



# **2015- 2016 Indiana AmeriCorps\*State APPLICATION INSTRUCTIONS**

**Issued November 4, 2014**

**Updated November 5, 2014**

**Due November 17, 2014**



Serve Indiana advances service and volunteerism by informing, connecting and promoting opportunities and resources that enrich the lives of Hoosiers. Serve Indiana administers AmeriCorps Indiana.

AmeriCorps, a program of the Corporation for National and Community Service (CNCS), engages more than 80,000 members annually in a term of service during which AmeriCorps members seek to meet the most pressing needs of communities.

# The AmeriCorps Pledge

I will get things done for America –  
to make our people safer, smarter and healthier.

I will bring Americans together  
to strengthen our communities.

Faced with apathy, I will take action.

Faced with conflict, I will seek common ground.

Faced with adversity, I will persevere.

I will carry this commitment with me  
this year and beyond.

I am an AmeriCorps member and I will get things done.

## IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service's online grant application system, [eGrants](#). All funding announcements by the Corporation for National and Community Service (CNCS) are posted on [www.nationalservice.gov](http://www.nationalservice.gov) and [www.grants.gov](http://www.grants.gov). All funding announcements by Serve Indiana are posted at [www.serveindiana.gov](http://www.serveindiana.gov)

**Public Burden Statement:** Public reporting burden for this collection of information is estimated to average 80 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Jennifer Bastress Tahmasebi, 1201 New York Avenue, NW, Washington, D.C. 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one are current and valid. (See 5 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.

**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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## APPLICATION RESOURCES

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Please use these application instructions if you are a new or re-competing applicant.

Use these instructions in conjunction with the *Notice of Federal Funding Opportunity (Notice)*, and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. **The *Notice* includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),<sup>1</sup> and other information that is specific to the grant competition.**

The AmeriCorps regulations include pertinent information (see Table 1, below). The *Notice* can be found at <http://www.in.gov/serveindiana/2347.htm>. The full regulations are available online at [.www.gpoaccess.gov/ecfr](http://www.gpoaccess.gov/ecfr).

**Table 1: Requirements in the AmeriCorps Regulations**

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

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

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

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

## GRANT TERMS AND REQUIREMENTS

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### **Allowable Costs**

For any cost to be allowable under a grant award based on an application for AmeriCorps program funding, the cost must be accorded consistent treatment using policies and procedures that apply uniformly to both the federal grant funded activities and to all other activities of the applicant. AmeriCorps funding can be used for member support costs, including the minimum living allowance, FICA, worker's compensation, and health insurance; and for costs to operate the AmeriCorps program, including staff, evaluation, administration, and other operating costs.

Programs must comply with all applicable federal laws, regulations, and OMB circulars for grant management, allowable costs, and audits, including providing audits, as required in OMB Circular A-133.

### **Program Income**

Revenue earned as a direct result of activities funded under the grant, or program income, is allowable, but programs must establish clear systems and tracking to demonstrate that program income is allocated back to the AmeriCorps program and used for the sole purpose of the work of the AmeriCorps program in the period in which it is earned.

### **Reimbursement Process**

All expenses are reimbursed through the submission of approved expense reports along with a request for funds to Serve Indiana. Reimbursement requests will not be paid until an executed grant agreement between the Department of Workforce Development(DWD), Serve Indiana and the sub-grantee is in place. Following the receipt of an executed grant agreement, sub-grantees are recommended to invoice expenses on a monthly or quarterly basis. Requests must be submitted no less than quarterly. Sub-grantees must demonstrate documented matching funds with each invoice (not applicable for fixed amount grants). On average, sub-grantees will receive reimbursement within 35 calendar days of submitting a properly completed approved expense report along with a request for funds. Applicants should have at least 60 days of adequate cash flow to cover the costs of the AmeriCorps program.

### **Point of Contact**

Serve Indiana requires that all programs designate appropriate staff members to serve as the primary and secondary program and fiscal staff contacts. The primary contacts will have the primary responsibility to manage the AmeriCorps program from both a programmatic and fiscal perspective. These people will serve as the primary contacts between the organization and Serve Indiana throughout the duration of the AmeriCorps program. Grant funds can be utilized for personnel expenses. Timely responsiveness throughout the project period is tracked as a grant performance criterion.

### **Monitoring and Management Responsibilities**

Programs are responsible for managing the day-to-day operations of the grant and sub-grant-supported activities to ensure compliance with applicable federal requirements and achievement of programmatic goals. Monitoring will cover each program, function, or activity. Programs are responsible for ensuring program quality and that the program has an impact on the problems facing the communities in which it operates. This includes monitoring the service of members. Programs are responsible for the timely and accurate documentation of member eligibility and service hours. Each program will develop systems that closely track and monitor these requirements.

### **Records Retention**

All financial records, supporting documentation, statistical records, evaluation and performance data, member information, and personnel records must be retained for three years after the close of DWD/SI's AmeriCorps grant from the Corporation for National and Community Service under which your organization's application is funded.

### **Grant Compliance**

The specific requirements for AmeriCorps sub-grantees are set forth in regulations, provisions, application guidelines, and the Notice of Grant Award and Terms and Conditions. In addition to being thoroughly familiar with the regulations, AmeriCorps sub-grantees should read application guidelines carefully as well as the regulations published in the Federal Register on July 8, 2005 (45 C.F.R. §§ 2520-2550). As with all federally funded programs, it is the responsibility of each AmeriCorps sub-grantee to ensure appropriate stewardship of federal funds entrusted to them. It is important to make sure that all staff, sites and partners are familiar with the rules and regulations.

### **Serve Indiana Sponsored Training Events**

Each year, Serve Indiana hosts up to four mandated AmeriCorps training events to provide tools and resources, as well as review program requirements or updates. Trainings are generally one to two days in length. Programs are required to send appropriate individuals associated with the program to each training (Program Director, Program Manager). Fiscal staff generally have a webinar to participate in and may have follow up conference calls. Programs may budget additional funds in sub-grantee share. Attendance at Serve Indiana mandatory training events is tracked as a grant performance criterion.

### **Disaster Preparedness, Response and Recovery**

Serve Indiana requires the availability of AmeriCorps Indiana members to acquire basic skills in, and to provide assistance with, disaster preparedness, response and recovery as needed by the State of Indiana. Waivers to this requirement will be considered on a case-by-case basis.

***Program/Local Level:*** Serve Indiana funded AmeriCorps programs are required to provide basic training to all members on disaster preparedness, response, and recovery on an annual basis. They may do so by partnering with local (city/county) emergency managers, members of their local COAD (Community Organizations Active in Disaster), the Indiana Department of Homeland Security (IDHS), or similar agencies. Programs may also elect to provide additional training in a specific disaster focus area (for example, volunteer and/or donations management, disaster medical operations, mass care/shelter operations, etc.). Serve Indiana can provide referrals to knowledgeable disaster trainers or agencies, as needed (i.e., FEMA Independent Study Course)

***State Level:*** Serve Indiana may receive requests for assistance from the IDHS. If Serve Indiana receives a request from IDHS, Serve Indiana may require AmeriCorps programs to commit to providing at least 10% of their members to support disaster response and/or recovery needs. Examples of activities members may be asked to provide include establishing volunteer reception centers, managing teams of volunteers, distributing supplies and/or donations, or cleaning up and removing debris.

***National Level:*** If Serve Indiana AmeriCorps programs would like to consider participating in a national response effort through a mission assignment from FEMA and the Corporation for National and Community Service, a Disaster Response Cooperative Agreement must be submitted to your Serve Indiana program officer for review. Serve Indiana will address any mission assignment concerns or issues with the program before approving the application and submitting it directly to the CNCS. In addition, any assignment requests by CNCS to your program must be approved by Serve Indiana prior to accepting the assignment.

### **Non-duplication**

Grant funds may not be used to duplicate services that are available in the locality of the program or project. The sub-grantee may not conduct activities that are the same or substantially equivalent to activities provided by a state or local government agency in which the sub-grantee entity resides.

### **Non-displacement**

The sub-grantee may not displace an employee or position, including partial displacement such as reduction in hours, wages or employment benefits, as a result of a member serving in a program or project.

### **Supplementation**

AmeriCorps funding cannot be used to supplant or replace existing funds.

### **Technology Requirements**

Sub-grantees are required to secure and/or maintain reliable access to electronic mail and the Internet as part of their grant. The majority of reporting requirements and communications to sub-grantees are completed through the Internet and electronic mail. Applicants without sufficient access to computers and related hardware may budget for such items in their funding request. Serve Indiana uses many web based tools to administer this grant such as: eGrants, My AmeriCorps Portal, OnCorps, etc.

## MEMBER TERMS AND REQUIREMENTS

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### Member Term of Service

A key element of program design is selecting the number and type of member service positions to be utilized by the program. In making such decisions, applicants should consider the type of service to be provided, the hours during which service can be provided (during the school day, afterschool, weekends, etc.), and the number of service hours needed to make a demonstrable impact on the identified community need.

A term of service is the program minimum hour requirement plus the length of service plus other program defined requirements. The term of service must allow for sufficient opportunity for the member to meet the service hour requirement. In planning for the member's term of service, the program must account for holidays and other time off, and must provide each member with sufficient opportunity to make up missed hours. Programs that wish to utilize reduced half-time, quarter-time, and minimum-time positions must ensure that the positions provide members intensive service experiences. Designing positions in this manner enables members to experience the intensive terms of service that AmeriCorps was designed to provide.

### Member Eligibility

A program must select as AmeriCorps members only those individuals who are eligible to enroll in AmeriCorps. In order to be eligible, an individual must meet the statutory requirements noted below. The program is responsible for obtaining and maintaining adequate documentation to demonstrate the eligibility of members. A program who enrolls a member who was ineligible to serve is required to repay any funds that were used to support the member. This may include, training costs, living allowance, service gear, and the education award.

An eligible member is an individual:

- Who is a U.S. citizen, U.S. national or lawful permanent resident alien of the United States;
- Who is at least 17 years of age at the commencement of service unless the member is out of school and enrolled:
  - In a full-time, year-round youth corps or full-time summer program as defined in 42 U.S.C. 12572(a)(2)
  - In a program for economically disadvantaged youth as defined in 42 U.S.C. 12572(a)(9), in which case he or she must be between the ages of 16 and 24, inclusive; and
- Who has a high school diploma or an equivalency certificate (or agrees to obtain a high school diploma or its equivalent before using an education award) and who has not dropped out of elementary or secondary school in order to begin a term of service as an AmeriCorps member (unless enrolled in an institution of higher education on an ability to benefit basis and is considered eligible for funds under section 484 of the Higher Education Act of 1965, 20 U.S.C 1091), or who has been determined through an independent assessment conducted by the sub-grantee to be incapable of obtaining a high school diploma or its equivalent.
- An individual shall be ineligible to serve as an AmeriCorps member if the individual—
  - Refuses to consent to a criminal history check described in §2540.203;
  - Makes a false statement in connection with a criminal history check described in §2540.203;
  - Is registered, or is required to be registered, on a state sex offender registry or the National Sex Offender Registry; or
  - Has been convicted of murder, as defined in 18 U.S.C. 1111.

### Member Recruitment and Selection

Member recruitment is the responsibility of the program. Programs are required to develop a member recruitment and selection plan. The program is responsible for establishing the minimum qualifications for membership in the program, selecting members who meet those qualifications, and assigning members to projects that are appropriate to their skill. The program is encouraged to select members who possess leadership potential as well as a commitment to the goals of national service. Program recruitment strategies vary based on the program's service activities and its essential and preferred qualifications. Most programs find that recruitment is a year-round process. All recruitment materials must identify the position as an AmeriCorps member position, the program as an AmeriCorps program and include minimum qualifications and benefits. In addition to local recruitment, programs must list their member service positions as part of CNCS's on-line recruitment system.

### **Member Documents**

Programs are responsible for timely collection and verification of member documents such as eligibility documents, member agreements, enrollment forms, exit forms, and member service hours. Programs must keep up-to-date member files with all required member documents. Failure to do so may result in disallowed costs.

### **Reasonable Accommodation for Members with Disabilities**

Programs and activities must be accessible to people with disabilities, and programs must provide reasonable accommodation to known mental or physical disabilities of otherwise qualified members, service recipients, applicants and program staff. All selections and project assignments must be made without regard to the need to provide reasonable accommodation. By far, the vast majority of accommodations are no or low cost; however, Serve Indiana has some funds available to provide accommodations for members. If awarded a grant, you may request funds to provide a reasonable accommodation for a member or potential member.

### **National Service Criminal History Check**

Criminal history checks are required for all members and for all employees or other individuals who receive all or a portion of a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Required components of the check includes:

1. A National Sex Offender Public Registry check (NSOPR using the Dru Sjodin National Sex Offender Public Website (<http://www.nsopw.gov/>), coordinated by the U.S. Department of Justice,). There is no cost for this check. This check must be conducted on members and staff charged to the grant prior to any service or work hours being counted.
2. Statewide criminal history repository check of the state of residency and the state where the individual will serve (in this case Indiana); **and**
3. For those covered individuals who have recurring access to vulnerable populations, a fingerprint-based FBI criminal history repository check.

A detailed description of the requirements can be found at: <http://www.nationalservicerresources.org/criminal-history>. Fees associated with obtaining criminal background checks may be included as an expense in the program budget.

### **Member Benefits**

The AmeriCorps program provides its members with both in-service and post-service benefits. There are restrictions and eligibility requirements for these benefits. In-service benefits are designed to provide members with the support necessary to participate in the AmeriCorps Program. In-service benefits provided to members may include: *living allowance, child care, health insurance, student loan postponement, and student loan interest accrual payment*. An education award is a post-service program benefit that is provided for successful completion of service in the program.

#### ***Living Allowance***

The living allowance is designed to help members meet the necessary living expenses incurred while participating in the AmeriCorps program. There is no requirement to pay a living allowance to less than full-time members. Programs must not pay a living allowance on an hourly basis. It is not a wage and should not fluctuate based on the number of hours members serve in a given time period. Programs shall pay the living allowance in increments, such as weekly or bi-weekly.

#### ***Child Care***

In general, CNCS will provide for childcare payments, which will be administered through an outside contractor. Requirements and eligibility criteria are in the AmeriCorps regulations, 45 CFR § 2522.250. Members serving in EAPs are not eligible for the childcare benefit. CNCS will not cover childcare costs for members who served on a less than full-time basis, or who have ceased serving. Programs may provide child care to less-than-full-time members serving in a full-time capacity, but they are not required to do so. Grantees that choose to provide childcare as a match source (as approved in their budget) may contact the childcare contractor for technical assistance. The criteria for member eligibility are contained in 45 CFR § 2522.250.

### ***Health Insurance***

Programs 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.

Please see Section IV.E.4 of the 2014-2015 AmeriCorps Provisions for current AmeriCorps Health Care requirements: [https://egrants.cns.gov/provisions/Final\\_2014AmeriCorpsGrantProvisions\\_20140618.pdf](https://egrants.cns.gov/provisions/Final_2014AmeriCorpsGrantProvisions_20140618.pdf).

### ***Student Loan Postponement***

While they serve, members who have outstanding qualified student loans may be eligible for one type of postponement of the repayment of their qualified student loan called forbearance. To qualify, the members must directly contact their loan holders. During this forbearance based on national service, interest continues to accrue. The National Service Trust (Trust) will pay all or a portion of the interest that has accrued on qualified student loans for members that successfully complete their term of service and earn an education award. Most student loans that are in default are not eligible for forbearance.

### ***Interest Accrual Payment***

AmeriCorps members who have earned an education award are eligible to have the Trust pay up to 100 percent of the interest that accrued on their qualified student loan during their service. The Trust will not pay interest on qualified student loans if a member fails to complete their term of service. The Trust will only pay interest on qualified student loans.

### ***Post-Service Education Awards***

Education awards are not calculated as part of the program's grant budget. An education award is a post-service program benefit that is provided by the National Service Trust for successful service in the program. In order to receive a full education award, a member must perform the minimum hours of service and successfully complete the program requirements including length of service as defined by the program. The value of the Education Award for FY 2014 can be found in Table 3 of the Notice. The amount of the Education Award is determined on a basis of the Pell Grant award, as required by the Serve America Act.

## **Member Supervision**

Members must be provided with adequate supervision and support throughout their term of service. Member supervisors must be provided with orientation and training on AmeriCorps policies and procedures and programs prior to members' start date at their sites. Programs should establish memorandums of understanding with all member placement sites and ensure consistent communication channels exist. Written disciplinary policies should be established and included in member agreements and explained in member orientations to ensure equitable and consistent treatment of members.

## **Member Performance Evaluations**

All members are required to have, at minimum, a written end-of-term evaluation. Both written mid-term and end-of-term evaluations are required for full-time and half-time members. Members should also receive ongoing feedback and opportunities for reflection and dialogue throughout their term of service.

## **Prohibited Service Activities**

While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or CNCS, staff and members may not engage in the following activities:

1. Attempting to influence legislation;
2. Organizing or engaging in protests, petitions, boycotts, or strikes;
3. Assisting, promoting, or deterring union organizing;
4. Impairing existing contracts for services or collective bargaining agreements;
5. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;

6. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
7. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
8. Providing a direct benefit to—
  - a. A business organized for profit;
  - b. A labor union;
  - c. A partisan political organization;
  - d. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
  - e. An organization engaged in the religious activities described in paragraph (g) of this section, unless CNCS assistance is not used to support those religious activities;
9. Conducting a voter registration drive or using CNCS funds to conduct a voter registration drive;
10. Providing abortion services or referrals for receipt of such services; and
11. Such other activities as the CNCS may prohibit.

Individuals may exercise their rights as private citizens and may participate in the activities listed above on their own initiative, on non-AmeriCorps time, and using non-CNCS funds. Individuals should not wear the AmeriCorps logo while doing so.

### **Member Development**

Through AmeriCorps, members develop skills, gain valuable experience, and receive education awards that they can use to repay qualified school loans or for future education. To help ensure that members are prepared for and benefit from their service, applicants are required to include plans for member recruitment and training in their applications, including skills training for service activities. Applicants are encouraged to include leadership development and other training designed to have a long-term positive impact on members, including opportunities to explore educational and career choices. Further, training should reflect the unique nature of your program and be appropriate for the age, skill level, and other differences in the backgrounds of the members.

By the end of their term of service, AmeriCorps members should have opportunities to:

- discuss and explore their community and the people, processes, and institutions most effective in improving community conditions;
- develop the skills to help plan effective service projects that respond to real community needs and emergencies;
- foster within themselves and others positive attitudes regarding the value of lifelong citizenship and service for the common good;
- increase life and/or employment skills; and,
- gain a greater appreciation and understanding of those from different backgrounds.

Members must receive an initial member orientation and training that includes information regarding the community in which they serve, the history of national service, expectations of members, and specific training to prepare them for the service they will provide. Members must receive ongoing training that supplements their initial orientation and provides added depth to their service experience. The following must be included in the training plan:

- *Member Orientation* – history of national service, introduction to AmeriCorps, member agreement, member benefits, member expectations, key staff and other introductions, etc.
- *Initial Member Training* – community overview, design of AmeriCorps program, program-specific training related to AmeriCorps member service activities, team building, diversity training, etc.
- *Site Specific Orientation* – overview of placement site, introduction of key contacts, policies and procedures for placement site;
- *Ongoing Training* – additional program-specific training related to member service activities, volunteer recruitment and support training, leadership development, ethic of service/civic responsibility, etc.

- *Life After AmeriCorps* – training to help members transition from the AmeriCorps experience, including resume writing, interview skills, job resources, graduate school programs, using the education award, etc.

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## SERVE INDIANA RIGHTS AND DISCLAIMER

### **Interpretive Conventions**

Whenever the terms “shall”, “must”, “will” or “is required” are used in these instructions in conjunction with a specification or performance requirement, the specification or requirement is mandatory. Failure to address or meet any mandatory requirement in a proposal may be cause for Serve Indiana’s rejection of an application.

Whenever the terms, “can”, “may”, “should” or “recommended” are used in these instructions in conjunction with a specification or performance requirement, the specification or requirement is desirable, but not mandatory. Accordingly, failure to address or provide any items so referred to will not be the cause for rejection of the proposal, but could result in a less favorable evaluation.

### **Cancellation/Partial Award/Non-Award**

Publication of these instructions does not obligate Serve Indiana to award any specific number of grants. Serve Indiana reserves the right to cancel this funding opportunity, to make a partial award, or to make no award if it determines that such action is in the best interest of the State of Indiana.

### **Right to Reject Proposals or Portions of Proposals**

Serve Indiana may, in its discretion, reject any and all proposals or portions thereof.

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## IMPORTANT DATES

### **November 17, 2014**

January 2015  
January 16, 2015  
May 2015

### **Applications Due**

Hold for Clarification Period  
Initial Notification of Selection  
Final Grant Decisions Announced

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## SUBMITTING YOUR APPLICATION IN EGRANTS

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

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

- Start a new Grant Application
- Select a Program Area (AmeriCorps)
- Select a NOFA (see submission instructions for a listing)

Your eGrants 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

**Materials that have not been specifically requested should not be submitted and will not be reviewed or returned.**

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

Enter or update the requested information in the fields that appear. The contact person needs to be the person who can answer questions about the application.

### **II. Application Info**

In the Application Info Section enter:

- Areas affected by your proposed program. For city or county information, please follow each one with the two-letter capitalized state abbreviation IN.
  - Requested project period start and end dates. You may request a start date of August 1, 2015 OR September 1, 2015. Exceptions to the start dates may be considered in exceptional circumstances. Applicants may not request start dates prior to August 1, 2015.
    - The project period is for three years, if you select August 1, 2015 as your start date, then your end date would be July 31, 2018.
- State Application Identifier: Enter N/A.
  - The Application is Subject to Review by State Executive Order 12372 Process: This is pre-filled as “No, this is not applicable.”
- Indicate Yes or No if you are delinquent on any federal debt. If yes, send explanation as described in Section V.D.
- Leave the box for “Program Initiative” blank unless otherwise noted in the *Notice*.

In the Funding/Demographics Section enter:

- Total Local, State, and Federal Government Match. Enter the dollar amount of local, state, and federal government match being proposed. The “Total Private Match” + the “Total Local, State, and Federal Government Match” should equal the “Total Match.”
- Total Private Match. Enter the dollar amount of private match being proposed. The “Total Private Match” + the “Total Local, State, and Federal Government Match” should equal the “Total Match.”
- Total Match. Enter the total dollar amount of match being proposed.
- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not CNCS share or match.
- Number of Episodic Volunteers Generated by AmeriCorps members. Please enter the number of volunteers that will be participating in one day service projects that the proposed AmeriCorps members will generate.
- Number of Ongoing Volunteers Generated by AmeriCorps members. Please enter the number of volunteers that have an ongoing volunteer commitment that the proposed AmeriCorps members will generate.
- Percentage of MSYs who are opportunity youth
- Number of reported in O15 who are opportunity youth

- Number of reported in O17 who are opportunity youth

In the Program Information Section:

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

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

#### 2015 AmeriCorps Funding Priorities

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

- Disaster Services
- Economic Opportunity – especially opportunity youth
- Education - improving student academic performance including STEM
- Environment – 21<sup>st</sup> Century Service corps
- Veterans and Military Families
- Governor and Mayor Initiative
- Programming that supports My Brother's Keeper
- Multi-focus Intermediary
- No NOFO priority area

#### Populations Served

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

- Individuals who are homeless.
- Adult ESL participants.
- Youth ESL participants.
- Disadvantaged youth (K-12).
- Head Start participants.
- Immigrants and refugees.
- Individuals receiving hospice or other care for terminal illness.
- Individuals receiving mental health services.
- Individuals receiving substance abuse services.
- Individuals with HIV/AIDS.
- Individuals with physical or developmental disabilities.
- Senior Citizens
- Victims/Survivors of violence and abuse.
- Veterans.
- Veteran family members
- Caregivers.
- None of the Above

#### Grant Characteristics

Check any grant characteristics that apply to the proposed program:

- Encore Program
- Faith organizations
- Community-based organizations,
- SIG/Priority Schools
- Professional Corps

- STEM Program
- Geographic Focus – Urban
- Geographic Focus – Rural
- None of the the above grant characteristics

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

### III. Narratives

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

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit each funding priority and special consideration articulated in the regulations or the *Notice*.
- **Be clear and succinct.** Reviewers are not interested in jargon, boilerplate, rhetoric, or exaggeration. They are interested in learning precisely what you intend to do, and how your project responds to the selection criteria presented below.
- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from Serve Indiana or 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.**

External and staff 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 complete the executive summary per the guidance in the *Notice*.

#### 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*.

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

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

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

Reviewers will assess the extent to which the applicant demonstrates organizational background and staffing, sustainability, compliance and accountability, enrollment and retention (for current and former sub-grantees) and operating and member service sites (as indicated in the *Notice*.)

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

In assessing Cost Effectiveness and Budget Adequacy, reviewers will examine the degree to which the intervention being proposed is cost effective and the budget is appropriate for the program being proposed.

**C. Evaluation Summary or Plan**

If you are competing for the first time, please enter N/A in the Evaluation Summary or Plan field since it pertains only to re-competing sub-grantees. If you are re-competing for AmeriCorps funds for the first time please follow the guidance in the *Notice*.

**D. Amendment Justification**

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

**E. Clarification Information**

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

**F. Continuation Changes**

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

**IV. Performance Measures**

Serve Indiana highly recommends each program utilize the national performance measures developed by CNCS. 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 categories

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

For more information about the National Performance Measures go to:

<http://www.nationalservicerresources.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 applicable and as indicated in the *Notice*), and other required documents listed in the *Notice* (if applicable) via e-mail,

[info@serveindiana.gov](mailto:info@serveindiana.gov), as part of your application. After you have submitted the documents, change their status in eGrants from the default “Not Sent” to the applicable status “Sent,” “Not Applicable,” or “Already on File at CNCS.”

#### **A. Evaluation**

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

#### **B. Labor Union Concurrence**

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

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

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**

Applicants applying directly to CNCS that include a federally approved indirect cost rate amount in their budget must submit the approved indirect cost rate agreement to [info@serveindiana.gov](mailto:info@serveindiana.gov) at the same time they submit their application.

#### **D. Other Documents**

Provide other required documents list in the *Notice* (if applicable) to [info@serveindiana.gov](mailto:info@serveindiana.gov), as part of your application.

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

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

#### **F. Submission Instructions for Evaluations, Labor Union Concurrence, Indirect Cost Rate Agreements, and Other Required Documents**

Please submit the required documents to [info@serveindiana.gov](mailto:info@serveindiana.gov) with the subject line of the name of your organization. This information must be received by Serve Indiana by the deadline in the *Notice*.

## VI. Budget Instructions

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

### A. Match Requirements

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

**Table 2: Match Requirements in the AmeriCorps Regulations**

Grant Type	Match Requirement
Cost Reimbursement including Professional Corps, States and Territories without Commissions, Indian Tribes	Minimum sub-grantee share is 24% of program costs for the first three years. Overall sub-grantee share of total program costs increases gradually beginning in Year 4 to 50% by the tenth year of funding and any year thereafter.
EAP Fixed-amount Grants	There are no specific match requirements for fixed-amount grants. Sub-grantees pay all program costs over \$800 per MSY provided by CNCS.
Professional Corps Fixed-amount Grants	There are no specific match requirements for fixed-amount grants. Sub-grantees pay all program costs over the \$2,000 per MSY provided by CNCS.
Stipended Fixed-amount Grants	There are no specific match requirements for full-time Fixed-amount grants. Sub-grantees pay all program costs over the maximum \$13,000 per MSY provided by CNCS.

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

*Note:* The CNCS legislation permits the use of non-CNCS federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that sub-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 Aggregate Financial Report (AFR) will be used to collect the federal match data. Sub-grantees that use federal funds as match will be required to report the sources and amounts on the AFR.

### 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](http://www.whitehouse.gov/OMB/circulars).

- Cost Principles for Educational Institutions
- Cost Principles for State, Local, and Indian Tribal Governments
- Cost Principles for Non Profit Organizations

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 \$750,000 in federal funds, as required in OMB Circular A-133.

## **VII. Review, Authorize, and Submit**

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

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

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

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

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



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

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

This form is required for applications submitted for federal assistance.

**Item #**

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

**K-12 Education**

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

**Higher Education**

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

**Non-Profit Organizations**

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

**Government**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>23 Local Government-Municipal</li> <li>24 Health Department</li> <li>25 Law Enforcement Agency</li> <li>26 Governor’s Office</li> <li>27 State Commission/Alternative Administrative Entity</li> </ol> | <ol style="list-style-type: none"> <li>28 Other State Government</li> <li>29 Tribal Government Entity</li> <li>30 Area Agency on Aging</li> <li>31 U.S. Territory</li> </ol> |
|---|--|

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
- If you are re-competing (in the final year of a competitive funding cycle and applying for a new grant cycle), select **Renewal**
  - If you are not a current grantee, but have received a competitive AmeriCorps grant in the past five years, select **Renewal**
  - If you are applying for the first time, but have only received formula funding in the past, or are a former sub-grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, select **New**
  - If you are applying for the first time, have only received formula funding in the past, or are a former sub-grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, , select **New**
  - If you are a current planning sub-grantee applying for a three-year implementation grant, select **New**
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
- a. When applying for a “Continuation” or “Amendment” applicants should use the same title as used for their existing grant program. When applying as a “New Applicant/Previous Sub-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). For city or county information, please follow each one with the two-letter capitalized state abbreviation.
13. (See item 8) Enter the dates for the proposed project period. “Continuation” or “Amendment” application: Enter the dates of the approved project period.
- 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.
- |                          |  |
|--------------------------|--|
| <b>a. Federal</b>        | The total amount of federal funds being requested in the budget.   |
| <b>b. Applicant</b>      | The total amount of the applicant share as entered in the budget.  |
| <b>a. State</b>          | The amount of the applicant share that is coming from state sources.   |
| <b>d. Local</b>          | The amount of the applicant share that is coming from local governmental sources (e.g., city, county and other municipal sources).   |
| <b>e. Other</b>          | The amount of the applicant share that is coming from non-governmental sources.  |
| <b>f. Program Income</b> | The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program). |
| <b>g. Total</b>          | 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)**



## **ATTACHMENT B: eGrants Performance Module Instructions**

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### **About the Performance Measures Module**

In the performance measures module, you will:

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

### **Home Page**

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

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

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

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

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

### **Objectives Tab**

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

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

([http://www.nationalservice.gov/sites/default/files/documents/ACSN\\_PM\\_Instructions\\_2015\\_NOFO.pdf](http://www.nationalservice.gov/sites/default/files/documents/ACSN_PM_Instructions_2015_NOFO.pdf))

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

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

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

### **MSYs/Members Tab**

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

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

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

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

### **Performance Measure Tab**

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

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

Provide a short, descriptive title for your performance measure.

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

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

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

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

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

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

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

### **Data Collection Tab**

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

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

Expand each output and outcome and enter data collection information.

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

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

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

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

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

### **Summary Tab**

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

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

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

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

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

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

## **ATTACHMENT C: Detailed Budget Instructions (eGrants Budget Section)**

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### **FOR COST REIMBURSEMENT APPLICANTS**

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#### **Section I. Program Operating Costs**

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the “Total Amount,” “CNCS Share,” and “Sub-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 Sub-grantee share. Because the purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff and AmeriCorps members.

##### **B. Personnel Fringe Benefits**

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

##### **C. 1. Staff Travel**

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

**We expect all State Commissions and National Direct applicants to include funds in this line item for travel for staff and site staff to attend CNCS-sponsored technical assistance meetings. There are two to three such opportunities per year.**

- It is optional for sub-grantees to include funds in this line item for travel for staff and site staff to attend CNCS-sponsored meetings. There are potentially two to three such opportunities per year, including financial training and the National Conference on Volunteering and Service held at various locations such as Washington DC. Up to \$2,500 may be budgeted in to the CNCS share for these line items; however, if you would like to budget additional funds in this line you may do so using the Grantee share.
- Serve Indiana requires all sub-grantees to include funds to send program staff members up to four required Commission sponsored meetings. These will potentially include an AmeriCorps Sub-grantees Conference, AmeriCorps Staff Orientation, the Indiana Nonprofit Summit, and another in-service training. These events are typically held in Indianapolis, IN. Up to \$2,500 may be budgeted in to the CNCS share for these line items; however, if you would like to budget additional funds in this line you may do so using the Grantee share.
- The required budget component above should be entered as “Commission Sponsored Meetings” and should be itemized. For example: Two staff members will attend the AmeriCorps Indiana Grantee Meeting in Indianapolis, IN. 2 staff x \$300 airfare + \$50 ground transportation + 2 days x \$150 lodging + \$35 per diem = \$1,440

## **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.

Your budget should include support for member attendance at Serve Indiana sponsored trainings and events in or near Indianapolis, including Opening Ceremony, Indiana Nonprofit Summit, and a retreat. This includes per diem, hotel (when needed), parking, and mileage. It is assumed that you will encourage all members to carpool and share hotel rooms whenever possible. In addition to these costs, please include up to \$50 for potential registration fees for each full-time member.

## **D. Equipment**

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **\$5,000 or more per unit** (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in E. Supplies below. Purchases of equipment are limited to 10% of the total CNCS funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose. Please note that any purchase over \$500 will require the Serve Indiana to provide an asset tag number for the piece of equipment entered in E.

## **E. Supplies**

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

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

## **F. Contractual and Consultant Services**

Include costs for consultants related to the project's operations, except training or evaluation consultants, who will be listed in Sections G. and H., below. There is not a maximum daily rate.

### **G. 1. Staff Training**

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate. There is not a maximum daily rate.

### **G. 2. Member Training**

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. There is not a maximum daily rate.

## **H. Evaluation**

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

## **I. Other Program Operating Costs**

Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Please include the cost for these checks for staff and members or explain how your program will be covering the cost.
- 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 sub-grantee match (Sub-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.** Budget for Workers' Compensation or Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or incidents.
- **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.** An AmeriCorps\*State sub-sub-grantee organization shall not remit unemployment insurance taxes payable to the Indiana Department of Workforce Development (IDWD) on behalf of an AmeriCorps\*State Member. Therefore, unemployment insurance tax may not be budgeted to the grant or paid on AmeriCorps member living allowances.

### 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.

For organizations that do not have an established state or federal indirect cost rate, administrative costs include:

- Costs for financial, accounting, auditing, contracting or general legal services, except in unusual cases where they are specifically approved in writing by CNCS as project costs.
- Costs for internal evaluation, including the organization's overall management improvement costs (except for independent evaluations and internal evaluations of a program or project).
- Costs for general liability insurance that protects the organization(s) responsible for operating a program or project, other than insurance costs solely attributable to the project.
- Costs of space, base utilities, and communication (telephone, fax, and Internet) that support administrative personnel.
- Administrative costs may also include that portion of salaries and benefits of the project's director and other administrative staff not attributable to the time spent in support of a specific project. The principles that pertain to the allocation and documentation of personnel costs are stated in the OMB circulars that are incorporated in CNCS regulations [45 CFR 2541.220(b)].

**Administrative costs do not include** the following allowable expenses directly related to a project (including their operations and objectives), such as:

- Allowable direct charges for members, including living allowances, insurance payments made on behalf of members training and travel.
- Costs for staff (including salary, benefits, training and travel) who recruit, train, place or supervise members or who develop materials used in such activities, if the purpose is for a specific project objective.
- Costs for independent evaluations and any internal evaluations to the extent that the evaluations cover only the funded program or project.
- Costs, excluding those already covered in an organization's indirect cost rate, attributable to staff that work in a direct program or project support, operational, or oversight capacity, including, but not limited to: support staff whose functions directly support program or project activities; and staff who review, disseminate and implement CNCS guidance and policies directly relating to a project.
- Space, facility and communications costs for program or project operations and other costs that primarily support program or project operations, and are specifically allocable thereto, excluding those costs that are already covered by an organization's indirect costs rate.
- Other allowable costs, excluding those costs that are already covered by an organization's indirect cost rate, specifically approved by CNCS as directly attributable to a program or project.

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

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

Serve Indiana retains a portion of the CNCS share of administrative costs for use in administering its sub grantees. This amount must not exceed a two-fifths share of the maximum 5% CNCS share (i.e., allocating 2% as set aside for administering subgrants and the remaining 3% for other administrative costs of the sub grantee). Both the commission and sub grantee portions of the CNCS share of administrative costs should be requested in the sub grantee's budget.

#### **A. CNCS-Fixed Percentage Method**

##### **Five Percent Fixed Administrative Costs Option *(These amounts should be entered under Section IIIA)***

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 sub-grantee match for administrative costs may not exceed 10% of all direct cost (Section I and II, CNCS and Sub-grantee share) expenditures and in-kind donations.

##### **CNCS Share:**

$([\text{CNCS share of Section I}] + [\text{CNCS share of Section II}] \times .0526) \times (.40) = \text{Commission } 2\%$

$([\text{CNCS share of Section I}] + [\text{CNCS share of Section II}] \times .0526) \times (.60) = \text{Sub-grantee } 3\%$

##### **Sub-grantee Share:**

$(\text{Total of Section I} + \text{Total of Section II}) \times .1 = \text{Maximum Amount } 10\%$

#### **B. Federally Approved Indirect Cost Rate *(These amounts should be entered under Section IIIB)***

If you have a State or Federally Approved Indirect Cost (IDC) rate and choose to use it, the IDC 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 under the Rate Claimed field.

##### **a. Indirect Cost Total:**

Determine the base amount of direct costs to which you will apply the IDC rate, including both the CNCS and Sub-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.

##### **b. CNCS Share:**

i.  $([\text{CNCS share of Section I}] + [\text{CNCS share of Section II}] \times .0526) \times (.40) = \text{Commission } 2\%$

ii.  $([\text{CNCS share of Section I}] + [\text{CNCS share of Section II}] \times .0526) \times (.60) = \text{Sub-grantee } 3\%$

iii.  $\text{Commission } 2\% + \text{Sub-grantee } 3\% = \text{Total CNCS Share}$

*Indicate Commission 2% and Sub-grantee 3% amounts separately in the budget "Calculation" but include the "Total CNCS Share" in the CNCS share of Section IIIB.*

##### **c. Sub-grantee Share:**

i.  $\text{Indirect Cost Total (from a. above)} - \text{Total CNCS Share (from b.iii. above)} = \text{Sub-grantee Share}$

#### **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.

The amount entered in this Source of Match section must equal the total "Sub-grantee Share" indicated in the budget.

## ATTACHMENT D: Budget Worksheet (eGrants Budget Section)

### Section I. Program Operating Costs

#### A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Sub-grantee Share
Totals						

#### B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Sub-grantee Share
Totals				

#### C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Sub-grantee Share
Totals				

#### C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Sub-grantee Share
Totals				

#### D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	CNCS Share	Sub-grantee Share
Totals					

#### E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Sub-grantee Share
Totals				

**F. Contractual and Consultant Services**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Sub-grantee Share
Totals					

**G.1. Staff Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Sub-grantee Share
Totals					

**G.2. Member Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Sub-grantee Share
Totals					

**H. Evaluation**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Sub-grantee Share
Totals					

**I. Other Program Operating Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Sub-grantee Share
Totals					

Subtotal Section I:			Total Amount	CNCS Share	Sub-grantee Share

**Section II. Member Costs**

**A. Living Allowance**

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Sub-grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
1st Year of 2-Year Half Time						
2 <sup>nd</sup> 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	Sub-grantee Share
Totals					

Subtotal Section II:	Total Amount	CNCS Share	Sub-grantee Share
<b>Subtotal Sections I + II:</b>			

**Section III. Administrative/Indirect Costs**

**A. Corporation-fixed Percentage Rate**

Purpose	Calculation	Total Amount	CNCS Share	Sub-grantee Share
Totals				

**B. Federally Approved Indirect Cost Rate**

Cost Type	Cost Basis	Calculation	Rate	Rate Claimed	Total Amount	CNCS Share	Sub-grantee Share

Total Sections I + II + III:	Total Amount	CNCS Share	Sub-grantee Share

Budget Total: Validate this budget Required Match Percentages:	Total Amount	CNCS Share	Sub-grantee Share

**Source of Match**

Section Sources of Funds	Match Desc.	Amt	Type	Source
<b>Total Source of Funds</b>				

**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).*

EAP and Fixed-amount Grant applicants may only request a fixed amount of funding per MSY. Therefore, Fixed-amount applicants are not required to complete a detailed budget or complete the sub-grantee share column. However, you must complete the source of match chart to identify the sources of the additional revenue you need to operate the program. If you are applying for a Stipended Fixed-amount grant, you must pay at least the minimum living allowance listed in the *Notice* for each type of position you are proposing.

**Budget Section II. AmeriCorps Member Positions**

**Member Positions**

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

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

<b>Member Positions</b>	<b>Calculation</b>	<b>MSY</b>
_____ 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)	= _____
	<b>Total MSY</b>	_____

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

Display your calculation in the following format:

Total # of MSYs \_\_\_\_\_ x MSY amount (up to \$800 for EAP, \$2,000 for Professional Corps and \$13,000 for Stipended Fixed Amount) \_\_\_\_\_ = Total Grant Request \$ \_\_\_\_\_

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

Purpose	Calculation	Total Amount	CNCS Share	Sub-grantee Share	edit	del
<b>Program Grant Request</b>	47.5 MSY X \$9,500/MSY	\$451,250	\$451,250	\$0	view	
<b>Subtotal</b>		\$451,250	\$451,250	\$0		

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

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

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

### Member Positions

Purpose	Calculation	Total Amount	CNCS Share	Sub-grantee Share
Program Grant Request				
<b>Subtotal</b>				

## 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 sub-grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes ___ No ___	All positions in the budget are fully described in the program narrative?
Yes ___ No ___	The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, please list separately.
Yes ___ No ___	Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes ___ No ___	The purpose for all staff and member travel is clearly identified?
Yes ___ No ___	You have budgeted funds for State Commission and National Direct staff travel to CNCS sponsored meetings in the budget narrative under Staff Travel?
Yes ___ No ___	Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget?
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$5000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	All single supply items over \$1000 per unit are specifically listed?
Yes ___ No ___	Cost of items with the AmeriCorps logo that will be worn daily is included for all AmeriCorps members? Or if not, there is an explanation of how the program will be providing the AmeriCorps logo item to AmeriCorps members using funds other than CNCS grant funds.
Yes ___ No ___	You only charged to the federal share of the budget member service gear that includes the AmeriCorps logo and noted that the gear will have the AmeriCorps logo, with the exception of safety equipment?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Have you provided budgeted costs for criminal history checks of members and grant-funded staff that are in covered positions per 45 CFR 2522.205? Or, if not, there is an explanation of how the program will be covering the costs.
Yes ___ No ___	Are all items in the budget narrative itemized and the purpose of the funds justified?

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

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

<b>In Compliance?</b>	<b>Match</b>
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?
Yes ___ No ___	The amount of match is for the entire amount in the budget narrative.

## **ATTACHMENT H: Alternative Match Instructions**

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

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

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

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

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

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

If your program is located in one of these areas, see the instructions below for applying for this alternative match schedule. You must submit your request to the alternative schedule per the information contained in the *Notice*. CNCS will review your request and notify you within 30 days if you qualify for the alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

If approved for the alternative schedules, programs will base their budget in the upcoming application on the approved alternative match. The alternative match requirement will be in effect for whatever portion of the three-year project period remains or if applying as a new grantee, for the upcoming three-year grant cycle.

**D. Instructions for the Alternative Match Schedule:** Programs operating in one state must send their requests to Serve Indiana via email to [info@serveindiana.gov](mailto:info@serveindiana.gov) for review and approval. If approved by Serve Indiana, it will then be forwarded to the Corporation for consideration.

**ATTACHMENT I: Beale Codes and County-Level Economic Data for Alternative Match Requests**

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**Rural Community**

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

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

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

**Severely Economically Distressed Community**

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

WEBSITE ADDRESS	EXPLANATION
<a href="http://www.econdata.net">www.econdata.net</a>	<b>Econdata.Net:</b> This site Links to a variety of social and economic data by states, counties and metro areas.
<a href="http://www.bea.gov/regional/">http://www.bea.gov/regional/</a>	<b>Bureau of Economic Analysis' Regional Economic Information System (REIS):</b> Provides data on per capita income by county for all states except Puerto Rico.
<a href="http://www.census.gov/hhes/www/saipe/index.html">www.census.gov/hhes/www/saipe/index.html</a>	<b>Census Bureau's Small Area Poverty Estimates:</b> Provides data on poverty and population estimates by county for all states except Puerto Rico.
<a href="http://www.census.gov/main/www/cen2000.html">www.census.gov/main/www/cen2000.html</a>	<b>Census Bureau's American Fact-finder:</b> 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.

WEBSITE ADDRESS	EXPLANATION
<a href="http://www.bls.gov/lau/home.htm">www.bls.gov/lau/home.htm</a>	<b>Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):</b> Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
<a href="http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/">http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/</a>	<b>US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes):</b> Provides urban rural code for all counties in US.
<a href="http://www.census.gov/hhes/www/saipe/index.html">www.census.gov/hhes/www/saipe/index.html</a>	<b>Census Bureau's Small Area Poverty Estimates:</b> Provides data on poverty and population estimates by county for all states except Puerto Rico.
<a href="http://www.census.gov/main/www/cen2000.html">www.census.gov/main/www/cen2000.html</a>	<b>Census Bureau's American Fact-finder:</b> 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.
<a href="http://www.bls.gov/lau/home.htm">www.bls.gov/lau/home.htm</a>	<b>Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):</b> Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
<a href="http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/">http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/</a>	<b>US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes):</b> Provides urban rural code for all counties in US.

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

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### Instructions

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

- a) **Inability to certify**  
Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.
- b) **Erroneous certification or assurance**  
The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.
- c) **Notice of error in certification or assurance**  
You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.
- d) **Definitions**  
The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.
- e) **Assurance requirement for subgrant agreements**  
You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.
- f) **Assurance inclusion in subgrant agreements**  
You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.
- g) **Assurance of subgrant principals**  
You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- h) **Non-assurance in subgrant agreements**  
If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.
- i) **Prudent person standard**  
Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## ***ASSURANCES***

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

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

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

- Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA;
- Will, in the case of an AmeriCorps program that includes or serves children, consult with the parents or legal guardians of children in developing and operating the program;
- Will, before transporting minor children, provide the children's parents or legal guardians with the reason for the transportation and obtain the parent's or legal guardian's permission for such transportation, consistent with state law;
- Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the State Commission for the state in which the program operates.
- Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;
- Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the National and Community Service Act of 1990, and in the Corporation's regulations at § 2540.100;
- Will comply with the grievance procedure requirements as set out in section 176(f) of the National and Community Service Act of 1990 and in the Corporation's regulations at 45 CFR § 2540.230;
- Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform, including training on prohibited activities;
- Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;
- Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the National and Community Service Act of 1990 or, with the approval of the Corporation, conduct an internal evaluation of the program;
- Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program's impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by the Corporation;
- Will ensure the provision of a living allowance and other benefits to participants as required by the Corporation;
- Has not violated a Federal criminal statute;
- If a state applicant, will ensure that the State subgrants will be used to support national service programs selected by the State on a competitive basis;
- If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;
- If a state applicant, will ensure that not less than 60% of the assistance will be used to make grants to support national service programs other than those carried out by a State agency, unless the Corporation approves otherwise.

## ***CERTIFICATIONS***

### **Certification – Debarment, Suspension, and Other Responsibility Matters**

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

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

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

### **Certification – Drug Free Workplace**

This certification is required by the Corporation's regulations implementing sections 5150-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690), 45 CFR Part 2545, Subpart B. The regulations require certification by sub-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 sub-grantee will provide a drug-free workplace by:

- A. Publishing a drug-free workplace statement that:
  - a. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace;
  - b. Specifies the actions that the grantee will take against employees for violating that prohibition; and
  - c. Informs employees that, as a condition of employment under any award, each employee will abide by the terms of the statement and notify the sub-grantee in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace within five days of the conviction;
- B. Requiring that a copy of the statement described in paragraph (A) be given to each employee who will be engaged in the performance of any Federal award;
- C. Establishing a drug-free awareness program to inform employees about:
  - a. The dangers of drug abuse in the workplace;
  - b. The sub-grantee's policy of maintaining a drug-free workplace;
  - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
  - d. The penalties that the sub-grantee may impose upon them for drug abuse violations occurring in the workplace;
- D. Providing us, as well as any other Federal agency on whose award the convicted employee was working, with written notification within 10 calendar days of learning that an employee has been convicted of a drug violation in the workplace;
- E. Taking one of the following actions within 30 calendar days of learning that an employee has been convicted of a drug violation in the workplace:
  - a. Taking appropriate personnel action against the employee, up to and including termination; or
  - b. Requiring that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

#### **Certification - Lobbying Activities**

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

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

#### **Erroneous certification or assurance**

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

#### **Notice of error in certification or assurance**

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

#### **Definitions**

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

#### **Assurance requirement for subgrant agreements**

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

#### **Assurance inclusion in subgrant agreements**

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

#### **Assurance of subgrant principals**

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

#### **Non-assurance in subgrant agreements**

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

#### **Prudent person standard**

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

**Certification - Grant Review Process (State Commissions Only)**

I certify that in conducting our review process, we have ensured compliance with the National and Community Service Act of 1990, the Corporation's peer review requirements, and all state laws and conflict of interest rules.

**ASSURANCES AND CERTIFICATIONS**

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

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**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.**

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**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:**

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## **ATTACHMENT K: Beneficiary Populations/Grant Characteristics**

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

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

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

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

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

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