Corporation for NATIONAL & COMMUNITY SERVICE

2011 AmeriCorps State and National

HARD COPY

APPLICATION INSTRUCTIONS

Deadline

Wednesday, March 21, 2012

By 5:00 p.m.

OMB Control #: 3045-0047
Expiration Date: 5/31/2012

IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service's (the Corporation's) online grant application system, eGrants. All Corporation funding announcements are posted on our web site www.cns.gov and at www.grants.gov.

Public Burden Statement: The Paperwork Reduction Act of 1995 requires the Corporation to inform all potential persons who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 CFR 1320.5(b)(2)(i)).

Time Burden: The time required to complete this collection of information is estimated to average 40 hours per applicant.

Use of Information: The information collected constitutes an application to the Corporation for grant funding. The Corporation evaluates the application and makes funding decisions through the Corporation's grant review and selection process.

Effects of Non-Disclosure: Providing this information is voluntary; however, failure to provide the information would not allow the Corporation to assess the applicant's request for funding. In this case, it will not be possible to consider granting funds to the applicant.

Privacy Act: Information provided for this collection may be shared with federal, state, and local agencies for law enforcement purposes.

Federal Funding Accountability and Transparency Act: If you receive an award, you will be required to report at www.FSRS.gov on all subawards over $25,000 and may be required to report on executive compensation for your organization and for your subgrantees. You 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.

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NEW AND RECOMPETING PROGRAMS

Application Resources

Please use the following application instructions if you are a new or recompeting applicant applying for the following grants: State and National Competitive including Professional Corps, State and National Education Award Programs (EAPs), Full-time Fixed-amount Grants, States and Territories without Commissions, and Indian Tribes.

Organizations that work in just one state must apply through state commissions. Organizations that work in more than one state apply directly to the Corporation for National and Community Service (the Corporation, or CNCS). Indian Tribes may apply through state commissions, or directly to the Corporation.

If you are submitting a request for continuation, please see the Continuation Instructions which begin on page 34.

Use these instructions in conjunction with the *Notice of Federal Funds Available* or *Notice of Federal Funding Opportunity (Notice)* for the year in which you are applying, and the AmeriCorps Regulations, 45 CFR §§ 2520-2550. **The *Notice* includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),[1] and other information that changes year-to-year for all AmeriCorps grant programs.**

The AmeriCorps regulations include the selection criteria used to select applications for funding and other pertinent information (see Table 1, below). The *Notice* can be found at http://www.americorps.org/for_organizations/funding/nofa.asp. The full regulations are available online at www.gpoaccess.gov/ecfr.

Table 1: Requirements in the AmeriCorps Regulations

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

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

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

[1] One MSY is equivalent to at least 1700 service hours, a full-time AmeriCorps position. The Corporation cost per MSY is determined by dividing the Corporation's share of budgeted grant costs by the number of MSYs you are requesting in your grant. It does not include child care or the cost of the education award.

New and Recompeting Applicants

Submitting Your Application in eGrants

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:

- o AmeriCorps Indian Tribes FY 2011 (New)
- o AmeriCorps National Direct FY 2011 (New)
- o AmeriCorps National EAP FY 2011 (New)
- o AmeriCorps National Fixed-Amount Grants FY 2011 (New)
- o AmeriCorps States without Commissions FY 2011—South Dakota (New and Continuations)
- o AmeriCorps Territories FY 2011—Northern Marianas Islands and U.S. Virgin Islands (New and Continuations)
- o Commission AmeriCorps State FY 2011—States and American Samoa, District of Columbia, Guam, and Puerto Rico (New and Continuations)
- o Commission AmeriCorps EAP FY 2011 (New and Continuations)
- o Commission AmeriCorps State Fixed Amount Grants FY 2011 (New and Continuations)

If you are a applying for a fixed-amount grant from an Indian Tribe, Territory, or State without a Commission, please use the AmeriCorps National Fixed-Amount Grants eGrants NOFA.

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

I. Applicant Info
II. Application Info
III. Narratives
IV. Performance Measures
V. Documents
VI. Budget
VII. Review, Authorize, and Submit
VIII. Survey on Ensuring Equal Opportunity for Applicants (Optional)

I. Applicant Info

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

□ In the Program Info Section, select **Continuation/Renewal** if you are continuing (starting Years Two or Three of your grant). Also select **Continuation/Renewal** if you are recompeting (if you have just completed a three-year funding cycle). Select **New** only if you are applying for the first time or have received formula funding only in the past.

- If you are applying for the first time, enter your contact information into the fields that appear.
- Select a primary Program Model and a secondary Program Model, if appropriate.
- Then select characteristics that fit your project under Program Design, Program Location, and Program Focus. Enter or select a Program Director and Program Website URL.

II. Application Info

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet. **If you are submitting your application in hard copy, you will find the SF 424 in Attachment A.**

In the Application Info Section enter:

- Areas affected by your proposed program. Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two letter state abbreviation with a comma. For city or county information, please follow each with the two-letter capitalized state abbreviation.
- Requested project period start and end dates. You may not request a program start date earlier than June 15. First-time grantees should not expect to start until late summer or early fall. The project period is three years.
- If you are delinquent on any federal debt.
- State Application Identifier: Enter N/A.
- State Single Point of Contact: This is pre-filled as "No, this is not applicable."
- If you plan to request a waiver of the volunteer leveraging requirement please select "Request a waiver" at the bottom of the screen. A pop-up screen will appear. Select a waiver type and enter your volunteer leveraging waiver request justification in the narrative field in 2,000 characters or less.
- If you plan to request the alternative match schedule, you must submit your request as described in the Budget Section, below, at least 60 days prior to the application deadline.
- For "Project Director" please enter the Executive Director or other authorizing executive who will certify the grant.
- Leave the box for "Program Initiative" blank.
- The "Estimated Funds Requested" box will be populated automatically after you complete the budget.

III. Narratives

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

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit each funding priority and special consideration articulated in the regulations or the *Notice.*
- **Be clear and succinct.** Reviewers are not interested in jargon, boilerplate, rhetoric, or exaggeration. They are interested in learning precisely what you intend to do, and how your project responds to the selection criteria presented below.

- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from the Corporation in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.

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

In eGrants, you will enter text for

- Executive Summary: Maximum 500 characters (a brief paragraph, about a quarter-page). Executive Summaries of all compliant applications will be published on the Corporation website following grant notifications.
- Program Design.
- Organizational Capability.
- Cost Effectiveness and Budget Adequacy.

Evaluation Plan.

You may not exceed 50,000 characters, or about 25 double spaced pages in the Narratives, including the Executive Summary. The character count includes spaces and punctuation. Reviewers will not consider material submitted over the character limits.

Please note that the Narratives Section also includes fields for Clarification Information, Amendment Justification, and Continuation Changes. **These are not required fields. They will be used to enter information for clarification following review, request amendments once a grant is awarded, and enter changes in the narrative in continuation requests. Please enter N/A in these fields.**

External and staff reviewers will assess your application against the selection criteria. The bullets that follow the criteria are recommendations on how to best respond to the criteria. To best respond to the criteria, we suggest that you include a brief discussion of each bullet if it pertains to your application.

A. Executive Summary

Please provide a one-paragraph summary of your proposed program. This paragraph must be 500 characters maximum, including spaces and punctuation. The Corporation will post these summaries on **www.nationalservice.gov** in the interest of transparency and Open Government.

B. Selection Criteria

Each application must clearly describe a project that will effectively deploy AmeriCorps members to solve a significant community problem.

1. Program Design. (50%)

In assessing Program Design, reviewers will examine the degree to which the applicant clearly describes and convincingly links four major elements: (1) the problem(s) identified, (2) the solution that will be carried out by AmeriCorps members and community volunteers, (3) the ways in which AmeriCorps members are particularly well-suited to deliver the solution, and (4) the anticipated outcomes. Specifically, reviewers will assess the extent to which the applicant:

- Provides persuasive evidence that the identified problem exists in the targeted community(ies).
- Demonstrates that individuals recruited and selected to be AmeriCorps members will:
  - Have the appropriate backgrounds, qualifications and skills to succeed.
  - Receive orientation, training, and supervision to ensure impact in the community.
- Provides evidence that the program will provide AmeriCorps members a powerful service experience that leads to continued engagement in active civic participation.
- Makes the case that engaging AmeriCorps members is a highly effective means of solving the identified community problem(s).
- Describes, to the extent possible based on evidence, how the activities in which AmeriCorps members and volunteers will engage will have a measurable impact on the identified community problem(s).

If a new applicant is already working on the problem identified in the application, the applicant should describe efforts and impact to date and describe how the proposed use of AmeriCorps members will add value, i.e., be more effective than what is currently being implemented, or enhance existing efforts.

In discussing how you will meet the criteria, please include your response to the following:

a. Problem

Describe the problem(s) you will be working on. Why did you choose this problem? Provide documentation of the extent/severity of the problem in the target community. Describe the target community. Why did you select this population to be served?

b. Solution: AmeriCorps Member Roles and Responsibilities

Why are you proposing to use AmeriCorps to solve the identified problem? What will members do? How many members are you requesting? What types of slots (service terms) are needed for these members? If you are requesting different slot types, explain how the different slot types align with your program design and activities.

c. AmeriCorps Member Selection, Training, and Supervision

Describe your plans for recruiting members for your program. Describe how the applicants selected for your program will reflect a diverse member corps. Describe how members will be included from the local communities to be served by your program.

Describe your plan for orienting members to AmeriCorps, the community they are serving, their placement site, and to the service they will perform. Describe how you will ensure that training provided to members will prepare members to perform all the activities they will engage in during their term of service. Describe, as necessary, the ongoing training provided to members

throughout their terms. What are the anticipated training topics and the timeline for member training? Demonstrate how you will provide structured opportunities for participants to reflect on and learn from their service in order to promote a lifelong ethic of service and civic responsibility.

Describe your plan for supervising members, and how it ensures that members will receive adequate support and guidance throughout their terms. Who will supervise the AmeriCorps members? Describe how supervisors are selected and trained. Describe how your program provides training, oversight, and support to supervisors.

d. Outcome: Performance Measures
What is the overall change you want to see by the end of the three-year grant cycle? How will you measure impact? How will you report on this on an annual basis? How did you determine your performance measure targets?

e. Volunteer Generation
Describe how the proposed program will recruit volunteers to expand the reach/impact in the community. How will volunteers help meet the identified community needs? What will be the role(s) of volunteers? What role will AmeriCorps members have in volunteer recruitment and management? If you are requesting a waiver of the requirement to recruit or support volunteers (see 45 CFR § 2520.35), explain the basis for your request in this section.

f. Partnerships and Collaboration
Who are your community stakeholders and partners? How are they involved in planning and implementing the proposed program?

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

h. Tutoring Programs Only
If you are proposing to operate a tutoring program, describe how your process complies with AmeriCorps requirements for member tutoring qualifications. Members who tutor must have a high school diploma, and successfully complete high-quality, research-based pre- and in-service training for tutors. This requirement does not apply to a member enrolled in a secondary school who is providing tutoring through a structured, school-managed cross-grade tutoring program.

Describe how your strategy for training members complies with AmeriCorps requirements for member tutor training that is high quality and research based, consistent with the instructional program of the local agency and with state academic content standards [section 1111 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311)], includes appropriate

member supervision by individuals with expertise in tutoring, and provides specialized preservice and in-service training consistent with the activities the member will perform.

2. Organizational Capability (25%)

Reviewers will assess the extent to which:

- The organization has the experience, staffing, and management structure to plan, implement and evaluate the proposed program.
- The organization has secured, or describes an effective plan for securing, the financial and in-kind resources necessary to support program implementation and to demonstrate community stakeholder support.
- Multi-state applicants have consulted with state and territory service commissions to ensure non-duplication and coordination of Corporation resources.
- Current or previous AmeriCorps grantees filled the member positions they were awarded and retained the AmeriCorps members they enrolled or have provided an explanation for less than 100% enrollment and retention.

In discussing how you will meet the criteria, please include your response to the following:

a. Organizational Background

Identify the primary and secondary contacts for the grant application. Describe your organization's prior experience administering AmeriCorps grants or other federal funds. Describe your organization's experience raising funds to support service activities and initiatives. Please list all sources of organizational funding in this section, and what percent the proposed project represents in your budget. If you have received support from the Corporation during the last five years, please specify what type of support you received. What percentage of your total funding comes from the Corporation?

If you already operate an AmeriCorps program, describe how it is integrated and supported within your organization. Include information explaining your organization's management structure and how the board of directors (if applicable), administrators, and staff members will be used to support your program.

b. Staffing

Who will staff the AmeriCorps program and what is their specific role? What is their relevant experience? If positions are currently vacant, please describe the desired qualifications for each open position. What are your plans for: providing financial and programmatic orientation; training and technical assistance; and monitoring for compliance to your program and service sites?

c. Multi-state Applicants Only

Describe the manner and extent to which you consulted with the State Commission in the states in which you plan to operate.

d. Multi-Site Applicants Only

Identify your proposed member service sites (if known). Describe your process for selecting operating and service sites and ensuring they have adequate programmatic and financial

capabilities to succeed. How will your site selection process incorporate the criteria required by the AmeriCorps regulations 45 CFR §2522.475 (quality, innovation, sustainability, quality of leadership, past performance, community involvement), and the special considerations found in 45 CFR §2522.450 (program models, program activities and programs supporting distressed communities)? What are your current or previous programmatic and funding relationships with the sites?

e. Current Grantees Only

Enrollment: If you enrolled less than 100% of slots received during your last full year of program operation, provide an explanation, and describe your plan for improvement. Enrollment rate is calculated by dividing slots filled plus refill slots filled by slots awarded.

Retention: If you were not able to retain all of your members during your last full year of program operation, provide an explanation, and describe your plan for improvement. While we recognize retention rates may vary among equally effective programs depending on the program model, we expect grantees to pursue the highest retention rate possible. Retention rate is calculated by dividing the number of members exited with award (full or partial award) by the number of members enrolled.

Cost per MSY: Recompeting grantees requesting a higher cost per MSY than in the previous year must include a compelling rationale for this increased cost in the Budget Adequacy/Cost Effectiveness section of the application narrative. **This applies even if the increased cost per MSY is less than the maximum.**

f. Special Circumstances

In applying the organizational capability criteria to each proposal, reviewers may also take into account the following circumstances of individual organizations: The age of your organization and its rate of growth; 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 the circumstances stated above have an impact on your organizational capability that has not already been discussed, please describe the circumstance and how it affects your organizational capacity.

3. Cost Effectiveness and Budget Adequacy (25%)

For cost-reimbursement grants, reviewers will assess the extent to which:

- The budget is clear, reasonable, cost-effective, and in alignment with the program narrative.
- The requested funds do not exceed the maximum cost per Member Service Year (MSY), or for existing programs, have not increased over previous years.

For EAPs and full-time fixed amount grants, reviewers will assess:

- The amount requested per member. Fixed-Amount applicants are encouraged to request less than the full maximum amount allowed per MSY. The amount requested is a competitive factor in the selection process.

- The applicant's understanding of total program cost and capacity to raise additional resources beyond the fixed-amount.

a. Cost Effectiveness
The Corporation cost per MSY is determined by dividing the Corporation's share of budgeted grant costs by the number of MSYs you are requesting in your grant. It does not include child care or the cost of the education award. One MSY is equivalent to at least 1700 service hours, a full-time AmeriCorps position. The Corporation cost per MSY will be automatically calculated once you enter your budget in eGrants.

The maximum cost per MSY allowable is published each year in the *Notice.* Cost effectiveness will be evaluated by analyzing cost per MSY in relation to your program design. If you request above the maximum, please justify. This is rarely approved.

Demonstrate how your program has or will obtain diverse resources for program implementation. Indicate how much funding your program needs from non-Corporation sources to support the project. Indicate the non-Corporation resource commitments (in-kind and cash) that you have obtained to date and the sources of these funds. Indicate what additional commitments you plan to secure, and how you will secure them.

b. Current Grantees Only:
Describe the extent to which you are increasing your share of costs to meet or exceed program goals, or the extent to which you are proposing deeper impact or broader reach without a commensurate increase in Federal funds.

c. Special Circumstances
In applying the cost-effectiveness criteria, the Corporation will take into account the following circumstances of individual programs: program age, or the extent to which your program brings on new sites; whether your program or project is located in a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of corporate or philanthropic resources; whether your program or project is located in a high-cost, economically distressed community, measured by applying appropriate Federal and State data; and whether the reasonable and necessary costs of your program or project are higher because they are associated with engaging or serving difficult-to-reach populations, or achieving greater program impact as evidenced through performance measures and program evaluation.

d. Budget Adequacy
Unless you are applying for an EAP or Full-time Fixed-Amount grant, discuss the adequacy of your budget to support your program design including how it is sufficient to support your program activities and desired outputs and outcomes.

e. EAPs and Full-time Fixed-Amount Applicants Only
The extent to which a current grantee is increasing its share of costs will not be considered in assessing a fixed-amount application. However, all other indicators described under Cost Effectiveness and Budget Adequacy apply and the section will be weighted 25% of the total

application. Fixed-Amount applicants are encouraged to request less than the full maximum amount allowed per MSY. The amount requested is a competitive factor in the selection process.

Discuss how you will raise the resources you will need to manage and operate an AmeriCorps program and identify the total amount you have budgeted to operate the program, both the Corporation share and grantee share. Keep in mind that full-time AmeriCorps program costs include expenditures for the AmeriCorps living allowance, health care and criminal history checks.

Education Award Programs are not required to pay living allowances or cover health care for less-than-full-time members, but must conduct criminal history checks. You will not be required to track or report on your expenditures. However, you must demonstrate that you have planned for total costs. Reviewers will assess the adequacy of your plan to secure resources to support your program design.

C. Evaluation Summary or Plan

If you are competing for the first time, please enter N/A in the Evaluation Summary or Plan field since it pertains only to recompeting grantees. If you are recompeting for AmeriCorps funds for the first time you must submit a summary of your evaluation efforts or plan to date in the Evaluation Summary or Plan field in eGrants. If you are recompeting for the second time, you must submit your evaluation report according to the instructions in V. D., below. An evaluation report may be submitted in place of an evaluation plan.

Your evaluation requirements differ depending on the amount of your grant, as described in the AmeriCorps Regulations, Section 2522.710:

- If you are State and National grantee (other than an Education Award Program grantee), and your average annual Corporation program grant is $500,000 or more, you must arrange for an external evaluation of your program, and you must submit the evaluation with any application to the Corporation for competitive funds as required in §2522.730 of this subpart.
- If you are State and National grantee whose average annual Corporation program grant is less than $500,000, or an Education Award Program grantee, you must conduct an internal or an external evaluation of your program, and you must submit the evaluation with any application to the Corporation for competitive funds as required in §2522.730 of this subpart.

A formula program will be considered a recompeting application, if it satisfies the Corporation's definition of "same project," below, and has been funded in formula for at least one three-year cycle. If your project satisfies the definition of same project, and you have completed one three-year cycle, you will be required to submit an evaluation plan, summary, or evaluation report when you recompete for the first time. If your project does not satisfy the definition, it will be considered new and will not be required to submit an evaluation plan, summary, or completed evaluation.

Two projects will be considered the same if they:

- address the same issue areas;
- address the same priorities;
- address the same objectives;

- serve the same target communities and population;
- utilize the same sites; and
- use the same program staff and members.

D. Amendment Justification

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

E. Clarification Information

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

F. Continuation Changes

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

IV. Performance Measures

All applicants must submit performance measures with their application. Applicants opting into the National Performance Measures Pilot should note that some pilot measures in the NOFO may not appear in eGrants at the time the application is submitted. If this is the case, the applicant should make a note in the performance measures section of the Program Design narrative and should identify the numbers and titles of the pilot measures the applicant intends to opt into as well as the targets and instruments for these indicators. Applicants will have an opportunity to enter these measures in eGrants during the clarification process.

All applicants must complete Steps 1-6. Then, if you are:

- Entering applicant-determined performance measures, follow steps 7A-17A.
- Opting in to the National Performance Measures, follow steps 7B-17B.

For more information about Performance Measures go to:
http://www.nationalserviceresources.org/star/ac

For more information about the National Performance Measures Pilot go to:
http://www.nationalserviceresources.org/national-performance-measures/home.

For assistance with eGrants call the eGrants Helpdesk at 888-677-7849.

AmeriCorps Performance Measures

To begin entering performance measures, from your eGrants grant application page select Performance Measures.

Step 1: Select Serve America Act (SAA) Characteristics.

To begin, click one or more boxes in the "SAA Characteristics"

Step 2: Select Serve America Act Focus Areas

Select the Focus Area in which your primary service activity fits. If your primary service activity does not fit into a Focus Area, select "Other" and skip to **Step 5**. You may select multiple Focus

Areas to represent significant areas of AmeriCorps member activity. Do not include multiple Focus Areas to describe the same activity. Select the Focus Area that best describes the activity.

Step 3: Choose whether to Opt-in to National Performance Measures:
Although eGrants will allow you to select all of your Focus Areas at once, we suggest starting with one Focus Area that represents your primary activity and then repeating **Step 2 - Step 6** for additional Focus Areas if applicable.

When you select a Focus Area, eGrants automatically pre-populates "No, I will not be using a national performance measure related to this Priority."

- ☐ Leave this selection as "No" if you do not want to participate in the National Performance Measures for that Focus Area.

- ☐ Change the selection to "Yes, I will be using a national performance measures related to this Priority," if you want to opt-in to the National Performance Measures for that Focus Area.

You may consult the "Detailed Background Information on National Performance Measures" in the Notice of Funding Opportunities (NOFO) or the relevant resource packets (http://www.nationalserviceresources.org/national-performance-measures/home) before making your participation decision.

If you selected Other or Disaster Services as your Focus Area, you will skip this step as there are no National Performance Measures for Other or Disaster Services.

Step 4: Complete the MSY Chart(s)
For each Focus Area selected, complete a Member Service Years (MSY) Chart. If the only Focus Area you selected is "Other," skip to Step 5.
Click the "view/edit MSY Slots" orange link. There are two sets of numbers to enter in each MSY Chart. First, for each slot type, enter the number of members that will be providing service in that Focus Area.

Second, enter the percent of time that members of each slot type will spend on activities in that Focus Area. Use whole numbers to represent the percent. Do not use a % or a decimal. eGrants will calculate the total MSYs for each slot type, then aggregate the MSYs for the entire chart in the "Total MSYs Devoted to Priority" field at the bottom of the chart.

Note that MSYs in each Focus Area should be mutually exclusive. Do not double count MSYs. The total MSYs across all Focus Areas selected should not exceed the total MSYs requested in the budget.

Step 5: Add an Issue Area
Click on the "Add a service category" link and then click "Go." You will use this link to select the Issue Areas and Service Categories that best represent the need your activities are meeting and the strategies you are using to meet them.

The Issue Area will be a drop down menu. The Issue Area you select will determine the Service Category options in the next step.

Step 6: Add a Service Category
Select your Primary Service Category from the pop-up menu. The Service Category you select will determine the Indicator drop-down options in later steps.

If this is the first or only Service Category you select, eGrants will automatically check "Primary" to indicate this is your primary activity. To select more than one Service Category, simply click the "add a service category" link. Only one Service Category can be indicated as the primary, and one as the secondary. You may add additional service categories if appropriate for your program design.

Note that the following definitions apply to the Service Categories listed under the Disaster Recovery/Relief Issue Area. A program which has a primary focus on one or more of these phases should indicate alignment with the Disaster Services focus area.

Disaster Mitigation
Disaster Mitigation is any action to eliminate or reduce potential injury to people or damage to property from natural hazards and other disasters. Examples of disaster mitigation projects include, but are not limited to: converting riverfront property to green space; installing hurricane shutters and straps; constructing tornado shelters and safe rooms; planting natural vegetation along river banks; installing tornado warning systems; and creating rain gardens.

Disaster Preparedness and Education
Disaster preparedness is minimizing the real and potential adverse risks and effects of dealing with natural or man-made hazards by ensuring there is precautionary actions and training needed to ensure appropriate and effective delivery of prevention, response, recovery, relief and mitigation activities. Disaster education provides the skill development and training needed to safely and effectively serve communities who are working to reduce risk and repair damage from natural and man-made risks and hazards. Disaster preparation and education activities may be community-based or school-based.

Immediate Disaster Response
Disaster response is the phase in the disaster management cycle that typically follows the mitigation and preparedness phases. This phase addresses the work that takes place in the emergency period immediately following the impact of a natural or man-made event. Examples of Disaster Response activities include: staffing evacuation shelters, distributing emergency kits and equipment, serving food and assisting in immediate assessments.

Disaster Recovery & Long Term Recovery
The Long Term Recovery process begins when the crisis situation stabilizes and loss of life is no longer eminent. This phase may be initiated within hours or days of the initial disaster response phase. It is possible that the recovery phase may last anywhere from weeks to years, depending upon the size and scale of the incident. Recovery consists of those activities that continue beyond the emergency period to restore critical community functions, manage reconstruction, and restore

services and community wellbeing after a disaster. Examples of activities include: capacity building of community organizations that support recovery services and economic recovery projects aimed at lifting vulnerable populations impacted by the disaster out of poverty.

Step 7: Add a performance measure
You must create at least one aligned set of Performance Measures representing your Primary Service Activity, which is achieved through either applicant-determined performance measures or National Performance Measures.

If you have opted-in to National Performance Measures, you will see the links for both "add a performance measure" and "add a national performance measure." If you have not opted-in to National Performance Measures, you will only see the link for "add a performance measure."

- ☐ Follow the instructions **7A - 17A for** each aligned set of applicant-determined measures you need to create.

- ☐ Follow the instructions for **7B - 17B** for each aligned set of national performance measures you need to create.

Applicant-Determined Performance Measures
Step 7A: Add a Performance Measure
Follow the instructions for **7A - 17A** for each applicant-determined performance measure you will create. Begin by creating the Performance Measure Output and then repeat steps 12A-17A to create an aligned Intermediate Outcome.

Step 8A: Add Performance Measurement Title
Give this performance measure a title—usually 3-4 words that describe the activity— and enter it in the text box.

Step 9A: Select a Service Category
Service Category is a drop-down menu of choices based on your earlier identification of Service Categories; select one and continue.

Step 10A: Describe Strategies to Achieve Result
Briefly describe how you will achieve this result. Keep statements to one or two paragraphs with a maximum of 4,000 characters.

Step 11A: Select a Result Type
You will need to select the Result Type that you intend to track for this activity - output or intermediate outcome - and click "Add New Results Section." You should begin each aligned measure with the selection of an Output Measure.

Step 12A: Write a Result Statement
Enter 1-2 sentences stating the expected Result.

Step 13A: Select an Indicator
Select an Indicator from the drop- down menu. If the options provided do not include the Indicator you are measuring, select "other" and describe the Indicator in the text box that will appear. Some pilot measures that appear in the NOFO may not appear in e-Grants at the time the application is submitted. If this is the case, the applicant should make a note in the performance measures section of the Program Design narrative and should identify the numbers and titles of the pilot measures the applicant intends to opt into as well as the targets and instruments for the for these indicators. Applicants will have an opportunity to enter these measures in eGrants during the clarification process.

Step 14A: Write a Target Description
In 250 characters or less, include a description of the target. Be sure to include how you determine what is counted in this target. For example: 100 parents will attend the eight-week parenting skills/drop-out prevention class.

Step 15A: Select a Target Number or Percent
Write a number in the Target box from your target statement— and indicate whether it is a whole number or percent—for example, of how many things or services will be created or provided. Output targets often use a number (#) rather than a percent. If you included a number in your Target Description, this number in the Target Number or Percent field and the number in the Target Description should match.

Step 16A: Identify your Instruments
Describe the Instruments that will be used to measure your output/outcome in 250 characters or less. These are specific tools to collect information such as a behavior checklist, tally sheet, attitude questionnaire, or interview protocol.

Step 17A: Write a Performance Measure Statement
Provide the expected result and target combined into one or two sentences in 1,000 characters or less.

Once you have completed the output performance measurement information, do the same for your intermediate outcome and/or additional measures, if necessary. Begin by identifying the Result Type as "intermediate outcome" and complete Steps 12A through 17A again. If you would like to enter an "end outcome", you may do so by completing Steps 12A through 17A again. End outcomes are not required.

National Performance Measures
Follow the instructions for **7B -17B** for each aligned set of National Performance Measures you need to create. You will use these instructions to complete measures if you have opted in to National Performance Measures for any Focus Area.

- ☐ If you select the Education Focus Area and opt-in to National Performance Measures, you are only allowed to select National Performance Measures. You are not allowed to add any additional, applicant-determined measures.

- ☐ If you select the Healthy Futures, Economic Opportunity, Environmental Stewardship or Veterans Focus Areas, you will enter your National Performance Measures. If you choose, you may add additional, applicant-determined Measures after you enter the National Performance Measures.

Step 7B: Add a National Performance Measure
First select the Focus Area. Only those Focus Areas that were checked as participating in the National Performance Measures will be displayed.

Step 8B: Add a Performance Measurement Title
Give this performance measure a title — usually 3-4 words that describe the activity — and enter it in the text box.

Step 9B: Select a Service Category
Service Category is a drop-down menu of choices based on your earlier identification of Service Categories; select one and continue.

Step 10B: Describe Strategies to Achieve Result
Briefly describe how you will achieve this result. Keep statements to one or two paragraphs with a maximum of 500 characters.

Step 11B: Select a Result Type
You will need to select the Result Type that you intend to track for this activity - output or intermediate outcome- and click "Add New Results Section." You should begin each aligned measure with the selection of an Output Measure.

Step 12B: Select the Indicator
This is where you select your National Performance Measure. There is a drop-down list containing the National Performance Measures for the Focus Areas that you have selected.

Once you select your first National Performance Measure, eGrants will provide onscreen instructions about other National Performance Measures you must use in conjunction with this measure or if you need to add an applicant-determined intermediate outcome.
If you need to add an applicant-determined intermediate outcome measure, you will select "Other" from the pop-up list.

Step 13B: Write Result Statement
Enter 1-2 sentences stating the expected result.

Step 14B Write a Target Description
In 250 characters or less, include a description of the target. Be sure to include how you determine what is counted in this target. For example: 100 parents will attend the eight-week parenting skills/drop-out prevention class.

Step 15B: Select a Target Number
Write the number in the Target box from your target description. You are only allowed to use a number.

Step 16B: Identify your Instruments
Describe the Instruments that will be used to measure your output/outcome in 250 characters or less. These are specific tools to collect information such as a behavior checklist, tally sheet, attitude questionnaire, or interview protocol. Check for guidance on appropriate instruments posted at the National Performance Measures resource
page: http://nationalserviceresources.org/national-performance-measures/home

Step 17B: Write a Performance Measures Statement
Provide the expected result and target combined into one or two sentences (1,000 characters or less).

Step 18B: Create Aligned Measure
Now that you have completed the output performance measurement information, do the same for your intermediate outcome. Begin by identifying the Result Type, and then complete Steps **12B to 17B** again.

Once you complete entering an aligned measure as defined by the National Performance Measure, you will return to Step 7 and create any other aligned measures to report member activities in Focus Areas or other areas of service either by:

- ☐ **Following Steps 7A - 17A for an applicant-determined measure or**
- ☐ **Following Steps 7B - 17B for an aligned National Performance Measure.**

V. Documents

In addition to your application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary - see B., below) and a federally-approved indirect cost agreement (if budgeted by multi-state applicants, states and territories without commissions, and Tribes only), in hard copy or e-mail, as part of your application. After you have submitted the documents, change their status in eGrants from the default "Not Sent" to the applicable status ("Sent," "Not Applicable," or "Already on File at CNCS").

A. Evaluation

Submit any completed evaluation plan or report as described in D., below. Select Evaluation and select "Sent" once you have submitted a completed evaluation plan or report.

B. Labor Union Concurrence

If a program applicant:
(1) Proposes to serve as the placement site for AmeriCorps members; and
(2) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and

(3) Those employees are represented by a local labor organization, then the application must include the written concurrence of the local labor organization representing those employees. Written concurrence can be in the form of a letter or e-mail from the local union leadership.

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

If this applies to you, please select "Enter New," name the new document "Labor Union Concurrence," and select "Sent."

C. Federally-approved Indirect Cost Agreement
Multi-state, states and territories without commissions, and Indian Tribes applicants that include a federally approved indirect cost rate amount in their budget must submit the approved indirect cost rate agreement to americorpsnational@cns.gov at the same time they submit their application.

D. Submission Instructions for Evaluations, Labor Union Concurrence, and Indirect Cost Rate Agreements
Please submit national evaluations, labor union concurrence, and indirect cost rates electronically to americorpsnational@cns.gov for multi-state, states and territories without a commission or Indian Tribes applications submitted directly to the Corporation and to americorpsapplications@cns.gov for applications submitted to State Commissions. This information must be received at the Corporation by 5 p.m. Eastern Time on the deadline. State applicants should submit state evaluations and labor union concurrence to their state commissions and to the Corporation.

Or, you may send hard copy information to:
Corporation for National and Community Service
ATT: AmeriCorps State and National
1201 New York Avenue NW
Washington, DC 20525

Please use an alternative service to the U.S. Postal Service to send hard copy. U.S. Postal Service deliveries to government agencies often are delayed and sometimes damaged due to security measures. Attach a hard copy of the program's SF424 facesheet to each document so that we know which application corresponds to each document.

VI. Budget Instructions

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

Table 2: Match Requirements in the AmeriCorps Regulations

Competition	Match Requirement
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 the tenth year of funding and any year thereafter.
State and National EAP Fixed-Amount Grants	There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over $800 per MSY provided by the Corporation.
Professional Corps Fixed-Amount Grants	There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over the $2,000 per MSY provided by the Corporation.
Full-time Fixed-Amount Grants	There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over the $13,000 per MSY provided by the Corporation

- ☐ If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are recompeting, please see 45 CFR 2521.40-2521.95 for the match schedule.
- ☐ The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.
- ☐ In Section III of the budget, identify each match source separately. Include dollar amounts for cash match from private, state and local and federal funds, the source type, and amounts of in-kind support. Define all acronyms the first time they are used.

Note: The Corporation's legislation permits the use of non-Corporation 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 the Corporation. The Federal Financial Report (FFR) will be used to collect the federal match data. If a grantee uses federal funds as match, they will be required to report the sources and amounts on the FFR.

B. Preparing Your Budget

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

Follow the detailed budget instructions below to prepare your budget. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheets in Attachments E and F. The Budget Checklist in Attachment G is a resource for you to ensure your budget is complete.

eGrants will create the budget and the budget narrative automatically from the detailed budget information you enter. Once you have entered your budget information in eGrants you will be asked to validate your budget and eGrants will check your submission for errors.

As you prepare your budget:

- ☐ All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- ☐ Itemize each cost and present the basis for all calculations in the form of an equation.
- ☐ Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- ☐ Do not include fractional amounts (cents).

Please refer to the relevant OMB Circulars on allowable costs for further guidance. The OMB circulars are online at www.whitehouse.gov/OMB/circulars.

☐ A-21 - Cost Principles for Educational Institutions, 2 CFR 220

☐ A-87 - Cost Principles for State, Local, and Indian Tribal Governments, 2 CFR 225 ☐ A-122 - Cost Principles for Non Profit Organizations, 2 CFR 230

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 $500,000 in federal funds, as required in OMB Circular A-133.

Detailed Budget Instructions

These instructions do not apply to EAP and Full-time Fixed-Amount grants.
Please see p. 31 for detailed budget instructions for Fixed-Amount grants.

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 Corporation 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 separately.
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. 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.

We expect all applicants to include funds in this line item for travel for staff and site staff to attend Corporation-sponsored technical assistance meetings. There are two to three such opportunities per year, including opportunities for financial training, the Annual Grantee Meeting in Washington D.C. in the fall, and the National Conference on Service and Volunteering at various locations in the summer.

For example: Two staff members will attend the National Conference on Service and Volunteering in New Orleans.
2 staff X $750 airfare + $50 ground transportation + (1 day) X $400 lodging + $35 per diem = $2,470 for national conference.

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 <u>per unit</u>** (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 Corporation funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

E. Supplies
Include the amount of funds to purchase consumable supplies and materials, including member service gear and equipment that does not fit the definition above. You must individually list any single item costing $1,000 or more. Except for safety equipment, grantees may only charge the cost of member service gear to the federal share if it includes the AmeriCorps logo. Grantees may also add the AmeriCorps logo to their own local program uniform items using federal funds. All safety gear may be charged to the federal share, regardless of whether it includes the AmeriCorps logo. All other service gear must be purchased with non-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. Payments to individuals for consultant services under this grant should not exceed $750 per day (excluding costs for travel, supplies, etc.). The $750 daily rate is a ceiling, and we anticipate budgeted daily rates at considerably lower levels. Indicate the daily rate, number of days, and total cost for consultants you are proposing to use and their contractual services. Daily rates over the maximum amount should be justified in the narrative.

G. 1. Staff Training
Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the maximum daily rate limit of $750.

G. 2. Member Training
Include the costs associated with member training to support them in carrying out their service activities. You may also use this section to request funds to support training in Life after AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.

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).
- ☐ Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- ☐ Utilities, telephone, Internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organizations indirect cost/admin cost allocation pool. If such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- ☐ Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs. ☐

Multi-state applicants: Indicate the number of subgrants and the average amount of subgrants. Indicate any match that you will require of your subgrants under the "grantee

share" column in this category. Subgranted funds may only cover costs allowable under federal and AmeriCorps regulations and provisions.

Section II. Member Costs

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

A. Living Allowance

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time, 1st and 2nd Years of 2-year half-time) and the amount of living allowance they will receive, allocating appropriate portions between the Corporation's share (CNCS Share) and grantee match (Grantee Share).

The minimum and maximum living allowance amounts are provided below in Table 3.

Table 3. Minimum and Maximum Living Allowance

Service Term	Minimum # of Hours	Minimum Living Allowance	Maximum Total Living Allowance
Full-time	1700	$12,100	$24,200
One-year Half-time	900	n/a	$12,800
Two-year Half-time	900	n/a	$12,800
Reduced Half-time	675	n/a	$9,600
Quarter-time	450	n/a	$6,400
Minimum-time	300	n/a	$4,300

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

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

- ☐ **Health Care.** You must offer 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 Corporation funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal). 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. The Corporation will not pay for dependent coverage.
- ☐ **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies.

Section III. Administrative/Indirect Costs

Definitions

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

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

Applicants choose one of two methods to calculate allowable administrative costs - a Corporation-fixed percentage rate method or a federally approved indirect cost rate method. Regardless of the option chosen, the Corporation's share of administrative costs is limited to 5% of the total Corporation funds **actually expended** under this grant.

A. Corporation-Fixed Percentage Method
Five Percent Fixed Administrative Costs Option

The Corporation-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 Corporation-fixed percentage rate method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the Corporation 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 Corporation share for Section III: Multiply the sum of the Corporation funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. The 5% maximum is calculated by multiplying the sum of the Corporation's share of Section I and Section II by the factor 0.0526. The factor 0.0526 is used to calculate the 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 Corporation share for Section III A.

2. To determine the Grantee share for Section III: Then multiply the total (both Corporation 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 Corporation and grantee shares under Total Amount.

If a commission elects to retain a share of the 5% of federal funds available to programs for administrative costs, that decision is identified within each subgrant's budget. To calculate these fractional shares, within Section III of the subgrant budget, **one-fifth (20%) of the federal dollars budgeted for administrative costs is allocated to the commission's share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program's share. The allocation between 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

If a commission elects to retain a share that is less than 1% budgeted for administrative costs, adjust the calculation above, as appropriate.

B. Federally Approved Indirect Cost Rate

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

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee 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 Corporation share: Multiply the sum of the Corporation funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the Corporation share of indirect costs.

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

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

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

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

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

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

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

If your program is located in one of these areas, see the instructions below for applying for this alternative match schedule. You must submit your request to the alternative schedule at least 60 days before the AmeriCorps application is due. The Corporation will review your request and

notify you within 30 days if you qualify for the alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

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

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

Submit e-mail applications least 60 days prior to the application deadline to:

- State Programs - submit to your State Commission
- Multi-state Programs - submit to ACAlternateMatchScheduleRequests@cns.gov

State Commissions (on behalf of state programs) - submit to ACAlternateMatchScheduleRequests@cns.gov

E-mail subject line: AmeriCorps Alternative Match Request

Send your request in memo format. You must respond to each question below. Please include both the question and your response in your request.

1. Basis of Request

a. Identify the basis for your request as either a rural county or a severely economically distressed community as described above.

b. Describe where your program operates and include the address of the legal applicant.

2. Rural Counties

c. Describe the economic conditions.

d. Confirm that your county has a Beale code of 6, 7, 8, or 9.

3. Economically Distressed Counties:

e. Provide your level of county per-capita income and poverty and unemployment levels.

f. Demonstrate that the income levels are above or below the national averages. Identify the data source(s) used to make your determination.

g. Provide any other statistics you deem relevant to demonstrate your county is economically distressed.

4. Program Location: If you believe the location of your program should not be based on the address of the legal applicant, describe your justification for requesting an alternative location(s).

5. Other: Provide any other justification and information for your request that is not presented in the responses to the above.

E. Budget Instructions for Fixed-Amount Applicants

These instructions apply only to applicants for fixed-amount grants, including education award programs (EAPs).

EAP and Fixed-Amount Grant applicants may only request a fixed amount of funding per MSY. Therefore, Fixed-Amount applicants are not required to complete a detailed budget. In addition, the matching requirements in 45 CFR §§ 2521.40- 2521.95 do not apply to EAP and other Fixed-Amount grant applicants. Fixed-Amount applicants, except for EAP applicants, must include only full-time members.

Budget Section II. AmeriCorps Member Positions

A. Budget Section II: Fixed-Amount Grants

Enter the number of full-time positions you are requesting under the column labeled without (w/o) living allowance. You may not request less than full-time positions under this competition.

Under "calculation" you will enter the calculation for your grant request. **Leave all other columns blank.**

Member Positions		Cost per MSY		Total Cost
_____Full-time (1700 hours)	x	$_____	=	$ _____

Enter the total amount requested in the "Total Amount" & "CNCS Share" columns. Leave the "Grantee Share" blank.

Please note that the final amount that a program receives will be adjusted to reflect actual hours served if a member does not serve the minimum number of hours necessary to complete a full term of service.

B. Section II: EAPs

Member Positions

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

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

Amounts of fixed awards are based on the member service years which are calculated as follows:

Member Positions	Calculation	MSY
_____Full-time (1700 hours)	(_____ members x 1.000)	=
_____1-Year Half-time (900 hours)	(_____ members x 0.500)	=
_____ 2-Year Half-time (1st Year) (generally 450 hours)	(_____ members x 0.500)	=
_____ 2-Year Half-time (2nd Year)* (generally 450 hours)	(_____ members x 0.000)*	=
_____Reduced half-time (675 hours)	(_____ members x 0.3810)	=
_____Quarter-time (450 hours)	(_____ members x 0.2646)	=
_____Minimum-time (300 hours)	(_____ members x 0.2117)	=
	Total MSY	

** Grantees receive the total amount for 2-Year Half-time members in the first year. Therefore, 2-Year Half-time members serving in their second year are not included in the calculation for funds.*

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

Display your calculation in the following format:

Total # of MSYs _____ x MSY amount (up to $800)_____ = Total Grant Request $____

Type the total amount requested in the "Total Amount" & "CNCS Share" columns. Leave the "Grantee Share" blank. See example below:

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share	edit	del
Program Grant Request	47.5 MSY X $800/MSY	$38,000	$38,000	$0	view	
Subtotal		$38,000	$38,000	$0		

VII. Review, Authorize, and Submit

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

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

Read the Authorization, Assurances, and Certifications carefully (Attachment D). The person who authorizes the application must be the applicant's Authorized Representative or his/her

designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

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

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

VIII. Survey on Ensuring Equal Opportunity for Applicants (Optional)

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

This form is for applicants that are nonprofit private organizations, **not including private universities.** All information from the attached survey will be confidential and the responses will be aggregated in a summary report. Information provided on your form will not be released and will not be considered in any way in making funding decisions. If you are submitting a hard copy application, the form can be found in Attachment H.

You may complete the survey while preparing your application or after submitting your application.

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

CONTINUATION REQUESTS

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

When to Submit Your Continuation Request:
The date for the submission of continuation requests is **January 25, 2011** at **5:00 p.m. Eastern Time**.

How to Submit Your Continuation Request:

- ☐ Submit your continuation request in eGrants.
- ☐ To create your continuation request in eGrants, click **Continuation/Renewal** on your eGrants home page. You will be shown a list of grants that are eligible to be continued. Select the grant you wish to continue. **Make sure you select the correct one. Do not start a new application.** The system will copy your most recently awarded application.
- ☐ Edit your continuation application as directed in the continuation request instructions below. When you have completed your work, click the **SUBMIT** button.

Be sure you also review the *Notice* when preparing your request. If you have questions about the content of your continuation request, please contact your Program Officer. **If you experience problems using eGrants, contact the eGrants Help Desk at (888) 677-7849 or (202) 606-7506, or email at egrantshelp@cns.gov.**

What to Include in Your Continuation Request:

I. Applicant Info and Application Info

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

II. Narrative (Narratives Section)

Executive Summary: Please provide a one-paragraph summary of your proposed program. This paragraph must be 500 characters maximum, including spaces and punctuation. The Corporation will post these summaries on **www.nationalservice.gov** in the interest of transparency and Open Government.

Your original application will appear in the narrative sections Rationale and Approach, Community Outputs and Outcomes, Organizational Capability, Cost-Effectiveness and Budget

Adequacy, Evaluation Summary or Plan, Amendment Justification, Clarification Information, and Continuation Changes, as appropriate.

Do not enter continuation changes in the original narrative fields. If you are not proposing changes to your continuation request, simply leave your original narrative as it is, and enter No Changes in the Continuation Changes field.

If you have changes in any of these areas, please document them in the Continuation Changes field in eGrants. Clearly differentiate Year 2 and Year 3 continuation changes by using headings that label these as such. Continuation changes may include, but are not limited to: ☐ New site locations.

- ☐ Justification for expansion to new sites, including the need that will be met in expansion communities, activities of expansion members, and organizational capacity to support the expansion.
- ☐ An explanation of any changes in the budget.
- ☐ Justification for any increase in requested cost per MSY.
- ☐ Plans for improving enrollment, retention, or other compliance issues.

If you are requesting to conduct new activities or additional MSYs, these also need to be reflected in the budget and the performance measures. The character limit in the Continuation Changes field is 12,000.

Enrollment
If you enrolled less than 100% of slots received during your last full year of program operation, provide an explanation, and describe your plan for improvement in the Continuation Changes field.

Retention
If you were not able to retain all of your members during your last full year of program operation, provide an explanation, and describe your plan for improvement in the Continuation Changes field. We recognize retention rates may vary among equally effective programs depending on the program model. We expect grantees to pursue the highest retention rate possible.

For Multi-state Continuations: Describe the manner and extent to which you consulted with the State Commission in the states in which you plan to operate. Specifically, multistate applicants and grantees are expected to:

- ☐ Consult with the State Commission of each state in which the multi-state grantee plans to support an operating site.
- ☐ Provide the State Commission with a list including contact information for National programs in their state after grants are awarded, and update this list on an annual basis. ☐ Participate in the State Commission's annual needs assessment and training plan development activities, and in the development of their state service plan, as well as appropriate training and other events.
- ☐ Include the State Commission on the National grantee's mailing list and invite them to appropriate training and other events.

III. Performance Measures (Performance Measures Section)

Your performance measures are copied from your previous year's application into your continuation request. If you made changes to your program, such as adding or changing grantfunded activities, or requesting additional slots or MSYs, you may need to revise your performance measures, View/Edit the performance measures that copy over from your original application, or add new performance measures. Note in the Continuation Changes field that you have updated your performance measures.

IV. Budget (Budget Section)

Provide a detailed budget for the upcoming year. Incorporate any required Corporation increases, such as an increase to the member living allowance into your budget. Justify any increases not required by the Corporation. Your budget from the previous year's application is copied into your continuation request so you can make the necessary adjustments. The Corporation expects that the Cost per MSY for continuation applicants will decrease or remain the same. Any increase in Cost per MSY must be justified in the Continuation Changes field.

Source of Match

In the "Source of Match" field that appears at the end of Budget Sections I, II, and III, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available) and Match Source (State/Local, Federal, Private, Other or Not Available) **for your entire match.** Define any acronyms the first time they are used.

V. Increasing Grantee Overall Share of Total Budgeted Costs

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

See instructions on page 29 for applying for the Alternative Match Schedule.

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

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

This form is required for applications submitted for federal assistance.

Item #

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

K-12 Education

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

Higher Education

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

Non-Profit Organizations

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

Government

23 Local Government-Municipal
24 Health Department
25 Law Enforcement Agency
26 Governor's Office
27 State Commission/Alternative Administrative Entity
28 Other State Government
29 Tribal Government Entity
30 Area Agency on Aging
31 U.S. Territory

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:

   ☐ Check "New" if your organization has never held an AmeriCorps State or National grant before.

   ☐ Check "New Application/Previous Grantee" if your organization has held an AmeriCorps State or National grant in the past and this application is for a new grant.

   ☐ Check "Continuation" if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State and National grants are typically awarded for three-year periods.

9. Filled in for your convenience.

10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.

11. Enter the project title.

    a. When applying for a "Continuation" or "Amendment" applicants should use the same title as used for their existing grant program. When applying as a "New Applicant/Previous Grantee" if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).

    b. Enter the name of the Corporation's program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.

12. List only the largest political entities affected (e.g., counties, and cities).

13. (See item 8) "New" application or "New application/previous grantee:" Enter the dates for the proposed three-year project period. "Continuation" or "Amendment" application: Enter the dates of the approved three-year 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 <u>during this budget period</u> 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 <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses.

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

16. Pre-filled for your convenience. This program is excluded from coverage by State 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. Code Section 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:

2. b. APPLICATION IDENTIFIER:

3. a. DATE RECEIVED BY STATE:

3. b. STATE 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. d. ADDRESS *(give street address, city, county, state and zip code):*

STREET:

CITY: COUNTY:

STATE: COUNTRY:

5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give area code):*

NAME:

TELEPHONE NUMBER: ( ) -

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):*

7. a. TYPE OF APPLICANT: ***(enter appropriate letter in box)***

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
O. Federal Government
Q. State Education Agency
S. Other (specify)_____
H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Private Non-Profit Organization
P. HQ Internal Organizations
R. Territory

7. b. CNCS APPLICANT CHARACTERISTICS *Enter appropriate codes:*

8. TYPE OF APPLICATION

☐ NEW ☐ NEW/PREVIOUS GRANTEE
☐ CONTINUATION ☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION:

C. NO COST EXTENSION to _____ *(enter date)*

E. OTHER *(specify below)*

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 *(List Cities, Counties, States, etc.):*

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: ☐ Yr.2: ☐ Yr. 3: ☐

a. FEDERAL	$
b. APPLICANT	$
c. STATE	$
d. LOCAL	$
e. OTHER	
f. PROGRAM INCOME	
g. TOTAL	$

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 PROCESSS FOR REVIEW ON:
DATE _____

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES If "Yes," attach an explanation. ☐ NO

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: Program Model, Design, Location, and Focus (eGrants Applicant Info Section)

SECTION I: PROGRAM MODEL

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

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

SECTION II: PROGRAM DESIGN

Directions: Choose one or more project designs.

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

SECTION III: PROGRAM LOCATION

Directions: Please enter your program's location information.

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

SECTION IV: PROGRAM FOCUS

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

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

ATTACHMENT C: Issue Areas and Service Categories (eGrants Performance Measures Section)

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

Issue Areas and Service Categories (Issue Areas in Bold)

☐ **Community and Economic Development**
- ☐ Community-based Volunteer Programs
- ☐ Community Revitalization/Improvement
- ☐ Consumer Education
- ☐ Cooperatives/Credit Unions
- ☐ Food Production/Community Gardens/Farming
- ☐ Job Development/Placement
- ☐ Management Consulting
- ☐ Micro Enterprise
- ☐ Other Economic and Community Development
- ☐ Public Safety
- ☐ Regional/State/City Planning
- ☐ Small/Minority Business Development
- ☐ Social Services Planning & Delivery Systems/Community Organization
- ☐ Tax Counseling/Counseling
- ☐ Technology Access
- ☐ Thrift Store
- ☐ Transportation Services
- ☐ Welfare to Work

☐ **Disaster Recovery/Relief**
- ☐ Disaster Mitigation
- ☐ Disaster Preparedness
- ☐ Disaster Recovery
- ☐ Disaster Response
- ☐ Other Disaster

☐ **Education**
- ☐ Adult Education and Literacy
- ☐ After School Programs
- ☐ America Reads
- ☐ Computer Literacy
- ☐ Cultural Heritage
- ☐ ESL
- ☐ Elementary Education
- ☐ GED/Dropouts
- ☐ Head Start/School Preparedness
- ☐ Job Preparedness/School to Work
- ☐ Library Services
- ☐ Other Education
- ☐ Pre-Elementary Day Care
- ☐ Secondary Education
- ☐ Service-Learning
- ☐ Special Education
- ☐ Tutoring & Child Literacy—Elementary
- ☐ Tutoring & Child Literacy—High School
- ☐ Tutoring & Child Literacy—Middle School
- ☐ Vocational Education
- ☐ Youth Leadership/Development

☐ **Environment**
- ☐ Clean Air
- ☐ Clean and Safe Water
- ☐ Community Restoration/Clean Up
- ☐ Energy Conservation
- ☐ Environmental Awareness
- ☐ Indoor Environment
- ☐ Other Environment
- ☐ Toxic Waste Management
- ☐ Waste Reduction, Management, and Recycling
- ☐ Wildlife, Land & Vegetation Protection or Restoration

☐ **Health/Nutrition**
- ☐ Boarder Babies
- ☐ CHIOS/SCHIPS
- ☐ Congregate Meals
- ☐ Delivery of Health Services
- ☐ Food Distribution/Collection
- ☐ HIV/AIDS
- ☐ Health Education
- ☐ Health Screening
- ☐ Hospice/Terminally Ill
- ☐ Immunization
- ☐ In-Home Care
- ☐ Maternal/Child Health Services
- ☐ Mental Health
- ☐ Mental Retardation
- ☐ Other Health/Nutrition
- ☐ Physical Disabilities Programs
- ☐ Substance Abuse

☐ **Homeland Security**
- ☐ Disaster Preparedness/Relief
- ☐ Public Health
- ☐ Other Homeland Security
- ☐ Public Safety

- ☐ **Human Needs**
  - ☐ Adoption
  - ☐ Adult Day Care/Senior Center
  - ☐ Companionship/Outreach
  - ☐ Crisis Intervention
  - ☐ Intensive Mentoring (at least 1 hour weekly for at least 9 months)
  - ☐ Mentoring
  - ☐ Other Human Needs
  - ☐ Respite
  - ☐ Senior Center Program (Non Residential)
  - ☐ Senior Citizen Assistance
  - ☐ Teen Pregnancy/Abstinence/Parent Support

- ☐ **Housing**
  - ☐ Home Management Support/Education
  - ☐ Homeless
  - ☐ Housing Referrals/Relocation/Other
  - ☐ Housing Rehabilitation/Construction
  - ☐ Independent Living—Disabled
  - ☐ Independent Living—Seniors
  - ☐ Other Housing
  - ☐ Tenant Organizing
  - ☐ Transitional Housing

- ☐ **Public Safety**
  - ☐ Adult Offender/Ex-Offender Services/Rehabilitation
  - ☐ Child Abuse/Neglect
  - ☐ Children & Youth Safety Programs
  - ☐ Community Policing/Community Patrol
  - ☐ Conflict Resolution/Mediation
  - ☐ Crime Awareness/Crime Avoidance
  - ☐ Elder Abuse/Neglect
  - ☐ Family Violence
  - ☐ Improvement of Household Security
  - ☐ Juvenile Justice, Delinquency, Gangs
  - ☐ Legal Assistance
  - ☐ Neighborhood Watch/Block Watch
  - ☐ Other Public Safety
  - ☐ Safe Havens
  - ☐ Safety/Fire Prevention/Accident Prevention
  - ☐ Sexual Abuse/Rape
  - ☐ Victim/Witness Assistance

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

For AmeriCorps State and National Applicants ONLY

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

- ☐ Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
- ☐ Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-Corporation funds or paid with Corporation funds but employed with the organization operating the project prior to or on the date the grant was awarded. If your organization is a faith-based organization that makes hiring decisions on the basis of religious belief, your organization may be entitled, under the Religious Freedom Restoration Act, 42 U.S.C. § 2000bb, to receive federal funds and yet maintain that hiring practice, even though the national service legislation includes a restriction on religious discrimination in employment of staff hired to work on a Corporation-funded project and paid with Corporation grant funds. (42 U.S.C. §§ 5057(c) and 12635(c)). For the circumstances under which this may occur, please see the document "Effect of the Religious Freedom Restoration Act on Faith-Based Applicants for Grants" on the Corporation's website at: http://www.usdoj.gov/archive/fbci/effect-rfra.pdf.
- ☐ Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to: (a)Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.

- ☐ Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from - (1) the community served, the municipality and government of the county (if appropriate) in which the community is located, and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;

- ☐ Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA;

- ☐ Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the State Commission for the state in which the program operates.

- ☐ Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;

- ☐ Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the National and Community Service Act of 1990, and in the Corporation's regulations at § 2540.100;

- ☐ Will comply with the grievance procedure requirements as set out in section 176(f) of the National and Community Service Act of 1990 and in the Corporation's regulations at 45 CFR § 2540.230;

- ☐ Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform;

- ☐ Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;

- ☐ Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the National and Community Service Act of 1990 or, with the approval of the Corporation, conduct an internal evaluation of the program;

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

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

- ☐ 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.

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.

For AmeriCorps State and National Applicants ONLY

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

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

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

Definitions
The terms "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.

ASSURANCES AND CERTIFICATIONS

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

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

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

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

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

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

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

ATTACHMENT E: Budget Worksheet (eGrants Budget Section)

Section I. Program Operating Costs

A. Personnel Expenses

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

B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
	Totals			

C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
	Totals			

C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
	Totals			

D. Equipment

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

E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
	Totals			

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
		Totals			

G.1. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
		Totals			

G.2. Member Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
		Totals			

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
		Totals			

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
		Totals			

Subtotal Section I:	Total Amount	CNCS Share	Grantee Share

Section II. Member Costs

A. Living Allowance

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

B. Member Support Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
		Totals			

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

Source of Match

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

Section III. Administrative/Indirect Costs

A. Corporation-fixed Percentage Rate

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
	Totals			

B. Federally Approved Indirect Cost Rate

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

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

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

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

If you are applying for a Fixed-Amount grant, complete only the full-time fields in this Table. Education Award Program applicants may complete other than full-time fields.

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

Member Positions

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

ATTACHMENT G: 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 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. 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 __	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 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 __	You only charged to the federal share of the budget member service gear, with the exception of safety equipment, that includes the AmeriCorps logo?
Yes __ No __	Are all consultant services budgeted below the maximum federal daily rate of $750/day? Is the daily rate noted in all sections of the budget narrative where consultants are proposed?
Yes __ No __	Does the budget reflect adequate budgeted costs for project evaluation?
Yes __ No __	Have you provided budgeted costs for background checks of members and grant-funded staff that are in covered positions per 45 CFR 2522.205?
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 as indicated in the chart in the budget instructions. 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. Is
Yes __ No __	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 need to provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., Death and Dismemberment coverage).
Yes __ No __	Health care is provided for 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.

In Compliance?	Section III. Administrative/Indirect Costs
Yes __ No __	Applicant has chosen Option A - Corporation-fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes __ No __	Applicant has chosen Option A - Corporation 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?

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, 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 fields in eGrants?

Corporation for NATIONAL & COMMUNITY SERVICE

ATTACHMENT H: SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB NO. 1894-0010 EXP 5/31/2012

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

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

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

Applicant's (Organization) Name:

Applicant's DUNS Number:

Federal Program: **CFDA Number:**

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

☐ Yes ☐ No

2. Is the applicant a faith-based organization?

☐ Yes ☐ No

3. Is the applicant secular organization?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

7. What is the size of the applicant's annual budget?

(Check only one box.)

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

Survey Instructions on Ensuring Equal Opportunity for Applicant

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

1. Self-explanatory.

2. Self-identify.

3. Self-identify.

4. 501(c) (3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

5. Self-explanatory.

6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

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

Paperwork Burden Statement
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1894-0010**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** *Amy Borgstrom*, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

ATTACHMENT I: Beale Codes and County-Level Economic Data

Rural Community

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

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

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

Severely Economically Distressed Community

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

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

WEBSITE ADDRESS	EXPLANATION
www.census.gov/main/www/cen2000.html	**Census Bureau's American Fact-finder: Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.**
www.bls.gov/lau/home.htm	**Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS): Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.**
http://www.ers.usda.gov/Data/RuralUrbanContinumCodes/	**US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes): Provides urban rural code for all counties in US.**