**APPENDIX C-LETTER OF INTENT**

**Governor’s Commission on Community and Volunteer Service**

2020 AmeriCorps State Grant Application

Proposed Project Title:

Contact Person:

Name of Applicant Organization:

Address:

City/State/Zip:

Telephone: Fax:

Email Address:

(Note: All AmeriCorps programs must have Internet access at the time of the program’s start date)

Type of Applicant (nonprofit, government, etc.):

Geographic Area to be Served:

Amount of Funds Requested: Total Project Budget:

Question 1: Brief Description of Program (300-word limit):

Question 1: (continuation if needed)

Issue Areas – Which Federal focus area(s) will this program address?

Corporation for National and Community Service Focus Areas:

* Disaster Services
* Economic Opportunity
* Education
* Environmental Stewardship
* Healthy Futures
* Veterans and Military Families

The Governor’s Commission on Community and Volunteer Service also has the following expectations of all AmeriCorps programs:

* Disability Inclusion in the design and delivery of the program
* A collaborative approach to program planning, design, and delivery
* Demonstrated ability to successfully administer an AmeriCorps or other federal grant
* Addressing underserved or areas of extreme poverty that are not currently served by AmeriCorps programs

Question 2: Describe how your program will address these expectations (300-word limit):

Question 2 (Continued):

**AMERICORPS MEMBERS:** How many members (and what terms of service) will be recruited under the proposed program?

\_\_\_Full-Time (1700 hours) \_\_\_Reduced Full-time (1200 hours) \_\_\_Half-time (900 hours)

\_\_\_Reduced Half–time (675 hours) \_\_\_Quarter-time (450 hours) \_\_\_Minimum-time (300 hours)

\_\_\_Total members \_\_\_Planning Grant

Please submit the completed letter of intent as part of the proposal packet to the Procurement Office by **May 18, 2020**, 11:00 a.m. in order to be eligible for a 2020 AmeriCorps Competitive Grant.

Print Name of Authorized Representative:

Signature of Authorized Representative:

**APPENDIX D: Readiness Self-Assessment**

**Governor’s Commission on Community and Volunteer Service**

2020 AmeriCorps State Grant Application

**Is My Organization Ready to Apply for an AmeriCorps Grant?**

This Readiness Assessment asks simple questions to help you determine whether your organization is poised to successfully apply for and implement an AmeriCorps grant. Read each question carefully and answer honestly. This assessment is a tool to help you plan for the implementation and administration of an AmeriCorps grant-funded program.

Completion of the assessment does not guarantee AmeriCorps funding through the Governor’s Commission on Community and Volunteer Service (GCCVS) or the Corporation for National and Community Service. The Readiness Self-Assessment will be used by the GCCVS to determine if the organization is financially ready for an AmeriCorps Grant.

**Fundamental Questions:**

Is your organization a public or private nonprofit organization - including labor organizations, faith-based and other community organizations; an institution of higher education; a government entity within the State of Delaware; an Indian Tribe; or a partnership or consortia?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does your organization’s plan for utilizing AmeriCorps members address specific unmet community needs in the areas of education, healthy futures, environmental stewardship, veterans and military families, economic opportunity, and/or disaster services?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

*If the answer to either of the above questions is “No” then your organization would not be eligible to receive an AmeriCorps operating grant or serve as a Host Site for AmeriCorps members.*

Additionally, you are ineligible if your organization is a 501 (c) (3) non-profit entity [under the Internal Revenue Code of 1986, 26 U.S.C. 501 (c) (3)] that engages in lobbying.

Do your plans for utilizing AmeriCorps members call for members to provide service exclusively within the state of Delaware?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

*If the answer to the above question is “No” then your program would not be eligible to receive funding through the GCCVS.* If the rest of the self-assessment is favorable, then your organization may be interested in applying directly to the Corporation for National and Community Service for an AmeriCorps National Direct grant. If your organization does apply directly to the Corporation for National and Community Service, please contact the GCCVS for more information on submitting a multi-state/national consultation form.

**Administrative Competencies:**

Does your organization have a proven track record of establishing measurable outcomes for its programs?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does your organization have the infrastructure to recruit, train, and support the efforts of AmeriCorps members? Variables include office space, technology, supervisory time & skill, financial expertise, and the ability to manage volunteers.

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Has your organization previously managed a major federal, state, or foundation grant?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, attach grant numbers for the past two years.

Does your organization have formal internal controls governing all financial operations?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Does your organization have enough cash on hand or credit to operate a major grant on a reimbursement basis? Neither the Federal nor State governments rarely, if ever, pay grant funds in advance.

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

Has your organization been audited by a Certified Public Accounting firm within the past two years?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, attach a copy of your most recent audit report.

*If you answered “No” to any of the above questions, it is likely your organization would struggle to successfully administer an AmeriCorps grant.* Consideration should be given to seeking a partnership with an existing AmeriCorps program. Serving as an AmeriCorps host site rather than as a primary grant applicant is often a better option for smaller organizations. Pursuing a Planning Grant may be a more suitable option. Contact the Governor’s Commission on Community and Volunteer Service for more details.

**Mission Statement:**

1. Does your organization have a clear written mission statement? (if no, skip to question 6)

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Do all organizational programs and efforts align with the mission?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Has your organization said no to potentially good opportunities which are not consistent with the organization’s mission?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is the mission understood by all stakeholders within the organization?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is the mission frequently referred to, e.g., in planning sessions and other meetings)?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Governance & Operations:**

1. Does your organization have an active and independent board of directors and/or other governing body? (Independent is defined as a majority of board members who are neither employees of the organization nor family members of employees or other board members.)

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does the organization have written policies and procedures, including a conflict of interest policy for employees and directors?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does your organization plan to use existing staff to manage the AmeriCorps program?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, which position(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Strategic Planning:**

1. Does your organization have a clear and coherent written strategic plan for the future, i.e., 3 to 10 year strategic plan? (if no, skip to question 13)

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does the strategic plan have well defined measurable goals and achievable action steps with timeframes?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Are the goals in the strategic plan well known and understood by the staff and board?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is the strategic plan made actionable by realistic and detailed annual plans that outline the specific work to be accomplished?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is this annual plan consistently used at all levels of the organization to guide operations?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does the organization conduct regular assessment of internal operations to assess efficiency and effectiveness?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Financial Management:**

1. Do you have a "job cost" or "fund based" accounting system?

\_\_\_\_\_Yes \_\_\_\_\_No Current system used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If your organization uses accrual basis accounting, are there procedures in place to allow for reconciliation between cash and accrual basis reports?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is your organization's accounting system manual, automated, or a combination?

\_\_\_\_\_Manual \_\_\_\_\_Automated \_\_\_\_\_Combination

**Financial Management (Cont’d.):**

1. How are entries posted to the general ledger?

\_\_\_\_\_Daily \_\_\_\_\_Weekly \_\_\_\_\_Monthly

\_\_\_\_\_Unsure \_\_\_\_\_Other (Please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the accounting system track completely and accurately the receipt and disbursement of funds by each grant or funding source?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does your accounting system allow cash basis reporting and for the recording of "in-kind" contributions?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does the organization have a development/fundraising plan in place?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does the organization have plans to secure the financial and in-kind resources to meet required matches?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is your organization familiar with federal cost principles?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is your organization familiar with procedures for the determination and allowance of costs in connection with Corporation for National and Community Service grants and contracts?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Technology:**

1. Does every key staff member have access to a computer with up-to-date software, internet access, and e-mail capabilities?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is all staff competent and comfortable using their computer?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is all staff able to find and use resources posted online?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Human Resources:**

1. Does your organization have a well-planned process to recruit, develop, and retain the best employees in accordance with an equal opportunity environment?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does your organization provide staff and volunteers with written job descriptions and the necessary resources to carry out duties appropriately?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Are time and activity distribution records (time sheets) maintained by funding source and project type for each employee to account for total hours with your organization?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does the organization provide relevant and regular training for staff and board members?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Are employee performance appraisals conducted on a consistent and fair basis?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does your organization have a well-planned process to recruit, develop, and retain volunteers?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Internal Controls:**

1. Are the duties of the bookkeeper and record keeper separate from cash functions (receipts, deposits, check signing/releasing)?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Are checks signed by individual(s) whose duties exclude recording cash received, approving vouchers for payment, and the preparation of payroll?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Are purchase approval methods documented and communicated?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Are employee payroll reports supported by appropriately signed documentation (timesheets, leave slips, etc.)?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Are employees who handle funds bonded against loss by reasons of fraud or dishonesty?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Organizational Needs Assessment and Implementation:**

1. Does your organization conduct regular community needs assessments?

\_\_\_\_\_Yes \_\_\_\_\_No Date Last conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organization analyze and use the results of needs assessments to chart change?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does your organization have the ability to grow and/or create new and innovative programs to meet the needs of the community?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Are your organization’s programs and services well defined?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does your organization have the ability to close a program that is no longer needed or relevant?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Measuring Performance and Continual Improvement of Programs:**

1. Does your organization have a comprehensive well-developed community assessment or evaluation system used to measure the impact of programs and services?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does your organization conduct regular community assessments of existing programs’ effectiveness in meeting recipient needs and identify areas for improvement?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Does your organization collect data to measure performance and progress on a continual basis?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Is data analyzed, used in program redesign and communicated to stakeholders on a regular basis e.g., annual report?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Partnership and Collaboration:**

1. Does your organization participate in partnerships with other groups?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

1. Have these relationships led to mutually beneficial collaborations?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Unsure

**Faith Based Organizations:**

If the conditions below are not acceptable to your organization, Corporation for National and Community Service (CNCS) funding is probably not a good option:

* Participation in CNCS funded programs must be open to all who qualify, without regard to religious beliefs
* CNCS funded programs cannot require members or participants to engage in religious activities
* CNCS funded positions must not proselytize
* CNCS funded programs must be held in a separate place or time from religious activities

This document (Appendix D) must be submitted with your proposal packet to the Procurement Office by **11a.m. May 18, 2020** to be considered for an AmeriCorps Grant.

The GCCVS will invite applicants with experience (successful) and or a strong Readiness Self-Assessment, and who address CNCS Focus Areas and State Expectations to continue with the application process.

Print Name of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX E: Budget Narrative**

**Governor’s Commission on Community and Volunteer Service**

2020 AmeriCorps State Grant Application

**Section I. Program Operating Costs**

**A. Personnel Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| Position/Title -Qty -Annual Salary -% Time | CNCS Share | Grantee Share | Total Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **CATEGORY Totals** |  |  |  |

**B. Personnel Fringe Benefits**

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

**C. Travel - Staff Travel**

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose –Calculation | CNCS Share | Grantee Share | Total Amount |
| ***Staff travel can be an In-kind contribution of the Grantee Share*** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **CATEGORY Totals** |  |  |  |

**Member Travel**

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

**D. Equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| Item/Purpose –Qty –Unit Cost | CNCS Share | Grantee Share | Total Amount |
| **CATEGORY Totals** |  |  |  |

**E. Supplies**

|  |  |  |  |
| --- | --- | --- | --- |
| Item -Calculation | CNCS Share | Grantee Share | Total Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **CATEGORY Totals** |  |  |  |

**F. Contractual and Consultant Services**

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

**G. Training**

**Staff Training**

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

**Member Training**

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

**H. Evaluation**

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

**I. Other Program Operating Costs**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION Totals** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERCENTAGE** |  |  |  |

**Section II. Member Costs**

**A. Living Allowance**

|  |  |  |  |
| --- | --- | --- | --- |
| Item - # Members w/ Allowance -Allowance Rate –  # Members w/o Allowance | CNCS Share | Grantee Share | Total Amount |
| Full Time (1700 hrs): Member(s) at a rate of each  Members W/O allowance 0 |  |  |  |
| Reduced Full-time (1200 hrs.): Members at a rate of each |  |  |  |
| 1-Year Half Time (900 hours): Member(s) at a rate of each  Members W/O allowance |  |  |  |
| 2-Year Half Time (1st Year): Member(s) at a rate of each  Members W/O allowance |  |  |  |
| 2-Year Half Time (2nd Year): Member(s) at a rate of each  Members W/O allowance |  |  |  |
| Reduced Half Time (675 hrs): Member(s) at a rate of each  Members W/O allowance |  |  |  |
| Quarter Time (450 hrs): Member(s) at a rate of each  Members W/O allowance |  |  |  |
| Minimum Time (300 hrs): Member(s) at a rate of each  Members W/O allowance |  |  |  |
| **CATEGORY Totals** |  |  |  |

**B. Member Support Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose -Calculation | CNCS Share | Grantee Share | Total Amount |
| FICA for Members: 7.65% of living allowance |  |  |  |
| Worker's Compensation: |  |  |  |
|  |  |  |  |
| **CATEGORY Totals** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION Totals** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERCENTAGE** |  |  |  |

**Section III. Administrative/Indirect Costs**

1. **Corporation Fixed Percentage**

|  |  |  |  |
| --- | --- | --- | --- |
| Item -Calculation | CNCS Share | Grantee Share | Total Amount |
| Corporation Fixed Amount: 5.26% |  |  |  |
| Commission Fixed Amount: 10% |  |  |  |
| **CATEGORY Totals** |  |  |  |

**B. Federally Approved Indirect Cost Rate**

|  |  |  |  |
| --- | --- | --- | --- |
| Calculation -Cost Type -Rate - Rate Claimed -Cost Basis | CNCS Share | Grantee Share | Total Amount |
| **CATEGORY Totals** | 0 | 0 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION Totals** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERCENTAGE** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET Totals** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERCENTAGE** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total MSYs** |  |  |  |
| **Cost/MSY** |  |  |  |

**Source of Funds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section | Match Description | Amount | Type | Source |
| Source of Funds |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Source of Funds |  |  |  |  |

Calculating Cost per Member Service Year (MSY)

The CNCS cost per MSY is determined by dividing the CNCS share of budgeted grant costs by the number of MSYs requested. It does not include child care or the value of the education award a member may earn. The maximum amount an applicant may request from CNCS per MSY is determined on an annual basis, which is currently $15,192. For example, four half-time members would equal 2.0 MSYs.

**Type MSY Hours (Min)**

Full-time 1.00 1700

Three-quarter-time .700 1200

Half-­‐time .500 900

Reduced Half-­‐time .381 675

Quarter-­‐time .265 450

Minimum-­‐time .212 300