**MARYLAND AMERICORPS CONCEPT PAPER OUTLINE**

The deadline for submission is ***September 11, 2017,*** *at* ***5:00 pm EST.*** Applications must be submitted via one single emailed PDF document to Sarah Kim at [Sarahy.kim@maryland.gov](mailto:Sarahy.kim@maryland.gov). The Concept Paper must be typed and follow the style format of this document (left justified, one inch margins, TNR 12 point font, numbered pages). Attach the Concept Paper to an email with this subject line: 2018 AmeriCorps Concept Paper. Use this naming convention for the single PDF attachment: <Name of Legal Applicant Concept Paper>. Late Concept Papers will not be considered.

Type your answers directly into the Concept Paper outline. Do not delete the original outline, questions, etc. Page limits are indicated at each element below.

1. **MARYLAND AMERICORPS CONCEPT PAPER COVER SHEET (1 page limit)**

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| **Name of Legal Applicant (organization, parent company, etc.)** |  |
| **Address** |  |
| **Website** |  |
| **Executive Director** |  |
| **Executive Director Phone** |  |
| **Executive Director Email** |  |
| **Contact for Concept Paper Review Process (if different than above)** |  |
| **Contact Phone** |  |
| **Contact Email** |  |
| **Federal Identification Number/EIN** |  |
| **DUNS Number** |  |
| **SAM Registration**  (Specify Expiration Date) |  |
| **Areas Affected by the Project**  (Provide name of specific city, county, or region, or identify project as state-wide) |  |
| **Delinquent on Any Federal Debt** | Yes/No |
|  | If yes, provide an explanation: |
| **Name of Proposed AmeriCorps Program (if different than Legal Applicant)** |  |
| **Identify *One* National Focus Area Addressed in Proposal**  (listed on page 8 of the instructions; select only one issue area) |  |

1. **Executive Summary (No Character limit- 0 point)**

Please fill in the blanks of these sentences to complete the Executive Summary. Do not deviate from the template below.

The [Name of the organization] proposes to have [Number of] AmeriCorps members who will [service activities the members will be doing] in [the locations the AmeriCorps members will serve]. At the end of the first program year, the AmeriCorps members will be responsible for [anticipated outcome of project]. In addition, the AmeriCorps members will leverage an additional [number of leveraged volunteers, if applicable] who will be engaged in [what the leveraged volunteers will be doing.]

This program will focus on the CNCS focus area(s) of [Focus Area(s)].\* The CNCS investment of $[amount of request] will be matched with $[amount of projected match], $[amount of local, state, and federal funds] in public funding and $[amount of non-governmental funds] in private funding.

\*If the program is not operating in a CNCS focus area, omit this sentence.

Fixed Amount grant applicants (EAP, Fulltime Fixed, and Professional Corps Fixed) should list their Other Revenue (see Mandatory Supplemental Guidance) because they are not required to provide a specific amount of match, but still must raise significant additional resources to operate the program. CNCS will post all Executive Summaries of awarded grant applications on [www.nationalservice.gov](http://www.nationalservice.gov) in the interest of transparency and Open Government.

1. **Program Design (50 points)**
2. ***Need (3,500 character limit, 2 points)***
3. ***Intervention (3,500 character limit, 3 points)***
4. ***Theory of Change and Logic Model (6,500 character limit, 19 points) (Attachment A)***
5. ***Evidence Base (3,500 character limit, 12 points)***
6. ***Notice Priority (3 points)***
7. ***Member Training (3,000 character limit, 4 points)***
8. ***Member Supervision (2,500 character limit, 2 points)***
9. ***Member Experience (1,500 character limit, 3 points)***
10. ***Commitment to AmeriCorps Identification (1,500 character limit, 2 points)***
11. **Organizational Capability (25 points)**
12. ***Organizational Background and staffing (3,000 character limit, 10 points)***
13. ***Compliance and Accountability (1,500 character limit, 15 points)***
14. **Cost Effectiveness and Budget Adequacy (25 points)**
15. ***Cost Effectiveness (18 points)***
16. ***Budget Adequacy (7 points)***

### Evaluation Plan (Required for recompeting grantees Only- 3,000 character limit, 0 points)

1. **Performance Measures (Attachment B and C)**
2. **Budget Instructions (Attachment D,E, and F)**
3. **Authorization, Assurances, and Certifications (Attachment G)**
4. **Additional Required Documentation**

**ATTACHMENT A: THEORY OF CHANGE LOGIC MODEL (3 page limit-includes outline):** For resources and tips on creating your Theory of Change, please visit <http://www.nationalservice.gov/sites/default/files/resource/npm/toc-powerpoint.pdf> and <http://www.nationalservice.gov/resources/performance-measurement/theory-change>

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| **Problem** | **Inputs** | **Activities** | **Outputs** | **Short-Term Outcomes** | **Mid-Term Outcomes** | **Long-Term Outcomes** |
| The community problem that the program activities (interventions) are designed to address. | Resources that are necessary to deliver the program activities (interventions), including the number of locations/sites/type of AmeriCorps members. | The core activities that define the intervention or program model that members will implement or deliver, including duration, dosage, and target population. | Direct products from program activities. | Changes in knowledge, skills, attitudes, and opinions. These outcomes, if applicable to the program design, will almost always be measurable during the grant year. | Changes in behavior or action. Depending on program design, these outcomes may or may not be measurable during the grant year. | Changes condition or status in life. Depending on program design, these outcomes may or may not be measureable during the grant year. Some programs, such as environmental or capacity-building programs, may measure changes in condition over a period as short as one year. |
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**ATTACHMENT B: Performance Measure**

The objective of this Performance Measure (PM) Worksheet is to help you develop the strongest PMs possible for your Maryland AmeriCorps program. By incorporating draft PMS into your application process early, and working with us on them, you will be better equipped to build your grant narrative around the Performance Measures and Theory of Change, rather than the other way around.

* Complete a new worksheet for **each** aligned set of Outputs and Outcomes your program intends to use in the 2018-2019 grant year. **One** aligned set is required. While there is no cap on the maximum number of performance measures, the principle of “quality over quantity” applies. We recommend that you develop a maximum of three sets; two is fine.
* Sections that you should complete are indicated with a black box. As with the official PMs submitted in eGrants, you do not have a page or character count limit.
* Use the following naming convention: **[Program Name 18-19PM NPM Focus Area Output(s)\_Outcome(s) or Applicant Defined].**
  + If you are using ED1 and ED2 as the outputs and ED5 as the outcome, your document name would be as follows:
    - [Program Name] 18-19PM ED1\_2\_5
  + If you are using an Applicant Defined measure, your naming convention would be as follows:
    - [Program Name] 18-19PM Applicant Defined
* New or recompeting applicants must use the [2017 Performance Measure Instruction](https://www.nationalservice.gov/documents/main-menu/2016/2017-performance-measures-instructions). Also, be sure to use the checklist found in Attachment C for each of your Performance Measures.
* Applicants *are* permitted to create Applicant Defined Performance Measures. Note that you should only use Applicant Defined PM if an intervention central to your program design cannot be captured in an existing National PM. Please refer to the 2017 PM Instructions (linked above) for more information.
* **Please note that CNCS has added several new features and resources to the 2017 Performance Measures.** Page 3 of the Instructions outlines the new features (e.g., sample Performance Measures, FAQs, Review Notes) and how applicants should use them to their benefit.

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| **Program Name:** |  |  |

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| **Program Director:** |  |  |

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| **Status:** |  | NEW RECOMPETE |

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| **Performance Measures**  *After choosing the Output you wish to measure, you must also choose the Outcome that aligns with the Output. Aligned pairs are listed in the AmeriCorps State and National Performance Measures Selection Rules (pp. 5-8). Use the Selection Rules to complete this section.* | | | |
| **Type of Measure**  (priority or complementary) | **Selection Rule** | | **Strategic Plan Objective** |
| **Output(s)** | **Outcome(s)** |
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| **Problem Statement:**  *Your problem statement should impress upon the grant reviewer why this is a significant problem. Compare statistics from your community to statistics of other communities, if available. You should assume the grant reviewer is not familiar with your community or the problem your interventions will be addressing.* |
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| **Selected Interventions:**  *This section should include a brief description of what your member will carry out during their service term to address the identified problem (e.g. tutoring, academic enrichment, volunteer recruitment, improvement of land, etc).* |
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| **Describe Interventions:**  *Describe, in detail, what your members will doing during their service term. This section should focus on the following questions:*   1. *How many members?* 2. *How many hours per week will they be serving (on average)?* 3. *What will they be doing? Describe the program.* 4. *Who/what is the population you will be targeting?* |
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| **MSY and Member Allocation**  *Please provide your* ***best approximation*** *for the number of MSY and members. These numbers may be subject to change.* | | | | | |
| Number of MSY |  |  | Number of Members |  |  |

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| **Output 1** | | | | | |
| **Target**  *How many?* |  |  |  | **Population**  *Of who or what?* |  |

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| **Measured by**  *What is the instrument?* |  |  |

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| **Described Instrument**   * *How will you track progress?* * *Be sure your instrument(s) meets any requirements or standards set forth in the PM instructions.* * *What constitutes progress or improvement (e.g. 15% increase between pre- and post-tests)?* * *How will you determine eligibility for the population?* * *How will you ensure non-duplication?* |  |  |

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| **Output 2**  *Skip this section if your aligned pair only requires one output.* | | | | | |
| **Target**  *How many?* |  |  |  | **Population**  *Of who or what?* |  |

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| **Measured by**  *What is the instrument?* |  |  |

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| **Described Instrument**   * *How will you track progress?* * *Be sure your instrument(s) meets any requirements or standards set forth in the PM instructions.* * *What constitutes progress or improvement (e.g. 15% increase between pre- and post-tests)?* * *How will you determine eligibility for the population?* * *How will you ensure non-duplication?* | | |  |  | | | |
| **Outcome 1** | | | | | | | |
| **Target**  *How many?* |  |  | | |  | **Population**  *Of who or what?* |  |

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| **Measured by**  *What is the instrument?* |  |  |

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| **Described Instrument**   * *How will you track progress?* * *Be sure your instrument(s) meets any requirements or standards set forth in the PM instructions.* * *What constitutes progress or improvement (e.g. 15% increase between pre- and post-tests)?* * *How will you determine eligibility for the population?* * *How will you ensure non-duplication?* |  |  |

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| **Outcome 2**  *Skip this section if your aligned pair only requires one outcome.* | | | | | |
| **Target**  *How many?* |  |  |  | **Population**  *Of who or what?* |  |

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| **Measured by**  *What is the instrument?* |  |  |

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| **Described Instrument**   * *How will you track progress?* * *Be sure your instrument(s) meets any requirements or standards set forth in the PM instructions.* * *What constitutes progress or improvement (e.g. 15% increase between pre- and post-tests)?* * *How will you determine eligibility for the population?* * *How will you ensure non-duplication?* |  |  |

**ATTACHMENT C: Performance Measure Checklist**

**This checklist is used to assess performance measures during the review process. Items on the checklist are common problems that require clarification. The checklist is not a comprehensive list of all performance measure items that may require clarification. Refer to the Performance Measure Instructions and NOFO FAQs for full requirements.**

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| **Alignment with Narrative/TOC** |
| Focus areas, objectives, interventions, outputs and outcomes are consistent with the application narrative, logic model and theory of change. |
| **Interventions** |
| The interventions selected contribute directly to the outputs and outcomes. |
| Interventions are not repeated in multiple aligned performance measures. |
| **Dosage** |
| The dosage (frequency, intensity, duration of intervention) is described and is sufficient to achieve outcomes. |
| **Resource Allocation** |
| MSY and member allocation charts are consistent with the member activities/time spent on member activities described in the application narrative. |
| MSY allocations for performance measures are reasonable. (If it is clear that not all interventions are being measured, then 100% of MSYs should not be allocated to performance measures. CNCS expects an accurate estimate of MSYs that will lead to performance measure outcomes and does not require applicants to measure 100% of program activity or to allocate a certain percentage of activity to National Performance Measures.) |
| MSYs are zero for Teacher Corps (ED12, ED13, ED14, ED17, ED18, ED19) and Member Development (O12, O13, O14, O15, O16, O17) performance measures and any other performance measures that measure member outcomes rather than beneficiary outcomes (EN2, EN2.1, V2, V10). |
| **Selection Rules/Performance Measure Instructions** |
| Unless the applicant is a continuation, no retired measures (e.g., measures marked deleted or not appearing in the 2017 Performance Measures Instructions) have been selected. |
| The applicant has at least 1 aligned performance measure for the primary intervention. |
| National Performance Measures conform to selection rules, definitions and data collection requirements specified in the Performance Measure Instructions. (Compliance with definitions and data collection requirements must be clearly explained in the performance measure text boxes or must be clarified.) |
| Individuals counted in National Performance Measures meet definition of "economically disadvantaged" in the Performance Measure Instructions. (Note: Definitions are different for different performance measures.) |
| It is clear that beneficiaries are not double-counted in an aligned performance measure. |
| National Performance Measures count beneficiaries, not AmeriCorps members, unless the measure specifies that national service participants are to be counted. |
| The population counted in each National Performance Measure is the population specified in the Performance Measure Instructions. |
| Capacity Building interventions meet the CNCS definition of capacity-building in the Performance Measure Instructions. |
| Member development measures (O12, O13, O14, O15, O16, O17) have a 30-day timeline, not the previously acceptable 90-day timeline. |
| Applicant is not using applicant-determined member development or volunteer generation measures that are the same or similar to National Performance Measures or Grantee Progress Report demographic indicators (e.g., number of volunteers.) |

Member development measures (O12, O13, O14, O15, O16, O17) or volunteer generation measures (G3-3.1, G3-3.2, G3-3.3) are only present if these activities are the primary focus of the program or a significant component of the program's theory of change.

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| **Education Selection Rules/Performance Measure Instructions** | |
| Completion is defined for education outputs measuring completion. (ED2, ED4A, ED21, ED32). Note: Dosage and completion are not necessarily the same. The applicant must specify the minimum dosage necessary to be counted as having completed the program, which may or may not be the same dosage specified in the intervention description. |

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| ED1/ED2 and ED3A/ED4A are not used in the same aligned PM. | |
| The mentoring intervention is selected for ED3A/ED4A, and no other interventions are selected for ED3A/ED4A. Mentoring is not selected as an intervention in any education measures other than ED3A/ED4A. | |
| The mentoring dosage meets the dosage requirements described in the Performance Measure Instructions for ED3A/ED4A. |

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| It is clear that the proposed standardized test for ED5 and/or ED30 meets the definition in the Performance Measure Instructions. | |
| If the state standardized test is proposed to measure ED5 and/or ED30, a justification is provided as directed in the Performance Measure Instructions. (Note: Request must be approved by CNCS.) | |
| If the applicant is measuring multiple subjects under ED5 and/or ED30, it is clear whether/how much students must improve in reading, math or both subjects in order to be counted. |

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| For ED27A or ED27B, the applicant specifies which dimension(s) of academic engagement described in the Performance Measure Instructions will be measured. |
| **Alignment & Quality** |
| Applicant-determined outputs and outcomes are aligned correctly. |
| Outputs and outcomes clearly identify what is counted. |
| Each output or outcome counts only one thing (except certain National Performance Measures). |
| Outcomes clearly identify a change in knowledge, attitude, behavior or condition. (Counts that do not measure a change are outputs and must be labeled as such.) |
| Outcomes clearly specify the level of improvement necessary to be counted as "improved" and it is clear why this level of improvement is significant for the beneficiary population served. |
| Outcomes count individual level gains, not average gains for the population served. |
| Outcomes measure meaningful/significant changes and are aligned with the applicant's theory of change. (Note: Outcomes that do not measure significant changes in knowledge, attitude, behavior or condition should be revised. If the applicant is not able to propose a meaningful outcome, the aligned performance measure should be removed. CNCS prefers that applicants measure a small number of meaningful outcomes rather than a large number of outputs paired with insignificant outcomes.) |
| Outcomes can be measured during a single grant year. |
| **Data Collection/Instruments** |
| Data collection methods are appropriate. |
| Instruments are likely to yield high quality data. |
| The instrument, and what it measures, is clearly described. |
| If the Performance Measure Instructions specify the instrument to be used, the applicant is using that instrument (e.g., pre/post test). |
| The instrument measures the change specified in the outcome. (For example, if the outcome is a change in knowledge, the proposed instrument measures a change in knowledge, not a change in attitude.) |
| Output instruments are sufficient to count all beneficiaries served and to ensure that individuals are not double-counted. |
| Outcome instruments will be administered to all beneficiaries receiving the intervention or completing the program. (Note, competitive grantees may propose a sampling plan for CNCS approval if this is not the case. Formula grantees are not permitted to sample.) |
| **Pre/Post Test** |
| If using a pre/post test to measure knowledge gains from training activities, it is clear how the pre/post test is connected to the learning objectives of the training. |
| The timeline for administering the pre/post test is clear. |
| If a pre/post test is required by the Performance Measure Instructions, the instrument described is a pre/post test. |
| The applicant can successfully match pre-test data with post-test data at the individual level. The same instrument must be used for the pre-test and the post-test. |
| **Targets** |
| Target values appear ambitious but realistic/It is clear how targets were set. |
| Outcome targets are smaller than output targets, with some exceptions (i.e., capacity-building National Performance Measures). Note: In some cases it may be appropriate for the outcome target to be equal to the output target. |
| The output and outcome targets are reasonably proportional. Note: What constitutes reasonably proportional may depend on what is being counted, how and when. |
| **Unit of Measure** |
| The unit of measure is not AmeriCorps members except in National Performance Measures that count national service participants. |
| The unit of measure is consistent for all outputs or outcomes in the PM unless otherwise specified in the Performance Measure Instructions. |
| The unit of measure is not hours. |
| The unit of measure is a number, not a percent. |
| **Sampling** |
| If sampling is proposed, the targets represent the total for the population being served, not just the sample. (Note: Formula grantees are not permitted to sample.) |
| If sampling is proposed, the sampling plan is forwarded to CNCS for consideration. (Note: Formula grantees are not permitted to sample.) |
| **Misc.** |
| The applicant has not opted into National Performance Measures but has the potential to do so. (In this case, clarify why the applicant has not opted into National Performance Measures and, if applicable, direct them to select appropriate National Performance Measures.) |
| The applicant has not created applicant-determined measures that are identical to National Performance Measures. (Note: This is a common problem that occurs when applicants have not selected the correct objective. Applicants must review the selection rules and choose the correct objectives or the corresponding performance measures will not be available for selection. Applicant-determined measures are recognizable by the labels OUTPT or OUTCM, followed by numbers. Any applications containing these labels are NOT National Performance Measures, even if the applicant has labeled them with the number of a national measure.) |

**ATTACHMENT D: Detailed Budget Instructions for Cost Reimbursement**

**Section I. Program Operating Costs**

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

**A. Personnel Expenses**

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

**B. Personnel Fringe Benefits**

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

**C. 1. Staff Travel**

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

We expect all applicants to include funds in this line item for travel for staff and site staff to attend mandatory GOSV grantee training meetings; there are typically four per year. Applicants are also strongly encouraged to budget for the annual CNCS-sponsored technical regional training conference.

Please itemize the costs. For example: Two staff members will attend the Annual AmeriCorps Symposium in Washington, DC.

2 staff X $750 airfare + $50 ground transportation + (1 day) X $400 lodging + $35 per diem = $2,470 for Annual AmeriCorps Symposium.

**C. 2. Member Travel**

Describe the purpose for which members will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

**D. Equipment**

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

**E. Supplies**

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

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

**F. Contractual and Consultant Services**

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

**G. 1. Staff Training**

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

**G. 2. Member Training**

Includethe costs associated with member training to support them in carrying out their service activities. You may also use this section to request funds to support training in Life after AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate. There is not a maximum daily rate.

**H. Evaluation**

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

**I. Other Program Operating Costs**

Allowable costs in this budget category should include when applicable:

* Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Please include the cost for these checks for staff and members or explain how your program will be covering the cost in the budget narrative.
* Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
* Utilities, telephone, internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization’s indirect cost allocation pool. If such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
* Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.

**Section II. Member Costs**

Member Costs are identified as “Living Allowance” and “Member Support Costs.” Your required match can be federal, state, local, or private sector funds.

**A. Living Allowance**

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time) and the amount of living allowance they will receive, allocating appropriate portions between the CNCS share (CNCS Share) and grantee match (match).

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

In eGrants, enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. In addition, enter the number of members for which you are not requesting funds for a living allowance, but for which you are requesting education awards.

**B. Member Support Costs**

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

* **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when CNCS does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
* **Worker’s Compensation.** Maryland requires worker’s compensation for AmeriCorps members. The amount provided and budget calculation will vary among programs.
* **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with CNCS funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the cost cannot be included in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. In your budget narrative, indicate the number of members who will receive health care benefits. CNCS will not pay for dependent coverage.
* **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. In Maryland, unemployment insurance is not required.

**Section III. Administrative/Indirect Costs**

**Definitions**

Administrative costs are general or centralized expenses of the overall administration of an organization that receives CNCS funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization’s indirect cost rate agreement. Such costs are generally identified with the organization’s overall operation and are further described in Office of Management and Budget Uniform Guidance.

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

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

**A. CNCS-Fixed Percentage Method**

**Five Percent Fixed Administrative Costs Option**

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

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

2. To determine the Grantee share for Section III: Multiply the total (both CNCS and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.

3. Enter the sum of the CNCS and grantee shares under Total Amount.

One-fifth (20%) of the federal dollars budgeted for administrative costs is allocated to the Governor’s Office on Service and Volunteerism (GOSV)/Commission share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program’s share. The allocation between GOSV/Commission and program shares would be calculated as follows:

**([Section I] + [Section II] x 0.0526) x (0.20) = Commission Share**

**([Section I] + [Section II] x 0.0526) x (0.80) = Subgrantee Share**

**B. Federally Approved Indirect Cost Rate**

If you have a federally approved indirect cost rate, this method must be used and the rate will constitute documentation of your administrative costs, not to exceed the 5% maximum federal share payable by CNCS. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). CNCS does not restrict the overall indirect cost rate claimed. It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the CNCS and Grantee shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.

2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect costs.

One-fifth (20%) of the federal dollars budgeted for administrative costs is allocated to the GOSV/Commission share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program’s share. The allocation between GOSV/Commission and program shares would be calculated as follows:

**([Section I] + [Section II] x 0.0526) x (0.20) = Commission Share**

**([Section I] + [Section II] x 0.0526) x (0.80) = Subgrantee Share**

3. To determine the Grantee share: Subtract the amount calculated in step 2 (the CNCS administrative share) from the amount calculated in step 1 (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

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

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

**Source of Funds**

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

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

# ATTACHMENT E: BUDGET WORKSHEET (2 page limit- includes outline)

Complete the following simplified worksheet to illustrate the funding necessary to complete your proposed AmeriCorps program. You do not need to provide line item detail in this worksheet; simply estimate the amount of federal AmeriCorps funds you would request and the amount of matching funds you would commit should you be invited to submit a full AmeriCorps grant application. Be sure to carefully check your math on each row and in your total columns.

Note that there is a minimum requirement of 10 MSY in any combination of terms (e.g. full-time, part-time, minimum time). The maximum allowable amount of federal AmeriCorps funds requested per MSY is $13,830 (\*as of date of posting and subject to change).

**AMERICORPS CONCEPT PAPER BUDGET WORKSHEET**

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION I: PROGRAM OPERATING COSTS** |  |  |  |
| **Budget Item** | **AmeriCorps Funds Requested** | **Match Funds Proposed** | **Total Budget Proposed** |
| Personnel – salary, fringe |  |  |  |
| Staff travel |  |  |  |
| AmeriCorps member training |  |  |  |
| Evaluation |  |  |  |
| Program support (office supplies, printing, etc.) |  |  |  |
| Sub-total Section I | $ | $ | $ |
| **SECTION II: MEMBER COSTS** |  |  |  |
| **Living Allowance Amount and Number of Members Requested:** | **AmeriCorps Funds Requested** | **Match Funds Proposed** | **Total Budget Proposed** |
| Full-time (1,700 hours/year) = 1 MSY  Provide amount of living allowance x number of members |  |  |  |
| Half-time (900 hours/year) = .5 MSY  Provide amount of living allowance x number of members |  |  |  |
| Other: identify type of position  Provide amount of living allowance x number of members |  |  |  |
| Sub-total Section II | $ | $ | $ |
| **SECTION III: INDIRECT COSTS** |  |  |  |
|  | **AmeriCorps Funds Requested** | **Match Funds Proposed** | **Total Budget Proposed** |
| *Limit AmeriCorps Funds to 5% of Total Budget* |  |  |  |
| ***TOTAL ALL SECTIONS*** | ***$*** | ***$***  **Match must be at least 24% of total.** | ***$*** |

|  |  |
| --- | --- |
| **COST PER MSY** | **$**  **Cost Per MSY = Total AmeriCorps Funds Requested Divided by Total MSYs Requested**  ***Do not exceed maximum allowable cost per MSY ($13,830\*)*** |

|  |  |
| --- | --- |
| **SOURCE OF MATCH FUNDS PROPOSED** | **AMOUNT AND TYPE OF MATCH:**  **GOVERNMENT,**  **PRIVATE GIVING,**  **PRIVATE FOUNDATION,**  **CORPORATE,**  **OTHER (SPECIFY)** |
| ***Example:***  ABC Foundation | $15,000 Private Foundation |
|  |  |
| ***TOTAL MATCH*** | **$**  **Amount here must be the same as Total Match Funds Proposed above.** |

# ATTACHMENT F: Budget Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. Note: The Budget Checklist is for your review process and do not have to submit it to GOSV.

| **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? |

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

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| --- | --- |
| **In Compliance?** | **Section III. Administrative/Indirect Costs** |
| Yes \_\_ No \_\_ | Applicant does not have a current federally approved indirect cost rate and has chosen to use the CNCS-fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526. |
| Yes \_\_ No \_\_ | Applicant has chosen to use CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds? |
| Yes \_\_ No \_\_ | Applicant has a 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 a current approved indirect cost rate – The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS share? |
| Yes \_\_ No \_\_ | Applicant has a current approved indirect cost rate-the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified? |
| Yes \_\_ No \_\_ | Applicant has a current approved indirect cost rate – the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified? |
| Yes \_\_ No \_\_ | Applicant has directly applied to CNCS, and has submitted a copy of the current approved indirect cost rate agreement to [sarahy.kim@maryland.gov](file:///C:\Users\ADaniels\Downloads\jeffrey.griffin@maryland.gov)? |
| Yes \_\_ No \_\_ | Applicant has never had a federally approved indirect cost rate and is choosing to use a de minimis rate of 10% of modified total direct costs has been budgeted? |

|  |  |
| --- | --- |
| **In Compliance?** | **Match** |
| Yes \_\_ No \_\_ | Is the overall match being met at the required level, based on the year of funding? |
| Yes \_\_ No \_\_ | For all matching funds, proposed vs secured, the source(s) [private, state, local, and/o federal], the type of contribution (cash or in-kind), and the amount of match, are clearly identified in the narrative and in the Source of Funds field in eGrants? |
| Yes \_\_ No \_\_ | The amount of match is for the entire amount in the budget narrative? (The total amount of match equals the amount in the budget?) |

# ATTACHMENT G: Assurances and Certifications

# (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:

1. 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.
2. 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.
3. 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.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. 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).
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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).
12. 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.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
14. 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.
15. 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.
16. 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.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and 2 CFR Part 200, Chapter II, Subpart F.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

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

* Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-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: <http://www.usdoj.gov/archive/fbci/effect-rfra.pdf>.
* Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to: (a)Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
* Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served, the municipality and government of the county (if appropriate) in which the community is located, and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;
* Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the National and Community Service Act of 1990 (NCSA);
* Will, in the case of an AmeriCorps program that includes or serves children, consult with the parents or legal guardians of children in developing and operating the program;
* Will, before transporting minor children, provide the children’s parents or legal guardians with the reason for the transportation and obtain the parent’s or legal guardian’s permission for such transportation, consistent with state law;
* Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the State Commission for the state in which the program operates.
* Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;
* Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the NCSA, and in CNCS’s regulations at § 2540.100;
* Will comply with the grievance procedure requirements as set out in section 176(f) of the NCSA, and in CNCS’s regulations at 45 CFR § 2540.230;
* Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform, including training on prohibited activities;
* Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;
* Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the NCSA or, with the approval of CNCS, conduct an internal evaluation of the program;
* Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program’s impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by CNCS;
* Will ensure the provision of a living allowance and other benefits to participants as required by CNCS;
* Has not violated a Federal criminal statute;
* If a state applicant, will ensure that the State subgrants will be used to support national service programs selected consistent with the requirements of the NCSA;
* If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;
* If a state applicant, will ensure that not less than 60% of the assistance will be used to make grants to support national service programs other than those carried out by a State agency, unless CNCS approves otherwise.

***CERTIFICATIONS***

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

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

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

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

**Certification – Drug Free Workplace**

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

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

1. Publishing a drug-free workplace statement that:
   1. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee’s workplace;
   2. Specifies the actions that the grantee will take against employees for violating that prohibition; and
   3. 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;
2. 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;
3. Establishing a drug-free awareness program to inform employees about:
   1. The dangers of drug abuse in the workplace;
   2. The grantee’s policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;
4. 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;
5. 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:
   1. Taking appropriate personnel action against the employee, up to and including termination; or
   2. 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;
6. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (E).

**Certification - Lobbying Activities**

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

1. 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;
2. 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;
3. The applicant will require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

**Erroneous certification or assurance**

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

**Notice of error in certification or assurance**

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

**Definitions**

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

**Assurance requirement for subgrant agreements**

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

**Assurance inclusion in subgrant agreements**

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

**Assurance of subgrant principals**

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

**Non-assurance in subgrant agreements**

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

**Prudent person standard**

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

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

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

**Assurances and Certifications**

**assurance signature: NOTE: Sign this form and include in the application.**

**SIGNATURE:**

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

**Organization Name:**

**Program Name:**

**Name and Title of Authorized Representative:**

**Signature:**

**Date:**

**cERTIFICATION signature: NOTE: Sign this form and include in the application.**

**SIGNATURE:**

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

* Certification: Debarment, Suspension and Other Responsibility Matters
* Certification: Drug-Free Workplace
* Certification: Lobbying Activities

**Organization Name:**

**Program Name:**

**Name and Title of Authorized Representative:**

**Signature:**

**Date:**