



Governor's Office on Service and Volunteerism

# **2017 MARYLAND AMERICORPS STATE PLANNING GRANT APPLICATION INSTRUCTIONS**

**Deadline for eGrants Submission to the  
Governor's Office on Service and Volunteerism:**

**April 7, 2017, 5:00 p.m. (EST)**

**OMB Control #:3045-0047  
Expiration Date: 1/31/2017**

## TABLE OF CONTENTS

Notice from the Corporation for National and Community Service.....	3
Notice from the Maryland Governor's Office on Service and Volunteerism .....	4
Funding Opportunity Detail.....	6
Program Description .....	7
Timeline for Maryland AmeriCorps State Formula Grant Process .....	9
Application Deadline and Supporting Information.....	10
Types of Formula Grant Applications .....	12
Recommendations for Preparing a Strong AmeriCorps Grant Application .....	13

### ***AmeriCorps Program Planning Grant Applications:***

Electronic Grant Submission Components and Instructions .....	15
I. Applicant Info.....	16
II. Application Info .....	16
III. Narratives.....	17
IV. Performance Measures.....	18
V. Documents .....	19
VI. Budget.....	19
VII. Review, Authorize, and Submit .....	22

## ATTACHMENTS

A: SF-424 Facesheet (eGrants Applicant Info and Application Info Sections) .....	24
B: Performance Measures Instructions for Planning Grant Applicants.....	28
C: Budget Worksheet.....	32
D. Budget Checklist.....	36
E: Assurances and Certifications (eGrants Authorize and Submit Section).....	38

# NOTICE FROM THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

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

**Public Burden Statement:** Public reporting burden for this collection of information is estimated to average 80 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Jennifer Bastress Tahmasebi, 1201 New York Avenue, NW, Washington, D.C. 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C. §§ 12581 - 12585 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. § 4953 of the Domestic Volunteer Service Act of 1973 as amended.

**Purposes and Uses -** The information requested is collected for the purposes of reviewing grant applications and granting funding requests. **Routine Uses -** Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the CNCS website as part of ongoing efforts to increase transparency in grant making. This is described in more detail in the *Notice of Federal Funding Opportunity*. The information will not otherwise be disclosed to entities outside of AmeriCorps and CNCS without prior written permission. **Effects of Nondisclosure -** The information requested is mandatory in order to receive benefits.

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

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

# NOTICE FROM THE MARYLAND GOVERNOR’S OFFICE ON SERVICE AND VOLUNTEERISM

## Authority

The Governor’s Office on Service and Volunteerism (GOSV) acts as the State Service Commission and state funding agency for federal funds awarded by the Corporation for National and Community Service (CNCS) in accordance with the National and Community Service Trust Act of 1993 (42 U.S.C. §§12571-12595) to eligible entities for the purpose of operating an AmeriCorps program.

## Corresponding Regulations

These *2017 Maryland AmeriCorps State Formula Application Instructions* should be read together with the 2017 CNCS Notice of Funding Opportunity (NOFO) and the AmeriCorps Regulations, 45 CFR Sections 2520 – 2550, which can be found on the AmeriCorps website ([www.nationalservice.gov/build-your-capacity/grants/funding-opportunities](http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities)).

## Method of Submission

Applications to the GOSV for this funding opportunity must be submitted through eGrants, the CNCS online grant system. This document includes instructions for entering applications into the eGrants system. All elements of the application should be written and saved as word processing documents by the applicant; once they are finalized (and character and/or page limits confirmed), they should then be copied and pasted into the eGrants system by the submission deadline.

## Universal Identifier and SAM

Applications must include a Dun and Bradstreet Data Universal Numbering System (DUNS) number and register with the System for Award Management (SAM). The DUNS number is an identifier that helps the federal government to improve statistical reports on federal grants and cooperative agreements. The DUNS number does not replace your Employer Identification Number. DUNS numbers may be obtained at no cost by applying online at [www.dnb.com](http://www.dnb.com).

The System for Award Management (SAM) is the Official U.S. Government system that consolidated the capabilities of CCR/the federal procurement system and the catalog of Federal Domestic Assistance. SAM collects, validates, stores, and disseminates data in support of federal agency contracts, grant awards, cooperative agreements, and other forms of federal assistance. In order to apply for CNCS funding, you must register in the SAM and maintain a valid registration, which must be renewed annually. You can register online at [www.sam.gov](http://www.sam.gov).

It is recommended that applicants **finalize a new SAM registration or renew an existing one at least two weeks before the application deadline**. This should allow you time to resolve any issues that may arise. It typically takes seven - ten days to finalize SAM.gov registration. To complete the registration process, you will need to submit detailed information on your organization in various categories relevant to federal procurement and financial transactions:

- General Information, such as organization name, EIN, DUNS, location, income, and number of employees.
- Corporate Information, such as organization type (i.e., state government, nonprofit).

- Financial Information, such as financial institution, bank account numbers, and credit card information.
- Point of Contact Information, such as primary and alternate points of contact.

Specific requirements and detailed instructions on how to register are available in the SAM User's Guide ([www.sam.gov/sam/SAM\\_Guide/SAM\\_User\\_Guide.htm](http://www.sam.gov/sam/SAM_Guide/SAM_User_Guide.htm)). You should review the guide before you begin the registration process as it identifies the required fields and will aid you in gathering the necessary information.

<b>Agency Contact</b>
-----------------------

Inquiries about this funding opportunity should be directed to Sarah Kim, Grants Coordinator, Maryland Governor's Office on Service and Volunteerism, [sarahy.kim@maryland.gov](mailto:sarahy.kim@maryland.gov).

## FUNDING OPPORTUNITY DETAIL

Subject to federal appropriations for the Corporation for National and Community Service (CNCS), the Governor's Office on Service and Volunteerism (GOSV) announces the availability of AmeriCorps Formula funding to award to eligible organizations to operate Maryland AmeriCorps programs in 2017-2018.

**State Agency Name:** Governor's Office on Service and Volunteerism (GOSV)

**Department:** Executive

**Instrument Type:** Grant

**Funding Opportunity Title:** AmeriCorps State Formula Funding

**Posted Date:** December 28, 2016

**Notice of Intent to Apply due date:** N/A

**Application due date:** April 7, 2017/5:00 p.m. EST

**Application Submission Format:** Electronic

**Proposed Grant Period:** August 15, 2017 – August 14, 2018

**Projected Grant Award Date:** Dependent on federal funding

**Expected Number of Awards:** Dependent on federal funding

**Estimated Total Award for Planning Grants:** \$25,000 (no AmeriCorps member positions)

**Matching Requirement:** 24%

**Eligible Applicants:** Public or private nonprofit organizations, including faith-based and other community organizations; institutions of higher education; government entities within states or territories (e.g., cities, counties); labor organizations; partnerships and consortia; and Tribes. Receiving funding previously from the GOSV or AmeriCorps is not a prerequisite to applying.

Organizations that have been convicted of a Federal crime are disqualified from receiving the assistance described in this *Notice*. Pursuant to the Lobbying Disclosure Act of 1995, an organization described in Section 501 (c)(4) of the Internal Revenue code of 1986, 26 U.S.C. § 501 (c)(4), that engages in lobbying activities is not eligible to apply.

The same project cannot be funded by multiple AmeriCorps grants. If you have more than one application pending before GOSV and/or CNCS 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.

## **PROGRAM DESCRIPTION**

The mission of the Corporation for National and Community Service (CNCS) is to improve lives, strengthen communities, and foster civic participation through service and volunteering. CNCS -- through AmeriCorps, Senior Corps, the Social Innovation Fund, and the Volunteer Generation Fund -- has helped to engage millions of citizens in meeting community and national challenges through service and volunteer action.

Through all its programs, CNCS seeks to expand economic opportunity – helping Americans acquire the skills, education, and training they need for productive employment. By helping more Americans graduate, pursue higher education, and find work, national service can provide immediate and long term benefits by expanding individual opportunity, building family stability, and creating more sustainable, resilient communities.

### **Purpose of AmeriCorps Funding**

AmeriCorps grants are awarded to eligible organizations proposing to engage AmeriCorps members in evidence-based or evidence-informed interventions to strengthen communities. An AmeriCorps member is an individual who engages in community service through an approved national service position. Members may receive a living allowance and other benefits while serving. Upon successful completion of their service, members earn a Segal AmeriCorps Education Award from the National Service Trust that members can use to pay for higher education expenses or apply to qualified student loans.

Applicants for AmeriCorps funding must address one or a combination of the CNCS Focus Areas and Funding Priorities, as identified below. In addition, priority will be given in AmeriCorps funding decisions for programs that address and have a strong track record in meeting the national performance measures. Performance measures are specific program goals and benchmarks that must be established, tracked, and reported during the AmeriCorps program and grant year. For most measures, CNCS will offer a standard definition of program structure, level of interaction required, and other criteria to meet the measure.

For extensive information on CNCS funding goals, performance objectives, strategies, and priority measures, you can find the CNCS Strategic Plan at [www.nationalservice.gov/about/strategic-plan](http://www.nationalservice.gov/about/strategic-plan). In addition, applicants should thoroughly review the detailed instructions on CNCS performance measures at <http://www.nationalservice.gov/documents/main-menu/2016/2017-performance-measures-instructions>.

### **CNCS Focus Areas (in alphabetical order)**

#### **Disaster Services**

Grant activities will provide support to increase the preparedness of individuals for disasters, improve individuals' readiness to respond to disasters, help individuals recover from disasters, and/or help individuals mitigate disasters. Grantees also have the ability to respond to national disasters under CNCS cooperative agreements and FEMA mission assignments.

**Economic Opportunity**

Grants will provide support and/or facilitate access to services and resources that contribute to the improved economic well-being and security of economically disadvantaged people; help economically disadvantaged people, including youth identified in My Brother's Keeper to have improved access to services that enhance financial literacy; transition into or remain in safe, healthy, affordable housing; and/or have improved employability leading to increased success in becoming employed.

**Education**

Grants will provide support and/or facilitate access to services and resources that contribute to improved educational outcomes for economically disadvantaged children; improved school readiness for economically disadvantaged young children; improved educational and behavioral outcomes of students in low-achieving elementary, middle, and high schools; and/or support economically disadvantaged students prepare for success in post-secondary educational institutions.

**Environmental Stewardship**

Grants will provide support for increased individual behavioral change leading to increased energy efficiency, renewable energy use, and ecosystem improvements particularly for economically disadvantaged households and communities. Grant activities will decrease energy and water consumption; improve at-risk ecosystems; increase behavioral changes that lead directly to decreased energy and water consumption or improved at-risk ecosystems; and/or increase green training opportunities that may lead to decreased energy and water consumption or improved at-risk ecosystems.

**Healthy Futures**

Grants will provide support for activities that will improve access to primary and preventive health care for communities served by CNCS-supported programs; increase seniors' ability to remain in their own homes with the same or improved quality of life for as long as possible; and/or increase physical activity and improve nutrition in youth with the purpose of reducing childhood obesity.

**Veterans and Military Families**

Grants will positively impact the quality of life of veterans and improve military family strength; increase the number of veterans, military service members, and their families served by CNCS-supported programs; and/or increase the number of veterans and military family members engaged in service through CNCS-supported programs.

## **TIMELINE FOR 2017 MARYLAND AMERICORPS STATE PLANNING GRANT PROCESS**

December 28, 2016	Release Maryland AmeriCorps State Planning Grant Application Instructions
April 7, 2017	AmeriCorps State Planning Grant due to the GOSV in eGrants by 5:00 pm
April – May 2017	GOSV Staff and GCOSV (Governor’s Commission on Service and Volunteerism) Volunteer review of applications
June 2017	Governor’s Commission on Service and Volunteerism meeting and vote on Formula applications
Summer 2017	CNCS and GOSV negotiations with applicants; revisions due in eGrants as requested
July - September 2017	Distribution of grant award packets; award date varies depending on CNCS funding and award processes; no funds may be spent prior to this award date
TBD	Commencement of program operations; the projected start date is August 15, 2017, but may vary depending on CNCS funding and award processes

*\* Timeline is subject to revision.*

## APPLICATION DEADLINE AND SUPPORTING INFORMATION

The deadline for submission to the Governor's Office on Service and Volunteerism (GOSV) for the Maryland Formula grant application is **April 7, 2017, at 5:00 p.m. EST**. Applications must be submitted via eGrants, the CNCS online grant system. If there are extenuating circumstances that make this electronic submission impossible, contact the GOSV immediately; arrangements for hard copy submission on or before the deadline may be available. Late applications will not be accepted.

Follow the application structure and instructions provided in this document exactly and completely. Do not submit any supplementary materials such as videos, brochures, or any other item not requested in these application instructions. The GOSV will not review or return them.

**You are strongly encouraged to create your eGrants account and begin your application as soon as eGrants allows data to be entered. You should begin pasting your application into eGrants no later than 10 days before the deadline.** This will allow you time to address technical issues prior to the deadline for submission. Technical difficulties with the online system may occur, and these can cause lengthy delays for grant applicants.

In case of technical difficulties with eGrants: Contact the National Service Hotline at 800-942-2677 or [questions.nationalservice.gov/app/ask](http://questions.nationalservice.gov/app/ask) (talk to an associate or leave a detailed message) immediately if a problem arises while you are creating your account, preparing, or submitting your application. Be prepared to provide your application ID, organization name, and the CNCS NOFO to which you are applying. National Service Hotline hours are Monday through Thursday 9:00 a.m. to 7:00 p.m. EST.

If technical issues are preventing you from submitting your application in eGrants by the deadline, you must contact the National Service Hotline prior to the application deadline to explain your technical issue and get a ticket number. You will need to submit this ticket number to the GOSV by the deadline in order to be considered for this funding round. If your issue cannot be resolved by the deadline, you must continue working with the National Service Hotline to submit your application electronically. In addition, send an email to Sarah Kim ([sarahy.kim@maryland.gov](mailto:sarahy.kim@maryland.gov)) to notify the GOSV that you are submitting an application ***no later than the posted deadline***. Attach the narratives and budget narrative as a PDF to the email. The subject of the email should read "2017 AmeriCorps Planning Grant Application <Applicant Name>."

The GOSV estimates that the time required to complete the application and enter the data into eGrants is 80 hours; this timeline may vary based on each applicant's experience, program development process, and the eGrants system status and availability.

Applicants are strongly encouraged to write their applications (including narratives and the budget) in MS Office Word and paste the sections into eGrants. Some individual sections, as well as the overall application, have character and/or page limits. Word will allow applicants to edit their applications and check the character limits before submission. You must preview the application in eGrants to confirm the page limits are correct (Word may show a different page number count).

## **SUPPORTING INFORMATION:**

### ***A. CNCS Notice of Funding Opportunity***

Use the instructions provided in this document in conjunction with the CNCS *Notice of Funding Opportunity (Notice or NOFO)*. The CNCS 2017 *Notice* includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per member service year (MSY), and other information that changes year-to-year, for all AmeriCorps grant programs. One MSY is the equivalent of one full-time term of service for an individual serving in AmeriCorps (“an AmeriCorps member”).

The *Notice* can be found at <http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities/2017/ameri-corps-state-and-national-grants-fy-2017>.

### ***B. Sample AmeriCorps Program Director Job Description***

A sample job description for an AmeriCorps Program Director is available at [GOSV.maryland.gov](http://GOSV.maryland.gov). Click on the Available Funding tab for all grant application materials.

### ***C. Sample AmeriCorps Program Grant Budget***

A sample program budget is available at [GOSV.maryland.gov](http://GOSV.maryland.gov). Click on the Available Funding tab for all grant application materials.

# TYPES OF FORMULA GRANT APPLICATIONS

## **I. AmeriCorps State Formula Planning Grant**

Applicants new to AmeriCorps funding may apply for a planning grant of up to \$25,000 in order to explore the need for and feasibility of creating an AmeriCorps program to address a particular community need. A planning grant award does not guarantee the applicant will be awarded an operating grant in future funding cycles.

## **II. AmeriCorps State Formula Program Operating Grant**

Existing Maryland AmeriCorps grantees and agencies that are new to AmeriCorps funding may be invited by the GOSV to apply for the Formula Program Operating Grant. Applicants are required to match a percentage of the federal funds; and there are minimum and maximum AmeriCorps participant requirements (10 MSY minimum for State Formula programs, 10 MSY or 20 member minimum for Competitive programs).

## **RECOMMENDATION FOR PREPARING A STRONG AMERICORPS GRANT APPLICATION**

AmeriCorps grant competitions are fierce; each year, there are significantly more applications than available funding will support. It is extremely important that the grant application is thoroughly completed and well-presented. Below are ideas to help you present your project in the best way:

- **Make your grant easy to read.** Follow the application instructions and outline exactly. The grant reviewer score sheet will follow the instructions and outline exactly. Do not change headings or categories. Put the sections in the correct order, and CAPITALIZE headers to help break up the narrative; eGrants will not allow any type of formatting—use hard returns and capitalization to improve your grant’s readability. If a section does not apply to your application, write N/A.
- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your program to fit each strategic initiative, special consideration, and priority articulated in the AmeriCorps Regulations or the CNCS *Notice*.
- **Be clear and succinct.** Reviewers are not interested in jargon, boilerplate, rhetoric, or exaggeration. Avoid overusing acronyms. Reviewers are interested in learning precisely what you intend to do and how your project responds to the selection criteria presented below.
- **Avoid circular reasoning.** The problem you are addressing should not be described as the lack of the program you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don’t make assumptions.** Even if you have received funding from the Corporation or the GOSV in the past, do not assume your reviewers know anything about you, your program, your partners, or your beneficiaries. The application must stand alone and give the full picture of what you aim to achieve with this funding request.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- **Carefully and fully proofread and edit your grant for spelling, grammar, and punctuation.** Poorly written grant applications will receive lower scores in the review process.
- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections by criterion.

- **Preview your grant.** Be sure to preview the full document in eGrants before you submit it to the GOSV. On the grant screen, you will see 'Review and Submit' on the left toolbar. Click 'Review'; then click 'Application for Federal Assistance' under View/Print line in the middle of the screen. This will create a PDF of your entire application. This is the document that grant reviewers will receive; and this is the document you should print out and keep on file. Please scroll through all pages and proof carefully. It is also extremely helpful to space between paragraphs or sections as you prepare the narratives (this white space helps reviewers follow your content).

# **AMERICORPS PLANNING GRANT APPLICATION: ELECTRONIC GRANT SUBMISSION COMPONENTS AND INSTRUCTIONS**

Maryland applicants will submit an electronic application in eGrants to the Governor’s Office on Service and Volunteerism (GOSV). The GOSV is identified in eGrants as the Prime Applicant (which means the GOSV submits the completed application directly to the Corporation for National and Community Service). This also means that the GOSV is the recipient of the AmeriCorps State grant funds from the Corporation; and Maryland applicants will become sub-grantees of the GOSV if selected for funding in the 2017 – 2018 program year.

In case of technical difficulties with eGrants: Contact the eGrants Help Desk at 800-942-2677 (talk to an associate or leave a detailed message) or email the Help Desk through the web form at [questions.nationalservice.gov/app/ask](https://questions.nationalservice.gov/app/ask) immediately if a problem arises while you are creating your account, preparing, or submitting your application. Be prepared to provide your application ID. If technical issues are preventing you from submitting your application in eGrants by the deadline, you must contact the eGrants Help Desk prior to the April 7, 2017, 5:00 p.m. EST deadline to explain your technical issue and get a ticket number. If your issue cannot be resolved by the deadline, you must continue working with the eGrants Help Desk to submit your application. The subject of the email should read “2017 AmeriCorps Formula Application <Applicant Name>.”

Your application consists of the components listed below (I – VII) in the online submission system as well as the required attachments (noted in the final section of the instructions). Please make sure to complete each one fully. There are character and/or page limits for several of the sections (identified further in the instructions). Applicants are strongly encouraged to write the application in Word, proof all content thoroughly, conduct spell and grammar checks, and verify character and/or page limits before copying and pasting the information into eGrants. From time to time, eGrants has technical failures that cause applications to be lost in part or in full. Creating, editing, and saving in Word will assure that your application will be protected and able to be submitted by the required deadline. Regardless of the status of the eGrants system, no late applications will be accepted by the GOSV.

## **Submitting Your Application in eGrants**

New applicants need to establish an eGrants account by accessing this link:

<https://egrants.cns.gov/espan/main/login.jsp> and selecting “Don’t have an eGrants account? Create an account.”

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

- Start a New Grant Application
- Select a Program Area (AmeriCorps)
- Select a NOFA:
  - Commission AmeriCorps State FY 2017

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

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Performance Measures – *Planning grant applicants will not complete this section. Enter N/A or 0 in each field.*
- V. Documents – *N/A for planning grant applicants.*
- VI. Budget Instructions
- VII. Review, Authorize, and Submit

### **I. Planning Grantee Applicant Info**

In eGrants, complete the Applicant Info Section (Attachment A). This section is particularly important for the Corporation and GOSV data collection and evaluation. Please take the time to reflect your activities accurately in this section.

- 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. Planning Grantee Application Info**

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet, the standard cover sheet for federal grant applications.

In the Application Info Section enter:

- Program/Title (include this on the Facesheet, 11.a): PLANNING GRANT <Your Organization's Name>
- Areas affected by your proposed AmeriCorps activity
- Requested project period start and end dates; for planning grantees, the project dates are August 15, 2017 – August 14, 2018
- Indicate if you are delinquent on any federal debt
- State Application Identifier: Enter N/A
- State Single Point of Contact: pre-filled “No, this is not applicable”
- Waiver of Volunteer Leveraging Requirements: Do Not Enter
- Leave the box for “Program Initiative” blank.

The “Estimated Funds Request” box will be populated automatically after you complete the budget.

In the Demographics Section enter:

- Total Local, State, and Federal Government Match. Enter the dollar amount of local, state, and federal government match being proposed. The “Total Private Match” + the “Total Local, State, and Federal Government Match” should equal the “Total Match.”
- Total Private Match. Enter the dollar amount of private match being proposed. The “Total Private Match” + the “Total Local, State, and Federal Government Match” should equal the “Total Match.”
- Total Match. Enter the total dollar amount of match being proposed.

- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not CNCS share or match.
- The remaining demographics are not applicable for a planning grant and should be ignored. Leave remaining demographic fields blank.

### **III. Planning Grant Narratives (25,000 character limit, with spaces)**

Applications may not exceed 10 pages for the Narratives, including the Executive Summary and SF 424 Facesheet, as the pages print out from eGrants. The GOSV strongly encourages applicants to print out the application from the “Review and Submit” page prior to submission to check that the application does not exceed the page limit. **This limit does not include the budget, performance measures, or the supplementary materials, if applicable.**

Reviewers will not consider submitted material that is over the page limit in the printed report, even if eGrants allows an applicant to enter and submit text over the limit. Do not submit other items not requested in the *Notice* or Application Instructions. The GOSV will not review or return them.

Provide a narrative that addresses the following elements. You will enter N/A in sections in the eGrants narratives that do not apply to planning grant applicants.

In eGrants, you will enter text for:

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

Note: The Narratives Section also includes fields for Evaluation Summary or Plan, Clarification Information, Amendment Justification, and Continuation Changes. **Please enter N/A in these fields.**

#### *i. Executive Summary*

Provide a brief description of your organization and planning grant goals.

#### *ii. Rationale and Approach*

- Describe why you are applying for a planning grant and what you hope to achieve during the one-year planning period.
- Include the community need you plan to address and documentation of the need.
- Describe how AmeriCorps members could help you address the community need, and the target communities you would serve.
- Provide a detailed description of your planning process and a timeline for planning activities.
- Describe how you will use the planning period to develop your capacity to effectively manage an AmeriCorps program including:
  - Establishing systems and processes for sound programmatic and fiscal oversight;
  - Creating a process for selecting operating and service sites (if applicable) that will ensure the most appropriate and capable organizations are selected;

- Planning orientation and training for operating and service sites (if applicable);
- Planning orientation and training for AmeriCorps members; and
- Ensuring you have the ability to provide or secure effective technical assistance.

**iii. *Organizational Capability***

- Provide a brief history of your organization including the year it was established and your funding history with the Corporation and the GOSV, if applicable.
- Unless your organization is brand new, describe your record of accomplishment.
- Discuss your prior experience in the proposed area of programming and other examples of your organization’s leadership in the community.
- Describe your organization’s management and staff structure and the role the board of directors, administrators, and staff members will play in the planning process.
- Special Circumstances: In applying these 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; and
  - 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 these circumstances have an impact on your organizational capability that has not already been discussed, please describe it.

**iv. *Cost Effectiveness and Budget Adequacy***

Describe your plans to develop a cost-effective program including how you will develop diverse non-federal resources that will support your program implementation and sustainability.

Discuss the adequacy of your budget to support the planning process including your 24% match commitments (cash and in-kind) you have for the planning process, and how you will secure any additional commitments you need for the planning grant.

**v. *Evaluations Summary or Plan***

Enter N/A.

**vi. *Amendment Justification***

Enter N/A.

**vii. *Clarification Information***

Enter N/A.

**viii. *Continuation Update***

Enter N/A.

**IV. Planning Grantees Performance Measures**

Performance measures are not required for planning grants. However, eGrants will require you to complete this section for submission. When completing this section, follow the directions provided in Attachment B.

## V. Documents

- i. Evaluation - N/A*
- ii. Labor Union Concurrence - N/A*
- iii. Federally-Approved Indirect Cost Agreement - N/A*
- iv. Submission Instructions for Evaluations, Labor Union Concurrence, and Indirect Cost - N/A*

## VI. Planning Grant Applicant Budget

### *i. Overview of Key Budget Requirements*

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

**Table 3: Match Requirements in the AmeriCorps Regulations**

<b>Competition</b>	<b>Match Requirement</b>
State and National Competitive including Professional Corps, States and Territories without Commissions, Indian Tribes	Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in Year 4 to 50% by Year 10 of funding and any year thereafter.

- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs.
- The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.
- In Section III of the budget, enter a brief description of the source of match. Identify each match source separately. Include dollar amount, the match classification (cash, in-kind, or Not Available) and the source type (Private, State/Local, Federal, Other or Not Available). Define all acronyms the first time they are used.

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

### *ii. 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 in their assessment of the Cost-Effectiveness and Budget Adequacy selection criteria.

Follow the detailed budget instructions below to prepare your budget. Prepare your budget in the same order as indicated in the Budget Worksheet in Attachment C. The Budget Checklist in Attachment D is a resource for you to ensure your budget is complete. The eGrants system 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. Please be prepared to spend several hours correcting errors and re-validating your eGrants submission; this can be a lengthy process.

As you prepare your budget:

- Follow the budget narrative format required by the GOSV; this is demonstrated in Attachment C and in the sample program budget located at [GOSV.maryland.gov](http://GOSV.maryland.gov).
- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Itemize each cost and present the basis for all calculations in the form of an equation.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents) in your calculations or totals.
- Follow the GOSV's required budget format exactly; note that this format may differ from your internal budget or previous eGrants budget forms.

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

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

Programs must comply with all applicable federal laws, regulations, and OMB circulars for grant management, allowable costs, and audits, including providing audits to the A-133 clearinghouse if expending over \$750,000 in federal funds, as required in OMB Circular A-133.

### **Detailed Budget Instructions**

*These instructions below have been edited for AmeriCorps Planning Grant Applicants.*

#### ***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 separately and provide salary and percentage of effort as percentage of FTE devoted to this award. Each staff person’s role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either CNCS or Grantee share. Because the purpose of

this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff and AmeriCorps members.

## **B. Personnel Fringe Benefits**

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

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

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

Please itemize the costs. For example: Two staff members will attend the Annual Grantee Meeting in Washington, DC. 2 staff x \$750 airfare + \$50 ground transportation + \$400 lodging x (1 day) + \$35 per diem = \$2,470 for Annual Grantee Meeting

### **C. 2. AmeriCorps Member Travel**

N/A for planning grant applicants

## **D. Equipment**

N/A for planning grant applicants

## **E. Supplies**

Include the amount of funds to purchase consumable supplies and materials. You must individually list any single item costing \$1,000 or more.

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

Include costs for consultants related to the project’s operations, except training or evaluation consultants, who will be listed in Sections G. or H. below. Indicate the daily rate for consultants you are proposing to use and their contractual services. Indicate the daily rate, number of days, and total cost. Include a brief (one sentence) description of the type of service to be provided.

Note: costs for fundraising are not allowable.

### **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).

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

N/A for planning grant applicants

## **H. Evaluation**

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not budgeted in Personnel Expenses.

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

Allowable costs in this budget category should include when applicable: utilities, telephone, Internet, and similar expenses that are specifically used for the grant-funded activities.

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

N/A for planning grant applicants

### **A. Living Allowance**

N/A for planning grant applicants

### **B. AmeriCorps Member Support Costs**

N/A for planning grant applicants

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

N/A for planning grant applicants

## ***Section IV. Increasing Grantee Overall Share of Total Budgeted Costs***

N/A for planning grant applicants

## **Applying for Alternative Match**

N/A for planning grant applicants

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

The eGrants system will require you to review and verify your entire application before submitting it to the GOSV (called Prime Applicant in eGrants). Before you do this, preview your entire grant application and proof and edit it carefully. To preview your application, click “view/print report” to the right of Application for Federal Assistance under the View/Print Your Application header in the middle of the Review screen. When you choose “view/print report,” a PDF will open that shows you the facesheet, narratives, and performance measures you have entered. Please review each section carefully. Word processing programs will translate in different ways in eGrants, and your grant may contain odd symbols instead of numbers or letters to separate your sections, or the spacing between paragraphs and sections may be too crowded or off entirely. Please remember that the readability of your grant application is very important for reviewers. You will also want to save and print a hard copy of your full application for your records.

You should also preview and print your Budget Narrative before submitting the grant. You’ll find the same type of link on the Review screen for this section of your grant. Carefully proof your budget narrative and save and print a copy for your records as well. Once you’ve previewed

each section, confirmed adequate formatting for your grant, and printed a copy for your records, you will need to complete these steps:

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

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

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

The grant is complete when you Submit to Prime and receive a confirmation message from eGrants that the GOSV has received your application. Print and keep this confirmation message on file with your copy of your full grant application.

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

# ATTACHMENT A: Facesheet Instructions

## (eGrants Applicant Info and Application Info Sections)

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

This form is required for applications submitted for federal assistance.

### Item #

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

#### K-12 Education

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

#### Higher Education

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

#### Government

- 23 Local Government-Municipal
- 24 Health Department
- 25 Law Enforcement Agency
- 26 Governor’s Office

#### Non-Profit Organizations

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

- 28 Other State Government
- 29 Tribal Government Entity
- 30 Area Agency on Aging  
U.S. Territory

- 27 State Commission/Alternative Administrative Entity

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
  - If you are recompeting (in the final year of a funding cycle and applying for a new grant cycle), select **Continuation/Renewal**
  - If you are not a current grantee, but have received an AmeriCorps grant in the past five years, select **Continuation/Renewal**
  - If you are applying for the first time or are a former grantee whose last AmeriCorps grant was received more than five years ago, select **New**
  - If you are applying for the first time or are a former grantee whose last AmeriCorps grant was received more than five years ago, select **New**
  - If you are a current planning grantee applying for a three-year implementation grant, select **New**
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
  - a. When applying for a “Continuation” or “Amendment” applicants should use the same title as used for their existing grant program. When applying as a “New Applicant/Previous Grantee” if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
  - b. Enter the name of the program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities). Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
13. (See item 8) Enter the dates for the proposed project period. “Continuation” or “Amendment” application: Enter the dates of the approved project period.  
  
Performance Period: this appears only in eGrants, and is for the use of staff only.
14. Leave blank, staff use only.
15. Estimated Funding. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed **during this budget period** on each appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.
 

<b>a) Federal</b>	The total amount of federal funds being requested in the budget.
<b>b) Applicant</b>	The total amount of the applicant share as entered in the budget.
<b>c) State</b>	The amount of the applicant share that is coming from state sources.
<b>d) Local</b>	The amount of the applicant share that is coming from local governmental sources (e.g., city, county and other municipal sources).
<b>e) Other</b>	The amount of the applicant share that is coming from non-governmental sources.
<b>f) Program Income</b>	The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program).
<b>g) Total</b>	The applicant's estimate of the total funding amount for the agreement.
16. Pre-filled for your convenience. This program is excluded from coverage by Executive Order 12372.

17. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
18. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

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

# APPLICATION FOR FEDERAL ASSISTANCE

Standard Form 424 (Rev. 2-2007) Prescribed by OMB Circular A-102

## 1. TYPE OF SUBMISSION:

Application  Non-Construction

2. a. DATE SUBMITTED:	3. a. DATE RECEIVED BY STATE:	3. b. STATE APPLICATION IDENTIFIER:
2. b. APPLICATION IDENTIFIER:	4. a. DATE RECEIVED BY FEDERAL AGENCY:	4. b. FEDERAL IDENTIFIER: (Staff Only)

## 5. APPLICANT INFORMATION

5. a. LEGAL NAME: 5. b. ORGANIZATIONAL DUNS: 5. c. ORGANIZATIONAL UNIT (DEPARTMENT/DIVISION):	5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION ( <i>give area code</i> ):  NAME: TELEPHONE NUMBER: (        )        - FAX NUMBER: (        )        -        EMAIL: INTERNET EMAIL ADDRESS: WEBSITE:
5. d. ADDRESS ( <i>give street address, city, county, state and zip code</i> ): STREET: CITY:        COUNTY: STATE:        COUNTRY:	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. a. TYPE OF APPLICANT: ( <i>enter appropriate letter in box</i> ) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District <input type="checkbox"/> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Nonprofit Organization O. Federal Government P. HQ Internal Organizations Q. State Education Agency R. Territory S. Other (specify) _____
8. TYPE OF APPLICATION <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 _____ ( <i>enter date</i> ) E. OTHER ( <i>specify below</i> )	7. b. CNCS APPLICANT CHARACTERISTICS <i>Enter appropriate codes</i> :  9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
12. AREAS AFFECTED BY PROJECT ( <i>List Cities, Counties, States, etc.</i> ):	11. b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE:        ENDING DATE:	14. Performance Period (Staff Use Only_
---	---

15. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr.2: <input type="checkbox"/> Yr. 3: <input type="checkbox"/>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: REVIEW ON: DATE _____  b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO	
a. FEDERAL		\$
b. APPLICANT		\$
c. STATE		\$
d. LOCAL		\$
e. OTHER		\$
f. PROGRAM INCOME		\$
g. TOTAL	\$	

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.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	e. DATE SIGNED:	

## **ATTACHMENT B: Performance Measures Instructions (eGrants Performance Measures Section)**

---

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

In the performance measures module, you will:

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

*Performance Measures are not applicable for planning grant applicants. Enter “0” or “N/A” in all fields to proceed with the completion of the application.*

### **Home Page**

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

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

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

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

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

### **Objectives Tab**

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

First click on a focus area. Then click on an objective. All national performance measures fall under a strategic plan objective. Only the performance measures that correspond to the strategic plan objectives you select on this tab will be available for selection as you continue through this module. To see which performance measures correspond to which objective, refer to the CNCS Performance Measures Instructions available at [www.nationalservice.gov/sites/default/files/documents/Performance\\_Measure\\_Instructions\\_2016.pdf](http://www.nationalservice.gov/sites/default/files/documents/Performance_Measure_Instructions_2016.pdf).

Next, select all interventions that are part of your program design. Interventions are the activities that members and volunteers will carry out to address the problem(s) identified in the

application. Select “other” if one of your program’s interventions does not appear on the list. Repeat these actions for each of your program’s focus areas. Select “other” for your focus area and/or objective if your program activities do not fall within one of the CNCS focus areas or objectives.

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

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

### **MSYs/Members Tab**

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

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

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

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

### **Performance Measure Tab**

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

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

Provide a short, descriptive title for your performance measure.

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

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

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

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

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

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

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

### **Data Collection Tab**

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

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

of minutes per session); and duration refers to the period of time over which the intervention occurs (for example, how many total weeks of sessions).

Expand each output and outcome and enter data collection information.

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

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

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

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

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

### **Summary Tab**

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

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

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

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

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

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

**ATTACHMENT C: Budget Worksheet (eGrants Budget Section)**

Budget calculations must be presented in the formats below (required formats shown in *bold italics*). Several examples are included for reference only; for more examples, refer to the sample AmeriCorps program budget provided at [GOSV.maryland.gov](http://GOSV.maryland.gov). Note that Section II and Section III are N/A for planning grant applicants.

**Section I. Program Operating Costs**

**A. Personnel Expenses**

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

**B. Personnel Fringe Benefits**

Purpose/Description	Calculation	CNCS Share	Grantee Share	Total Amount
	<i>Fringe percentage x salary total</i>			
Totals				

**C.1. Staff Travel**

Purpose	Calculation	CNCS Share	Grantee Share	Total Amount
	<i>Total number of miles x mileage reimbursement rate x number of staff</i>			
Totals				

**C. 2. Member Travel**

Purpose	Calculation	CNCS Share	Grantee Share	Total Amount
	<i>Total number of miles x mileage reimbursement rate x number of AmeriCorps members</i>			
Totals				

**D. Equipment**

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

**E. Supplies**

Purpose	Calculation	CNCS Share	Grantee Share	Total Amount
<i>Example: Office supplies – general use</i>	<i>Average amount per month x 12 months: \$50/month x 12 months</i>	\$600		\$600
Totals				

**F. Contractual and Consultant Services**

Purpose	Calculation	Daily Rate	CNCS Share	Grantee Share	Total Amount
<i>Example: Consultant (strategic planning)</i>	<i>Daily rate x total number of days of work/contract (for year): \$500/day x 10 days</i>		\$5,000		\$5,000
Totals					

**G.1. Staff Training**

Purpose	Calculation	Daily Rate	CNCS Share	Grantee Share	Total Amount
	<i>Total amount x number of staff</i>				
Totals					

**G.2. Member Training**

Purpose	Calculation	Daily Rate	CNCS Share	Grantee Share	Total Amount
<i>Example: Member training manual</i>	<i>Total cost per item x number of items needed (for year): \$15/manual x 30 manuals (for 30 AmeriCorps members)</i>		\$450		\$450
Totals					

**H. Evaluation**

Purpose	Calculation	Daily Rate	CNCS Share	Grantee Share	Total Amount
Totals					

**I. Other Program Operating Costs (criminal background checks for all members and staff listed on budget and in narrative are required)**

Purpose	Calculation	Daily Rate	CNCS Share	Grantee Share	Total Amount
<i>Example: Criminal background checks for AmeriCorps members</i>	<i>Cost per item x number of items needed (for year): \$65/check x 30 checks (for 30 members)</i>		\$1,950		\$1,950
Totals					

Subtotal Section I:	CNCS Share	Grantee Share	Total Amount

**Section II. Member Costs**

**A. Living Allowance**

Item	# Mbrs	Allowance Rate	# w/o Allowance	CNCS Share	Grantee Share	Total Amount
Full-time (1,700 hrs)						
Half Time (900 hrs)						
1 <sup>st</sup> 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	CNCS Share	Grantee Share	Total Amount
	<i>Cost per item x total number of members</i>				
Totals					

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

**Section III. Administrative/Indirect Costs**

**A. Corporation Fixed Percentage Method**

Purpose	Calculation	CNCS Share	Grantee Share	Total Amount
Corporation Fixed Amount:				
Commission Fixed Amount:				
Totals				

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

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

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

Budget Total: Validate this budget in eGrants.	CNCS Share	Grantee Share	Total Amount
Required Match Percentages:			

**Source of Match**

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

## ATTACHMENT D: Budget Checklist

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

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

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

<b>In Compliance?</b>	<b>Section III. Administrative/Indirect Costs</b>
Yes ___ No ___	Applicant has chosen Option A – CNCS-fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes ___ No ___	Applicant has chosen Option A – CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?
Yes ___ No ___	Applicant has chosen Option B – federally approved indirect cost rate method and documentation submitted to CNCS if multi-state, state or territory without commission or Indian Tribe applicant? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.
Yes ___ No ___	Applicant has chosen Option B – The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS share?
Yes ___ No ___	Applicant has chosen Option B – the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified?

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

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

---

## Instructions

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

**a) Inability to certify**

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

**b) Erroneous certification or assurance**

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

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

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

**d) Definitions**

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

**e) Assurance requirement for subgrant agreements**

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

**f) Assurance inclusion in subgrant agreements**

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

**g) Assurance of subgrant principals**

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

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

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

**i) Prudent person standard**

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

## ***ASSURANCES***

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

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

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

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

## ***CERTIFICATIONS***

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

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

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

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

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

This certification is required by the Corporation's regulations implementing sections 5150-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690), 45 CFR Part 2545, Subpart B. The regulations require certification by grantees, prior to award, that they will make a good faith effort, on a continuing basis, to maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 45 CFR Part 2542, Subparts G and H).

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

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

### **Certification - Lobbying Activities**

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

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

### **Erroneous certification or assurance**

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

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

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

### **Definitions**

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

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

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

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

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

### **Assurance of subgrant principals**

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

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

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

### **Prudent person standard**

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

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

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

**ASSURANCES AND CERTIFICATIONS**

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

---

**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:**

---