



2020-2021 Indiana AmeriCorps \*State  
REQUEST FOR PROPOSALS  
**APPLICATION INSTRUCTIONS**

# 1 IMPORTANT DATES

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*Serve Indiana has one NOFO and Application Instructions posted for the 2020-21 funding opportunities. This means the NOFO and Application Instructions include due dates and information for ALL types of applicants. This includes competitive, new, and formula applicants. It is the responsibility of the applicant to understand the type of application they must apply for and when. Below due dates and types of applications are explained.*

*Serve Indiana reserves the right to edit the Application Instructions at any time. Notification of edits will be made public via the website.*

## **1.1 FALL SUBMISSION DATES: COMPETITIVE & FORMULA RE-COMPETE, COMPETITIVE CONTINUATION, AND NEW APPLICANTS**

- **Notice of intent to apply: October 4<sup>th</sup>, 2019**
  - All organizations who plan to submit an application are encouraged to submit an email by 5pm (EST) on October 4<sup>th</sup>, 2019 to [ckelloggillenwater@serveindiana.gov](mailto:ckelloggillenwater@serveindiana.gov) with the subject line reading “Notice of Intent to Apply for (Organization Name)”. In the body of the email, please indicate the following information:
    - Name, organization, contact information, proposed number of AmeriCorps members, proposed priority area
- **Application due date: October 28<sup>th</sup>, 2019**
  - All required documents should be submitted in egrants by 5:00pm (EST) on October 28<sup>th</sup>, 2019. Any additional documents should be emailed as instructed in the NOFO by this date and time as well.
- **Clarifications Communicated: Mid to late November**
  - Prior to the December 12<sup>th</sup> Commission decision meeting, Serve Indiana staff will communicate clarifications to applicants. These clarifications will help finalize the application, clarifying specific items that must be updated in order for a decision to be made. These clarifications will be sent out via email to the main grant contact in eGrants and will include a due date.
- **Competitive letters sent to programs: December 13<sup>th</sup>, 2019**
  - Serve Indiana will send letters to all fall applicants on or before December 13<sup>th</sup> updating them with whether or not they have moved on to the competitive or formula slate. There may be additional clarifications communicated at this time. The letter will include a due date for resubmission in eGrants and next steps.
- **CNCS Decision on Competitive Funding: May 1<sup>st</sup>, 2020**
  - Once Serve Indiana submits applications to CNCS on behalf of approved competitive applicants (January 8<sup>th</sup>, 2020), CNCS will conduct a review process of these applications. Competitive applicants should anticipate clarifications from CNCS as well. When Serve Indiana is notified of the final competitive funding decisions, they will notify the applicant within 2-3 business days via email.

## 1.2 SPRING SUBMISSION DATES: FORMULA CONTINUATIONS APPLICANTS ONLY

- **Application due date: March 13<sup>th</sup>, 2020**
  - All required documents should be submitted in egrants by 5:00pm (EST) on March 13<sup>th</sup>, 2020. Any additional documents should be emailed as instructed in the NOFO by this date and time as well.
- **Clarifications Communicated: Late March/Early April**
  - Prior to the December 12th Commission decision meeting, Serve Indiana staff will communicate clarifications to applicants. These clarifications will help finalize the application, clarifying specific items that must be updated in order for a decision to be made. These clarifications will be sent out via email to the main grant contact in eGrants and will include a due date.
- **CNCS Funding decisions sent to programs: June 26<sup>th</sup>-July 31**
  - Serve Indiana will send letters to all formula applications on April 17<sup>th</sup> following the April 16<sup>th</sup> Commission funding meeting. This letter will be emailed and will include final funding decisions. There may be additional clarifications communicated at this time. The letter will include a due date for resubmission in eGrants and next steps. Preliminary formula funding decisions will be made Mid-April. CNCS final competitive and formula decisions will be mid May/end of July.

## 1.3 ADDITIONAL INFORMATION & REMINDERS

Type of Application	Application Due Date in eGrants & Information
New Applicant	Submit a full application in eGrants by October 28, 2019 at 5pm (EST)
Re-compete Applicants: Formula & Competitive	Submit a full application in eGrants by October 28, 2019 at 5pm (EST)
Competitive Continuation	Continuations should not make any direct changes to their original application narratives. They may, however, make changes to their executive summary, logic model, budget, and performance measures sections. They must also answer the required continuation questions and any changes made to the above sections in the

	<p>“continuation” section of their application.          These changes must all be submitted in eGrants by October 28, 2019 at 5pm (EST).</p>
Formula Continuation	<p>Continuations should not make any direct changes to their original application narratives. They may, however, make changes to their executive summary, logic model, budget, and performance measures sections. They must also answer the required continuation questions and any changes made to the above sections in the “continuation” section of their application.          These changes must all be submitted in eGrants by March 13<sup>th</sup>, 2020 at 5pm (EST).</p>

**Additional Information:**

***Late proposals will not be accepted.***

***Technical Assistance:***

Serve Indiana provides several opportunities for training and guidance throughout the grant application review process. Serve Indiana encourages all new applicants to set-up a one-on-one meeting either in-person or via phone. For all deadlines, including available meeting dates, please review the grant application review process calendar available on Serve Indiana’s website:

<http://www.in.gov/serveindiana/2718.htm>

There are both word document and excel spreadsheet templates available for use on the website here:

<http://www.in.gov/serveindiana/2718.htm> .

## 2 IMPORTANT NOTICE

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These 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 (SI) are posted on [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: Arminda Pappas, 250 E Street, SW, Suite 300, Washington, DC 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one are current and valid. (See 5 CFR 1320.5(b)(2)(i).)

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C. §§ 12581 - 12585 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. § 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality of information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the CNCS website as part of ongoing efforts to increase transparency in grantmaking. This is described in more detail in the *Notice of Federal Funding Opportunity*. The information will not otherwise be disclosed to entities outside of AmeriCorps and CNCS without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

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

**Indirect Cost Rates:** CNCS allows applicants to include indirect costs in application budgets. Based on qualifying factors, applicants have the option of using a federally approved indirect cost rate, a 10% *de minimis* rate of modified total direct costs, or may claim certain costs directly as outlined in 2 CFR §

200.413 Direct costs. Applicants who hold a federal negotiated indirect cost rate must use that rate in lieu of the AmeriCorps 5/10% allocation of administrative costs.

Applicants who hold a state or federal negotiated indirect cost rate or will be using the 10% *de minimis* rate must enter that information in the Organization section in eGrants (**See Attachment J**).

**Universal Identifier:** Applicants must include a Dun and Bradstreet Data Universal Numbering System (DUNS) number and register with the System for Award Management (SAM). All grant recipients are required to maintain a valid registration, which must be renewed annually.

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## 4 APPLICATION RESOURCES

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This document communicate exact steps for successful submission of your application in eGrants. It is important to note that new and/or recompetete applicants must submit a new application in full in the eGrants system. If you are submitting a request for continuation to CNCS (either formula or competitive), please see the *Continuation Instructions* in this document to specifically understand how you may edit and submit your currently approved application. 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.

**Serve Indiana strongly suggests that all applicants, from continuation to new, review this full document in conjunction with the NOFO, supplemental guidance, performance measure instructions and any other materials provided by Serve Indiana/CNCS. While a continuation applicant may only need to complete a shortened version of the application, they must understand the updates listed in these documents to successfully complete such an application.**

The AmeriCorps regulations include pertinent information (see Table 1, below). The *Notice* can be found at <http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities>.

- The full regulations are available online at: <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>
- Serve Indiana’s Notice can be found here: <http://www.in.gov/serveindiana/2718.htm>
- Serve Indiana’s AmeriCorps State Handbook with state specific rules and regulations can be found here: <http://www.in.gov/serveindiana/2396.htm>

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

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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.

Calculating Cost Per Member Service Year (MSY)	§2522.485
Performance Measures	§2522.500-2522.650
Evaluation	§2522.500-2522.540 and §2522.700-2522.740
Selection Criteria and Selection Process	§2522.400-2522.475

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

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

## 5 SUBMITTING YOUR APPLICATION IN EGRANTS: NEW AND RECOMPETING APPLICANTS

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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 the *Notice* for a listing)

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

1. Applicant Info
2. Application Info
3. Narratives
4. Logic Model
5. Performance Measures
6. Program Information
7. Documents
8. Budget
9. Funding/Demographics
10. Review
11. Authorize, and Submit

## 5.1 APPLICANT INFO

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet. **If you can only submit your application in hard copy, please contact Serve Indiana.**

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

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

## 5.2 APPLICATION INFO

In the Application Info Section enter:

- Areas affected by your proposed program. Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two-letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
- Requested project period start and end dates. The length of the project period is specified in the *Notice*. **Serve Indiana only allows a September 1-August 31 or August 1-July 31 project period.**
- 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, provide an explanation.

## 5.3 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 funding priorities and special considerations articulated in the regulations or the *Notice*.

**Be clear and succinct.** Do not use jargon, boilerplate, rhetoric, or exaggeration. Describe clearly what you intend to do and how your project responds to the selection criteria.

**Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.

**Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.

**Don't make assumptions.** Even if you have received funding from CNCS in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.

**Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.

Follow the instructions and discuss each criterion in the order they are presented in the instructions. Use headings to differentiate narrative sections by criterion.

#### **In eGrants, you will enter text for**

1. Executive Summary
2. Rationale and Approach (Program Design)
3. Organizational Capability
4. Cost Effectiveness and Budget Adequacy
5. Evaluation Summary or Plan

Note: The Narratives Section also includes fields for Clarification Summary, Amendment Justification, and Continuation Changes. **Please enter N/A in these fields if you are a new or recompetite applicant. 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. If you are a continuation, please see your specific instructions in the below section.**

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.

## **5.4 EXECUTIVE SUMMARY**

Please complete the executive summary per the guidance in the *Notice*. **DO NOT deviate from the template provided in the NOFO.**

### **5.4.1 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*.

## **5.5 PROGRAM DESIGN (50 PERCENT)**

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

## **5.6 ORGANIZATIONAL CAPABILITY (25 PERCENT)**

Reviewers will assess the extent to which the applicant demonstrates organizational background and staffing and structures, including compliance and accountability, to support the proposed program.

## **5.7 COST EFFECTIVENESS AND BUDGET ADEQUACY (25 PERCENT)**

In assessing Cost Effectiveness and Budget Adequacy, reviewers will examine the degree to which the budget is cost effective and appropriate for the program being proposed. Enter N/A in the narrative as the assessment will be of the budget.

## **5.8 EVALUATION SUMMARY OR PLAN**

If you are competing for the first time, please provide your data collection plan in the Evaluation Summary or Plan field. If you are re-competing for AmeriCorps funds, please provide your Evaluation Plan. Please follow the guidance in the Notice.

### **5.8.1 Amendment Justification**

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

### **5.8.2 Clarification Information**

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

### **5.8.3 Continuation Changes**

Enter N/A. This field will be used to enter changes in your narratives in your continuation requests if you are a new or re-compete applicant. If you are a continuation please follow the instructions for this section in the below “continuation” section.

## **5.9 LOGIC MODEL**

Complete the logic model using the guidance provided in the *Notice*.

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 *Notice*.

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

## **5.10 PERFORMANCE MEASURES**

All applicants must submit performance measures with their application. See Attachments for instructions for entering performance measures, and see the National Performance Measures Instructions for details about the number and type of performance measures required.

**Serve Indiana strongly encourages only one national performance measure with one output and one outcome.**

## **5.11 PROGRAM INFORMATION**

In the Program Information Section, applicants must check the relevant boxes in order to be considered for CNCS’ assessment of the strategic considerations and Special Initiatives. Applicants should only check the boxes for those characteristics that represent a significant part of the program.

### **AmeriCorps Funding Priorities**

Check any priority area(s) that apply to the proposed program. Only select Priorities that represent a significant part of the program focus, high quality program design, and outcomes.

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

- Economic Opportunity - evidence-based interventions on the CNCS Evidence Exchange. In order to qualify for this priority, the applicant must be assessed as having Moderate or Strong evidence by the reviewers.

[https://www.nationalservice.gov/sites/default/files/evidenceexchange/CNCS\\_Economic\\_Opportunity\\_Evidence\\_Brief\\_2019\\_508.pdf](https://www.nationalservice.gov/sites/default/files/evidenceexchange/CNCS_Economic_Opportunity_Evidence_Brief_2019_508.pdf)

OR

increasing economic opportunities for communities by engaging opportunity youth to prepare them for the workforce

- Education – evidence-based interventions on the CNCS Evidence Exchange. In order to qualify for this priority, the applicant must be assessed as having Moderate or Strong evidence by the reviewers.

[https://www.nationalservice.gov/sites/default/files/evidenceexchange/CNCS\\_Education\\_Evidence\\_Brief\\_112318\\_508.pdf](https://www.nationalservice.gov/sites/default/files/evidenceexchange/CNCS_Education_Evidence_Brief_112318_508.pdf)

- Healthy Futures – evidence-based interventions on the CNCS Evidence Exchange. In order to qualify for this priority, the applicant must be assessed as having Moderate or Strong evidence by the reviewers.  
[https://www.nationalservice.gov/sites/default/files/evidenceexchange/HF\\_Evidence\\_Brief\\_FINAL\\_v2\\_508.pdf](https://www.nationalservice.gov/sites/default/files/evidenceexchange/HF_Evidence_Brief_FINAL_v2_508.pdf)

OR

reducing and/or preventing prescription drug and opioid abuse

- Veterans and Military Families - positively impacting the quality of life of veterans and improving military family strength
- Rural intermediaries that demonstrate measureable impact and primarily serve communities with limited resources and organizational infrastructure.
- Faith-based organization
- No NOFO priority area

### **Grant Characteristics**

Check any grant characteristics that are a significant part of the proposed program:

- Faith-based organizations
- Professional Corps
- STEM Program
- Geographic Focus – Urban
- Geographic Focus – Rural
- None of the above grant characteristics

## **5.12 ADDITIONAL DOCUMENTS**

In addition to the application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary – see B., below), other required documents listed in the *Notice* (if applicable), and an explanation of federal debt delinquency (if applicable), as part of your application. After you have submitted the documents via the guidance in the *Notice*, change the status in eGrants from the default “Not Sent” to the applicable status “Sent,” “Not Applicable,” or “Already on File at CNCS.”

### **5.12.1 Evaluation**

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

### **5.12.2 Labor Union Concurrence**

If a program applicant—

- Proposes to serve as the placement site for AmeriCorps members; and



- Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
- 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.

**If a program applicant:**

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:

- AmeriCorps members will not be placed in positions that were recently occupied by paid staff.
- No AmeriCorps member will be placed into a position for which a recently resigned or discharged employee has recall rights as a result of a collective bargaining agreement, from which a recently resigned or discharged employee was removed as a result of a reduction in force, or from which a recently resigned/discharged employee is on leave or strike.

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

**5.12.3 Federally-approved Indirect Cost Agreement**

Applicants applying directly to CNCS that include a federally approved indirect cost rate amount in their budget must enter the current approved indirect cost rate agreement information into eGrants at the same time they submit their application. See **Attachment J**.

**5.12.4 Other Documents**

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

**5.12.5 Delinquent on Federal Debt**

Any applicant who checks Yes to the question on federal debt delinquency must submit a complete explanation to [Additionaldocuments@cns.gov](mailto:Additionaldocuments@cns.gov) at the same time they submit their application.

**5.12.6 Submission Instructions for Evaluations, Labor Union Concurrence, Other Required Documents, and Explanation of Federal Debt Delinquency, as applicable.**

Please submit the required documents to the email listed in the *Notice* using the naming convention and other instructions found there. This information must be received at CNCS by the deadline in the *Notice*.

## 5.13 BUDGET INSTRUCTIONS

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

### 5.13.1 Match Requirements

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

Table 2: Match Requirements in the AmeriCorps Regulations

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

- Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project’s total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are re-competing, please see 45 CFR §§ 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal, state, local, and/or private sector funds in accordance with applicable AmeriCorps requirements.

- In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief **description of the match**. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your **entire match**. (The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used. See **Attachment G** for instructions for applying for the Alternative Match Schedule.
  - **The total of funds in the Source of Funds should match the total grantee share included in the budget and executive summary.**

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

### **5.13.2 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 the Attachments to prepare your budget.** There are Indiana specific instructions included there that must be followed. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheets in the Attachments or using the template provided by Serve Indiana on the funding website.

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) to ensure your budget is compliant. In addition, eGrants will perform a limited compliance check to validate the budget. If eGrants 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 add \$55 to cover the cost of state check and/or FBI check for criminal history checks for each covered position in the CNCS share of the budget. If funds are not budgeted, an explanation for how the costs will be covered must be noted in the budget.
- Include all Serve Indiana required budget line items as detailed in the budget attachment.

Programs must comply with all applicable federal laws, regulations, and the requirements of the Uniform Guidance. Please refer to the Uniform Guidance, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200) for allowable, allocable, and reasonable cost information, as well as, audit requirements, including the need to provide audits to the Clearinghouse if expending over \$750,000 in federal funds as required in the OmniCircular. The OMB Uniform Guidance can be found online at [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

### 5.14 FUNDING/DEMOGRAPHICS

In the Funding/Demographics Section enter:

- **Other Revenue funds.** Enter the amount of funds that your program uses to run the program that are not identified on the application budget as CNCS share or grantee share (match). Note: Programs should not enter the total operating budget for their organization unless the entire operating budget supports the AmeriCorps program. Programs that have additional revenue sources not included in the matching funds section of the budget should provide the amount of this additional revenue that supports the program. This amount should not include the CNCS or grantee share amounts in the budget. Fixed amount grantees should enter all non-CNCS funds that support the program in this field. All fixed grants will have other revenue.
- **Number of Volunteers Generated by AmeriCorps members.** Please enter the number of volunteers participating in one day service projects or ongoing volunteer commitments that the proposed AmeriCorps members will generate.
- **If Education Evidence-Based Intervention NOFO Priority,** enter the row number (1-13) of the intervention in Table 1 of the Education Evidence Brief (see NOFO for hyperlink).
- **If Economic Opportunity Evidence-Based Intervention NOFO Priority,** enter the row number (1-4) of the intervention in Table 1 of the Economic Opportunity Evidence Brief (see NOFO for hyperlink).
- **If Healthy Futures Evidence-Based Intervention NOFO Priority,** enter the row number (1-5) of the intervention in Table 1 of the Healthy Futures Evidence Brief (see NOFO for hyperlink).

### 5.15 OPERATING SITES (FOR MULTI-STATE APPLICANTS ONLY)

In the Multi-State Operating Section (For applicants that are operating in more than one state):

Please fill in the following information for your operating sites: organization name, address, city, state, zip code + 0000 (eGrants will correct the last four digits to the correct numbers), amount of funding going to the operating site, and number of proposed AmeriCorps members who will be located at the site

## **5.16 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 I). 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. When you verify the application eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission. 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 who 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."

## 6 SUBMITTING YOUR APPLICATION IN EGRANTS: CONTINUATION REQUESTS

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

### 6.1 WHEN TO SUBMIT YOUR CONTINUATION REQUEST:

See the *Notice* for application deadlines and the deadlines section of this document.

### 6.2 HOW TO SUBMIT YOUR CONTINUATION REQUEST:

Click **Continuation/Renewal** on your eGrants home page. You will be shown a list of grants that are eligible to be continued. Select the grant you wish to continue. **Make sure you select the correct one. Do not start a new application.** The system will copy your most recently awarded application.

Edit your continuation application as directed in the continuation request instructions below. When you have completed your work, click the **SUBMIT** button.

Be sure you also review the *Notice* when preparing your request. If you have questions about the content of your continuation request, please contact your Program Officer.

### 6.3 WHAT TO INCLUDE IN YOUR CONTINUATION REQUEST:

*Do not deviate from the instructions included below as a continuation applicant as you are only allowed to edit certain sections of your original application. With that, be sure to also review the full NOFO, Application Instructions, Performance Measures and other required updated application materials. While this section explains the basic requirements from this submission, there are items that are updated annually that need to be changed in the sections you are allowed to update (i.e. required budget line items, changes to National Performance Measure instructions, etc.).*

The only areas that can be edited in a continuation are as followed:

1. Narratives: You may only update the “Continuation Changes” narrative and “Executive Summary” narrative
2. Other sections: Any changes made to the below sections must be communicated in the “Continuation Changes” narrative
  - a. Applicant/Application Information
  - b. Program Information

- c. Logic Model
- d. Budget
- e. Performance Measures

### **6.3.1 Applicant Info and Application Info**

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

### **6.3.2 Narrative (Narratives Section)**

Your original application will appear in the Executive Summary and in the narrative sections Rationale and Approach/Program Design, Organizational Capability, Cost-Effectiveness and Budget Adequacy, Evaluation Summary or Plan, Amendment Justification, Clarification Information, and Continuation Changes, as appropriate. **Do not modify these original narrative fields outside of the Executive Summary.**

#### ***6.3.2.1 Serve Indiana Continuation Changes Narrative Instructions:***

CNCS expects that programs will maintain a consistent program design for the duration of the three-year project period; however, we recognize that, on occasion, some programmatic changes are necessary. As a result, continuation applicants may request the changes listed below during the continuation process.

In the continuation changes narrative field answer the following nine questions and communicate any additional changes made to your application as appropriate. As a reminder, DO NOT make any changes to narratives directly except the executive summary.

**The page limit for the Continuation Changes field is six pages, as the pages print out from eGrants.**

Any continuation applicant not requesting changes that fit within the below sections and questions should enter “N/A” in Continuation Changes. CNCS expects that most continuation applications will not be requesting changes.

Evaluation plans are approved by CNCS when applicants re-compete for funding. If you wish to make changes to your evaluation plan, do NOT change the text of the Evaluation Summary or Plan field in your application. Instead, send a revised version of the evaluation plan (with the proposed changes in track-changes mode) as an attachment to [ckelloggillenwater@serveindiana.gov](mailto:ckelloggillenwater@serveindiana.gov). Serve Indiana will notify you if the changes are approved.

**Continuation Questions:** Please answer the below questions in the “Continuation Changes” narrative.

1. Has any applicant information changed? If yes, please describe.
2. Identify whether this is Year 2 or Year 3 of continuation.
3. Did the program enroll 100% of the slots in the last year of operation? If no, explain and cite if an improvement plan is on file with Serve Indiana.
4. Did the program retain 100% of members in the last year of operation? If no, explain and cite if an improvement plan is on file with Serve Indiana.

5. Was the program compliant with 30-day enrollment and exit requirements? If no, explain and cite if an improvement plan is on file with Serve Indiana.
6. Are you proposing to make any changes in program scope or design? If yes, describe the change and provide a justification.
7. Are you proposing to make any changes in operating sites or service locations? If yes, describe the change and provide a justification.
8. Are you requesting an expansion (increase in members, increase in funding, and/or increase in cost/MSY)? If yes, describe the change and provide a justification. Please note continuation requests for expansion are rarely approved. Do not alter performance measures or budget until invited to do so.
9. Are you proposing other changes not captured above? If yes, describe the change and provide a justification.

### **6.3.3 Executive Summary**

Make any updates necessary to your executive summary including updates to the total match and request. Be sure to follow the template included in the NOFO exactly as written.

### **6.3.4 Logic Model**

Continuation applicants do not need to enter content into these fields.

### **6.3.5 Performance Measures (Performance Measures Section)**

Your performance measures are copied from your previous year's application into your continuation request. If you made changes to your program, such as adding or changing grant-funded activities, or requesting additional slots or MSYs, you may need to revise your performance measures. Continuation applicants whose measures do not align with the 2020 Performance Measure Instructions must also revise their measures to conform with the 2020 instructions. To revise performance measures, "View/Edit" the performance measures that copy over from your original application, or add new performance measures (see Attachments). Note in the Continuation Changes field that you have updated your performance measures. If you are proposing to significantly increase or decrease output or outcome targets for existing performance measures, provide a justification for this change.

### **6.3.6 Program Information**

In the Program Information Section, review and make selections as appropriate. Applicants should only select priorities and characteristics that represent a significant part of the program.

#### **AmeriCorps Funding Priorities**

Check any priority area(s) that apply to the proposed program. Only select Priorities that represent a significant part of the program focus, high quality program design, and outcomes.

- Economic Opportunity - evidence-based interventions on the CNCS Evidence Exchange. In order to qualify for this priority, the applicant must be assessed as having Moderate or Strong evidence by the reviewers.



[https://www.nationalservice.gov/sites/default/files/evidenceexchange/CNCS Economic Opportunity Evidence Brief 2019 508.pdf](https://www.nationalservice.gov/sites/default/files/evidenceexchange/CNCS_Economic_Opportunity_Evidence_Brief_2019_508.pdf)

OR

increasing economic opportunities for communities by engaging opportunity youth to prepare them for the workforce

- Education – evidence-based interventions on the CNCS Evidence Exchange. In order to qualify for this priority, the applicant must be assessed as having Moderate or Strong evidence by the reviewers.

[https://www.nationalservice.gov/sites/default/files/evidenceexchange/CNCS Education Evidence Brief 112318 508.pdf](https://www.nationalservice.gov/sites/default/files/evidenceexchange/CNCS_Education_Evidence_Brief_112318_508.pdf)

- Healthy Futures – evidence-based interventions on the CNCS Evidence Exchange. In order to qualify for this priority, the applicant must be assessed as having Moderate or Strong evidence by the reviewers.

[https://www.nationalservice.gov/sites/default/files/evidenceexchange/HF Evidence Brief FINAL v2 508.pdf](https://www.nationalservice.gov/sites/default/files/evidenceexchange/HF_Evidence_Brief_FINAL_v2_508.pdf)

OR

reducing and/or preventing prescription drug and opioid abuse

- Veterans and Military Families - positively impacting the quality of life of veterans and improving military family strength
- Rural intermediaries that demonstrate measureable impact and primarily serve communities with limited resources and organizational infrastructure.
- Faith-based organization
- No NOFO priority area

### **Grant Characteristics**

Check any grant characteristics that are a significant part of the proposed program:

- Faith-based organizations
- Professional Corps
- STEM Program
- Geographic Focus – Urban
- Geographic Focus – Rural
- None of the above grant characteristics

### **6.3.7 Budget (Budget Section)**

Your budget from the previous year’s application is copied into your continuation request so you can make the necessary adjustments. Revise your detailed budget for the upcoming year. Incorporate any required CNCS increases, such as an increase to the member living allowance, into your budget.

**Continuation applicants may apply for expansions—dollars, MSY, and/or members. Please review the**

**Serve Indiana and CNCS instructions on cost reimbursement budgets in the attached “detailed budget instructions” section of this document if you are an operational grant currently. For fixed and operational grants, please review the cost per MSY and living allowance updates in the NOFO. Continuation applicants may apply for expansions – dollars, MSY, and/or members.**

#### **Source of Funds (Match)**

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

#### **Multi-Year Funded Grantees**

Multi-year funded grantees may request up to the dollar and MSY amounts they were granted for the continuation year for which they are applying. Multi-year funded grantees may not request funds or MSY in excess of the amounts they were awarded for each year (year two or year three) of their multi-year funded grants.

#### **Increasing Grantee Overall Share of Total Budgeted Costs**

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

See Attachments for instructions for applying for the Alternative Match Schedule.

#### **In the Funding/Demographics Section enter:**

- **Other Revenue funds.** Enter the amount of funds that your program uses to run the program that are not CNCS share or match.
- **Number of Volunteers Generated by AmeriCorps members.** Please enter the number of volunteers participating in one day service projects or ongoing volunteer commitments that the proposed AmeriCorps members will generate.
- **If Education Evidence-Based Intervention NOFO Priority,** enter the row number (1-13) of the intervention in Table 1 of the Education Evidence Brief (see NOFO for hyperlink).
- **If Economic Opportunity Evidence-Based Intervention NOFO Priority,** enter the row number (1-4) of the intervention in Table 1 of the Economic Opportunity Evidence Brief (see NOFO for hyperlink).
- **If Healthy Futures Evidence-Based Intervention NOFO Priority,** enter the row number (1-5) of the intervention in Table 1 of the Healthy Futures Evidence Brief (see NOFO for hyperlink).

**Once your budget is finalized, make sure to update your Executive Summary to match the totals included in your budget. As a reminder, the grantee share should match the source of funds total which and the total match listed in your Executive Summary.**

### **6.3.8 Operating Sites (for multi-state applicants only)**

In the Multi-State Operating Section (for applicants who are operating in more than one state):

Make any changes to operating sites being requested as part of Continuation Changes.

### **6.3.9 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 I). 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 prior to submission to ensure that there are no errors. When you verify the application eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission. 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."

## 7 ATTACHMENT A: PERFORMANCE MEASURES INSTRUCTIONS

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### 7.1 (EGRANTS PERFORMANCE MEASURES SECTION)

#### *eGrants Performance Measures Module Instructions*

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

In the performance measures module, you will:

- Provide information about your program’s connection to CNCS focus areas and objectives.
- Show MSY and member allocations.
- Create at least one aligned performance measure associated with your primary service activity (primary intervention), plus one or more additional measure(s) if desired.
- Set targets and describe data collection instruments and strategies 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 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**

On the objectives tab, applicants will account for the full range of their program activity. Applicants are not expected to create performance measures for every focus area, objective, or intervention they select on this 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.

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 (output paired with outcome) that contains your primary intervention. Note that your primary intervention, and the performance measure associated with your primary intervention, must be focused on the community impact of the program; applicants may not count AmeriCorps members as beneficiaries under either National Performance Measures or applicant-determined measures. Some member-focused outputs and outcomes may be reported as demographic indicators.

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. You must allocate 100% of your program’s MSYs to focus areas and objectives. When you create your performance measures, you will be asked to allocate MSYs to each performance measure; however, you will not be required to assign 100% of your total MSYs to performance measures.

Begin by entering the total MSYs for your program. This must match the total MSYs in your budget. Please double-check your budget to make sure that the total MSY values match.

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 the only activity in an objective that you have selected is focused on AmeriCorps member development, enter 0 MSYs for that objective.

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.

In the members column, enter the number of members who 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 performs service in both school readiness and K-12 success, allocate one member to each of these objectives. It is acceptable for the total number of members in this table to exceed total slots requested in the application due to counting members' service across multiple objectives. If the only activity in an objective that you have selected is focused on AmeriCorps member development, enter 0 MSYs for that objective.

To ensure that information is entered accurately, please refer to additional guidance in Appendix A of the National Performance Measure Instructions on calculating and entering MSY and member allocations.

### **Performance Measure Tab**

CNCS does not require National Performance Measure outputs to be paired only with corresponding National Performance Measure outcomes. National Performance Measure outputs may also be paired with applicant-determined outcomes or may not be paired with any outcome. The latter is referred to as an "output-only measure" in these instructions. Refer to selection rules in the National Performance Measures Instructions to ensure that your performance measures meet CNCS requirements.

This tab allows you to create performance measures for all the grant activities you intend to measure.

You must create at least one aligned performance measure (either a National Performance Measure or an applicant-determined measure) that corresponds to your primary intervention. You may create additional aligned performance measures and/or output-only measures provided that they measure significant program activities. There is no expectation that 100% of program activity be allocated to National Performance Measures or to any performance measures at all.

Begin by creating the aligned performance measure for your primary intervention. After creating your required performance measure, you will be able to create additional performance measures if desired.

To create a performance measure, begin by selecting an objective. The list of objectives includes those you selected on the objectives tab. Note that programs may not create performance measures for the Find Opportunity, Teacher Corps, Green Jobs, or Access & Attract objectives, since these are member-focused objectives. Member-focused outputs and outcomes related to these objectives may be reported as demographic indicators.

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/or 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 outputs (plus outcomes, if applicable) of the performance measure and that are applicable to all beneficiaries counted under the 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. (Note: you are not

permitted to create a user-defined intervention that duplicates an intervention already available in the system.)

Select output(s) for your 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, and if the objective you have selected permits applicant-determined outputs, you may create an applicant-determined output by clicking in the checkbox next to the empty output text box and entering the text of your output indicator. You may create additional applicant-determined outputs for the performance measure by clicking “Add User Output.” (Note: you are not permitted to create an applicant-determined output that duplicates a National Performance Measure output. If you do not see the National Performance Measure output that you wish to use, check the Selection Rules in the National Performance Measure Instructions to make sure you selected the correct objective associated with that National Performance Measure output.)

Select outcome(s). If you have selected a National Performance Measures output that has corresponding National Performance Measures outcome(s), these outcomes will be available to select. If you do not wish to select a National Performance Measure outcome, you may create an applicant-determined outcome by clicking in the checkbox next to the empty outcome text box and entering the text of your outcome indicator. If you do not wish to select any outcome for your National Performance Measure output, click in the checkbox next to the empty outcome text box and enter “NA” in the outcome indicator text box. (Note: all output-only measures must consist of National Performance Measure outputs. Applicant-determined outputs must be paired with applicant-determined outcomes.)

You may create additional applicant-determined outcomes for the performance measure by clicking “Add User Outcome.”

If you have not selected a National Performance Measures output, or if there is no corresponding National Performance Measure outcome, create an applicant-determined outcome by clicking “Add User Outcome.” All applicant-determined outputs must be paired with an applicant-determined outcome.

Enter the number of MSYs and members your program will allocate to achieving the outcomes and/or outputs 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.

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

### **Data Collection Tab**

On this tab, you will provide additional information about your interventions, instruments, and plan for data collection. The performance measures may be used after grant making separate from the grant

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

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. For outcomes, specify how much improvement in knowledge, attitude, behavior or condition is required to be counted as having improved and clearly explain how the instrument measures this.

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 service hours as units of measure. In most cases, the unit of measure should be the same for the outputs and outcomes in an aligned performance measure.

For output-only performance measures, eGrants will require text in the outcome data collection fields. If you do not wish to have an outcome for your National Performance Measure output, enter the following:

- Method: Select "other."
- Instrument Description: Enter "NA"
- Target: Enter "1"
- Unit of Measure: Enter "NA"

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. You should also use the Performance Measures Checklist in Appendix B of the National Performance Measure to self-assess your measure(s) prior to submission.

## **8 ATTACHMENT B: DETAILED BUDGET INSTRUCTIONS FOR COST REIMBURSEMENT GRANTS(EGRANTS BUDGET SECTION)**

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*Fixed-Amount Grants refer to Attachment D*

### **8.1 SECTION I. PROGRAM OPERATING COSTS**

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

#### **A. Personnel Expenses**

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

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

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

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

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

It is expected that all applicants include funds in this line item for travel for staff and site staff to attend CNCS-sponsored technical assistance meetings. Under this line item, Indiana programs should include travel costs to 3 in person 1 day Indianapolis trainings required by Serve Indiana and 1 optional regional training offered in the Midwest for all North Central AmeriCorps State programs and commissions.

Applicants should include costs around travel to supervisor and/or evaluate service sites and members for their program. It is required that all full time and half time members receive a mid-year and end of year performance evaluation. Any less than half time member must receive a minimum of an end of year evaluation. In addition, all service sites should be evaluated by programs at least once per year for compliance. The cost of travel for these evaluations/reviews should be incorporated in the projected budget.

Please itemize the costs. For example: Two staff members will attend the Annual Serve Indiana orientation in Indianapolis. 2 staff X \$750 airfare + \$50 ground transportation + (1 day) X \$400 lodging + \$35 per diem = \$2,470 for Annual AmeriCorps Orientation.

## **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.

Serve Indiana encourages applicants to include costs for AmeriCorps members to attend a 2 day training, Camp AmeriCorps, in their budget. This training is offered through a partnership with the Indiana AmeriCorps Directors Association (IADA) and is usually centrally located at an Indiana campground. Programs should include the cost of travel, mileage, and registration costs (\$45 average) for this event. This event is not required for members but highly encouraged for programs to budget for all full time members.

## **D. Equipment**

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

## **E. Supplies**

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

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

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

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

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

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

Applicants should consult the Serve Indiana handbook and AmeriCorps State terms and conditions for requirements around site supervisor trainings. If no costs is included in this line item, Serve Indiana will request a clarification of the applicant prior to full submission. All costs for training service sites should be included in this line item.

##### **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.

Applicants should consult the Serve Indiana handbook and AmeriCorps State terms and conditions for requirements around member trainings. All costs for training members should be included in this line item. If no costs is included in this line item, Serve Indiana will request a clarification of the applicant prior to full submission.

#### **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 Section A 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. For programs required to submit an evaluation plan, Serve Indiana will request clarification if no cost is included in this line item.

## 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 add \$55 to cover the cost of state check and/or FBI check for criminal history checks for each covered position in the CNCS share of the budget. If funds are not budgeted, an explanation for how the costs will be covered must be noted in the budget.
- 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, postage, copying, 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 terms and conditions.
- Indiana AmeriCorps Directors Association (IADA) costs: Programs are highly encouraged to include a \$100 flat fee in this budget line item for IADA support.
- OnCorps: All Serve Indiana programs must include a line item for the use of Serve Indiana's OnCorps system. The cost is \$45 per month for 12 months.

## 8.2 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, three-quarter-time, half-time, reduced-half-time, quarter-time, minimum-time) and the amount of living allowance they will receive, allocating appropriate portions between the CNCS share (CNCS Share) and grantee share (match).

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

In eGrants, enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. In addition, enter the number of members for

whom you are not requesting funds for a living allowance, but for whom you are requesting education awards.

## **B. Member Support Costs**

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

**FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when CNCS does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.

**Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with State Departments of Labor or State Commissions where members serve to determine if you are required to pay worker's compensation and if so at what level. If you are not required to pay worker's compensation, you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or accidents.

**Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with CNCS funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the cost cannot be included in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. If you budget health insurance for less-than-full-time members serving in a full-time capacity, indicate in the budget narrative. In your budget narrative, indicate the number of members who will receive health care benefits. CNCS will not pay for dependent coverage. If health care is not budgeted for full-time members, please confirm all full-time members will have access to coverage.

**Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies. **Some states require unemployment coverage for their AmeriCorps members but the State of Indiana DOES NOT required coverage of unemployment for AmeriCorps members. This line item should be noted as \$0 or not included in an applicant's budget to Serve Indiana.** Approved Serve Indiana programs should not pay for unemployment on their AmeriCorps members

## **8.3 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 Uniform Guidance.

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

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

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

##### *Five/Ten Percent Fixed Administrative Costs Option*

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

1. To determine the maximum CNCS share for Section III: Multiply the sum of the CNCS funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. The factor 0.0526 is used to calculate the 5% maximum amount of federal funds that may be budgeted for administrative (indirect) costs, rather than 0.0500, as a way to mathematically compensate for determining Section III costs when the total budget (Sections I + II + III) is not yet established. Enter this amount as the CNCS share for Section III A.
2. To determine the Grantee share for Section III: Multiply the total (both CNCS and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.
3. Enter the sum of the CNCS and grantee shares under Total Amount.

$$([\text{CNCS Share Section I}] + [\text{CNCS Share Section II}] \times 0.0526) = \text{CNCS Share}$$

$$([\text{Total (CNCS + Grantee) Section I}] + [\text{Total (CNCS + Grantee) Section II}] \times 0.10) = \text{Grantee Share}$$

#### **B. Federally Approved Indirect Cost Rate**

If you have a federally approved indirect cost rate, this method must be used and the rate will constitute documentation of your administrative costs, not to exceed the 5% maximum federal share 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.). CNCS does not restrict the overall indirect cost rate claimed. It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

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

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

Organizations who have **never**, at any point in time, held a federally negotiated indirect cost rate (except for those non-Federal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph (d)(1)(B)) and who receive less than \$35 million in direct federal funding, may indefinitely use a *de minimis* rate of 10% of modified total direct costs (MTDC). Additional information regarding what is included in MTDC and use of this option can be found at 2 CFR 200.414(f) and 200.68. If this option is elected, it must be used consistently across all federal awards.

## 8.4 SOURCE OF FUNDS

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

**The amount listed in the Source of Funds section should match the Grantee Share of the budget. In addition, the match amount listed in the Executive Summary should match these as well.**

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



## 9 ATTACHMENT C: BUDGET WORKSHEET (EGRANTS BUDGET SECTION)

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### 9.1 SECTION I. PROGRAM OPERATING COSTS

#### A. Personnel Expenses

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

#### B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

#### C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

D. Equipment

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

E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.1. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.2. Member Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

<b>Subtotal Section I:</b>	Total Amount	CNCS Share	Grantee Share

## 9.2 SECTION II. MEMBER COSTS

### A. Living Allowance

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full-time (1700 hrs)						
Three quarter-time (1200 hrs)						
Half-time (900 hrs)						
Reduced Half-time (675 hrs)						
Quarter-time (450 hrs)						
Minimum-time (300 hrs)						
Totals						

B. Member Support Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

<b>Subtotal Section II:</b>	Total Amount	CNCS Share	Grantee Share
<b>Subtotal Sections I + II:</b>			

**9.3 SECTION III. ADMINISTRATIVE/INDIRECT COSTS**

A. Corporation-fixed Percentage Rate

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

B. Federally Approved Indirect Cost Rate Or *De Minimis* Rate of 10% of Modified Total Direct Costs

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

<b>Total Sections I + II + III:</b>	Total Amount	CNCS Share	Grantee Share

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<b>Budget Total: Validate this budget</b> <b>Required Match Percentages:</b>	Total Amount	CNCS Share	Grantee Share

**9.4 SOURCE OF FUNDS**

Match Description (Note whether Secured or Proposed)	Amount	Match Classification (Cash or In Kind)	Match Source (Federal, State/Local, Private)

# 10 ATTACHMENT D: 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). Do not use if you are a Professional Corps applicant.*

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

## 10.1 BUDGET SECTION II. AMERICORPS MEMBER POSITIONS

### Member Positions

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

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

Member Positions	Calculation	MSY
_____ Full-time (1700 hours)	(_____ members x 1.000)	=
_____ Three quarter-time (1200 hours)	(_____ members x 0.70000000)	=
_____ Half-time (900 hours)	(_____ members x 0.500)	=
_____ Reduced half-time (675 hours)	(_____ members x 0.3809524)	=
_____ Quarter-time (450 hours)	(_____ members x 0.26455027)	=
_____ Minimum-time (300 hours)	(_____ members x 0.21164022)	=

Total MSY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Fixed Award**

Display your calculation in the following format:

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

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

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share		
Program Grant Request	47.5 MSY  X \$9,500/MSY	\$451,250	\$451,250	\$0		
Subtotal		\$451,250	\$451,250	\$0		

**10.2 SOURCE OF FUNDS**

Match Description (Note whether Secured or Proposed)	Amount	Match Classification (Cash or In Kind)	Match Source (Federal, State/Local, Private)



# 11 ATTACHMENT E: BUDGET WORKSHEET FOR FIXED-AMOUNT GRANTS (EGRANTS BUDGET SECTION)

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

Member Positions

Item	# Mbrs	Allowance Rate	# w/o Allow	Total Amount	CNCS Share	Grantee Share		
Full-time (1700 hrs)								
Three quarter-time (1200 hrs)								
Half-time (900 hrs)								
Reduced Half-time (675 hrs)								
Quarter-time (450 hrs)								
Minimum-time (300 hrs)								
Subtotal							MSY	Cost/MSY

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

Source of Funds

Match Description (Note whether Secured or Proposed)	Amount	Match Classification (Cash or In Kind)	Match Source (Federal, State/Local, Private)

## 12 ATTACHMENT F: 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 who 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 are funded through the administrative cost section (Section III) of the budget? Examples of administrative costs include central management and support functions.
Yes ___ No ___	Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes ___ No ___	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 CNCS 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?

In Compliance?	Section I. Program Operating Costs
Yes ___ No ___	All single supply items over \$1000 per unit are specifically listed and explained in the budget narrative?
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 budgeted \$55 to cover the cost of state check and/or FBI check in the CNCS share for criminal history checks of each member and grant-funded staff that are in covered positions per 45 CFR 2522.205? If not, have you provided an explanation of how the costs will be covered?
Yes ___ No ___	Are all items in the budget narrative itemized and the purpose of the funds justified?

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

	compensation, you will provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., death and dismemberment coverage).
Yes ___ No ___	Health care is provided for full-time AmeriCorps members only (unless part-time serving in a full-time capacity)? If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own.
Yes ___ No ___	Unemployment insurance is only budgeted if state law requires it?

In Compliance?	Section III. Administrative/Indirect Costs
Yes ___ No ___	Applicant does not have a current federally approved indirect cost rate and has chosen to use the 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 to use CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?
Yes ___ No ___	Applicant has a current approved indirect cost rate – The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS share?
Yes ___ No ___	Applicant has a current approved indirect cost rate-the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified?
Yes ___ No ___	Applicant is directly applying to CNCS and the approved indirect cost rate agreement has been entered into eGrants?
Yes ___ No ___	Applicant has never had a federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate of 10% of modified total direct costs?

In Compliance?	Match
Yes ___ No ___	Is the overall match being met at the required level, based on the year of funding?

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

## 13 ATTACHMENT G: ALTERNATIVE MATCH INSTRUCTIONS

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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 4, 5, 6, 7, 8, or 9 is eligible to apply for the alternative match requirement. See Attachment H 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 H 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 the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about your program location in your request. CNCS will, in its sole discretion, determine whether some other address is more appropriate for determining a program's location.

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

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

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

Submit mail applications per the NOFO instructions.

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## 14 ATTACHMENT H: 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 4,5, 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.bea.gov/regional/">http://www.bea.gov/regional/</a>	<b>Bureau of Economic Analysis' Regional Economic Information System (REIS):</b> Provides data on <i>per capita</i> income by county for all states except Puerto Rico.
<a href="https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml">https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml</a>	<b>Census Bureau's American Fact-finder:</b> Provides 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">www.bls.gov</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>	US Department of Agriculture's Rural-Urban Continuum Codes: Provides urban rural code for all counties in US.

## 15 ATTACHMENT I: ASSURANCES AND CERTIFICATIONS

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(eGrants Review, Authorize and Submit Section)

### Instructions

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

a) Inability to certify

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

b) Erroneous certification or assurance

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

c) Notice of error in certification or assurance

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

d) Definitions

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

## **ASSURANCES**

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

Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.

Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).

Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and

equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.

Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.

Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).

Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and 2 CFR Part 200, Chapter II, Subpart F.

Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by CNCS will be used to support any such prohibited activities.

Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-CNCS funds or paid with CNCS funds but employed with the organization operating the project prior to or on the date the grant was awarded. If your organization is a faith-based organization that makes hiring decisions on the basis of religious belief, your organization may be entitled, under the Religious Freedom Restoration Act, 42 U.S.C. § 2000bb, to receive federal funds and yet maintain that hiring practice, even though the national service legislation includes a restriction on religious discrimination in employment of staff hired to work on a 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": <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 National and Community Service Act of 1990 (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 NCSA, and in CNCS’s regulations at § 2540.100;

Will comply with the grievance procedure requirements as set out in section 176(f) of the NCSA and in CNCS’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 NCSA or, with the approval of CNCS, conduct an internal evaluation of the program;

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

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

Has not violated a Federal criminal statute;

If a state applicant, will ensure that the State subgrants will be used to support national service programs selected consistent with the requirements of the NCSA;

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

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

## **CERTIFICATIONS**

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

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

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

Is presently excluded or disqualified;

Has been convicted within the preceding three years of any of the offenses listed in § 180.800(a) or had a civil judgment rendered against it for one of those offenses within that time period;

Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission or any of the offenses listed in § 180.800(a); or

Has had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

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

This certification is required by the Corporation's regulations implementing sections 5150-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690), 45 CFR Part 2545, Subpart B. The regulations require certification by grantees, prior to award, that they will make a good faith effort, on a continuing basis, to maintain a drug-free workplace. The certification set out below is a material representation of fact upon



which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 45 CFR Part 2542, Subparts G and H).

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

Publishing a drug-free workplace statement that:

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

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

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

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

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

The dangers of drug abuse in the workplace;

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

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

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

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

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

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

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

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

Certification - Lobbying Activities

As required by 31 U.S.C. 1352, 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, and all state laws and conflict of interest rules.

#### **Assurances and Certifications**

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

SIGNATURE:

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

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

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

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

Certification: Debarment, Suspension and Other Responsibility Matters

Certification: Drug-Free Workplace

Certification: Lobbying Activities

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

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

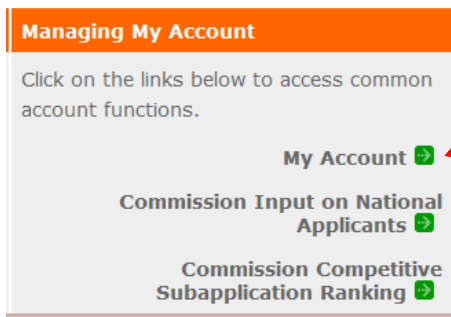
### eGrants Indirect Cost Rate (IDCR) User Instructions

A new feature has been introduced to eGrants which allows users to input Indirect Cost Rate information into their eGrants account. Grantees who will be claiming indirect costs on CNCS awards are required to enter the following indirect cost rates in eGrants: federally negotiated rates, state negotiated rates, and the use of *de minimis* rate of 10% of modified total direct costs (MTDC). Recipients of AmeriCorps State and National awards may only charge 5% of their negotiated rate to the federal share of the award, with the remaining balance being charged to match (See [45 CFR §§ 2521.95](#) and [2540.110](#)).

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

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

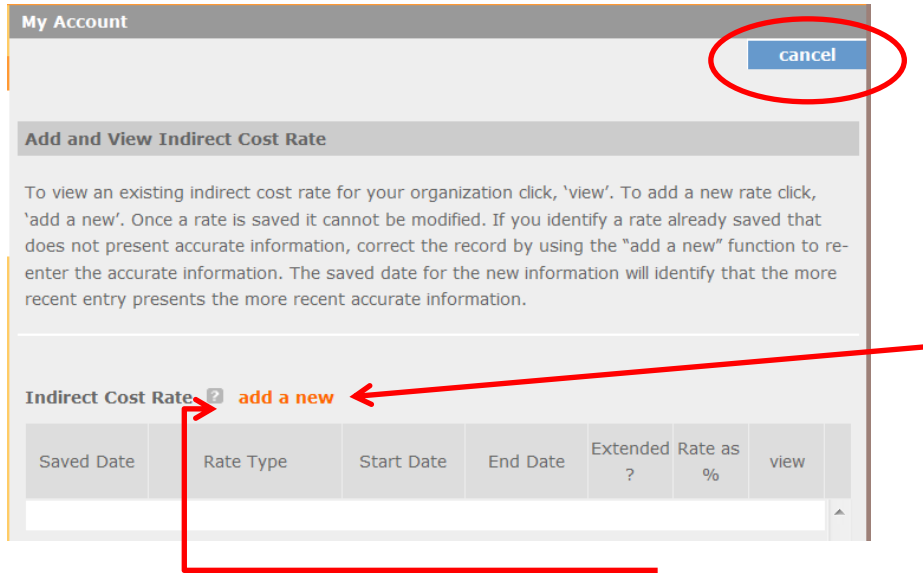
- 1) From the **eGrants Home** screen, in the lower panel under **Managing My Account**, click on **My Account**



- 2) From the **My Account** screen, under **Edit My Organization Info**, click on **Add and View Indirect Cost Rate**



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



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

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

Cooperation for  
NATIONAL & COMMUNITY SERVICE

# eGRANTS

cancel save & close

Enter an indirect cost rate record by completing the fields shown below. Use the RoboHelp '?' button for field by field instructions.

**Indirect Cost Rate Record** ?

\* Do you have Indirect Cost Rate to record? Please Select

\* Rate Type: Please Select

\* Issuing Agency: Please Select

\* Acceptance Date: (mm/dd/yyyy)

\* Effective From: (mm/dd/yyyy)

\* Effective To: (mm/dd/yyyy)  No Expiration

\* Extended? Please Select

\* Rate Status: Please Select

\* Rate Percent: %

\* Rate Base:

\* Treatment of Fringe Benefits:

\* Treatment of Paid Absences:

cancel save & close

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

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

- 5) **Rate Type:** If your rate type is not one of the following options, contact your grants officer for guidance:
- **Federally Negotiated** – select if your rate has been negotiated by your cognizant federal agency. Cognizance is determined by the agency which provides the highest amount of direct federal funding;
  - **State Negotiated** – select if your rate has been negotiated by a state agency or other pass through entity; or
  - **10% of MTDC** – select if your organization qualifies for and elects to use the 10% *de minimus* rate of Modified Total Direct Costs (MTDC). Organizations qualify for this rate if they have NEVER had

a federally negotiated rate. State entities must also not receive more than \$35 million in direct federal funding.

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

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

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

- 7) **Acceptance Date.** Enter a valid date.

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

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

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

- 9) **Effective From.** Enter a valid date.

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

- 10) **Effective To.** Enter a valid date.

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

- 11) **No Expiration.** Check or leave unchecked.

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

- 12) **Extended?** Respond Yes or No.

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

- 13) **Rate Base.** Enter up to 500 characters including spaces.



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

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

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

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

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

16) When you have completed all of the above entries, click the "save & close" button at the bottom of the page.



- If you would like to cancel your entry, click the "cancel" button and the entry will be cancelled. All entry information will be lost and no entry will be shown.
- **Once a rate is saved it cannot be modified.**
- If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

17) **Order of Rates** - Once an entry is saved, users will be able to see the rates they have entered. Rates will display in the order of entry. Entry of rates will provide users and CNCS with a historical record which can be used to clarify indirect cost rate inquiries for monitoring, consistent record maintenance, and audits.

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