



**AmeriCorps\*State Programs**  
**Request for Proposals**  
**Project Period 2009-2012**

State of Illinois  
Department of Human Services  
Division of Community Health and Prevention  
Fiscal Year 2010



## Table of Contents

### **PART I:**

<b>A.</b>	Date of Issuance .....	4
<b>B.</b>	Issuing Organizational Unit .....	4
<b>C.</b>	RFP Availability .....	4
<b>D.</b>	DHS Grants Information Conferences.....	4
<b>E.</b>	Proposal Submission.....	5
<b>F.</b>	Other Submission Requirements.....	5
<b>G.</b>	Eligible Applicants .....	5
<b>H.</b>	Questions and Answers.....	5
<b>I.</b>	Award Notification .....	5
<b>J.</b>	Review Panel .....	6
<b>K.</b>	Post-Submission Presentation to the Commission.....	6
<b>L.</b>	Project/Award Period.....	6
<b>M.</b>	Withdrawal Disclaimer .....	6
<b>N.</b>	Modifications to Proposals by Applicants .....	7
<b>O.</b>	Modifications to Proposals by DHS .....	7
<b>P.</b>	Clarifications, Negotiations, or Discussions Initiated by DHS .....	7
<b>Q.</b>	Late Proposals/Responses.....	7
<b>R.</b>	Objections .....	7
<b>S.</b>	Public Information .....	8
<b>T.</b>	Contract.....	8
<b>U.</b>	Payment Method .....	8
<b>V.</b>	Reporting .....	8
<b>W.</b>	Source of Funds .....	8
<b>X.</b>	Amounts of Grants and Restrictions .....	9
<b>Y.</b>	Federal Financial Management and Grant Administration Requirements .....	9
<b>Z.</b>	Training and Technical Assistancess .....	9
<b>AA.</b>	Additional Information.....	9
<b>BB.</b>	Background Checks.....	9
<b>CC.</b>	Child Abuse/Neglect Reporting Mandate .....	9
<b>DD.</b>	Hiring and Employment Policy.....	10



**PART II:**

**A.** The Serve Illinois Commission: A History and Overview .....11

**B.** About AmeriCorps.....12

**C.** Corporation and Commission Priorities .....12

**D.** Regulation.....14

**E.** Application Due Date .....14

**F.** Tips for Using eGrants.....15

**G.** Application Instructions.....15

**APPENDIX:**

Appendix A – Standard Form 424 Instructions and Face .....36

Appendix B – Program Model and Design.....40

Appendix C – Service Categories.....43

Appendix D – Performance Measure Worksheet .....45

Appendix E – Assurances and Certifications .....47

Appendix F – Budget Worksheet.....54

Appendix G – Budget Worksheet for Education Award Only Programs.....58

Appendix H – Budget Analysis Checklist .....59

Appendix I – Survey on Ensuring Equal Opportunity for Applicants.....61

Appendix J – Beale Codes and County-Level Economic Data .....63



## PART I

### A. Date of Issuance

August 18, 2008

### B. Issuing Organizational Unit

Illinois Department of Human Services (DHS)  
Division of Community Health and Prevention  
Bureau of Community-Based and Primary Prevention  
Serve Illinois Commission  
535 W. Jefferson Street, 3<sup>rd</sup> Floor  
Springfield, IL 62702-5058

#### Contact Person:

Lisa Hooker, AmeriCorps Program Officer  
Illinois Department of Human Services  
Division of Community Health and Prevention  
Bureau of Community-Based and Primary Prevention  
Serve Illinois Commission  
535 West Jefferson Street, 3rd Floor  
Springfield, IL 62702-5058  
217-785-3942  
[lisa.hooker@illinois.gov](mailto:lisa.hooker@illinois.gov)

### C. RFP Availability

Copies of this RFP may be downloaded from the Illinois Department of Human Services website, found at <http://www.dhs.state.il.us>. **Please click on the ‘Grants’ link.** Additional copies may be obtained by calling the contact person listed above.

### D. DHS Grants Information Conferences

Grants Information Conference information is listed below. Applicants are ***required*** to attend a conference at one of the three offered dates/locations. A sign-in sheet will be present at each event. Proposals will not be considered from applicants that did not attend one of the three conferences listed below. Anyone requiring an interpreter, or other special accommodation(s), should notify the Department’s contact person as listed above under the heading, “Contact Person.”

#### **September 8, 2008**

1:00 p.m. to 4:00 p.m.  
Rend Lake Market Place, Room 354  
321 Potomac Blvd.  
Mt. Vernon, Illinois 62864

#### **September 10, 2008**

9:00 a.m. to 12:00 p.m.  
Illinois Dept. of Transportation  
2300 S. Dirksen Pkwy.  
Springfield, Illinois 62701

#### **September 11, 2008**

9:00 a.m. to 12:00 p.m.  
James R. Thompson Building  
100 W. Randolph St., Room 9-040  
Chicago, Illinois 60601

***It is recommended that attendees bring a copy of this RFP to the Grants Information Conference.***



### **E. Proposal Submission**

**All proposals must be submitted via eGrants**, the online grant submission program operated by the Corporation for National and Community Service (CNCS) accessible at: <https://egrants.cns.gov/espan/main/login.jsp> Proposals must be finalized in the eGrants system no later than **October 31, 2008**. To be considered, proposals must be FINAL in the eGrants system by the deadline. The deadline will be strictly enforced without exception. In the event of a dispute, the applicant bears the burden of proof that the application was submitted on time.

If there are significant technical difficulties, or if extenuating circumstances prevent an applicant from using the eGrants system, the Serve Illinois Commission will consider requests for submission of a paper document if such requests include a written rationale and are made no later than October 31, 2008.

### **F. Other Submission Requirements**

All organizations applying for state funds must submit one (1) copy of their most recent audited financial statements as part of their proposal. The Department will use the audit to ascertain the fiscal health of applicants. While the audit will not be scored as part of the review, the Department reserves the right to use information in the audit to assist in the final recommendation for funding. Applicants are expected to demonstrate through their audits a strong financial position and ability to obtain funding outside of the public sector. (Please refer to Part II, Section H, vii, Documents, for submission requirements.)

### **G. Eligible Applicants**

The State of Illinois, the Serve Illinois Commission, and the Corporation for National and Community Service (Corporation) want to ensure that all eligible organizations are able to compete on an equal basis for AmeriCorps federal financial assistance. Public or private non-profit organizations, including labor organizations, community organizations, faith-based organizations, institutions of higher education, states and territories, government entities within states or territories (e.g., cities, counties), Indian Tribes, and partnerships or consortia consisting of the aforementioned, are eligible to apply for AmeriCorps grant programs funding.

### **H. Questions and Answers**

Each applicant must have access to the Internet. The Department's website will contain information regarding the RFP. It is the responsibility of each applicant to monitor that website and comply with any instructions or requirements relating to the RFP. Questions regarding this RFP can be sent to the [dhs.serveillinois@illinois.gov](mailto:dhs.serveillinois@illinois.gov) and the Serve Illinois Commission staff will make every effort to provide an answer by the end of the next business day.

### **I. Award Notification**

It is anticipated that applicants will receive notification by the Serve Illinois Commission regarding submission to the Corporation for National and Community Service for AmeriCorps\*State Competitive funding consideration in December 2008. AmeriCorps\*State Competitive and Formula funding award notifications are anticipated to be made in May 2009. Successful applicants will be notified in writing. A Notice of Grant Award is not equivalent to an agreement with the Department to commence providing service. Successful applicants will receive the Community Service Agreement or an amendment thereto for their signature and return. The release of this RFP does not obligate the Illinois Department of Human Services to make an award.



**J. Review Panel**

Proposals will be reviewed by a panel established by the Serve Illinois Commission and DHS, which may include Department staff familiar with the requirements of the program, academics and experts in the relevant field, and community-based social service providers who are not party to applications for funding under this announcement. In evaluating your application for funding, reviewers will assess your program design, organizational capability, and the program’s cost-effectiveness and budget adequacy. The weights assigned to each category and, if applicable, sub-category, are listed in the chart below.

**Basic Selection Criteria: Categories, Sub-Categories, and Respective Weights**

Category	Percentage	Sub-Categories and Weights
Program Design	50%	Rationale and Approach – 10%
		Member Outputs and Outcomes – 20%
		Community Outputs and Outcomes – 20%
Organizational Capability	25%	No sub-categories
Cost-Effectiveness and Budget Adequacy	25%	Cost-Effectiveness – 15%
		Budget Adequacy – 10%

**NOTE:** Please see the AmeriCorps Regulations, 45 CFR §§ 2522.420–2522.448, for additional detail regarding these criteria and what reviewers will assess in each category. Section 2522.450 of the AmeriCorps regulations addresses types of programs or program models that may receive special consideration in the selection process. Section 2522.455 addresses how you can find out about additional priorities governing the selection process. Section 2522.470 addresses other factors or information the Corporation may consider in making final decisions.

The Serve Illinois Commission reserves the right to consider factors other than the applicant’s final score in determining final grant recommendations. Such factors may include, but are not limited to, the Serve Illinois Commission’s identified priority areas detailed in Part II, Section C.

**K. Post-Submission Presentation to the Commission**

Applicants may be requested to make a presentation on their proposal to the Serve Illinois Commission or to an ad hoc selection committee of the Commission.

**L. Project/Award Period**

The Corporation and Commission generally make grant awards for three years, with funding in annual increments. Grantees will be eligible for continuation funding in the second and third year contingent on the availability of appropriations, compliance, and satisfactory performance. AmeriCorps members may not begin service until the Corporation issues the grant award. A program may not certify hours a member performs prior to the award being issued.

**M. Withdrawal Disclaimer**

The Illinois Department of Human Services or the Serve Illinois Commission may withdraw this RFP at any time prior to the actual time a fully executed agreement is filed with the State of Illinois Comptroller’s Office.



#### **N. Modifications to Proposals by Applicants**

Once you have submitted your proposal in eGrants, you will not be able to make modifications to it. To make a modification to a proposal after it has been submitted, the applicant must contact the Serve Illinois Commission AmeriCorps Program Officer listed under “Contact Person” in Section ‘B’ above. Request to modify a proposal will only be accepted prior to the submission deadline of October 31, 2008.

#### **O. Modifications to Proposals by DHS**

After the DHS Grant Information Conferences, additional clarification regarding the RFP may be posted. It is the responsibility of each applicant to monitor the website for any updates pertaining to the RFP. If it becomes necessary or appropriate to change any part of the RFP, a notice of the modification to the RFP will be available from the Illinois Department of Human Services website:

[www.dhs.state.il.us](http://www.dhs.state.il.us) and it will be issued to all known recipients of the RFP. In case of such an unforeseen event, DHS will issue detailed instructions for how to proceed.

#### **P. Clarifications, Negotiations, or Discussions Initiated by DHS**

The Commission may contact any applicant prior to the final award for the following purposes:

- As part of the Commission’s review process, the Commission may request an applicant clarify its bid or proposal. An applicant may not be allowed to materially change its bid or proposal in response to a request for clarification.
- Discussions may be held to promote understanding of the Department’s requirements, the Commission’s priorities and the applicant’s proposal, and to facilitate arriving at a contract that will be most advantageous to the State considering cost and other evaluation factors set forth in the RFP.
- When the Department or the Commission knows or has reason to conclude that a mistake has been made, either party may ask the applicant to confirm the information. Situations in which confirmation should be requested include obvious or apparent errors on the face of the document or a cost unreasonably lower than the cost others submitted, or if the cost is considerably higher than what is currently paid for this type of services. If the applicant alleges a mistake, the bid or proposal may be corrected or withdrawn following the conditions set forth by the State of Illinois Procurement Code.

#### **Q. Late Proposals/Responses**

Late proposals will not be reviewed or considered and will be automatically disqualified, but will be retained by the Commission. The Commission will notify all Applicants whose proposals will not be considered due to lateness or non-compliance with proposal requirements.

#### **R. Objections**

Applicants who object to any provision of this RFP, who believe their proposal was improperly rejected, or who believe that the selected proposal(s) is/are not in the best interest of the Department or the Commission, may submit a written protest regarding the Commission’s action. The Department will consider all such written protests that are submitted according to the time periods specified below. The Department will investigate all allegations and issue a written response. The decision of the Department in response to a protest is final.



Protests must be in writing and will be considered filed when physically received by the Department at the following address:

Ivonne Sambolin-Jones, Director  
Division of Community Health and Prevention  
Illinois Department of Human Services  
535 W. Jefferson Street, 3<sup>rd</sup> Floor  
Springfield, IL 62702-5058

Protests must be filed within seven (7) calendar days after the Protestor knows or should have known of the facts giving rise to the protest.

Protests regarding RFP specifications must be filed within seven (7) calendar days after the date the RFP was issued and, in any event must be filed before the date for opening the proposals.

If a protest is received, any award made will not be considered final until the protest is resolved.

#### **S. Public Information**

All information submitted pursuant to this RFP is subject to the Illinois Freedom of Information Act. The successful applicant must recognize and accept that any material marked proprietary or confidential that must be made a part of the contract may be considered open for public inspection. Cost information submitted by the successful applicant shall be considered public.

For proposals that are not selected for funding, only the list of those submitting proposals/responses shall be considered public. Any internal documentation used to determine grant selections will not be considered public information.

#### **T. Contract**

The legal agreement between DHS and the successful applicants will be in the form and format prescribed by DHS. The standard DHS Community Service Agreement will be used when contracting for services. This agreement may be found at <http://www.dhs.state.il.us>. The sample contract is for informational purposes only. If selected for funding, the applicant will be provided a DHS Community Service Agreement for their signature and return.

#### **U. Payment Method**

Payments to successful programs shall be made on a reimbursement basis. Expenditures must be consistent with the agency's approved budget on file with the Department. Monthly expense reports are required and must be submitted in a designated reporting system. Unexpended funds are not carried over to the following year.

#### **V. Reporting**

Successful applicants are required to supply quarterly performance reports, monthly financial reports, a project close-out, and an internal or external evaluation report as required by the AmeriCorps regulations. Information on performance measurement can be found in 45 CFR §§2522.500-2522.650. The requirements for evaluation are in §§2522.500-2522.540 and §§2522.700-2522.740. Illinois may engage in a statewide evaluation and grantees may be required to participate.

#### **W. Source of Funds**



These funds will be available under the authority of the National and Community Service Trust Act of 1990 (42 U.S.C. §§12571-12595).

**X. Amounts of Grants and Restrictions**

The grant amount will vary by circumstance, need, and program model. The same project cannot be funded by multiple AmeriCorps grants. If you have more than one application pending before the Corporation for the same project, you must state this fact in each application. You will be required to withdraw all but one if two or more are approved for funding.

**Y. Federal Financial Management and Grant Administration Requirements**

As is the case with all federal grant programs, it is the responsibility of grantees to ensure appropriate stewardship of the federal funds entrusted to them. Each grantee must maintain financial management systems that provide accurate, current, and complete disclosure of the financial results of its program. To meet this requirement, programs must have adequate accounting practices and procedures, internal controls, audit trails, and cost allocation procedures. OMB Circular A-133, “Audits of States, Local Governments, and Nonprofit Organizations,” requires all organizations to have financial audits if they annually expend \$500,000 or more under federal awards. This requirement applies to the organization’s total expenditures each fiscal year under all of its federal awards, not just an AmeriCorps grant.

**Z. Training and Technical Assistance**

Programs must agree to receive consultation and technical assistance from authorized representatives of the Department. The program and collaborating partners will be required to be in attendance at site visits. Programs will be required to attend regular meetings and training as provided by the Department or a subcontractor of the Department, and should budget accordingly.

**AA. Additional Information**

The Department and/or the Commission reserve the right to request additional information that could assist with its award decision. Applicants are expected to provide the additional information within a reasonable period of time. Failure to provide the information could result in the rejection of the proposal.

**BB. Background Checks**

Programs with members (18 years and over) or grant-funded employees who, on a recurring basis, have access to children (usually defined under state or local law as un-emancipated minors under the age of 18) or to individuals considered vulnerable by the program (e.g., the elderly or individuals who are either physically or mentally disabled), shall, to the extent permitted by state and local law, conduct a National Service Criminal History Check on members or employees as part of the overall screening process. A National Service Criminal History Check consists of: 1) a State criminal registry check, which involves a search of State law enforcement and court records (by name and/or fingerprint); 2) a National Sex Offender Public Registry (NSOPR) check; and, 3) an Illinois Child Abuse and Neglect Tracking System (CANTS) check. Program should budget for background checks accordingly.

**CC. Child Abuse/Neglect Reporting Mandate**

Per the Abused and Neglected Child Reporting Act (ANCRA, 325 ILCS 5/4), mandated reporters are professionals who may work with children in the course of their professional duties. Mandated reporters are required to report suspected child maltreatment immediately when they have “reasonable cause to believe” that a child known to them in their professional or official capacity may be an abused or neglected child” (ANCRA Sec.4). This is done by calling the Illinois Department of Children and

Family Services (DCFS) Hotline at 1-800-252-2873 or 1-800-25ABUSE. Programs funded through this grant opportunity must review ANCRA and, where appropriate, have a written protocol for identifying and reporting suspected child maltreatment.

**DD. Hiring and Employment Policy**

It is the policy of the Department to encourage cultural diversity in the work environment and to promote employment opportunities through its programs. The Department’s philosophy is that the program workforce should appropriately reflect the populations to be served with special attention given to hiring individuals indigenous to those communities. Consistent with Department policy, whenever a position becomes available, funded programs are encouraged to consider TANF clients for employment, contingent upon their qualifications in the areas of education and work experience.



## Part II

### A. The Serve Illinois Commission: A History and Overview

The Serve Illinois Commission (the Commission) exists to fulfill a federal mandate requiring states to establish a service commission in order to receive funding through the Corporation for National and Community Service (the Corporation). Appointed by the Governor, the 25 Illinois Commissioners represent leaders in labor, education, public health, not-for-profit entities, business, volunteerism, national service, youth, and senior adults.

The Commission was formed in 1979 as the Illinois Office of Voluntary Citizens Participation with a five-year grant from ACTION, the federal domestic volunteer organization. In 1985, it became the Governor's Office of Voluntary Action. In 1991, it was transferred to the Lieutenant Governor's Office and was merged with the Senior Action Committee in the Office of Volunteer and Senior Action.

In September 1993, the federal "National Community Service Trust Act" was signed into law that called for each state to establish a state commission to administer the new AmeriCorps program. As a result, in July 1994, the Illinois State Legislature created the Lieutenant Governor's Commission on Community Service, replacing the Office of Volunteer and Senior Action.

In 1998, the Commission moved to the Department of Human Services and legislation enacted in 2000 (20 ILCS 710, Chapter 1278, paragraphs 3800 to 3806) changed the name to the Illinois Commission on Volunteerism and Community Service and charged the Commission to:

- promote and support community service in public and private programs to meet the needs of Illinois citizens;
- stimulate new volunteerism and community service initiatives and partnerships; and,
- serve as a resource and advocate within the Department of Human Services for community service agencies, volunteers, and programs which utilize State and private volunteers.

In 2007, the Illinois Commission on Volunteerism and Community Service adopted the title of the "Serve Illinois Commission."

The Corporation, which provides funding to Illinois in support of the Commission's mission and effort, does so through three national service initiatives:

- AmeriCorps, which includes AmeriCorps\* VISTA (Volunteers in Service to America), and AmeriCorps\*NCCC (National Civilian Community Corps);
- Learn and Serve America;
- National Senior Service Corps, which includes Foster Grandparents, Senior Companions and Retired, and Senior Volunteer Program.

In partnership with the DHS, the Commission oversees all aspects of program administration and training for the AmeriCorps program. AmeriCorps provides trained, dedicated people to help non-profit organizations accomplish their missions and to make more effective use of volunteers. AmeriCorps members assist in meeting locally identified community-based needs.

## **B. About AmeriCorps**

For more than a decade, the Corporation for National and Community Service, through its Senior Corps, AmeriCorps, and Learn and Serve America programs, has mobilized a new generation of engaged citizens. This year alone, more than 1.8 million individuals of all ages and backgrounds will serve through these programs. They will help thousands of national and community non-profit organizations, faith-based groups, schools, and local agencies meet local needs in education, the environment, public safety, homeland security, and other critical areas.

AmeriCorps grants are awarded to eligible organizations to recruit, train, and manage AmeriCorps members who address community needs. An AmeriCorps member is an individual who is enrolled in an approved national service position and engages in community service. Members may receive a living allowance and other benefits while serving. Upon successful completion of their service members receive an education award from the National Service Trust.

Roughly three quarters of all AmeriCorps grant funding goes to Governor-appointed state service commissions, which award subgrants to organizations in their states. These organizations recruit AmeriCorps members to respond to local needs. The Corporation distributes most of the remainder of the grant funding directly to organizations operating in more than one state.

## **C. Corporation and Commission Priorities**

### **Corporation Priorities**

During this funding competition, the Corporation continues to seek projects that address one or more of its five strategic initiatives:

- 1. Mobilizing more volunteers.** The Corporation will invest in organizations that can effectively recruit, train, manage, and use volunteers to deepen their impact. The Corporation will increase the capacity of faith-based and other community organizations to mobilize volunteers in communities to meet critical needs. The Corporation plans to support organizations that develop strong partnerships and collaborations with volunteer centers or other volunteer connector organizations in their service areas.
- 2. Ensuring a brighter future for all of America's youth.** The Corporation will invest in organizations that provide caring adults as mentors for youth from disadvantaged circumstances, and opportunities for young people from disadvantaged circumstances to serve their communities. The Corporation plans to support organizations that recruit these youth to serve in National Service programs and support them during their term of service. The Corporation also plans to support mentoring efforts targeting children of prisoners.
- 3. Engaging students in communities.** The Corporation will invest in organizations that connect their school, faculty, staff, and administration with their communities through service and volunteering. The Corporation plans to support K-12 and higher education institutions that effectively incorporate service-learning into their curricula, and increase the number of college students engaged in community service and service-learning. The Corporation will also help colleges and universities expand support for student service.

- 4. Harnessing Baby Boomers' experience.** Baby Boomers are highly talented, highly motivated groups that can help solve some of our most challenging social problems, including helping seniors live independently. The Corporation will invest in programs that capture the talents, skills, energy, and experience of Baby Boomers and older Americans to meet local and national needs.
- 5. Helping communities recover from and prepare for disasters.** In June of 2007, the Board of Directors of the Corporation resolved to initiate a fifth strategic initiative focusing on disaster preparedness and response. The Corporation will support programs that make national service even more effective in its disaster preparedness, mitigation, response, and recovery work.

**In 2009, the Corporation will also give special consideration to programs designed to engage veterans as service recipients or providers.** Please see the Corporation's statutes and regulations for more information at [www.americorps.gov](http://www.americorps.gov).

### **Serve Illinois Commission Priorities**

Additionally, in Illinois, special consideration will be given to proposals that represent the Serve Illinois Commission's identified priorities. Those priorities are as follows:

- 1. Statewide presence of AmeriCorps.** The Serve Illinois Commission's goal of statewide geographic coverage of AmeriCorps programs and host sites will be considered in the selection process.
- 2. Commitment to volunteer expansion.** Consideration will be given to programs that demonstrate a passionate commitment to volunteerism and service, as evidenced by a history of involvement in service and/or planned involvement including, but not limited to, the Commission's Volunteer Management Network.
- 3. Commission special consideration.** The Commission will give special consideration to program that address specific service needs related to:
  - engaging in or providing service for youth involved in the Illinois foster care system,
  - engaging persons with disabilities in service,
  - green education/environmental awareness.

### **Required Program Participation**

Successful applicants will be required to participate in a number of meetings throughout the grant period, including "AmeriCorps Opening Day" activities, national days of service (e.g., Martin Luther King Day, AmeriCorps Week) and other programmatic-related trainings or events (e.g., Program Directors' Training). This commitment should be reflected, where appropriate, in the applicant's response to this RFP with sufficient travel costs built into the budget.

Successful applicants will also be required to have AmeriCorps member representation in Illinois LeaderCorps. Illinois LeaderCorps is a member-organized Council that connects AmeriCorps programs and serves as a liaison between members and the Serve Illinois Commission. The mission of LeaderCorps is to coordinate state, national days of service between AmeriCorps programs in Illinois and promote continued AmeriCorps alumni involvement. LeaderCorps seeks to foster effective cross program communication and collaboration among the Serve Illinois portfolio of AmeriCorps programs.

**D. Regulations**

**Please be aware that this Request for Proposals (RFP) modifies the national instructions to address specific needs and concerns in the State of Illinois. It takes precedence over the application instructions promulgated by the Corporation. We strongly recommend that you review the regulations cited below as well as the NOFA and these full instructions before applying.**

Program requirements, including the criteria against which applications will be assessed are located in the new AmeriCorps regulations, 45 CFR §§ 2520 -2550. Additional criteria regarding the specific needs and concerns of the State of Illinois may be added. The full regulations are available online at [www.gpoaccess.gov/ecfr](http://www.gpoaccess.gov/ecfr) . Relevant federal statutes governing the design and implementation of AmeriCorps programming include:

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

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

If there is any inconsistency between the AmeriCorps regulations, the Corporation for National & Community Service *Notice of Federal Funding Opportunity*, and the Application Instructions, the order of precedence is as follows:

1. The AmeriCorps regulations 45 CFR §§ 2520-255;
2. The Corporation for National & Community Service *Notice of Federal Funding Opportunity*;
3. The Serve Illinois Commission’s Request for Proposals.

**E. Application Due Date**

All proposals must be submitted via eGrants, the online grant submission program operated by the Corporation for National and Community Service (CNCS) accessible at: <http://egrants.cns.gov/espan/main/login.jsp>. Proposals must be finalized in the eGrants system no later than October 31, 2008. The deadline will be strictly enforced without exception.

If you need assistance in establishing an eGrants account or navigating eGrants, please contact Lisa Hooker, AmeriCorps Program Officer, at 217-785-3942 or [lisa.hooker@illinois.gov](mailto:lisa.hooker@illinois.gov). If there are significant technical difficulties, or if extenuating circumstances preventing an applicant from using the eGrants system, the Serve Illinois Commission will consider requests for submission of a paper document if such requests include a written rationale and are made no later than 5:00 p.m. Central Time on October 28, 2008.



Organizations will be given the information necessary to access to the eGrants system at one of the three Grants Information Conferences (Section I, Part D, page 4) and may begin uploading their proposal immediately following their attendance. It is recommended that you begin entering your proposal into the system as early as possible to minimize any possibility of delays due to technical difficulties. All applicants should submit their proposals as “Formula” applications.

All applicants must include their organizational DUNS (Data Universal Number System) as part of the application. The Serve Illinois Commission strongly suggests that organizations that have not previously applied for federal funds immediately apply for a DUNS number if your organization does not currently have one. DUNS numbers may be obtained at no cost by calling the DUNS number request line at 866-705-5711 or by applying online at [www.dnb.com](http://www.dnb.com).

#### **F. Tips for Using eGrants**

The following steps will make the use of eGrants simpler and minimize obstacles:

- Create your eGrants account and begin your application at least three weeks, or more, prior to the deadline. This will allow you time to address technical issues prior to the deadline.
- Prepare and save your application as a word processing document prior to inputting it into eGrants. Copy and paste the contents of this document into the relevant fields in eGrants.
- Adhere to all the character limits indicated in the application instructions. Characters include all the letters, punctuation, and spaces in your document. Your word processing software should provide you a character count.
- Use only uppercase letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants. Do not use any of these in your application.

#### **G. Application Instructions**

Your application consists of the following components. Please make sure to complete each one.

- i. Applicant Info**
- ii. Application Info**
- iii. Narratives**
- iv. Evaluation Summary or Plan**
- v. Amendment Justification (N/A)**
- vi. Performance Measures**
- vii. Documents**
- viii. Budget**
- ix. Review, Authorize and Submit**
- x. Survey on Ensuring Equal Opportunity for Applicants (Optional)**

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

- Start a new Grant Application
- Select a Program Area (AmeriCorps)
- Select the Commission AmeriCorps State FY 2009 NOFA
- Select Illinois
- Select your State Prime Application ID (will be provided at DHS Grants Info Conference)

#### **i. Applicant Information**



In eGrants, complete the Applicant Info Section. Please take the time to reflect your program activities accurately in this section.

- In the Program Info Section select existing program or enter new.
- If you are a new program, enter your contact information into the fields that appear.
- Select a primary Program Model, and a secondary Program Model, if appropriate.
- Then select characteristics that fit your project under Program Design, Program Location, and Program Focus.
- Enter or select a Program Director and Program Website URL.

**ii. Application Information**

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Face sheet. In the Application Info Section enter:

- Areas affected by your program.
- Requested program start and end dates.
- If you are delinquent on any federal debt.
- If you plan to request a waiver of the volunteer leveraging or match requirements.

**iii. Narratives**

The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria. Below are some general suggested guidelines 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 program description to fit each strategic initiative, special consideration, and priority articulated in the regulations or this RFP. Focus on the special considerations and priorities that apply to your program.
- Be clear and succinct. Reviewers are not interested in jargon, acronyms, boilerplate, rhetoric, or exaggeration. They are interested in learning precisely what you intend to do, and how your project responds to the three selection criteria presented below.
- Use clear sub-dividing section headers. The narrative text boxes accommodate large amounts of text. To assure completeness and ease of review, use the headings in bold in this section as sub-dividers in your narratives.
- Answer all questions. The application contains a number of items that are comprised of multiple-part answers. Be sure to respond to all requested information.
- Don't make assumptions. Even if you have received funding from the Corporation in the past, do not assume your reviewers know anything about you, your program, your partners, or your beneficiaries.
- Use an impartial proofreader. Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.

In the narrative, include activities for the entire three-year program period for which you are requesting funds. As you complete each section of the narrative, you must stay within the character limits specified in the following table.

**Narrative Character Count Limits**

Narrative Item	Maximum Number of Characters
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	<b>(including spaces and punctuation)</b>
A. Program Design (50%) 1) Rationale and Approach (10%) 2) Member Outputs and Outcomes (20%) 3) Community Outputs and Outcomes (20%)	In eGrants, enter text for A, B, and C into the fields for Rationale and Approach, Member Outputs and Outcomes, Community Outputs and Outcomes, Organizational Capability, and Cost Effectiveness and Budget Adequacy. <b>You may not exceed 71,000 characters in total for Sections A, B, and C combined.</b>
B. Organizational Capability (25%)	
C. Cost Effectiveness and Budget Adequacy (25%) 1) Cost Effectiveness (15%) 2) Budget Adequacy (10%)	
<b>Total Maximum Number of Characters per Application</b>	<b>71,000</b>

Please note that the Narratives Section includes a field for Amendment Justification. This is not a required field. It is used to request amendments once a grant is awarded. Please enter N/A in this field.

### Program Design

Below, in boxes, you will find the selection criteria from the AmeriCorps regulations, followed by guidance on how best to respond to the criteria.

### Rationale and Approach

<p><b>§ 2522. 425 What does the Corporation consider in assessing Program Design? (50%)</b> In determining the quality of your proposal's program design, the Corporation considers your rationale and approach for the proposed program, member outputs and outcomes, and community outputs and outcomes.</p> <p>(a) Rationale and approach (10%). In evaluating your rationale and approach, the Corporation considers the following criteria:</p> <ol style="list-style-type: none"> <li>(1) Whether your proposal describes and adequately documents a compelling need within the target community, including a description of how you identified the need;</li> <li>(2) Whether your proposal includes well-designed activities that address the compelling need, with ambitious performance measures, and a plan or system for continuous program self-assessment and improvement;</li> <li>(3) Whether your proposal describes well-defined roles for participants that are aligned with the identified needs and that lead to measurable outputs and outcomes; and</li> <li>(4) The extent to which your proposed program or project:             <ol style="list-style-type: none"> <li>(i) Effectively involves the target community in planning and implementation;</li> <li>(ii) Builds on (without duplicating), or reflects collaboration with, other national and community service programs supported by the Corporation; and</li> <li>(iii) Is designed to be replicated.</li> </ol> </li> </ol>
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#### **Compelling Community Need**

- Describe the need that you will address within the target community. How did you identify the need and where is it documented? Cite the data source, including the year the data was compiled or reported.
- If your program will operate at multiple sites, demonstrate a need in each community you propose to serve.

#### **Description of Activities and Member Roles**

- Describe the activities you propose to deliver to address the need.



- What will be the member's roles in these activities, and how do the member roles relate to addressing the need? Discuss your program structure including number of members, number of staff, where members will serve and how types of member slots you are requesting align with the program design and activities?
- How will your plan for member development, training, and supervision contribute to achieving your desired outcomes?
- How will you ensure that members comply with rules on prohibited service activities? (See 45 CFR § 2520.65 for a list of prohibited service activities.)

### **Measurable Outputs and Outcomes**

- Describe the measurable outputs and outcomes you expect to achieve as a result of your activities.
- What systems or tools will you use to track these outputs and outcomes for the proposed activities?

**NOTE:** You may be asked to develop your measurable outputs and outcomes in more detail, including how they will be measured, your targets for each year, and the data you will gather, as part of the grant negotiation process if you are approved for funding.

### **Plan for Self-Assessment and Improvement**

- How will you track and evaluate your progress toward meeting and achieving your outputs and outcomes? Describe the frequency of collecting information, how often reports will be generated and who will be responsible for reviewing these reports.
- What are your plans for continuous program improvement? How will you identify strengths and weaknesses, resolve problems, and gather feedback from and provide feedback to members, service sites, and partners?

### **Community Involvement**

- Describe how you involved the target community (or target communities) in identifying the needs and activities. Which community partners and stakeholders were involved? What roles did they play, and what were their responsibilities in the planning process?
- Explain how you will continue to engage your community partners and stakeholders throughout the three year program period. What will be their ongoing roles and responsibilities?

### **Relationship to other National and Community Service Programs**

- How will your program build on (without duplicating), or reflect collaboration with, other national and community service programs supported by the Corporation? To learn more about other national service programs, visit [www.nationalservice.org](http://www.nationalservice.org).

### **Potential for Replication**

- To what extent is your program designed to be replicated? What are your plans or strategies for replication?

## **Member Outputs and Outcomes**

(b) *Member outputs and outcomes (20%)*. In evaluating how your proposal addresses member outputs and outcomes, the Corporation considers the extent to which your proposal or program:

- (1) Includes effective and feasible plans for, or evidence of, recruiting, managing, and rewarding diverse members, including those from the target community, and demonstrating member satisfaction;
- (2) If you are a current grantee, has succeeded in meeting reasonable member enrollment and retention targets in prior grant periods, as determined by the Corporation;
- (3) Includes effective and feasible plans for, or evidence of, developing, training, and supervising members;
- (4) Demonstrates well-designed training or service activities that promote and sustain post-service, an ethic of service and civic responsibility, including structured opportunities for members to reflect on and learn from their service; and
- (5) If you are a current grantee, has met well-defined, performance measures regarding AmeriCorps members, including any applicable national performance measures, and including outputs and outcomes.

### **Member Recruitment and Support**

- Describe your plans for recruiting members for your program. What criteria will you use to recruit and select your members, including specific qualifications, characteristics, or backgrounds? What are your plans to ensure that your corps is diverse and includes members from the communities to be served?
- What living allowance do you plan to provide if your members are full-time? If less than full-time, do you plan to provide a living allowance, and if so, how much?
- How will you assess member satisfaction? Describe your plan for providing other incentives to members including opportunities for skill-building, professional development, education, activities promoting esprit de corps, and member recognition.

### **Programs with a tutoring component only:**

Describe how your strategy for recruiting and selecting members complies with AmeriCorps requirements for member tutoring qualifications (45 CFR § 2522.910). Members who tutor must have a high school diploma, or a higher degree, or pass a proficiency test that the program has determined is effective in ensuring that members tutoring have the necessary skills to achieve program goals.

### **Member Development, Training and Supervision**

- Describe in detail your plans for orienting members to AmeriCorps, the community, their placement site, and to the service they will perform.
- How do you plan to train members to perform all the activities they will engage in and, as necessary, provide them with ongoing training throughout their terms? What is the timeline for this training? Identify the training curricula and materials you will use.
- Describe your plan for supervising members, and how it ensures that members will receive adequate support and guidance throughout their terms.

### **Ethic of Service and Civic Responsibility**

Describe how you will provide structured opportunities for participants to reflect on and learn from their service in order to promote a lifelong ethic of service and civic responsibility

### **Current AmeriCorps Grantees Only: Enrollment and Retention**

If you enrolled less than 100% of slots received during your last full year of program operation, provide an explanation and describe your plan for improvement. The Corporation recognizes retention rates may vary among equally effective programs depending on the program model. They expect grantees to pursue the highest retention rate possible. If you were not able to retain all of your members during your last full year of program operation, provide an explanation and describe your plan for improvement.

## **Community Outputs and Outcomes**

- (c) *Community outputs and outcomes (20%)*. In evaluating whether your proposal adequately addresses community outputs and outcomes, the Corporation considers the extent to which your proposal or program:
- (1) Is successful in meeting targeted, compelling community needs, or if you are a current grantee, the extent to which your program has met its well-defined, community-based performance measures, including any applicable national performance measures, and including outputs and outcomes, in previous grant cycles, and is continually expanding and increasing its reach and impact in the community;
  - (2) Has an impact in the community that is sustainable beyond the presence of Federal support (e.g., if one of your projects is to revitalize a local park, you would meet this criterion by showing that after you have completed your revitalization project, the community will continue its upkeep on its own);
  - (3) Generates and supports volunteers to expand the reach of your program in the community; and
  - (4) Enhances capacity-building of other organizations and institutions important to the community, such as schools, homeland security organizations, neighborhood watch organizations, civic associations, and community organizations, including faith-based organizations.

### **Sustainability**

Outline your plans for ensuring that the impact of your program in the community is sustainable beyond the presence of federal support. For example, you might describe how your community relationships will lead to community investment in the program's continued operation; how you will diversify your funding sources to include a wide range of stakeholders such as state, local, and private sector funding; how your strategies for recruiting and supporting volunteers will sustain member activities after your AmeriCorps grant ends; or how the community will maintain your project once it is completed.

### **Volunteer Recruitment and Support**

- Describe how your program will use volunteers to expand the reach of the program in the community. How will you recruit, support, and recognize volunteers? Identify how many volunteers you expect to recruit and the number of hours of service they will provide, in total and on average. Will these volunteers be episodic (committing to onetime or occasional events) or ongoing (committing to a regular, ongoing role in the program)? If selected for funding, you will be expected to report on your actual volunteer recruitment levels.
- Describe the role that AmeriCorps members will play in your volunteer recruitment and support efforts.

### **Requesting a waiver of the requirement to recruit or support volunteers**

(See 45 C.F.R § 2520.35.) Explain the basis for your request in the Waiver Request Justification field, which is accessed through the Application Information Section in eGrants. If you are submitting an application in hard copy, explain the basis for your waiver request in the program narrative.

### **Capacity Building**

Describe how your program will enhance the capacity of your organization, service sites, and, as applicable, other organizations and institutions important to the community, such as schools, homeland security organizations, neighborhood watch organizations, civic associations, and community organizations, including faith-based organizations. What roles will members play in your capacity-building activities?

## **Organizational Capability**

### **§ 2522.430 How does the Corporation assess my organizational capability? (25%)**

- (a) In evaluating your organizational capability, the Corporation considers the following:
- (1) The extent to which your organization has a sound structure including:
    - (i) The ability to provide sound programmatic and fiscal oversight;
    - (ii) Well-defined roles for your board of directors, administrators, and staff;
    - (iii) A well-designed plan or systems for organizational (as opposed to program) self-assessment and continuous improvement; and
    - (iv) The ability to provide or secure effective technical assistance.
  - (2) Whether your organization has a sound record of accomplishment as an organization, including the extent to which you:
    - (i) Generate and support diverse volunteers who increase your organization's capacity;
    - (ii) Demonstrate leadership within the organization and the community served; and
    - (iii) If you are an existing grantee, you have secured the matching resources as reflected in your prior grant awards;
  - (3) The extent to which you are securing community support that recurs, expands in scope, or increases in amount, and is more diverse, as evidenced by—
    - (i) Collaborations that increase the quality and reach of service and include well-defined roles for faith-based and other community organizations;
    - (ii) Local financial and in-kind contributions; and
    - (iii) Supporters who represent a wide range of community stakeholders.
- (b) In applying the criteria in paragraph (a) of this section to each proposal, the Corporation may take into account the following circumstances of individual organizations:
- (1) The age of your organization and its rate of growth; and
  - (2) Whether your organization serves a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of philanthropic and corporate resources.

### **Ability to Provide Sound Programmatic and Fiscal Oversight**

- Provide a brief history of your organization. What year was your organization established?
- Describe your organization's experience in the proposed areas of activity and your experience operating and overseeing a program comparable to the one proposed. Include specific examples of your prior accomplishments and outcomes.
- Describe your capacity to manage a federal grant and to provide on site monitoring of the financial and other systems required to administer an AmeriCorps grant.
- How will receiving an AmeriCorps grant add value to your existing service activities?

### **If you are proposing a multi-site program**

- Describe your process for selecting service sites and ensuring they have adequate programmatic and financial capabilities.
- Explain how you are able to support and oversee service sites.
- How will your site selection process incorporate the criteria required by the AmeriCorps regulations as articulated in 45 CFR § 2522.475, which comprise quality, innovation, sustainability, quality of leadership, past performance, community involvement, and the special considerations found in 45 CFR § 450? These include program models, program activities, and programs supporting distressed communities.
- What are your current or previous programmatic and funding relationships with the sites?
- Describe your plans for monitoring site compliance with fiscal and program requirements.
- How will you develop connections among the sites through common program elements or activities to ensure that your overall mission and vision for the AmeriCorps program is

maintained at each site?

### **Board of Directors, Administrators, and Staff**

- Describe your organization's management and staff structure and how the board of directors (if applicable), administrators, and staff members will be used to support your program.
- Identify the key program and fiscal positions responsible for your proposed program.
- Describe the background and experience of key staff members, or your plans to recruit, select, train, and support additional staff if necessary.

### **Plan for Self-Assessment or Improvement**

How does your organization conduct ongoing internal assessment and improvement of its systems, structure, staffing, and other capacities to ensure that it remains sound and well managed?

### **Plan for Effective Technical Assistance**

- How do you plan to provide or secure any needed financial and programmatic technical assistance for your program, and if applicable, your service sites? What are your plans for providing financial and programmatic orientation, and training and technical assistance to your program and service sites?
- Explain how you will identify and respond to your program's and, if applicable, your service sites' ongoing training and technical assistance needs.

### **Sound Record of Accomplishment as an Organization**

#### **Volunteer Generation and Support**

Describe how your organization recruits and supports a diverse group of volunteers to increase your own organizational capacity.

#### **Organizational and Community Leadership**

Provide examples of how you have demonstrated leadership as an organization and in the community you serve. For example, describe awards received by the organization or individuals within the organization, public positions of leadership such as staff serving on other community boards, or participation in community events, task forces, and other community activities.

#### **Success in Securing Community Support**

##### **Collaboration**

Describe any collaborative relationships you have developed that increase the quality and reach of services you provide. What roles have community organizations, including faith-based organizations, played in these collaborations?

##### **Local Financial and In-kind Contributions**

Discuss examples of how local contributions have continued over time, expanded in scope, increased in amount, or become more diverse.

##### **Wide Range of Community Stakeholders**

Describe community stakeholders in your organization. How has non-financial support from your community stakeholders continued over time, expanded in scope, increased in amount, or become more diverse?

### **Special Circumstances**

In applying the organizational capability criteria to each proposal, reviewers may also take into account the following circumstances of individual organizations:

- The age of your organization and its rate of growth.
- Whether your organization serves a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of philanthropic and corporate resources.

If you feel that any of the circumstances stated above have an impact on your organizational capability that has not already been discussed, please describe them.

### **Cost Effectiveness and Budget Adequacy**

**§ 2522.435 How does the Corporation evaluate the cost-effectiveness and budget adequacy of my program? (25%)**

(a) In evaluating the cost-effectiveness (15%) and budget adequacy (10%) of your proposed program, the Corporation considers the following:

(1) Whether your program is cost-effective based on:

- (i) Your program's proposed Corporation cost per MSY, as defined in §2522.485; and
- (ii) Other indicators of cost-effectiveness, such as:

- (A) The extent to which your program demonstrates diverse non-Federal resources for program implementation and sustainability;
- (B) If you are a current grantee, the extent to which you are increasing your share of costs to meet or exceed program goals; or
- (C) If you are a current grantee, the extent to which you are proposing deeper impact or broader reach without a commensurate increase in Federal costs; and

(2) Whether your budget is adequate to support your program design.

(b) In applying the cost-effectiveness criteria in paragraph (a) of this section, the Corporation will take into account the following circumstances of individual programs:

- (1) Program age, or the extent to which your program brings on new sites;
- (2) Whether your program or project is located in a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of corporate or philanthropic resources;
- (3) Whether your program or project is located in a high-cost, economically distressed community, measured by applying appropriate Federal and State data; and
- (4) Whether the reasonable and necessary costs of your program or project are higher because they are associated with engaging or serving difficult-to-reach populations, or achieving greater program impact as evidenced through performance measures and program evaluation.

(c) The indicators in paragraphs (a)(1)(i) and (a)(1)(ii)(B) of this section do not apply to Education Award Program applicants.

### **Cost Effectiveness**

#### **Corporation Cost per Member Service Year (MSY)**

- One MSY is equivalent to at least 1,700 service hours, a full-time AmeriCorps position.
- The maximum cost per MSY allowable is \$12,600.
- The Corporation cost per MSY is determined dividing the Corporation's share of the budgeted grant costs by the number of member service years you are requesting. It does not include child care or the cost of the education award a member earns.
- The Corporation cost per MSY will be automatically calculated once you enter your budget in eGrants. Please check to assure that you do not exceed \$12,600 per MSY.
- Cost effectiveness will be evaluated by analyzing the cost per MSY in relation to your

program design. If you request the maximum cost per MSY, please justify.

**NOTE: Submitted proposals must contain a minimum equivalent of eight (8) full-time AmeriCorps members, i.e., eight full-time, sixteen half-time, etc. Proposals requesting less than an equivalent of eight (8) full-time members will not be considered for funding. There is no upper limit regarding the number of AmeriCorps members that may be requested; however, the Commission reserves the right to negotiate the total number of members which will be funded in any given program.**

**Diverse Non-Federal Support**

- Demonstrate how your program has or will obtain diverse non-federal resources for program implementation and sustainability.
- Include a discussion of the non-Corporation resource commitments (in-kind and cash) that you have obtained, the additional commitments you plan to secure, and how you will secure them. In the budget, you must list the sources of your match funds.

**Current AmeriCorps Grantees Only - Decreased Reliance on Federal Support**

Describe the extent to which you are increasing your share of costs to meet or exceed program goals, or the extent to which you are proposing deeper impact or broader reach without a commensurate increase in federal costs.

**Budget Adequacy**

Discuss the adequacy of your budget to support your program design including how it is sufficient to support your program activities and is linked to your desired outputs and outcomes.

**For Education Award Only Programs (EAPs) Only**

If you are an EAP applicant, describe the costs you expect to incur for this program that will not be covered by Corporation funding. These costs might include staff salaries and benefits, travel, evaluation, living allowances or salaries for AmeriCorps members, supplies, and equipment. You will not be required to track or report on these expenditures. Reviewers will consider this information to assess the adequacy of your budget to support your program design. The Corporation cost per MSY and the extent to which a current EAP grantee is increasing its share of costs to meet or exceed programs goals will not be considered in assessing an EAP applicant's cost effectiveness. However, all the other indicators described in this section will apply and the cost effectiveness/budget adequacy section still equals 25% of the selection criteria weight.

**iv. Evaluation Summary or Plan**

If you are recompeting for AmeriCorps funds for the first time since the AmeriCorps rule took effect (July, 2005), you must submit a summary of your evaluation efforts or plan to date, or a copy of any evaluation that has been completed, as part of your application for funding. Submit your summary or plan in the Evaluation Summary or Plan Narrative Field in eGrants. If you are recompeting for the first time, and have completed an evaluation report, submit your report according to the instructions described in Section vii below. If you are competing for the first time, please enter N/A in this field.

Your evaluation requirements are different depending on the amount of your grant, as described in the AmeriCorps Regulations, §2522.710:

- If you are a State competitive or direct Corporation AmeriCorps grantee (other than an Education Award Program grantee), and your average annual Corporation program grant is \$500,000 or more,



you must arrange for an independent evaluation of your program, and you must submit the evaluation with any application to the Corporation for competitive funds as required in §2522.730.

- If you are a State competitive or direct Corporation AmeriCorps grantee whose average annual Corporation program grant is less than \$500,000, or an Education Award Program grantee, you must conduct an internal evaluation of your program, and you must submit the evaluation with any application to the Corporation for competitive funds as required in §2522.730.

#### **v. Amendment Justification**

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

#### **vi. Performance Measures**

The Serve Illinois Commission requires you to provide performance measures at the time that you submit your application for review.

##### **Service Categories**

In eGrants, the service categories are located in the Performance Measures Section. In this section you will select issue areas and service categories that describe your program activities. First select an issue area, and then choose service categories from the pull down menu. When you have selected all applicable service categories, indicate which service category is the primary and which is the secondary in importance to your program. Only one service category can be indicated as the primary, and one as the secondary. A listing of Issue Areas and Service Categories is included in the complementary FORMS document.

Before you complete the Performance Measures Section, please review 45 CFR §§ 2522.500–2522.650. Appendix D, Performance Measure Worksheet, is provided as a tool to help you think through the development of your performance measures and assemble the information you will need to input into eGrants. You may also find the Performance Measurement Toolkit, on the Corporation's web site useful in developing your performance measures:

<http://www.nationalservicerresources.org/star/ac>

You are required to align at least one set of performance measures in your primary service category. In eGrants, you will align the measures by entering three different Result Types and Result Statements for one Performance Measurement Title. The three Result Types are Output, Intermediate Outcome, and End Outcome.

In order to align a set of performance measures in eGrants:

- First select Add Performance Measure in eGrants.
- Enter the Title, the Measure Category, and the Service Category from the pull down menus.
- Enter Needs and Activities, and Result Type.
- For the Output Result Type, enter a Result Statement, Indicators, Targets, Number of Percentage, Instruments, and Performance Measure Statement.
- Then, Add *New Result* for the Intermediate Outcome, and fill out the pertinent fields. Do not Add New Performance Measure in order to add an Intermediate or End Outcome for your aligned measure.
- Finally, Add New Result for the End Outcome.
- Once you have aligned one set of measures, i.e., completed three Result Types for one Performance Measurement Title, you may continue to Add New Performance Measures as

appropriate for your program design.

**vii. Submission of Documents**

**The following documents (if applicable) must be submitted in person or by certified mail by 4:00 p.m. Central Time on October 31, 2008.** Please include a copy of the SF-424 Facesheet with your attachments for identification purposes. Please send to the following contact person:

Lisa Hooker, AmeriCorps Program Officer  
Illinois Department of Human Services  
Division of Community Health and Prevention  
Bureau of Community-Based and Primary Prevention  
Serve Illinois Commission  
535 West Jefferson Street, 3rd Floor  
Springfield, IL 62702-5058

**Audit**

All organizations applying for state funds must provide their most recent A-133 audit, their organization's financial audit, or other financial statements if they have not had a formal audit. (Please refer to Part I, Section AA, Federal Financial Management and Grant Administration Requirements for more information.) The Department will use the audit to ascertain the fiscal health of Applicants. While the audit will not be scored as part of the review, the Department reserves the right to use information in the audit to assist in the final recommendation for funding. Applicants are expected to demonstrate through their audits a strong financial position and ability to obtain funding outside of the public sector.

**Evaluation**

If you are recompeting for the first time, and have completed an evaluation report, submit your report. Please refer to Part II, Section H, IV, for detailed guidance on evaluations.

**Labor Union Concurrence**

If a program applicant has employees represented by a local labor organization who are engaged in the same or substantially similar work as that which will be carried out by AmeriCorps members, the applicant must submit the written concurrence of the local labor organization with its application. If this applies to you, please select "Enter New" and name the new document "Labor Union Concurrence" and enter the status in eGrants.

**Indirect Cost Rate Approval Letter**

If you have a Federally Approved Indirect Cost (IDC) rate and choose to use it, please submit a copy of the approval letter. Please refer to Part II, Section H, VIII, Budget for more information.

**viii. Budget**

**Overview of Key Statutory and Regulatory Budget Requirements**

Before you complete the budget section, please review Sections §§ 2521.35–2521.90 of the AmeriCorps Regulations for match requirements, summarized below:

<b>Competition</b>	<b>Match Requirement</b>
Formula	Minimum grantee share is 24% of all federal funds. The 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.
Education Award Only	Grantee pays all program costs over \$600 per MSY provided by the Corporation.

- Equipment costs must not exceed 10% of the total Corporation share.
- Administrative costs must not exceed 5.26% of the total Corporation funds requested.
- The Corporation is retiring the Web Based Reporting System (WBRS) currently used by subgrantees to report financial and performance information to state commissions. The Serve Illinois Commission and DHS are currently evaluating other reporting systems to replace WBRS. **Budgets should reflect a cost of one dollar (\$1.00) per member per month for the duration of the program as an expense to report financial and performance information to the Commission.** This cost should be reflected in the Budget Worksheet, Section I, “Other Program Operating Costs.” (See Appendix F.)

**NOTE:** Most federal funds are not authorized to be used as match for another federal grant. While the Corporation’s legislation may permit the use of non-Corporation federal funds as match for the grantee share of the budget for operating and administrative costs, the determining factor is the other federal agency. You must ensure that your use of another federal agency’s funds as match for this national service program grant is permitted by the other agency.

**Budget Sections I, II & III**

Acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.

**For Education Award Only Program (EAPs) Only: Budget and Match Requirements**

EAP applicants may only request a fixed amount of funding per MSY. Therefore, you are not required to complete a detailed budget. Follow the instructions below to prepare your budget. Your budget worksheet is also below. Consult the most current *Notice* to determine the maximum amount of funding per MSY you may request. The matching requirements in 45 CFR §§ 2521.40– 2521.95 do not apply to EAP applicants.

**Match Source Documentation**

In Sections I, II, and III of the budget, you should clearly and specifically identify the source and total dollar amount of cash match from private, state and local and federal funds, and the source and total amounts of in-kind support. All acronyms should be defined the first time they are used to reference non-Corporation programs and sources.



### **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 total match ratio of 24% for first year programs is met. This matching requirement may be waived in limited circumstances. See 45 CFR §§ 2521.35– 2521.95 for the specific regulatory match and waiver requirements.

### **Preparing Your Budget**

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

Follow the detailed budget instructions, below, to prepare your detailed budget. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheets, Appendix F. eGrants will create the budget and the budget narrative automatically from the detailed budget information you enter. Once you have entered your budget information in eGrants you will be asked to validate your budget, and eGrants will check your submission for errors.

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.
- Your detailed budget narrative must provide a full explanation of the proposed costs including their purpose and the basis of your calculation.
- For the Staffing, Travel, and Evaluation line items, and wherever else it may increase clarity, present your calculations in the form of an equation, e.g., Two (2) staff traveling @ \$350/trip for 2 trips = \$1,400; or, Salary \$60,000 @ 20% devoted to program = \$12,000.
- Do not include unallowable expenses, e.g., entertainment costs, including food and beverage costs, unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Please refer to the relevant OMB Circulars on allowable costs for further guidance. The OMB circulars are online at [www.whitehouse.gov/OMB/circulars](http://www.whitehouse.gov/OMB/circulars).

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

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

### **Detailed Budget Instructions**

*These instructions do not apply to State Education Award Only Program grants. Please see detailed budget instructions for State EAPs following “Subtotal for Section III” on page 35.*

### **Source of Match**

In the “Source of Match” field that appears at the beginning of Sections I, II, and III, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available) and Match Source (State/Local, Federal, Private, Other or Not Available). Be sure to define any non-Corporation acronyms the first time they are used.

### **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, as follows:

#### A. Personnel Expenses

Under “Position/Title Description,” list each staff position title and provide a brief five or six word position description, salary, and percentage of effort devoted to this award. Because the purpose of this grant is to enable and stimulate volunteer community service, the grantee may not include the value of direct community service performed by volunteers. However, the grantee may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, training of staff and AmeriCorps Programs.

#### 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 or rate for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. Typically, holidays, and other similar vacation benefits are not included in the fringe benefit rates but rather are absorbed into the personnel expenses (salary) budget line item. Uncommon or exceptionally high-cost benefits should be itemized.

#### C.1 Staff Travel

Describe the purpose for which program operating staff will travel. Provide a calculation to include 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. Only domestic travel is allowable; other travel is allowable only if specifically identified and approved as a condition of a grant award.

**It is required that a minimum of \$2,000 be included in this line item for travel for your staff and staff at your sites to attend Corporation or Commission sponsored technical assistance meetings. The Corporation sponsors two to three such opportunities per year, including opportunities for new grantee orientation, financial training, and the National Conference on Volunteering and Service. The Serve Illinois Commission will require attendance at meetings throughout the grant period, including Program Director’s trainings, AmeriCorps Opening Day, and other programmatic-related trainings or events. Your budget should reflect sufficient resources to cover travel to these trainings or events.**

### C. 2. Member Travel

Describe the purpose for which members will travel. Provide a calculation to include 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. **The Serve Illinois Commission hosts an ‘AmeriCorps Opening Day’ event for all streams of national service operating in Illinois. All successful applicants funded by this RFP are required to attend with their corps of AmeriCorps members. This event is held in mid-October in Springfield, Illinois. Your budget should reflect sufficient transportation costs to cover the travel of members and appropriate staff to this event.**

### 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). Include items that do not meet this definition in *Supplies* below. Purchases of equipment are limited to 10% of the total Corporation funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

### E. Supplies

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

### F. Contractual and Consultant Services

Include costs for consultants related to the project’s operations, except evaluation consultants, who will be listed in Section H below. Payments to individuals for consultant services under this grant may not exceed \$540 per day (excluding costs for indirect expenses, travel, supplies, etc.). The \$540 daily rate is a ceiling and budgeted daily rates at considerably lower levels are expected. Indicate the daily rate for consultants you are proposing to use, their contractual services, and provide the names of the organizations when available. Indicate the daily rate, number of days, and total cost. For any pro bono work by a contractor in combination with fee-based work, affirm that the vendor’s normal fee schedule and market-based work warrant the in-kind value placed on the donated portion.

### 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, not to exceed the daily rate limit.

### G. 2. Member Training



Include the costs associated with member training to support them in carrying out their service activities, for example, orientation, project-specific skills such as age-appropriate tutoring, CPR, or ecosystems and the environment. You may also use this section to request funds to support training in Life After AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.

#### H. Evaluation

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

#### I. Other Program Operating Costs

Allowable costs in this budget category should include when applicable:

- Background checks of members and grant-funded staff.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, Internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organizations indirect cost/administrative cost allocation pool.
- 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.

### **SUBTOTAL SECTION I.**

#### **Section II. Member Costs**

Member Costs are identified as “Living Allowance” and “Member Support Costs.” Any matching resources can be state, local, or private sector funds, except for health care, which may be covered 100% by non-Corporation federal funds. In the “Source of Match” box, enter the total amount of cash and in-kind match under columns for “Private,” “State and/or local,” and “Federal.” Then, for each amount entered, identify the source of the matching funds or in-kind contributions by entering text under “Sources.” Be sure to define any non-Corporation acronyms the first time they are used.

#### A. Living Allowance

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time) and the amount of living allowance they will receive, allocating appropriate portions between the Corporation’s share (CNCS Share) and grantee match (Grantee Share). Members – Enter the total number of members you are requesting in each category. Enter the amount of the living allowance for each type of member. Enter the number of members for which you are not requesting funds for a living allowance, but for which you request education awards. Applicants must provide full-time members with a living allowance that is between \$11,400 (minimum) and \$22,800 (maximum).

**2008 AmeriCorps Maximum Federal Share of Living Allowance**

<b>Term of Service</b>	<b>Minimum Number of Hours</b>	<b>Minimum Living Allowance</b>	<b>Maximum Living Allowance</b>	<b>MSY</b>	<b>Maximum Federal Share of Living Allowance</b>
Full-time	1,700	\$11,400	\$22,800	1.000	\$9,690
One Year Half-Time	900	N/A	\$12,070	0.500	\$5,130
Reduced Half-Time	675	N/A	\$9,050	0.375	\$3,848
Quarter-Time	450	N/A	\$6,035	0.250	\$2,565
Minimum-Time	300	N/A	\$4,025	0.200	\$1,710

**Notes:**

1. There is no requirement to pay a living allowance to less than full-time members, hence there is no minimum.
2. The amount of the maximum for less than full-time living allowance is rounded to the nearest dollar.
3. The calculation for the maximum federal share for less than full-time members who do receive a living allowance is pro-rated based on 85% of the proportion of the minimum full-time required hours, e.g., One Year Half-time =  $900/1,700 \times \$11,400$ , or \$6,035. Maximum federal share is  $\$6,035 \times .85 = \$5,130$ .

**B. Member Support Costs**

Consistent with the laws of your state, you must provide members with the benefits described below.

- *FICA for Members.* Unless exempted by the IRS with accompanying documentation (note in the narrative and provide documentation with application), all projects must pay FICA for any member receiving a living allowance, even when the Corporation does not supply the living allowance. 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.* Illinois law requires employers to provide workers’ compensation coverage for their AmeriCorps members. Most employers buy commercial workers’ compensation insurance. Other employers obtain the state’s approval to self-insure. No part of the workers' compensation insurance premium or benefit can be charged to the member.
  
- *Health Care.* You must offer health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below you may not pay health care benefits to half-time members with Corporation funds. You may choose to provide health care benefits to half-time members from other sources (i.e., non-federal). Half-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. In your budget narrative, indicate the number of members who will receive health care benefits. The Corporation will not pay for dependent coverage.



- *Unemployment Insurance and Other Member Support Costs.* AmeriCorps members are not entitled to unemployment benefits. The Corporation for National and Community Service has interpreted federal legislation to mean that there is no employer-employee relationship between members and programs. Illinois has chosen to agree with this interpretation and denies unemployment benefits to members; hence, programs are not required to pay unemployment taxes.

## **SUBTOTAL SECTION II.**

### **Section III. Administrative/Indirect Costs**

Definitions: Administrative costs are general or centralized expenses of the overall administration of an organization that receives Corporation funds and do not include particular project costs. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122.

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

Applicants can choose to use one of two methods to calculate allowable administrative costs – a Corporation fixed percentage method or a federally approved indirect cost rate method. Regardless of the option chosen, the Corporation's share of administrative costs is limited by statute to 5.26% of the total Corporation funds actually expended under this grant.

#### *A. Corporation Fixed Percentage Method*

The Corporation fixed rate 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 Corporation Fixed Percentage Method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5.26% of the total of the Corporation funds expended. In order to charge this fixed 5.26%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

1. Multiply the sum of the Corporation funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. Enter this amount as the Corporation share for Section III A.
2. Then multiply the total (both Corporation and grantee share) for 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 Corporation and grantee shares under Total Amount.

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

If you have a Federally Approved Indirect Cost (IDC) rate and choose to use it, the IDC rate will constitute documentation of your administrative costs including the 5.26% maximum payable by the Corporation. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate under the Rate Claimed field.

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee’s 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. Multiply the sum of the Corporation funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the Corporation share of indirect costs.
3. Subtract the amount calculated in step b (the Corporation administrative share) from the amount calculated in step a (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

**SUBTOTAL SECTION III.**

**Detailed Budget Instructions for Education Award Only Programs**

*These instructions apply only to applicants seeking funding for Education Award Only Programs.*

**Budget Section II. AmeriCorps Member Positions**

Identify the number of Education Award members you are requesting by category (i.e., full-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#w/o Allow** (without CNCS funded living allowance.) **Leave all other columns blank.** The total number of member service years (MSY) will **automatically calculate** at the bottom of the Member Positions chart. Amounts of fixed awards are based on the member service years which are calculated as follows:

<b>Member</b>	<b>Positions Calculation</b>	<b>MSY</b>
_____ Full-time (1700 hours)	(_____ members x 1.000)	= _____
_____ 1-Year Half-time (900 hours)	(_____ members x 0.500)	= _____
_____ Reduced half-time (675 hours)	(_____ members x 0.375)	= _____
_____ Quarter-time (450 hours)	(_____ members x 0.250)	= _____
_____ Minimum-time (300 hours)	(_____ members x 0.200)	= _____
<b>Total MSY</b>		_____

**Fixed Award**

Under “Calculation,” you will enter the calculation for your grant request. Applicants may request up to \$600 per member service year (MSY). Display your calculation in the following format: Type the total amount requested in the “Total Amount” and “CNCS Share” columns. Leave the “Grantee Share” blank.

**ix. 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, and
- Submit

Be sure to check your entire application to make sure that there are no errors before submitting it.



eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission when you verify. Read the Authorization, Assurances, and Certifications carefully. Complete each section of the Assurances and Certifications. The person who authorizes the application must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

**x. Survey on Ensuring Equal Opportunity for Applicants**

The Corporation and other federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives to conduct a survey of organizations that apply for federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to the Corporation for funds, such as number of employees, budget size, and self-identification as a faith-based/religious organization or a non-religious community-based organization.

This form is for applicants that are nonprofit private organizations, **not including private universities**. All information from the attached survey will be confidential and the responses will be aggregated in-house for a summary report. Information provided on your form will not be released and will not be considered in any way in making funding decisions. There are two ways to complete the survey: (1) while preparing your application; and (2) after submitting your application.

- 1) To complete the survey while preparing your application, go to the eGrants Main Menu, click on Enter Survey on Ensuring Equal Opportunity, provide the requested information and submit.
- 2) If you submit your grant application without completing the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select Remind Me Later, you will be asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service.

## Appendix A

### Facesheet Instructions

### (Applicant Information and Application Information Sections)

Modified Standard Form 424 (Rev. 11/02 to conform to the Corporation’s eGrants system)

This form is required for applications submitted for federal assistance.

**Item #**

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

**K-12 Education**

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

**Higher Education**

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

**Government**

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

**Non-Profit Organizations**

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



8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
- Check “New” if your organization has never held an AmeriCorps State program grant before.
  - Check “New Application/Previous Grantee” if your organization has held an AmeriCorps State and Territory Competitive program grant in the past and the application is for a new grant.
  - Check “Continuation” if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State program grants are typically awarded for three year periods.
  - Check “Amendment” if you are a grantee proposing any measurable change in an existing grant award; e.g., a budget amendment, extension, changes in the program scope or goals, etc.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

- A. Select “Augmentation” if you are an AmeriCorps State and Territory Competitive grantee submitting a revised budget to incorporate a Corporation-authorized increase.
  - B. Select “Budget Revision” to make a change in the grant budget, including slots.
  - C. Select “No-cost Extension” to request an extension of the grant period. Enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
  - D. Select “Other,” as applicable, and specify in the blank provided.
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
- a. When applying for a “Continuation” or “Amendment” applicants should use the same title as used for their existing grant program. When applying as a “New Applicant/Previous Grantee” if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
  - b. Enter the name of the Corporation’s program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (See item 8) “New” application or “New application/previous grantee:” Enter the dates for the proposed project period. “Continuation” or “Amendment” application: Enter the dates of the approved project period.
- Performance Period: This appears only in eGrants, and is for the use of staff only.
14. Leave blank, staff use only.
15. Estimated Funding. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed during this budget period on each appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.

- a. **Federal**            The total amount of federal funds being requested in the budget.
- b. **Applicant**        The total amount of the applicant share as entered in the budget.
- c. **State**              The amount of the applicant share that is coming from state sources.
- d. **Local**              The amount of the applicant share that is coming from local governmental sources (e.g., city, county and other municipal sources).
- e. **Other**              The amount of the applicant share that is coming from non-governmental sources.
- f. **Program Income**    The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program).
- g. **Total**              The applicant's estimate of the total funding amount for the agreement.

- 16.    This program is excluded from coverage by State Executive Order 12372. Please check 16.b, “No.”
- 17.    Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If “Yes,” attach an explanation.
- 18.    The person who signs this form must be the applicant’s authorized representative. A copy of the governing body’s authorization for this official representative to sign must be on file in the applicant’s office.

**Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001**



Modified Standard Form 424 (Rev. 2/21/07 to conform to the CNCS eGrants system.)

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>1. TYPE OF SUBMISSION:</b> <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Non-Construction																					
Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102																							
<b>2. a. DATE SUBMITTED:</b>		<b>3. a. DATE RECEIVED BY STATE:</b>																					
<b>2. b. APPLICATION IDENTIFIER:</b>		<b>3. b. STATE APPLICATION IDENTIFIER:</b>																					
<b>5. APPLICANT INFORMATION</b>		<b>4. a. DATE RECEIVED BY FEDERAL AGENCY:</b>																					
<b>4. b. FEDERAL IDENTIFIER: (Staff Only)</b>																							
5. a. LEGAL NAME: 5. b. ORGANIZATIONAL DUNS: 5. c. ORGANIZATIONAL UNIT (DEPARTMENT/DIVISION): 5. d. ADDRESS (give street address, city, county, state and zip code): STREET: CITY:                      COUNTY: STATE:                      COUNTRY:		5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code):  NAME: TELEPHONE NUMBER: (                      )                      -																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						<b>7. a. TYPE OF APPLICANT: (enter appropriate letter in box)</b> A. State    H. Independent School District <input type="checkbox"/> B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Private Non-Profit Organization O. Federal Government    P. HQ Internal Organizations Q. State Education Agency    R. Territory S. Other (specify) _____	
<b>8. TYPE OF APPLICATION</b> <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION  If Revision, enter appropriate letter(s) in box(es):  A. AUGMENTATION                      B. BUDGET REVISION: C. NO COST EXTENSION to _____ (enter date) E. OTHER (specify below) _____		<b>7. b. CNCS APPLICANT CHARACTERISTICS Enter appropriate codes:</b>  <b>9. NAME OF FEDERAL AGENCY:</b> Corporation for National and Community Service																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>												<b>11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>											
<b>12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):</b>		<b>11. b. CNCS PROGRAM INITIATIVE (IF ANY):</b>																					
<b>13. PROPOSED PROJECT: START DATE:</b> <b>ENDING DATE:</b>		<b>14. Performance Period (Staff Use Only)</b>																					
<b>15. ESTIMATED FUNDING:</b> Check applicable box: Yr 1: <input type="checkbox"/> Yr.2: <input type="checkbox"/> Yr. 3: <input type="checkbox"/>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																					
a. FEDERAL                      \$ b. APPLICANT                      \$ c. STATE                      \$ d. LOCAL                      \$ e. OTHER                      \$ f. PROGRAM INCOME                      \$ g. TOTAL                      \$		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372																					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																					
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:																					
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		c. TELEPHONE NUMBER:  e. DATE SIGNED:																					



## Appendix B

### Program Model, Design, Location, and Focus (Applicant Information Section)

#### PART I: PROGRAM MODEL

**Directions: Choose one primary and one secondary program model, if applicable.**

✓	<b>Section I: Project Models (select one for primary and another for secondary)</b>	
	<b>Youth Corps</b>	A full-time year-round youth corps program or full-time summer youth corps program, such as a conservation corps or youth service corps that undertakes meaningful service projects with visible public benefits; includes as participants youths and young adults between the ages of 16 and 25 inclusive, including out-of-school youths and other disadvantaged youths.
	<b>Community Corps</b>	A community corps program that meets unmet human, educational, environmental, or public safety needs and promotes greater community unity through the use of organized teams of participants of varied social and economic backgrounds, skill levels, physical and developmental capabilities, ages, ethnic backgrounds, or genders.
	<b>Campus-based Model</b>	A campus-based program that is designed to provide substantial service in a community during the school term and during summer or other vacation periods through the use of students who are attending an institution of higher education.
	<b>Pre-Professional Corps</b>	A pre-professional training program in which students enrolled in an institution of higher education receive training in specified fields, which may include classes containing service-learning; perform service related to such training outside the classroom during the school term and during summer and other vacation periods; and agree to provide service upon graduation to meet unmet human, educational, environmental, or public safety needs related to such training.
	<b>Professional Corps</b>	A professional corps program that recruits and places qualified participants to meet unmet human, educational, environmental, or public safety needs in communities with an inadequate number of such professionals.
	<b>Entrepreneur Corps</b>	A national service entrepreneur program that identifies, recruits, and trains gifted young adults of all backgrounds and assists them in designing solutions to community problems.
	<b>Intergenerational Program</b>	An intergenerational program that combines students, out-of-school youths, and older adults as participants to provide needed community services, including an intergenerational component for other national service programs described in this subsection.
	<b>Service-Learning Program</b>	A program that provides specialized training to individuals in service-learning and places the individuals after such training in positions, including positions as service-learning coordinators to facilitate service-learning in programs eligible for funding under Learn and Serve America School-Based and Community-Based Grants.
	<b>Rural Corps</b>	A program designed to meet the needs of rural communities, using teams or individual placements to address the development needs of rural communities and to combat rural poverty, including health care, education, and job training.
	<b>Hunger Elimination Program</b>	A program that seeks to eliminate hunger in communities and rural areas through service in projects involving food banks, food pantries, and nonprofit organizations that provide food during emergencies.



**PART II: PROGRAM DESIGN**  
**Directions: Choose one or more project designs.**

✓	<b>Section II: Program Design</b>	
	<b>Team-Based</b>	A program where members regularly function as a team during the service week.
	<b>Individual Placement /Scattered Site</b>	A program that places one or two members at sites in a variety of locations.
	<b>Intermediary Organization</b>	Intermediary organizations provide the mechanism by which a number of community or faith-based organizations or grassroots groups may access AmeriCorps and other Corporation resources. We define intermediaries as national, regional, state, or local organizations that agree to provide the technical and financial support to assist community or faith-based organizations that do not have the capacity to perform these functions. Intermediaries serve as the legal applicant for a Corporation grant, thereby ensuring that the systems to manage a federal grant are in place.
	<b>Statewide Initiative</b>	A program that operates throughout the state and may or may not have a single issue focus.

**PART III: PROGRAM LOCATION**  
**Directions: Please enter your program’s location information.**

✓	<b>Geography (please check one)</b>	
	<b>Urban</b>	A program designed to meet the needs of urban communities.
	<b>Rural</b>	A program designed to meet the needs of rural communities.
	<b>Both</b>	A program designed to meet the needs of both urban and rural communities.
		<b>Areas of Need Identification: Check all that apply (optional)</b>
	<b>Areas Affected by Military Downsizing</b>	Areas adversely impacted by reductions in defense spending or the closure or realignment of military installations.
	<b>Empowerment Zones or Redevelopment Areas</b>	Communities designated as empowerment zones or redevelopment areas that are targeted for special economic incentives, or otherwise identifiable as having high concentrations of low-income people.
	<b>Environmentally Distressed Areas</b>	Areas that are environmentally distressed.
	<b>Areas Affected by Management of Federal Lands</b>	Areas adversely affected by federal actions related to the management of federal lands that result in significant regional job losses and economic dislocation.
	<b>Areas with High Unemployment Rates</b>	Areas that have an unemployment rate greater than the national average unemployment for the most recent 12 months for which satisfactory data are available.

**PART IV: PROGRAM FOCUS**



**Directions: Choose one or more program focus areas from below.**

✓	<b>Section IV: Program Focus</b>			
	African American community		Pre-school Children	At-Risk Youth
	Asian American community		K-12 Students	Children of Prisoners
	Latin American community		Young Adults (17-24)	Foster Children
	Native American community		College Students	
	Families/Parents		Incarcerated Individuals and Ex-Offenders	Seniors
	Homeless		Low-Income Community	Unemployed
	Homeless Veterans		Low-Income Housing Residents	Veterans
	Immigrants		Mentally/Physically Challenged	Victims/Potential Victims of Crime
			Persons with HIV/AIDS	
	Asset Accumulation	Community and faith-based organizations that conduct activities that empower the poor through asset accumulation programs including home ownership, individual development accounts, and financial literacy.		
	Strengthening Families	Community and faith-based organizations that conduct activities that strengthen families to break the intergenerational cycle of poverty.		

## Appendix C

### Issue Areas and Service Categories (Performance Measures Section)

In this section you will select service categories that describe your program activities. First select an issue area, and then choose one or more service categories. When you have selected all applicable service categories, indicate which service category is the primary one by entering a 1 next to the check box, and which is the secondary by entering a 2 next to the checkbox. Only one service category can be indicated as the primary, and one as the secondary.

#### Issue Areas and Service Categories (Issue Areas in Bold)

- |  |  |
|--|--|
| <p><input type="checkbox"/> <b>Community and Economic Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Community-based Volunteer Programs</li> <li><input type="checkbox"/> Community Revitalization/Improvement</li> <li><input type="checkbox"/> Consumer Education</li> <li><input type="checkbox"/> Cooperatives/Credit Unions</li> <li><input type="checkbox"/> Food Production/Community Gardens/Farming</li> <li><input type="checkbox"/> Job Development/Placement</li> <li><input type="checkbox"/> Management Consulting</li> <li><input type="checkbox"/> Micro Enterprise</li> <li><input type="checkbox"/> Other Economic and Community Development</li> <li><input type="checkbox"/> Public Safety</li> <li><input type="checkbox"/> Regional/State/City Planning</li> <li><input type="checkbox"/> Small/Minority Business Development</li> <li><input type="checkbox"/> Social Services Planning &amp; Delivery Systems/Community Organization</li> <li><input type="checkbox"/> Tax Counseling/Counseling</li> <li><input type="checkbox"/> Technology Access</li> <li><input type="checkbox"/> Thrift Store</li> <li><input type="checkbox"/> Transportation Services</li> <li><input type="checkbox"/> Welfare to Work</li> </ul> <p><input type="checkbox"/> <b>Disaster Recovery/Relief</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Disaster Mitigation</li> <li><input type="checkbox"/> Disaster Preparedness</li> <li><input type="checkbox"/> Disaster Recovery</li> <li><input type="checkbox"/> Disaster Response</li> <li><input type="checkbox"/> Other Disaster</li> </ul> <p><input type="checkbox"/> <b>Education</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Education and Literacy</li> <li><input type="checkbox"/> After School Programs</li> <li><input type="checkbox"/> America Reads</li> <li><input type="checkbox"/> Computer Literacy</li> <li><input type="checkbox"/> Cultural Heritage</li> <li><input type="checkbox"/> ESL</li> <li><input type="checkbox"/> Elementary Education</li> <li><input type="checkbox"/> GED/Dropouts</li> <li><input type="checkbox"/> Head Start/School Preparedness</li> <li><input type="checkbox"/> Job Preparedness/School to Work</li> <li><input type="checkbox"/> Library Services</li> <li><input type="checkbox"/> Other Education</li> <li><input type="checkbox"/> Pre-Elementary Day Care</li> <li><input type="checkbox"/> Secondary Education</li> <li><input type="checkbox"/> Service-Learning</li> <li><input type="checkbox"/> Special Education</li> <li><input type="checkbox"/> Tutoring &amp; Child Literacy—Elementary</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Tutoring &amp; Child Literacy—High School</li> <li><input type="checkbox"/> Tutoring &amp; Child Literacy—Middle School</li> <li><input type="checkbox"/> Vocational Education</li> <li><input type="checkbox"/> Youth Leadership/Development</li> </ul> <p><input type="checkbox"/> <b>Environment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clean Air</li> <li><input type="checkbox"/> Clean and Safe Water</li> <li><input type="checkbox"/> Community Restoration/Clean Up</li> <li><input type="checkbox"/> Energy Conservation</li> <li><input type="checkbox"/> Environmental Awareness</li> <li><input type="checkbox"/> Indoor Environment</li> <li><input type="checkbox"/> Other Environment</li> <li><input type="checkbox"/> Toxic Waste Management</li> <li><input type="checkbox"/> Waste Reduction, Management, and Recycling</li> <li><input type="checkbox"/> Wildlife, Land &amp; Vegetation Protection or Restoration</li> </ul> <p><input type="checkbox"/> <b>Health/Nutrition</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Boarder Babies</li> <li><input type="checkbox"/> CHIOS/SCHIPS</li> <li><input type="checkbox"/> Congregate Meals</li> <li><input type="checkbox"/> Delivery of Health Services</li> <li><input type="checkbox"/> Food Distribution/Collection</li> <li><input type="checkbox"/> HIV/AIDS</li> <li><input type="checkbox"/> Health Education</li> <li><input type="checkbox"/> Health Screening</li> <li><input type="checkbox"/> Hospice/Terminally Ill</li> <li><input type="checkbox"/> Immunization</li> <li><input type="checkbox"/> In-Home Care</li> <li><input type="checkbox"/> Maternal/Child Health Services</li> <li><input type="checkbox"/> Mental Health</li> <li><input type="checkbox"/> Mental Retardation</li> <li><input type="checkbox"/> Other Health/Nutrition</li> <li><input type="checkbox"/> Physical Disabilities Programs</li> <li><input type="checkbox"/> Substance Abuse</li> </ul> <p><input type="checkbox"/> <b>Homeland Security</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Disaster Preparedness/Relief</li> <li><input type="checkbox"/> Public Health</li> <li><input type="checkbox"/> Other Homeland Security</li> <li><input type="checkbox"/> Public Safety</li> </ul> <p><input type="checkbox"/> <b>Human Needs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adoption</li> <li><input type="checkbox"/> Adult Day Care/Senior Center</li> <li><input type="checkbox"/> Companionship/Outreach</li> </ul> |
|--|--|



- Crisis Intervention
- Intensive Mentoring (at least 1 hour weekly for at least 9 months)
- Mentoring
- Other Human Needs
- Respite
- Senior Center Program (Non Residential)
- Senior Citizen Assistance
- Teen Pregnancy/Abstinence/Parent Support
- Housing**
  - Home Management Support/Education
  - Homeless
  - Housing Referrals/Relocation/Other
  - Housing Rehabilitation/Construction
  - Independent Living—Disabled
  - Independent Living—Seniors
  - Other Housing
  - Tenant Organizing
  - Transitional Housing
- Public Safety**
  - Adult Offender/Ex-Offender Services/Rehabilitation
  - Child Abuse/Neglect
  - Children & Youth Safety Programs
  - Community Policing/Community Patrol
  - Conflict Resolution/Mediation
  - Crime Awareness/Crime Avoidance
  - Elder Abuse/Neglect
  - Family Violence
  - Improvement of Household Security
  - Juvenile Justice, Delinquency, Gangs
  - Legal Assistance
  - Neighborhood Watch/Block Watch
  - Other Public Safety
  - Safe Havens
  - Safety/Fire Prevention/Accident Prevention
  - Sexual Abuse/Rape
  - Victim/Witness Assistance

## Appendix D

### Performance Measure Worksheet (Performance Measures Section)

Please fill in the performance measure information for each section.
<b>General Info</b>
Performance Measurement Title:
Measure Category (choose one): Needs and Service Activities    Participant Development    Strengthening Communities
Service Category addressed by this Performance Measure Worksheet (see Appendix C, Service Categories):
<b>Needs and Activities</b>
Briefly describe the need to be addressed (4,000 characters or less):
Briefly describe how you will achieve this result (4,000 characters or less):
How many AmeriCorps members will be participating in this activity?
How many days per week (on average) will this activity occur?
How many hours per day (on average) will this activity occur?
When does this activity begin?
When does this activity end?
<b>Results</b>
The outputs and outcomes you intend to track for a particular activity:
<b>Result Type</b>
<b>Outputs</b> the amount of product or service delivered (e.g., number of students tutored), but not information on benefits changes in the lives of members and/or beneficiaries. <b>Intermediate-outcomes</b> a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit (e.g., percent of students reading more books). <b>End-outcomes</b> a significant and lasting change that has occurred in the lives of beneficiaries and/or members (e.g., number and percent of students who have improved their reading score to grade level).
<b>Result: Output</b>
<b>Result Statement:</b> 1-2 sentences stating the expected result.
<b>Indicator:</b> A specific, measurable item of information that specifies progress toward achieving a result. Indicator:
Other Indicator:
<b>Targets</b>
Target Description:
# (number) or % (percent):



<p><b>Instruments:</b> Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).</p>
<p><b>Result: Intermediate Outcome</b></p>
<p><b>Result Statement:</b> 1-2 sentences stating the expected result.</p>
<p><b>Indicator:</b> A specific, measurable item of information that specifies progress toward achieving a result.</p> <p>Indicator:</p>
<p>Other Indicator:</p>
<p><b>Targets</b></p>
<p>Target Description:</p>
<p># (number) or % (percent):</p>
<p><b>Instruments:</b> Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).</p>
<p><b>Result: End Outcome</b></p>
<p><b>Result Statement:</b> 1-2 sentences stating the expected result.</p>
<p><b>Indicator:</b> A specific, measurable item of information that specifies progress toward achieving a result.</p> <p>Indicator:</p>
<p>Other Indicator:</p>
<p><b>Targets</b></p>
<p>Target Description:</p>
<p># (number) or % (percent):</p>
<p><b>Instruments:</b> Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).</p>
<p><b>Performance Measure Statement (summary)</b></p>
<p>Combine expected results and targets into a sentence:</p>



## Appendix E

### Assurances and Certifications (Review, Authorize and Submit Section)

#### Instructions

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

**a) Inability to certify**

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

**b) Erroneous certification or assurance**

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

**c) Notice of error in certification or assurance**

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

**d) Definitions**

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

**e) Assurance requirement for subgrant agreements**

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

**f) Assurance inclusion in subgrant agreements**

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

**g) Assurance of subgrant principals**

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

**h) Non-assurance in subgrant agreements**

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

**i) Prudent person standard**

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

## ASSURANCES

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

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-1 et seq.).



- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

### **For AmeriCorps\*State and National Direct Applicants ONLY**

*If you are not applying for a grant through AmeriCorps, you may ignore this section.*

- Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
- Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion (except that the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-Corporation funds or paid with Corporation funds but employed with the organization operating the project on the date the grant was awarded.
- 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 and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;
- Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA;
- Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the state commission for the state in which the program operates.
- Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;
- Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the National and Community Service Act of 1990, and in the Corporation's regulations at § 2540.100;

- Will comply with the grievance procedure requirements as set out in section 176(f) of the National and Community Service Act of 1990 and in the Corporation's regulations at 45 CFR § 2540.230;
- Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform;
- Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;
- Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the National and Community Service Act of 1990 or, with the approval of the Corporation, conduct an internal evaluation of the program;
- Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program's impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by the Corporation;
- Will ensure the provision of a living allowance and other benefits to participants as required by the Corporation;
- If a state applicant, will ensure that the State sub-grants will be used to support national service programs that were selected by the State on a competitive basis;
- If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;
- If a state applicant, will ensure that not less than 60% of the assistance will be used to make grants to support national service programs other than those carried out by a State agency, unless the Corporation approves otherwise.

### **CERTIFICATIONS**

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

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, *Participants' responsibilities*.

- A. 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 debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
  - Has, within a three-year period preceding this application, been convicted of, or had an adverse civil judgment entered in connection with, fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
  - Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification, and
  - Has not, within a three-year period preceding this application, had one or more public transactions (federal, state or local) terminated for cause or default;
- B. If you are unable to certify to any of the statements in this certification, you must attach an explanation to this application.

#### **Certification - Drug-Free Workplace**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will 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 34 CFR Part 85, Section 85.615 and 85.620).

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:



- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- B. 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 may be imposed upon employees for drug abuse violations occurring in the workplace;
- C. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (A);
- D. Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:
  - abide by the terms of the statement, and
  - notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- E. Notifying us within ten days after receiving notice under subparagraph (D) from an employee or otherwise receiving actual notice of such conviction;
- F. Taking one of the following actions, within 30 days of receiving notice under subparagraph (D), with respect to any employee who is so convicted-
  - Taking appropriate personnel action against such an employee, up to and including termination; or
  - Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (F).

**Certification - Lobbying Activities**

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

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

**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 as amended, the Corporation's peer review requirements, and all state laws and conflict of interest rules.

**For AmeriCorps\*State and National Direct Applicants ONLY**

*If you are not applying for a grant through AmeriCorps, you may ignore this section.*

**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 “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.

**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.

## ASSURANCES AND CERTIFICATIONS SIGNATURE PAGE

**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:** \_\_\_\_\_



## Appendix F

### Budget Worksheet (Budget Section)

#### Part 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 Part I:</b>	<b>Total Amount</b>	<b>CNCS Share</b>	<b>Grantee Share</b>



**Part II. Member Costs**

**A. Living Allowance**

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
1st Year of 2-Year Half Time						
2 <sup>nd</sup> Year of 2-Year Half Time						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
Totals						

**B. Member Support Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Part II:	Total Amount	CNCS Share	Grantee Share
Subtotal Parts I + II:			



**Part III. Administrative/Indirect Costs**

**A. Corporation Fixed Percentage Method**

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

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

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

Total Parts I + II + III:	Total Amount	CNCS Share	Grantee Share

Budget Total: Validate This Budget Required Match Percentages: [24% Match Requirement for new programs]	Total Amount	CNCS Share	Grantee Share



## Appendix G

### Budget Worksheet for Education Award Only Programs

This worksheet applies only if you are applying for State and National EAP funding.

#### Member Positions

Item	# Mbrs	Allowance Rate	# w/o Allow	Total Amount	CNCS Share	Grantee Share	edit	del
Full Time (1,700 hrs)								
1-Year Half Time (900 hrs)								
2-Year Half Time (1 <sup>st</sup> Year)								
2-Year Half Time (2 <sup>nd</sup> Year)								
Reduced Half Time (675 hrs)								
Quarter Time (450 hrs)								
Minimum Time (300 hrs)								
<b>Subtotal</b>							<b>MSY</b>	<b>Cost/MSY</b>
								<b>\$400</b>

#### Fixed Award

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share	edit	del
Program Grant Request					edit	
<b>Subtotal</b>						



## Appendix H

### Budget Analysis Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative and budget that meets AmeriCorps requirements.

In Compliance?	Part I. Program Operating Costs
Yes ___ No ___	Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff that recruit, train, place, or supervise members as well as manage the project.
Yes ___ No ___	Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Part 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 ___	Brief position descriptions are provided for each staff member listed within the grant?
Yes ___ No ___	Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget?
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$5,000 per unit are specifically listed?
Yes ___ No ___	All single supply items over \$1,000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	Have the instructions concerning service gear been followed? If a project chooses to purchase the standard service gear package, it should budget \$35.00 per member. If the project needs the collared-shirt, it should budget between \$35 and \$70 per member. The federal share can be up to \$150 per member for additional safety apparel that is necessary to perform daily service activities. You must include a justification for these additional items in the budget narrative.
Yes ___ No ___	Are all consultant services are budgeted below the maximum federal daily rate of \$540/day?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Are all items in the budget narrative itemized and justified?
Yes ___ No ___	Have you provided budgeted costs for background checks of members and grant-funded staff that will have recurring access to vulnerable populations (i.e., children, frail elderly, and persons with disabilities).
Yes ___ No ___	Is the total amount of cash and/or in-kind derived from private, state and local, and federal funds stated in the narrative?



In Compliance?	Part II. Member Costs
Yes ___ No ___	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least \$11,400.
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. The distribution should occur in equal increments that are not based on the specified number of hours served.
Yes ___ No ___	Is FICA calculated correctly? All projects must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, projects must calculate FICA at 7.65% of the total amount of the living allowance.
Yes ___ No ___	Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Projects must check with your local State Department of Labor or State Commission to determine whether or not your project is required to pay worker's compensation and at what level (i.e., rate). Projects that are not required to pay worker's compensation need to 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 qualified full-time AmeriCorps members only (unless half-time serving for a sustained full-time period of time such as summer service)? 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. If projects already carry minimum benefits at a reasonable cost, they may use existing policies to cover members. The federal share will not cover health care costs for family members.
Yes ___ No ___	Is the total amount of cash derived from private and state and local funds stated in the narrative?
Yes ___ No ___	Does the match ratio meet stated requirements [24% for new programs]

In Compliance?	Part III. Administrative/Indirect Costs
Yes ___ No ___	Applicant has chosen Option A – Corporation fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes ___ No ___	Applicant has chosen Option B – federally approved indirect cost rate method and documentation on file? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.
Yes ___ No ___	For all matching funds, the source(s), the type of contribution (cash or in-kind), the amount (or an estimate), and the intended purpose are clearly identified in the narrative. Is the total amount of cash and/or in-kind derived from private, state and local, and federal funds stated in the narrative?



## Appendix I



# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB NO. 1890-0014 EXP 2/28/2009

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:** \_\_\_\_\_

**Applicant's DUNS Number:** \_\_\_\_\_

**Federal Program:** \_\_\_\_\_ **CFDA Number:** \_\_\_\_\_

1. Has the applicant ever received a grant or contract from the Federal government?

Yes  No

2. Is the applicant a faith-based organization?

Yes  No

3. Is the applicant secular organization?

Yes  No

4. Does the applicant have 501(c)(3) status?

Yes  No

5. Is the applicant a local affiliate of a national organization?

Yes  No

6. How many full-time equivalent employees does the applicant have? (*Check only one box.*)

3 or Fewer  15-50  
 4-5  51-100  
 6-14  over 100

7. What is the size of the applicant's annual budget? (*Check only one box.*)

Less Than \$150,000  
 \$150,000 - \$299,999  
 \$300,000 - \$499,999  
 \$500,000 - \$999,999  
 \$1,000,000 - \$4,999,999  
 \$5,000,000 or more



## Survey Instructions on Ensuring Equal Opportunity for Applicant

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

7. Annual budget means the amount of money your organization spends each year on all of its activities.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Amy Borgstrom, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.**



## Appendix J

### Beale Codes and County-Level Economic Data

#### Rural Community

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

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

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



**Severely Economically Distressed Community**

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

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

