a notable positive impact as measured by the importance or magnitude of the effect on improving student academic performance, academic engagement, and/or attendance outcomes.
- The extent to which the intervention will be targeted to students based on needs.
- The extent to which the applicant convincingly links the identified need, proposed member and volunteer interventions, and the anticipated outcomes.
- The extent to which the applicant has established plans to measure and collect reporting requirement data and National Performance Measure outcomes and outputs.

c. AmeriCorps Member Recruitment (5 points)

When addressing this criterion, please provide the following information:

- Plans for recruiting and selecting AmeriCorps members for the program.
- Applicant's plans for recruiting members from the local communities to be served or traditionally underrepresented AmeriCorps member populations, including applicant's history of working with traditionally underrepresented AmeriCorps member populations or plans to ensure success if this is a new member population being recruited. Underrepresented member populations may include new Americans, low-income individuals, youth from disadvantaged backgrounds (sometimes also referred to as "opportunity youth"), rural residents, older Americans, veterans, people of color, Native Americans, and people with disabilities.
- Plans to coordinate the recruitment and selection of AmeriCorps members with school leadership and staff.
- *Tutoring Programs Only:* A demonstration of how the program complies with AmeriCorps qualification requirements for tutoring programs. See 45 CFR §§ 2522.900-2522.950.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

• The extent to which the AmeriCorps member recruitment plan is likely to be effective.

- The extent to which the program demonstrates it will recruit and select AmeriCorps members that have the relevant experience, qualifications and/or skills to provide the service activities in which they will be engaged.
- The extent to which the application has a plan and infrastructure to recruit AmeriCorps members from the local communities to be served by the program or from traditionally underrepresented populations.

d. AmeriCorps Member Training (5 points)

When addressing this criterion, please provide the following information:

- Plans for orienting members to AmeriCorps, the community they are serving, their placement site(s), and the service they will perform.
- Plans for providing members with opportunities to share best practices and lessons learned to promote effectiveness of interventions.
- Plans for ongoing training, including anticipated training topics and the timeline, provided to AmeriCorps members throughout the term of service and the skills the AmeriCorps members will acquire during the term of service, including training on prohibited activities.
- Plans to coordinate the training of AmeriCorps members with school leadership and staff.
- *Tutoring Programs Only:* A demonstration of how the program complies with AmeriCorps training requirements for tutoring programs. See 45 CFR §§ 2522.900-2522.950.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- The adequacy of the AmeriCorps member orientation and ongoing training to prepare members for service activities they will perform and to ensure their success.
- Whether AmeriCorps members and generated volunteers are made aware of the rules regarding prohibited activities.
- The extent to which the member orientation and training is coordinated with school leadership and staff.

e. AmeriCorps Member Supervision (5 points)

When addressing this criterion, please provide the following information:

- Plan for supervising AmeriCorps members, including identifying who will supervise the AmeriCorps members.
- Plan for selecting and training supervisors of AmeriCorps members.
- Plans to coordinate the supervision of AmeriCorps members with school leadership and staff.
- *Tutoring Programs Only:* A demonstration of how the program complies with AmeriCorps supervision requirements for tutoring programs. See 45 CFR §§ 2522.900-2522.950.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- The extent to which the supervision plan ensures that AmeriCorps members will receive adequate support and guidance throughout the program year.
- The qualifications, including relevant training and experience, of the supervisors.
- The extent to which the member supervision is coordinated with school leadership and staff.

f. Member Experience (3 points)

When addressing this criterion, please provide the following information:

- The program component(s) that enable AmeriCorps members to have service experiences that produce community impact and lead to continued civic participation.
- The program component(s) that foster an AmeriCorps identity and connectivity with other AmeriCorps and national service participants.
- Plans for providing members with opportunities to share best practices and lessons learned that encourages AmeriCorps members' sustained participation in the ongoing efforts to turn around the nation's lowest-performing schools.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- The extent to which the applicant will foster an AmeriCorps identity for its members, specifically members identifying as such to community members, partners, and the general public.
- The extent to which the applicant demonstrates that it will provide opportunities for members to reflect on and learn from their service in a manner that fosters a connection to the school turnaround efforts around the nation.
- The extent to which the program is likely to promote a lifelong ethic of service and continued civic participation amongst AmeriCorps members.

g. Organizational Commitment to AmeriCorps Identification (2 points)

When addressing this criterion, please provide the following information:

- The efforts taken to produce a strong AmeriCorps brand for this project.
- Plan for using the AmeriCorps name and logo on websites, service gear, and public materials, including use by subgrantees, affiliates, or service locations.

When considering the above information, reviewers will assess the quality of the application based on the following factor:

• The extent to which the organization demonstrates a commitment to branding national service, particularly by building a strong AmeriCorps program identity within the grantee, subgrantees, affiliates, and/or service locations.

h. Strategic Consideration

CNCS seeks to build a diversified portfolio as outlined in Section V.B. Applicants must indicate which strategic considerations they meet in order to be considered for CNCS's assessment of the stated strategic considerations. Programs must demonstrate significant program focus, design, and impact to meet the strategic considerations.

2. Organizational Capability (25 percent)

a. Organizational Background and Staffing (8 points)

When addressing this criterion, please provide the following information:

- The applicant's mission and a brief description of its history.
- The program staffing and management structure.
- Roles, responsibilities and relevant experience of staff. If positions are currently vacant, please describe the desired qualifications for each open position.
- Plans for providing financial and programmatic orientation and training and technical assistance to staff.
- The applicant's prior experience administering AmeriCorps grants or other federal funds.
- The applicant's record of launching new initiatives and/or scaling initiatives.
- *For Existing AmeriCorps Programs Only*: A description of how the AmeriCorps program is integrated and supported within the organization, including evidence of how well the organization has managed the program, its performance, and its record of compliance and responsiveness.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- The extent to which the organization has the experience, staffing, and management structure to plan, implement, and evaluate the proposed project.
- The qualifications, including relevant training and experience, of the key program personnel, especially in managing projects of the size and scope of the proposed project.
- The extent to which the organization has the necessary plans and infrastructure to provide programmatic and fiscal oversight, day-to-day operational support, and data collection.

b. Sustainability (5 points)

When addressing this criterion, please provide the following information:

- Involvement of eligible school and LEA leadership in designing and implementing the program.
- Plans for building partnerships and capacity to support the project.
- *Multi-State Applicant Only*: A description of the consultation efforts with each State Commission in the states in which the applicant plans to operate. (Note that consultation is not required for Indian Tribes.)
- The applicant's track record raising funds to support service activities and initiatives.
- Plans for ensuring that the impact of the program will extend beyond the grant period.
- The percentage of the applicant's total organization operational budget this proposed funding request from CNCS represents. If a multi-state applicant, please include any State Commission funding requests, if applicable, to calculate the percentage of the total operational budget.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- Likelihood of effectiveness of the applicant's plan for securing school and community support for, and involvement in, the proposed project.
- Likelihood of the project contributing to the sustainability of school turnaround efforts beyond the grant period.

c. Compliance and Accountability (9 points)

When addressing this criterion, please provide the following information:

- Plans to prevent and detect compliance issues related to AmeriCorps rules and regulations, including those related to prohibited activities.
- Plan for holding the organization, subgrantees, and service site locations accountable if instances of risk or noncompliance are identified.
- For Current Grantees and Former Grantees Only: A demonstration of compliance with AmeriCorps rules and regulations. Describe any compliance issues and areas of weakness/risk identified during the last full year of program operation at the organization, subgrantees, and service site locations. Provide an explanation of the issue/weakness and describe the corrective action(s) taken and, as appropriate, plan(s) for improvement. Provide the AmeriCorps member enrollment and retention rate for the last full year of program operation. If either was less than 100% provide an explanation, and describe a plan for improvement.
 - *Enrollment rate* is calculated as slots filled plus refill slots filled divided by slots awarded.
 - *Retention rate* is calculated as the number of AmeriCorps members exited with award (full or partial award) divided by the number of AmeriCorps members enrolled.

When considering the above information, reviewers will assess the quality of the application based on the following factor:

• The extent to which the organization has the ability and structure to ensure compliance with AmeriCorps rules and regulations, including those related to prohibited activities at the grantee, subgrantee, and service location level.

d. Continuous Improvement (3 points)

When addressing this criterion, please provide the following information:

- Plans for soliciting timely and regular feedback from internal and external stakeholders including school and LEA staff, students, and families, to inform continuous improvement efforts.
- Plans for using data on student academic performance, academic engagement, and/or behavioral outcomes to inform continuous improvement.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- The extent to which the continuous improvement plan will include the use of data or performance feedback.
- The extent to which the continuous improvement plan will permit periodic assessment of progress toward achieving intended outcomes and opportunity for ongoing corrections.

3. Cost Effectiveness and Budget Adequacy (25 percent)

a. Cost Effectiveness (13 points)

When addressing this criterion, please provide the following information:

- A demonstration that the costs are reasonable in relation to the scope, scale, and impact of the proposed project.
- A discussion of how the program is a cost-effective approach to address the need and achieve the stated objectives. Consider the total costs and benefits of the program and, to the extent possible, document the costs and benefits. Compare the cost effectiveness of the program with the costs and benefits of alternative models or approaches (if available), and demonstrate how the program model is most cost effective. For further information on cost effectiveness analysis, see OMB "Circular No. A-94 Revised" (http://www.whitehouse.gov/omb/circulars_a094).
- A description of how the resources requested will supplement, and not supplant, SIG funding or other existing school funding streams.
- *For existing AmeriCorps programs*: All existing AmeriCorps programs requesting a higher cost per MSY than previous years must include a compelling rationale for this increased cost. This applies even if the increased cost per MSY is less than the maximum or if the increase is due to increased costs associated with the grant.
- If any of the special circumstances stated below have an impact on the organizational capability that has not already been discussed, please describe the circumstance and how it affects cost effectiveness.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- The extent to which the costs are reasonable in relation to the objectives, design, and potential significance of the proposed project. (Note that an applicant with a low cost per member has a competitive advantage under this criterion. Applicants with a program design that achieves equal results at a lower cost will be advantaged over programs that achieve similar results at a higher cost.)
- Special Circumstances: CNCS may take into account the following circumstances of individual programs: program age; the extent to which the program expands to new sites; whether the program is located in a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of corporate or philanthropic resources; whether the program is located in a high-cost, economically distressed community, measured by applying appropriate Federal and state data; and whether the reasonable and necessary costs of the program are higher because they are associated with engaging or serving difficult-to-reach populations, or achieving greater program impact as evidenced through performance measures and program evaluation.

b. Budget Adequacy (12 points)

When addressing this criterion, please provide the following information:

- Identify the non-CNCS funding and resources necessary to support the project.
- Discuss the adequacy of the budget to support the program design and objectives.
- Indicate the amount of non-CNCS resource commitments (in-kind and cash) secured to date and the sources of these commitments. Indicate plans for securing additional resource commitments, potential sources, and timeline.

When considering the above information, reviewers will assess the quality of the application based on the following factors:

- The extent to which the budget is clear and in alignment with the program narrative.
- The extent to which the budget includes sufficient resources to carry out the program effectively.
- The extent to which the program will obtain financial and in-kind resources to support program implementation.
- Whether an applicant adequately budgets for its required share of costs.

For EAP Grants Only:

The extent to which a current grantee is increasing its share of costs will not be considered in assessing an EAP application. However, all other indicators described under Cost Effectiveness and Budget Adequacy apply. It will be weighted 25% of the total application.

When addressing this criterion, please provide the following information:

- Discussion of how the program will raise the additional resources needed to manage and operate an AmeriCorps program beyond the fixed-amount.
- The total amount budgeted to operate the program, including the fixed-amount from CNCS and grantee share and how the program determined that amount. Keep in mind that full-time AmeriCorps program costs include expenditures for the AmeriCorps living allowance, health care, and criminal history checks. Programs are not required to pay living allowances or cover health care for less-than-full-time members, but must conduct criminal history checks.
- Demonstration that the applicant has planned for total costs. Reviewers will assess the adequacy of the plan to secure resources to support the program design.

We expect applicants to include \$2,000 in this line item for travel for staff to attend CNCSsponsored/Serve Delaware meetings. There are two to three such opportunities per year, including the Financial Management Institute, Annual Delaware Conference on Volunteerism and Service, Program Directors meeting (required) and statewide events (MLK Day of Service, AmeriCorps Week, 911 Day of Service).

For EAP/Fixed-Amount grants: Although you do not provide a detailed budget to account for funding for travel for staff and site staff to attend CNCS-sponsored/Serve Delaware meetings. There are two to three such opportunities per year, including the Financial Management Institute,

Annual Delaware Conference on Volunteerism and Service, Program Directors meeting (required) and statewide events (MLK Day of Service, AmeriCorps Week, 911 Day of Service), we advise you to set aside the necessary funding in order to attend these events.

C. Evaluation Summary or Plan

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

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

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

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

Two projects will be considered the same if they:

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

D. Amendment Justification

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

E. Clarification Information

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

F. Continuation Changes

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

IV. Performance Measures

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 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
- Geographic Focus Rural
- Geographic Focus Urban
- Encore Program
- Faith- and community-based organizations
- SIG/Priority Schools

All applicants must submit performance measures with their application. See Attachment B for instructions for entering performance measures.

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

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

V. Documents

In addition to the application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary – see B., below) a federally-approved indirect cost agreement (if budgeted by multi-state applicants and Tribes only), and a letter(s) of support as described in the *Notice*. After you have submitted the documents, change their status in eGrants from the default "Not Sent" to the applicable status "Sent," "Not Applicable," or "Already on File at CNCS."

A.Evaluation

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

B. Labor Union Concurrence

- 1) If a program applicant:
 - a) Proposes to serve as the placement site for AmeriCorps members; and
 - b) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
 - c) Those employees are represented by a local labor organization, then the application must include the written concurrence of the local labor organization representing those employees. Written concurrence can be in the form of a letter or e-mail from the local union leadership.
- 2) If a program applicant:
 - a) Proposes to place AmeriCorps members at sites where they will be engaged in the same or substantially similar work as employees represented by a local labor organization, then the applicant must submit a written description of how it will ensure that:
 - i) AmeriCorps members will not be placed in positions that were recently occupied by paid staff.
 - ii) No AmeriCorps member will be placed into a position for which a recently resigned or discharged employee has recall rights as a result of a collective bargaining agreement, from which a recently resigned or discharged employee was removed as a result of a reduction in force, or from which a recently resigned/discharged employee is on leave or strike.

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

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

C. Federally-approved Indirect Cost Agreement

Please contact Serve Delaware for Indirect Cost Agreement submission instructions.

D. Delinquent on Federal Debt

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

E. Submission Instructions for Evaluations, Labor Union Concurrence, Indirect Cost Rate Agreements, and Letter(s) of Support.

Please submit the required documents to <u>charles.a.harris@state.de.us</u>. This information must be received at by 11 a.m. Eastern Time on April 19, 2013. Include the name of the document and organization in the file name. Letters of Support should be submitted as a single document and not multiple files.

Or, you may send hard copy information to: Serve Delaware ATT: **School Turnaround AmeriCorps** Charles Debnam Building New Castle, DE 19720

Attach a hard copy of the program's SF424 Facesheet to each document so that we know which application corresponds to each document. Documentation submitted without the SF 424 will not be considered.

VI. Budget Instructions

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

3) Match Requirements

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

| Competition | Match Requirement |
|--|---|
| State and National Competitive | Minimum grantee share is 24% of program costs for the |
| State and Ivational Competitive | 0 1 0 |
| | 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. |
| 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. |
| State and National EAP Fixed-amount Grants | There are no specific match requirements for fixed- |
| | amount grants. Grantees pay all program costs over \$800 |
| | per MSY provided by CNCS. |

 Table 2: Match Requirements in the AmeriCorps Regulations

- 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 <u>total</u> Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are re-competing, please see 45 CFR §§ 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.
- In Section III of the budget, enter a brief description of the source of match. Identify each match source separately. Include dollar amount, the match classification (cash, in-kind, or Not Available) and the source type (Private, State/Local, Federal, Other or Not Available). Define all acronyms the first time they are used.
- See Attachment H for instructions for applying for the Alternative Match Schedule.

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

Grantees that use federal funds as match will be required to report the sources and amounts on the FFR.

B. Preparing Your Budget

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

Follow the detailed budget instructions in Attachment 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).

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

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

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

VII. Subapplications (AmeriCorps National Only)

Multi-state programs are required to provide identifying information and budgets for each site, including the organization's name, EIN and DUNS numbers, organization type, organizational characteristics, and contact information. Appendix I is a worksheet you can use to prepare to enter identifying information for your sites. The capability to enter this information in eGrants does not exist at this time. Please compile the information requested in the instructions, including budget and Appendix I and be ready to submit this information upon request.

Enter the following budget information:

- Section I: Program Operating Costs, I. Other Program Operating Costs: Please put all your program's expenses in one line entitled Program Costs.
- Section II: Enter all member costs per the Instructions in Attachment C
- Section III: Enter administrative/indirect costs per the Instructions in Attachment C.

VIII. 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 K). 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: <u>https://egrants.cns.gov/espan/main/login.jsp</u> and selecting "Don't have an eGrants account? Create an account."

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

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

This form is required for applications submitted for federal assistance.

Item

- 1. Filled in for your convenience.
- 2. Self-explanatory.
- 3. 3. a. and 3. b. are for state use only (if applicable).
- 4. Item 4. a: Leave blank.

Item 4. b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.

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

K-12 Education

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

Higher Education

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

Government

- 23 Local Government-Municipal
- 24 Health Department
- 25 Law Enforcement Agency
- 26 Governor's Office
- 27 State Commission/Alternative Administrative Entity

Non-Profit Organizations

- 11 Community-Based Organization
- 12 Faith-Based Organization
- 13 Chamber of Commerce/ Business Association
- 14 Community Action Agency/ Program
- 15 Service/Civic Organization
- 16 Volunteer Management Organization
- 17 Self-Incorporated Senior Corps Project
- 18 Statewide Association
- 19 National Non-Profit (Multistate)
- 20 Local Affiliate of National Organization
- 21 Tribal Organization (Non-government)
- 22 Other Native American Organization
- 28 Other State Government
- 29 Tribal Government Entity
- 30 Area Agency on Aging
- 31 U.S. Territory

- 8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
 - Check "New" if your organization has never held a competitive AmeriCorps State or National grant before. If your organization had a state formula grant, check "New."
 - Check "New Application/Previous Grantee" if your organization has held an AmeriCorps State or National grant in the past and this application is for a new grant.
 - Check "Continuation" if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State and National grants are typically awarded for three-year periods.
- 9. Filled in for your convenience.
- 10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
- 11. Enter the project title.
 - a. When applying for a "Continuation" or "Amendment" applicants should use the same title as used for their existing grant program. When applying as a "New Applicant/Previous Grantee" if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
 - b. Enter the name of the program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
- 12. List only the largest political entities affected (e.g., counties, and cities). Please include the twoletter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
- 13. (See item 8) "New" application or "New application/previous grantee:" Enter the dates for the proposed three-year project period. "Continuation" or "Amendment" application: Enter the dates of the approved three-year project period.

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

- 14. Leave blank, staff use only.
- 15. Estimated Funding. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed **during this budget period** on each appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.
 - **a.** Federal The total amount of federal funds being requested in the budget.
 - **b. Applicant** The total amount of the applicant share as entered in the budget.
 - e. 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** The amount of the applicant share that is coming from income generated by

| Income | 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 F | EDERAL ASSISTANC | LE 1. TYPE OF SUBMISSION: |
|--|--|--|
| Standard Form 424 (Day 2 2007) Prescribe | ad by OMB Circular A 102 | Application Non-Construction |
| 2. a. DATE SUBMITTED: | 3. a. DATE RECEIVED BY STATE: | 3. b. STATE APPLICATION IDENTIFIER: |
| | 4. a. DATE RECEIVED BY | 4. b. FEDERAL IDENTIFIER: (Staff Only) |
| 2. b. APPLICATION | FEDERAL AGENCY: | |
| 5. APPLICANT INFORMATION | | |
| 5. a. LEGAL NAME: | | 5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON |
| 5. b. ORGANIZATIONAL DUNS: | | MATTERS INVOLVING THIS APPLICATION (give area code): |
| 5. d. ADDRESS (give street address, city, | county, state and zip code): | - |
| STREET: | | NAME: |
| CITY: COUNTY: | | TELEPHONE NUMBER: () - |
| STATE: COUNTRY: | | FAX NUMBER: () - EMAIL: |
| | | INTERNET E-MAIL ADDRESS: |
| | | |
| | | WEBSITE: |
| | | |
| | | |
| 6. EMPLOYER IDENTIFICATION NU | MBER (EIN): | 7 a TVDE OF ADDI ICANT: (autor appropriate latter in how) |
| VI LIVIT LOT EX IDENTIFICATION NU. | | 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 |
| 8. TYPE OF APPLICATION | | D. Township K. Indian Tribe E. Interstate L. Individual |
| | VIOUS GRANTEE | F. Intermunicipal M. Profit Organization |
| CONTINUATION REVISION | | G. Special District N. Private Non-Profit Organization |
| | | O. Federal Government P. HQ Internal Organizations Q. State Education Agency R. Territory |
| If Revision, enter appropriate letter(s) in bo | ox(es): | S. Other (specify) |
| A. AUGMENTATION B. BU | DGET REVISION: | 7. b. CNCS APPLICANT CHARACTERISTICS Enter appropriate codes: |
| C. NO COST EXTENSION to(| <u>enter date)</u> | |
| E. OTHER (specify below) | | 9. NAME OF FEDERAL AGENCY: |
| | | Corporation for National and Community Service |
| 10. CATALOG OF FEDERAL DOME NUMBER: | STIC ASSISTANCE | 11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: |
| | | |
| 12. AREAS AFFECTED BY PROJEC | T (List Cities, Counties, States, | 11.b. CNCS PROGRAM INITIATIVE (IF ANY): |
| etc.): | (| |
| 12 BDODOGED BDOJECT, STADT DA | TE. ENDING DATE. | 14 Development Devied (Staff Use Only |
| PROPOSED PROJECT: START DA ESTIMATED FUNDING: Check app | | 14. Performance Period (Staff Use Only_ 16. IS APPLICATION SUBJECT TO REVIEW BY STATE |
| a. FEDERAL | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | EXECUTIVE |
| b. APPLICANT | | ORDER 12372 PROCESS? |
| c. STATE c d. LOCAL c | | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE |
| | | TO THE STATE EXECUTIVE ORDER 12372 PROCESSS |
| e. OTHER | | REVIEW ON: |
| f. PROGRAM | | DATE |
| g. TOTAL \$ | | b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 |
| 8 | GE AND BELIEF, ALL DATA IN THIS A | APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT |
| HAS BEEN | | THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE |
| DOLT AUTHORIZED DI THE GUVERN | | c. TELEPHONE NUMBER: |
| a. TYPED NAME OF AUTHORIZED | b. TITLE: | C. IELEFHONE NUMBER. |
| a. TYPED NAME OF AUTHORIZED | b. TITLE: | e. DATE SIGNED: |

ATTACHMENT B: Performance Measures Instructions

(eGrants Performance Measures Section)

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 slot 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 slot allocations for your application, click the "Edit Objectives/MSYs/Slots" 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 and 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/Slots Tab

On this tab, you will enter information about the allocation of MSYs and slots 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.

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 slots 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' slots to all applicable objectives. For example, if one member works on both school readiness and K-12 success, allocate one slot to each of these objectives. It is acceptable for slots 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.

Enter the number of MSYs and slots 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/Slots 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. Slots may be double-counted across performance measures, but MSYs may not.

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.

Expand each output and outcome and enter data collection information.

Select the data collection method you will use to measure the output or outcome.

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.

ATTACHMENT C: Detailed Budget Instructions (eGrants Budget Section)

Section I. Program Operating Costs

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

A. Personnel Expenses

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

B. Personnel Fringe Benefits

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

C. 1. Staff Travel

Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. 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 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, including the Financial Management Institute and the Annual Grantee Meeting in Washington, DC in the fall.

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

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

C. 2. Member Travel

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

D. Equipment

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

E. Supplies

Include the amount of funds to purchase consumable supplies and materials, including member service gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. Except for safety equipment, grantees may only charge the cost of member service gear to the federal share if it includes the AmeriCorps logo. Grantees may also add the AmeriCorps logo to their own local program uniform items using federal funds. Please note that your program will be using the AmeriCorps logo in the budget description. 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.

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.

G. 2. Member Training

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

H. Evaluation

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not budgeted in Personnel Expenses. This cost does not include the daily/weekly

gathering of data to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

I. Other Program Operating Costs

Allowable costs in this budget category should include when applicable:

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

Section II. Member Costs

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

A. Living Allowance

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

The minimum and maximum living allowance amounts are provided 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 Circulars A-21, A-87, and A-122.

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

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

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

([Section I] + [Section II] $\times 0.0526$) $\times (0.20)$ = Commission Share

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

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

B. Federally Approved Indirect Cost Rate

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

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the CNCS and Grantee shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant. 2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect costs.

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.

Source of Match

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

ATTACHMENT 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 |
|---------------------|-------------|--------------|------------|---------------|
| | | | | |
| | | | | |

C.1. Staff Travel

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

C. 2. Member Travel

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

D. Equipment

| Item/ Purpose/Justification | Qty | Unit Cost | Total Amount | CNCS Share | Grantee Share |
|-----------------------------|-----|-----------|--------------|------------|---------------|
| | | | | | |
| | | | | | |

E. Supplies

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

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 Allowanc e | Total Amount | CNCS Share | Grantee Share |
|--|-----------|-------------------|------------------------|--------------|------------|---------------|
| Full Time (1700 hrs) | | | | | | |
| Half Time (900 hrs) | | | | | | |
| 1st Year of 2-Year Half Time | | | | | | |
| 2 nd Year of 2-Year Half Time | | | | | | |
| Reduced Half Time (675 hrs) | | | | | | |
| Quarter Time (450 hrs) | | | | | | |
| Minimum Time (300 hrs) | | | | | | |
| Totals | | | | | | |

B. Member Support Costs

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|---------------|--------------|------------|---------------|
| | | | | | |
| Totals | | | | | |

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

Section III. Administrative/Indirect Costs

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

A. CNCS-fixed Percentage Rate

B. Federally Approved Indirect Cost Rate

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

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

| Budget Total: Validate this budget Required Match Percentages: | Total Amount | CNCS Share | Grantee Share |
|---|--------------|------------|---------------|
| 1 | | | |

Source of Match

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

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

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

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

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:

| | Calculation | MSY |
|-------------------------------|-------------------------|-----|
| Member Positions | | |
| Full-time (1700 hours) | (members x 1.000) | = |
| 1-Year 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 | |

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

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

| Display your calculation in the following format: | | | | | | | |
|---|-----------------------|--------------------------|--|--|--|--|--|
| Total # of MSYs | x Cost per MSY amount | = Total Grant Request \$ | | | | | |

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

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

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

Member Positions

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

ATTACHMENT 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 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 staff travel to CNCS sponsored meetings in the budget narrative under Staff Travel? [Not applicable to State Commission Funded Programs] |
| Yes No | Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget? |
| Yes No | Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount? |
| Yes No | All single equipment items over \$5000 per unit are specifically listed? |
| Yes No | Justification/explanation of equipment items is included in the budget narrative? |
| Yes No | All single supply items over \$1000 per unit are specifically listed? |
| Yes No | You only charged to the federal share of the budget member service gear that includes the AmeriCorps logo and noted that the gear will have the AmeriCorps logo, with the exception of safety equipment? |
| Yes No | Are all consultant convices budgeted below the maximum federal daily rate of \$750/day? Is the daily |
| 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? |
| Yes No | Are all items in the budget narrative itemized and the purpose of the funds justified? |

| In Compliance? | Section II. Member Costs | |
|----------------|--|--|
| Yes No | Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance. Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement. | |
| Yes No | Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served. | |
| Yes No | Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance. | |
| Yes No | Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or State Commission to determine whether or not you are required to pay worker's compensation and at what level (i.e. | |
| 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 | |
| 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? 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. Not applicable to State Commission Funded Programs | |
| Yes No | Applicant has chosen Option \mathbf{B} – The maximum grantee share does not exceed the federally | |
| 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? | |

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

ATTACHMENT 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 J 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 J 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 requestfor the alternative schedule by the date the AmeriCorps application is due. Until approved for the alternative schedule, programs should base their budget in the AmeriCorps application according to the standard match requirement. CNCS will review your request in conjunction with your AmeriCorps application and notify you if you qualify for the alternative schedule. If you qualify and are approved for an AmeriCorps grant, CNCS staff will work with you to re-enter your budget into eGrants under the Alternative Match Schedule. The alternative match requirement will be in effect for the upcoming three-year grant cycle.

D. Instructions for the Alternative Match Schedule

Submit e-mail applications by the application deadline to:

- Single-state Applicants contact Commission for submission instructions.
- Multi-state Applicants submit to <u>ACAlternateMatchScheduleRequests@cns.gov</u>
- State Commissions (on behalf of state programs) submit to <u>ACAlternateMatchScheduleRequests@cns.gov</u>

E-mail subject line: AmeriCorps Alternative Match Request

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

1. Basis of Request

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

2. Rural Counties

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

3. Economically Distressed Counties:

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

4. Program Location: If you believe the location of your program should not be based on the address of the legal applicant, describe your justification for requesting an alternative location(s).
5. Other: Provide any other justification and information for your request that is not presented in the responses to the above.

APPENDIX I: National Operating Site Worksheet (Subapplication Section)

The following information is required for each operating site.

| Legal Name | |
|---|--|
| Employer Identification Number (EIN) | |
| DUNS Number | |
| Organization Type* | |
| Organization Characteristic* | |
| Contact Name | |
| Address | |
| City/ State/ Zip | |
| Phone | |
| Fax | |
| Email | |
| Service Categories** | |

| Project Title | |
|------------------|--|
| Address | |
| City/ State/ Zip | |
| Phone | |
| Fax | |
| Email | |

* See Appendix A

ATTACHMENT J: Beale Codes and County-Level Economic Data

Rural Community

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

| 2003 Beale Codes | | | |
|------------------|--------------|---|--|
| Code# | Metropolitan | Description | |
| | Туре | | |
| 1 | Metropolitan | Counties in metro areas of 1 million population or more | |
| 2 | Metropolitan | Counties in metro areas of 250,000 to 1 million | |
| 3 | Metropolitan | Counties in metro areas of fewer than 250,000 | |
| 4 | Non matro | Urban population of 20,000 or more, adjacent to a metropolitan | |
| 4 | Non-metro | area | |
| 5 | Non-metro | Urban population of 20,000 or more, not adjacent to a | |
| 5 | Non-metro | metropolitan area | |
| 6 | Non-metro | Urban population of 2,500 to 19,999, adjacent to a metropolitan | |
| 0 | Non-metro | area | |
| 7 | Non-metro | Urban population of 2,500 to 19,999, not adjacent to a | |
| / | Non-metro | metropolitan area | |
| 8 | Non-metro | Completely rural or less than 2,500 urban population, adjacent to | |
| 0 | | a metropolitan area | |
| 9 | Non-metro | Completely rural or less than 2,500 urban population, not | |
| 9 | Non-metro | adjacent to a metropolitan area | |

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

Severely Economically Distressed Community

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

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

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

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

Instructions

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

a) Inability to certify

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

b) Erroneous certification or assurance

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

c) Notice of error in certification or assurance

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

d) Definitions

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

e) Assurance requirement for subgrant agreements

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

f) Assurance inclusion in subgrant agreements

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

g) Assurance of subgrant principals

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

h) Non-assurance in subgrant agreements

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

i) Prudent person standard

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

ASSURANCES

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

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground

sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.
- Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by CNCS 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-CNCS funds or paid with CNCS 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 CNCS-funded project and paid with CNCS 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 CNCS 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 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 CNCS 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 CNCS 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 CNCS, 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 CNCS;
- Will ensure the provision of a living allowance and other benefits to participants as required by the CNCS;
- 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 CNCS 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 CNCS 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:

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

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

Certification - Lobbying Activities

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

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

Erroneous certification or assurance

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

Notice of error in certification or assurance

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

Definitions

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

Assurance requirement for subgrant agreements

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

Assurance inclusion in subgrant agreements

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

Assurance of subgrant principals

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

Non-assurance in subgrant agreements

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

Prudent person standard

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

Certification - Grant Review Process (State Commissions Only)

I certify that in conducting our review process, we have ensured compliance with the National and Community Service Act of 1990, CNCS 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 L: 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
- SIG/Priority Schools