



2012 AmeriCorps

APPLICATION INSTRUCTIONS



Applications due **October 21, 2011**

CALIFORNIAVOLUNTEERS

1110 K Street ■ Sacramento, CA 95814
(916) 323-7646 phone ■ (916) 323-3227 fax
www.CaliforniaVolunteers.org

IMPORTANT NOTICE TO APPLICANTS: There are five components necessary to complete an application for 2012-13 AmeriCorps funding: (1) the 2012 AmeriCorps Request for Applications (RFA), (2) the 2012 AmeriCorps Application Instructions, (3) the 2012 AmeriCorps Application Forms, (4) Budget Form and Budget Narrative, and (5) the online Partnership Forms and AmeriCorps Program Title Page available through the California Volunteers website at www.CaliforniaVolunteers.org. Please ensure that you have obtained forms from all of the above sources.

IMPORTANT NOTICE

Note for Continuation Programs: If you are currently funded by CaliforniaVolunteers (CV) and need to apply for year 2 or 3 continuation funding, this *2012 AmeriCorps Application Instructions* do not apply. Instructions will be e-mailed directly to you by CV at a later time.

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the Corporation for National and Community Service (the Corporation) website as part of ongoing efforts to increase transparency in grantmaking. This is described in more detail in the *AmeriCorps Request for Applications*. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

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

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



TABLE OF CONTENTS

| | |
|---|----|
| Application Resources | 4 |
| Application Content and Instructions Overview | 5 |
| MANDATORY Notice of Intent to Apply | 6 |
| AmeriCorps Application Checklist | 7 |
| Application Components and Instructions | 8 |
| 1. AmeriCorps Program Title Page..... | 8 |
| 2. AmeriCorps Program Diagram..... | 10 |
| 3. Program Impact and Continuous Improvement Summary..... | 12 |
| 4. Executive Summary..... | 13 |
| 5. Program Narrative..... | 14 |
| 6. Performance Measurement Worksheets..... | 21 |
| 7. Budget Form | 30 |
| 8. Budget Narrative..... | 30 |
| 9. Budget Analysis Verification..... | 42 |
| 10. Program Evaluation Plan..... | 45 |
| 11. Organizational Self-Assessment..... | 46 |
| 12. Labor Organization Certification..... | 47 |
| 13. Assurances and Certification..... | 48 |
| 14. Program Evaluation Report..... | 55 |
| 15. Financial/Audit Information..... | 55 |
| 16. Partnership Form..... | 56 |
| Attachment A: Beale Codes and County-Level Economic Data | 57 |
| Attachment B: Severely Economically Distressed Community | 58 |
| Attachment C: Disaster Services Definitions | 59 |



I. APPLICATION RESOURCES

Please use the application instructions included in this document to apply for an AmeriCorps operating grant.

Use these instructions in conjunction with the 2012 *AmeriCorps Request for Applications* (RFA), the 2012 AmeriCorps RFA Forms, and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. The RFA includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year 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). The RFA can be found at <http://www.californiavolunteers.org/index.php/Grants/ameriCorps/>. 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 among the AmeriCorps regulations, the *AmeriCorps Request for Applications*, and the Application Instructions, the order of precedence is as follows:

- AmeriCorps regulations 45 CFR §§ 2520–2550 take precedence over the
- *AmeriCorps Request for Applications*, which takes precedence over the
- Application Instructions.



II. APPLICATION CONTENT AND INSTRUCTIONS OVERVIEW

Notice of Intent to Apply

Submission of the *Notice of Intent to Apply* is mandatory and will help CV and the Corporation plan efficiently for the grant review and selection process. It should be completed and submitted to CV at funding@CalifornaVolunteers.ca.gov by 4:00 p.m. on **October 5, 2011**.

Submission to CaliforniaVolunteers

Applicants must submit a "Paper Application and an "Electronic Submission." The electronic and paper portions of the application are both required. To complete your application, you should:

- 1. Documents:** Download the following documents from the CV website at www.californiavolunteers.org/index.php/Grants/ameriCorps/:
 - 2012 AmeriCorps Request for Applications (RFA),
 - 2012 AmeriCorps Application Instructions,
 - 2012 AmeriCorps Application Forms, and
 - 2012 Budget and Budget Narrative Forms.
- 2. Instructions:** Follow the 2012 AmeriCorps Application Instructions to complete the forms in the 2012 AmeriCorps Application Forms packet, and submit your application. The *Application Instructions* also contain directions for completing your required Electronic Submission.
- 3. Paper Application:** Please submit one original of materials containing items 1-16 as listed on the *AmeriCorps Application Checklist*, and 11 copies, of the application, containing items 1-13. Collate the application sets using binder clips. **DO NOT** staple or use any other form of binding (folders, spiral binding, binders, etc.) for your application. Failure to comply with these conditions may result in rejection of your application.

Please mail the Paper Application to:

CaliforniaVolunteers
ATTN: AmeriCorps 2012
1110 K Street
Sacramento, CA 95814

- 4. Electronic Submission:** Complete and submit the following components through the CV AmeriCorps funding page at www.californiavolunteers.org/index.php/Grants/ameriCorps/:
 - AmeriCorps Program Title Page,
 - AmeriCorps Partnership Forms, and
 - A PDF copy of your paper application, items #1-13 (You'll be prompted to upload a PDF copy of your application prior to submitting your AmeriCorps Program Title Page).

Application Deadline

All applications (Paper Application and Electronic Submission) must be received by CV on **October 21, 2011** before **5:00 p.m.** Pacific Standard Time. **Late applications will not be accepted.** CaliforniaVolunteers reserves the right to make exceptions under extenuating circumstances.

Submission to the Corporation

Applicants selected to represent California in the national competition will submit a web-based application in eGrants by 2:00 p.m. on January 13, 2012. Applicants selected by CV for formula funding will submit their application in eGrants in June 2012. **Please ensure staff availability during these timeframes to enter your application into eGrants as well as respond to CVs' requests for clarification.** CaliforniaVolunteers will provide instructions to this process at a later time.



III. MANDATORY NOTICE OF INTENT TO APPLY

Please submit a Notice of Intent to Apply to provide information that will assist CV in its planning efforts. Submission of a Notice of Intent to Apply is **mandatory--by 4:00 p.m. on October 5, 2011**.

1. **Legal Applicant:** The legal applicant is the organization that takes formal responsibility and assumes liability for the AmeriCorps program. All correspondence regarding the application will be sent to the contact person listed for the legal applicant. This individual must be available to respond to CV clarification request which may take the form of an in-person interview, conference call, or written response.
2. **Applicant Type:** To select one of the four options, double click on the chosen box. Under the "Default Value" section, select "Checked."
 - Check "New" if neither the legal applicant, nor primary partnering organizations, nor individuals involved in developing the current AmeriCorps application have developed an AmeriCorps application that has been awarded an operating grant, or were previously employed as core program staff of a funded program, State Service Commission staff, National Direct Organization staff, or Corporation staff in the last five years.
 - Check "Recompeting" if you are a current AmeriCorps program entering the final year of your grant period.
 - Check "Experienced" if you do not meet the definition of a new applicant as described in the RFA. For example, if the Grove Unified School District currently operates an AmeriCorps afterschool program, but is submitting this application for a new migrant health AmeriCorps program, it would be considered an experienced applicant.
 - Check "Previously Funded" if the program previously received an AmeriCorps operating grant from CV or the Corporation in any of the past five program years.
 - For more information on applicant types, please refer to RFA; Section III-C".
3. **Focus Areas:** Check all Focus Areas that apply to your program. If appropriate, check more than one box. Please note that addressing multiple Focus Areas will not necessarily make your application more competitive.
4. **Legal Applicant Organization Type:** Check all boxes that apply to the legal applicant organization.
 - Check "Intermediary" if the legal applicant organization provides the mechanism by which a number of community organizations, including faith-based, may access AmeriCorps and other Corporation resources. Intermediaries serve as the legal applicant for funding and agree to provide technical and financial support to assist organizations that do not have the capacity to perform these functions. They may place members at neighborhood sites, community or faith-based organizations, and assume responsibility for monitoring the progress of the sites.
 - Check "National Direct" if the legal applicant organization is a multi-state grantee of AmeriCorps grants.
5. **Grant Type:** Check the appropriate box to indicate the type of grant for which you are applying. See RFA; Section I-E. for further description.
6. **Type of Service:** Check the appropriate boxes to reflect the focus of the program's primary service activities to be provided by AmeriCorps members. If your primary service activity is not listed, please check "Other."



IV. AMERICORPS APPLICATION CHECKLIST

A “complete” AmeriCorps application package is **page numbered** and consists of the following components **IN THE FOLLOWING ORDER**:

1. AmeriCorps Program Title Page *[Complete online, print and include with application]*
2. AmeriCorps Program Diagram *[Includes required information]*
3. Program Impact and Continuous Improvement Summary *[Required for recompeting Applicants]*
4. Executive Summary *[One-paragraph, must be one-half page or less]*
5. AmeriCorps Program Narrative *[25 double-spaced pages, 12-point Times New Roman font]*
6. California Performance Measurement Worksheets *[Accounts for all possible member service hours]*
7. Budget Form *[numbered page X of X]*
8. Budget Narrative *[numbered page X of X]*
9. Budget Analysis Verification *[Signed and dated by appropriate agent]*
10. Program Evaluation Plan
11. Organizational Self-Assessment *[Signed and dated by appropriate agent]*
12. Labor Organization Certification *[Includes written Labor Union Concurrence as applicable]*
13. Assurances and Certification Signature Page *[Signed and dated by appropriate agent]*
14. Program Evaluation Report *[if applicable]*
15. Financial Audit/Information
16. Partnership Forms *[Complete online, print, and include with application]*

Note: Be sure your AmeriCorps Program Title Page (item #1) and Partnership Forms (item #16) are completed online and printed. Do not include this checklist with your application.

Submission Instructions

All applications (Paper Application *and* Electronic Submission) must be received by CaliforniaVolunteers on **October 21, 2011 at 5:00 p.m. Pacific Time.**

Paper Application: Please submit one original of materials containing items 1-16 as listed on the AmeriCorps Application Checklist, and 11 copies, in sets, of the application, containing items 1-13. Collate the application sets using binder clips. **DO NOT** staple or use any other form of binding (folders, spiral binding, binders, etc.) for your application. Failure to comply with these conditions may result in rejection of your application. Mail the Paper Application to:

CaliforniaVolunteers
ATTN: AmeriCorps 2012
1110 K Street
Sacramento, CA 95814

Electronic Submission: Complete and submit the following components through the CV AmeriCorps funding page at www.californiavolunteers.org/index.php/Grants/americorps/:

- AmeriCorps Program Title Page,
- AmeriCorps Partnership Forms, and
- A PDF copy of the entire paper application, items #1-13 (You’ll be prompted to upload a PDF copy of your application prior to submitting your AmeriCorps Program Title Page).

V. APPLICATION COMPONENTS AND INSTRUCTIONS

The Application has 16 components. Each is explained below.

1. AMERICORPS PROGRAM TITLE PAGE

The **AmeriCorps Program Title Page Form** (Title Page) is available online through the CV website at <http://www.CaliforniaVolunteers.org/index.php/Grants/americorps/>. CaliforniaVolunteers strongly recommends that applicants complete their Title Page last. Information in the program narrative, budget and budget narrative can be transferred to the Title Page. Once you have completed the form, please print a hard copy and include it with your application.

- 1. Legal Applicant:** The legal applicant is the organization that takes formal responsibility and assumes liability for the AmeriCorps program. As stated in the RFA, organizations applying for federal grant funds like AmeriCorps need to provide a 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. If you do not already have a DUNS number, you may obtain one by calling (866) 705-5711 or visiting the Dun and Bradstreet website at www.dnb.com/us/duns_update/.

All correspondence regarding the application process will be sent to the contact person listed for the legal applicant.

- 2. AmeriCorps Program:** Provide the name of your proposed AmeriCorps program. If an agency other than the legal applicant will be responsible for program operations and management, provide contact information. Provide name of program director if identified at this time.
- 3. Application Type:**
 - Select "Operating" if you are applying for a grant to implement an operating program.
 - Select "Planning" if you are applying for a planning grant.
 - **Total Years of Funding:** If the legal applicant has received AmeriCorps funding in the past, provide the total number of years during which you received AmeriCorps funding through CV. The years may not necessarily have been consecutive.
- 4. Issue Areas:** Select the issue area(s) your program will address. If appropriate, check more than one box. Please note that addressing multiple issue areas will not necessarily make your program more competitive.
- 5. Grant Type:** Select the appropriate box to indicate the type of grant for which you are applying. See RFA; Section I-E. for further description.
- 6. Executive Summary:** Please provide a one-paragraph executive summary of your proposed program. This summary must be one-half page or less. The summary should include who, what, where, when, and why:
 - Who will be serving? Who will be served?
 - What will the AmeriCorps members do?
 - Where will the activity take place?
 - When does the project begin and end?
 - What is the expected outcome(s) of the project?

You may fill in the blanks in the following template to complete your executive summary:



Executive Summary Template

[Number of] AmeriCorps members will leverage an additional [number of leveraged volunteers, if applicable] to [what the members will be doing] in [where they will be serving]. At the end of the [duration of project] period, [anticipated outcome of project]. This project will focus on the CNCS focus area of [Focus Area(s)]. The CNCS investment of \$[amount of request] will be matched with \$[amount of projected match].

These summaries will be posted on www.nationalservice.gov in the interest of transparency and Open Government.

7. **National Service Focus Area:** Check all Focus Areas that apply to your program. If appropriate, check more than one box. *Please note that addressing multiple priorities will not necessarily make your program more competitive.* For each priority checked, indicate whether you'll use:
 - National Performance Measures
 - Self-nominated Measures (applicant-determined measures).
8. **Organizational Type:** Check all the boxes that apply to the legal applicant organization.
9. **Partnership Type:** From the drop-down options, select the appropriate partnership type you've formed to support planning, operation, and sustainability of your program.
 - Select "Intermediary" if the legal applicant provides the mechanism for a number of community organizations, including faith-based, access AmeriCorps and other Corporation resources. Intermediaries are the legal applicant and agree to provide the technical and financial support to assist community organizations that do not have the capacity to perform these functions. Intermediaries may place members at the sites of neighborhood, community or faith-based organizations and assume responsibility for monitoring the progress of the sites.
 - Select "Affiliates" if members of your partnership are affiliates entities of the legal applicant organizations.
 - Select "Consortium/Collaborative" if members of your partnership are independent organizations that interact on activities beyond AmeriCorps.
 - Select "Other" if none of the above options applies.
10. **Budget:**
 - **Total Operating Cost:** Provide the total costs of the program (CNCS share and Grantee Share combined).
 - **Total CNCS Request:** Provide the total amount of funds that the program is requesting from the Corporation. Transfer this total from Column 4 of the "Total Budget Cost" line on the AmeriCorps Budget Form.
 - **Cost Per MSY:** Transfer this figure from the "Corporation Cost Per MSY" on the AmeriCorps Budget Form. This figure may not exceed the maximum limit set by CVs' Cost Per MSY Policy.
 - **Total AmeriCorps MSYs:** Provide the total number of MSYs (not the total number of members) that your program will utilize. You will have this figure after completing the Budget Form and Budget Narrative.
 - **Number of Members Slots:** Provide the total number of AmeriCorps members that your program will utilize. You will have this figure after completing the Budget Form and Budget Narrative.
11. **Counties with AmeriCorps Placements:** Check all counties in which your program will place members.
12. **Regions:** Check all regions in which your program will place members.
13. **Files:** Upload a copy of your application as instructed on AmeriCorps Program Title Page.



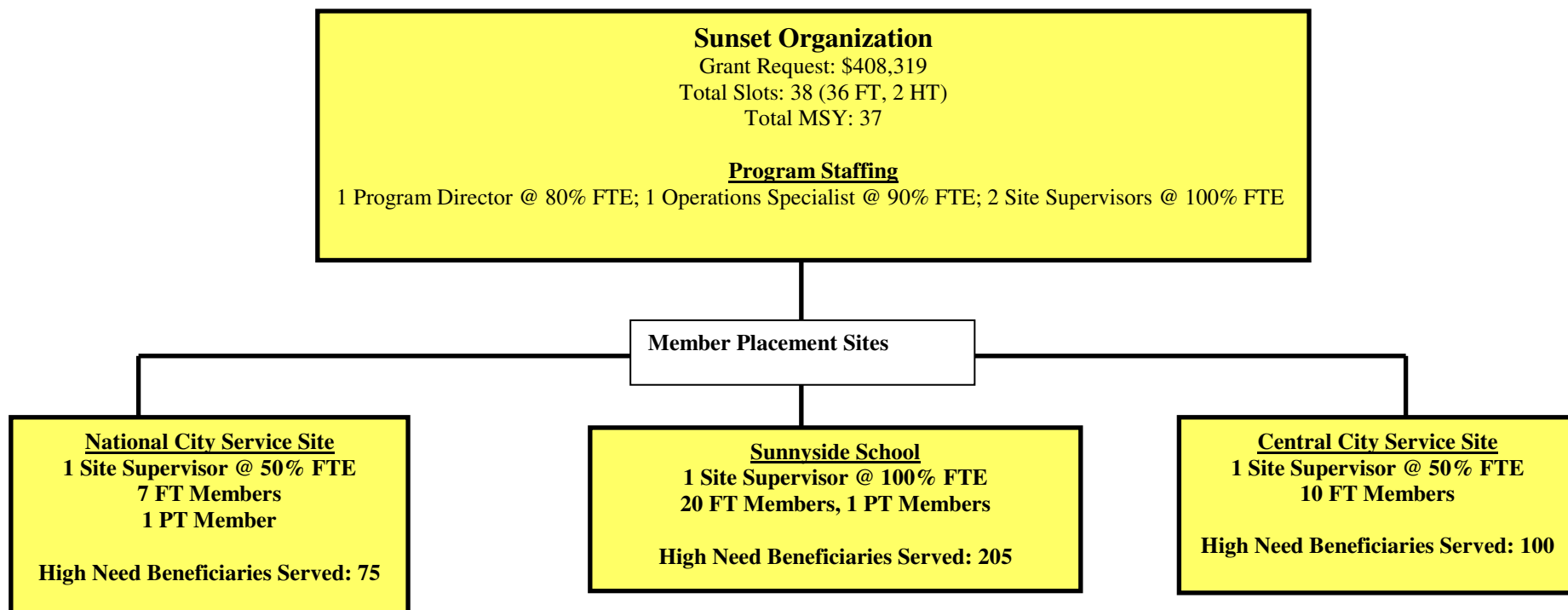
2. AMERICORPS PROGRAM DIAGRAM

The program diagram is a graphic presentation that includes information on AmeriCorps program staffing as outlined in the budget narrative [title, percentage of time on grant], including supervisors, program management, and other key functional roles. The diagram should include all placement sites where members will actually perform service activities outlined in the performance measures. Also include the number of members position types per site and approximate number of high need service beneficiaries per site. See next page for sample.



Sunrise Mentoring Program Diagram

(EXAMPLE)



Service Activities

AmeriCorps members will conduct mentoring interventions (minimum of 2 contacts per week) to support and mentor high-risk youth to improve their resiliency and reduce incidents of gang involvement. Client service interventions will include: Home Visits, School Support, Advocacy, Recreation, Community Service, Counseling, Violence Prevention Curriculum, Referrals and Family Assistance. **Expected Impact:** [1] 380 high-need youth mentored will receive 72 hours of mentoring service in their schools, homes and communities. [2] 304 [80%] of 380 youth who receive at least 72 hours of mentoring will decrease disciplinary referrals or suspensions by 50%.



3. PROGRAM IMPACT & CONTINUOUS IMPROVEMENT SUMMARY

(For recompeting, experienced, and previously funded applicants ONLY)

Recompeting and previously funded AmeriCorps applicants are advised that previous site visit reports, program progress reports, financial reports, member data (including member enrollment and retention rates) will be reviewed as part of the selection process. For recompeting programs, summaries will encompass the current or most recently completed three-year grant period. For previously funded programs, summaries will encompass the last three years of funding (on or after) the 2004-05 program year.

In no more than 4 doubled-spaced pages, using the heading "Program Impact and Continuous Improvement Summary," please provide a narrative response to the following:

- A. Describe the progress and or significant impact achieved by your AmeriCorps program in addressing the community need you identified in your last funding cycle. In particular, how has your program impacted the *beneficiaries* identified in your contract?
- B. Describe any significant challenges your partnership encountered during the funding cycle. Include member enrollment/retention, reporting, management, corrective action, etc. How have/did you correct/improve these issues? How has your correction changed the problem or improved your effectiveness?
- C. Describe any significant program design changes you are proposing; and how the changes will lead to a more effective program design and/or greater impact for the target community.
- D. Aside from the mandatory decrease in matching funds, how has your partnership decreased reliance on federal funds to operate this proposed program?
- E. Why should AmeriCorps funding continue to support your program?



4. EXECUTIVE SUMMARY

Please provide a one-paragraph executive summary of your proposed program. This summary must be one-half page or less. The summary should include who, what, where, when, and why:

- Who will be serving? Who will be served?
- What will the AmeriCorps members do?
- Where will the activity take place?
- When does the project begin and end?
- What is the expected outcome(s) of the project?

You may fill in the blanks in the following template to complete your executive summary:

Executive Summary Template

[Number of] AmeriCorps members will leverage an additional [number of leveraged volunteers, if applicable] to [what the members will be doing] in [where they will be working]. At the end of the [duration of project] period, [anticipated outcome of project]. This project will focus on the CNCS focus area of [Focus Area(s)]. The CNCS investment of \$[amount of request] will be matched with \$[amount of projected match].

These summaries will be posted on www.nationalservice.gov in the interest of transparency and Open Government.



5. PROGRAM NARRATIVE

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 may find compelling or persuasive.

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your program to fit each funding priority and special consideration articulated in the regulations or the *Notice*.
- **Be clear and succinct.** Reviewers are interested in learning *precisely* what you intend to do, and how your project responds to the selection criteria presented below. Try to avoid jargon, boilerplate, rhetoric, or exaggeration.
- **Avoid circular reasoning.** The community need you describe should not be defined as the lack of the solution you are proposing. Your “solution” or “intervention” should have evidence that it addresses the community need you identify.
- **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 CNCS funding 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.** Have someone read and critique the narrative.
- **Follow the instructions:** Discuss each criterion *in the order* they are presented in the instructions; and use headings to differentiate sections by criterion.

The Program Narrative [including the Executive Summary] may **not** exceed 25 double-spaced pages. Reviewers will **not** consider material over the page limit. This limit does not include the budget and performance measures.

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

1. Rationale and Approach/ Program Design (50 percent)

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

Specifically, reviewers will assess the extent to which the applicant:

- Provides persuasive evidence that the identified needs exist in the targeted community(ies).
- Describes the ways in which AmeriCorps members are a highly effective means to solve the identified community needs, including the unique value added by AmeriCorps.
- Describes how the interventions the AmeriCorps members and volunteers will be engaged in are both evidence-based and will have a measurable impact. An intervention is evidence-based if it has demonstrated community impact and resolution of community problems through an evidence based approach (e.g. performance data, research, theory of change).



- Describes the program components that enable the AmeriCorps members to have powerful service experiences that increase community impact and lead to continued civic participation and connectivity with other AmeriCorps and national service participants.
- Convincingly links four major elements: (1) the need, (2) the intervention 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 intervention, and (4) the anticipated outcomes.

Recompeting grantees must describe their efforts and impact to date, and provide persuasive evidence that they should continue to be funded. If a new applicant is already working to meet the community need identified in the application, the applicant should 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. Include what the applicant's efforts and impact have been to date.

In discussing how you will meet the criteria, please include your response to the following [in the order given]:

a. Need

Describe the community need(s) members will be addressing through service. Why did you choose this need? Provide documentation of the extent/severity of the need in the target community. Describe the target community, including the “high-need” service beneficiaries. Why did you select this “high-need” population to be served? How will you identify and assure selection of the high need beneficiaries?

b. Value Added: AmeriCorps Member Roles and Responsibilities

What will members do? Give examples of specific proposed member activities—include the number of beneficiaries each member will service, as well as the frequency and duration of activities. Why are the members a highly effective means to solve the identified community need? What is the added value of the AmeriCorps members' service? 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. Evidence-Based

Describe how the interventions the AmeriCorps members and volunteers will be engaged in are both evidence-based and will have a measurable community impact.

d. Member Experience

Describe the program components that enable the AmeriCorps members to have powerful service experiences that increase community impact and lead to continued civic participation and connectivity with other AmeriCorps and national service participants. Demonstrate how you will provide structured opportunities for participants to reflect on and learn from their service which will result in a quality member experience and promote a lifelong ethic of service and civic responsibility. Describe how your program will ensure that members are aware they are AmeriCorps members and identify as such to community members, partners, and the general public. Describe how you will connect your members with each other, with other AmeriCorps members and national service participants in the local communities in which they serve, with other AmeriCorps and national service participants in the state, and nationally. How will your program foster a sense of connection and identity with the AmeriCorps brand?



e. Overall Picture

How does your program design link: (1) the need(s) identified, (2) the intervention 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 intervention, and (4) the anticipated outcomes?

f. AmeriCorps Member Selection, Training, and Supervision

Describe your plans for recruiting members for your program. Describe how members will be included from the local communities to be served by your program. If you will be recruiting and engaging traditionally underrepresented populations, please describe the organization's history with working with those populations or how it will ensure success if this is a new population being recruited. Underrepresented populations may include new Americans, low-income individuals, rural residents, older Americans, veterans, members of faith-based organizations, communities of color, Native Americans and people with disabilities.

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? How and when will you ensure that members are aware of prohibited activities? What, if any, program design and/or member or staff training changes will be made to ensure a positive member experience for underrepresented populations? What member support will you offer to ensure that your members complete their term of service (i.e. they are retained)? How will you assess member satisfaction?

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.

g. Outcome: Performance Measures

What is the overall change you want to see by the end of the three-year grant cycle? What demonstrable impact will your program have? How will you measure impact? How will you report on this on an annual basis? How did you determine your performance measure targets?

Current Grantees Only: What impact has your program had? How successful have you been in tackling the identified problem? Did you achieve contracted targets (row 8) for all performance measures?

h. 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 and what will be their role(s)? What role will AmeriCorps members have in volunteer recruitment and management?

i. 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 pre-service and in-service training consistent with the activities the member will perform.

2. Organizational Capability (25 percent)

Reviewers will assess the extent to which:

- The legal applicant is prepared to take on the responsibility to operate an AmeriCorps program—including the capability to understand the contract and the accompanying provisions and regulations.
- 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.
- The organization has the ability and structure to ensure its compliance with AmeriCorps rules and regulations including prohibited activities.
- The organization has the ability and structure to ensure its subgrantees, sub-contractors, placement sites, trainers, service locations, etc...are fully compliant with AmeriCorps rules and regulations including prohibited activities.
- Multi-state applicants have consulted with state and territory service commissions to ensure non-duplication and coordination of CNCS 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.
- Current or previous AmeriCorps grantees have met performance targets and demonstrated compliance with contract/grant terms and conditions.
- The organization has discussed how it determined service was needed in the proposed areas. It is not duplicating services already provided.

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

a. Organizational Background and Staffing

Provide the organization's mission and a brief history. 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 AmeriCorps project represents in your budget. If you have received support from CV and/or the Corporation during the last five years, please specify what type of support you received. What percentage of your total funding comes from CV and/or the Corporation?

Explain your organization's management structure and how the board of directors (if applicable), administrators, and staff members will support your program.

If you already operate an AmeriCorps program, describe how it is integrated and supported within your organization. Provide evidence that you have managed the program well, have performed satisfactorily, and have a record of compliance and responsiveness.



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 program and service sites for compliance?

b. 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.

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

c. Compliance and Accountability

How will your organization ensure compliance with AmeriCorps rules and regulations at the grantee, subgrantee, and service site locations? How will your organization prevent and detect compliance issues in general and specifically as it relates to prohibited activities? How will your organization hold itself, subgrantees, and service site locations accountable if instances of risk or noncompliance are identified? What will be your process for reporting compliance issues to CV?

Current Grantees and Former Grantees Only

d. Enrollment and Retention

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 as slots filled plus refill slots filled divided 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 as the number of members exited with award (full or partial award) divided by the number of members enrolled. If your organization or any of your partners has ever had to pay the education award, the Trust, CV, or CNCS, please explain.

e. Performance Targets and Demonstrated Compliance

Performance Targets: Describe your performance against your targets during your last full year of program operation. If you did not meet performance targets, provide an explanation and describe your plan for improvement.

Demonstrated Compliance: Describe any compliance issues and areas of weakness/risk (e.g., any Corrective Action Status) identified during your grant cycle—including subgrantees and service sites. If you, your subgrantees, and/or service sites had these types of issues, provide an explanation and describe the corrective action taken and your plan for improvement.



Multi-Site Applicants Only

g. Operating Sites and Member Service Sites

Identify your proposed operating sites and member service sites. 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? If member service sites are not yet known, describe your timeline for selecting service sites.

h. Special Circumstances

In applying the organizational capability criteria, 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 percent)

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. The amount requested is a competitive factor in the selection process.

For EAPs and Full-time Fixed-amount grants, reviewers will assess:

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

a. Cost Effectiveness

The cost per MSY is determined by dividing the CNCS or federal share of budgeted grant costs by the number of MSYs requested in the application. It does not include childcare or the cost of the education award. One MSY is equivalent to at least 1700 service hours, a full-time AmeriCorps position. The cost per MSY will be automatically calculated once you enter your budget in using CVs' Budget Form and Budget Narrative Template.

The maximum allowable cost per MSY is published each year in the *RFA*. 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-CNCS 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.

Cost per MSY: Re-competing grantees requesting a higher cost per MSY than in the previous year must include a compelling rationale for this increased cost. This applies even if the increased cost per MSY is less than the maximum or if the increase is due to increased costs associated with the grant.

c. Special Circumstances

In applying the cost-effectiveness criteria, CV and the Corporation may take into account the following circumstances of individual programs: program age, the extent to which your program expands to 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.

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.

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. Please explain how the cost of criminal history checks and FBI checks, if applicable, are covered if they are not included in the budget.

e. Strategies to Raise Additional Funds Needed [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.

Discuss how you will raise the additional resources you will need to manage and operate an AmeriCorps program. Identify the total amount you have budgeted to operate the program, including the fixed amount from the CNCS and grantee share and how your program determined that amount. 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.



6. PERFORMANCE MEASUREMENT WORKSHEET

A. **Requirements.** Performance measure requirements are as follows:

General

- Applicants must develop a set of performance measures worksheets (PMW) that account for all member service hours.
- Applicants must create a member development PMW for no more than 20 percent of the total aggregate number of member service hours.
- Applicants must develop needs and service and strengthening communities PMWs that account for at least 80 percent of member hours. For more information on member service activities, see the “Program Design Overview” section of the *California AmeriCorps Program Guide* (Guide) available on the CV website.
- Applicants must develop a PMW to account for any member time spent on allowable fundraising activities. Federal regulations prohibit a member from spending more than 10% of his/her service hours towards performing fundraising type of activities.
- Please Note that your success will not depend on the number of PMWs you complete beyond the required three.

Needs and Service Activities

- Applicants must develop a fully aligned PMW for their primary needs and service activity. A *fully aligned* PMW includes an end outcome result, intermediate outcome, and output. The *primary needs and service activity* is the member service activity to which the greatest number of member hours (cumulative across the program) is dedicated.
- All non-primary needs and service PM (including activities other than the primary service activity) must contain an outcome and an output.
- CaliforniaVolunteers strongly encourages applicants to develop outcome performance measures that focus on lasting change directly related to the identified community need.

Member Development

- All applicants must complete the **REQUIRED Common Member Development Performance Measurement Worksheet**. CV expects that the outcome focus on member actual performance, not just “knowledge” gained.
- Applicants may develop additional member development PMWs as appropriate to program design.
- Member development activities are not to exceed 20% of total member hours.

Strengthening Communities

- All applicants must complete the **REQUIRED Common Strengthening Communities Performance Measurement Worksheet**. All programs are required to recruit volunteers.
- Applicants proposing that members engage in community strengthening activities beyond the volunteer recruitment and/or support requirement must develop a separate PMW (see non-primary template) to include an outcome and output for these activities. This includes fundraising activities and other indirect service activities members will perform.



- National Days of Service events should be captured on a Strengthening Communities PMW. For more information on National Days of Service, see “Program Design Policy C.3. Days of Service” in the *Guide*.

B. Completing Performance Measurement Worksheets. Each applicant will need to complete at least **three** Performance Measurement Worksheets (**PMW**), titled as follows:

1. **Primary Needs and Service Performance Measurement Worksheet**—complete only one fully aligned PMW for the PRIMARY needs and service activity **[REQUIRED]**
2. **NON-Primary Performance Measurement Worksheets are provide, if needed**—capture any additional member activities as needed to account for total member hours.
3. **Common Member Development Worksheet [REQUIRED]**
4. **Common Strengthening Communities Worksheet [REQUIRED]**

Please read and follow the directions on the PMW, and in this section. For each PMW, complete the requested steps. Each worksheet is explained below.

1) PRIMARY Needs and Service Performance Measurement Worksheet:

- [A] Fill in the Program Name
- [B] Indicate the total number of members for each slot type and the corresponding total number of service hours for each slot type.
- [C] This is the total member hours for the entire program.
- [D] Check “YES” if members will perform fundraising activities. Check “NO” if this is not the case.
- [E] Fill in the title of the PMW
- [F] Check “YES” if this PMW is the primary performance measure where members spend most of their service hours. Check “NO” if this is not the case.
- [G] Provide a brief description of the overall change you want to see as a result of member service activities by the end of the three-year grant cycle.

Row 1--Need: Summarize the community need your partnership has researched and selected. This is the foundation of your PMW. Include evidence as indicated in the narrative.

Row 2--Result: The result should directly and clearly flow from the community need. Write a statement that reflects the result the community desires. This is a brief statement of the desired result (see sample PMW in *RFA Forms*). Applicants need to identify two result statements—intermediate outcome and output. These results are required.

Row 3--Indicator: The indicator is the *thing* the community will look at to gauge progress toward the result. It should mirror the result. It is **not** the instrument. CV strongly encourages applicants to consider the following when identifying indicators:

The output indicator begins with the words: “The number of...”

The outcome indicator begins with the words: “The percent of...”

Applicants will need to complete each sentence in the PMW. *Tip—frequently, the indicator can be created by combining the “The percent/number of...” phrase, with the result statement (see sample PMW in RFA Forms).*



Row 4--Amount: These are simple calculations. This is how you calculate the number of members needed to achieve the desired outcome(s) or meet the community need. This is how you know how many and what type of member to request. No member hours should take place from home without written permission from CV.

- [a] # of members in this activity
- [b] # of hours per day for this activity
- [c] # of days per week for this activity
- [d] Duration/interval of activity—# of days or weeks that this activity will take place
- [e] Total number of member hours for this activity. Calculated by— $[a*b*c*d]$
- [f] Number of hours in “e” devoted to preparation. Explain preparation activities in Row 6.

Row 5--Participants: Fill in the specific information requested.

- [a] # of direct beneficiaries that will directly be served by members
- [b] A description of the “high need” target population (be specific)
- [c] # of direct high need beneficiaries (in some cases, this number may be the same as the number in a)
- [d] How participants are selected for your service (see sample PMW in *RFA Forms*).

Row 6--Activity: This is a concise description of *exactly* what members do. How will you use and members and hours requested in Row 4? How much actual 1:1 or 1:2-3 will each beneficiary receive? Words like “mentor”, “assist,” “tutor”, “improve” need to be defined. What are members doing when they “improve” something? Be clear and concise. Don’t make your reviewers guess what you mean.

Tutoring Programs—must include your research-based tutoring strategy [intervention], amount of 1:1 time each student will receive (if it is zero, please indicate), skill/subjects tutored. Remember, tutoring is a sustained relationship over time that focuses on identified deficit academic skills, with skill assessment throughout the program [not just pre/post]. Tutoring should have academic outcomes. CaliforniaVolunteers encourages grade level change as the unit of progress.

Mentoring Programs— must describe the evidence-based mentoring strategy, amount of 1:1 time each student will receive (if zero, please indicate), the amount of 1:2-3 time each student will receive, and types of social/behavioral issues being addressed. Remember, mentoring is a sustained relationship over time that focuses on identified social and/or behavioral skills, with assessment throughout the program [not just pre/post]. For the purpose of CV, there is no “academic mentoring.” Mentoring is social/behavioral, not academic. For academic outcomes, see tutoring above.

Row 7--Instrument and Data: Describe what the program will use to measure **targets** in Row 8. In describing data, applicants should clarify the exact information that will be used in reports. This step should also include a description of the tool used to collect data, who will complete the assessment, and how often the assessment will be completed [pre/post is usually not enough for best practice]. Use the format provided in the section to identify the name of the instrument and the data it will collect. Each **indicator** identified in row three needs to have a corresponding instrument.

Row 8--Targets: Identify the actual level or degree of success – as measured by your instrument – which you expect to achieve each year in the three-year funding cycle. Given that each year brings new AmeriCorps members and service recipients, it is anticipated that years two and three would be predictions of 5-10% growth. CaliforniaVolunteers views second and third year targets as a vision of your program’s future service delivery. CaliforniaVolunteers will negotiate final second and third year



targets during the contracting process for those years. Please note in the following example that both percent and raw numbers are included as appropriate.

Example for outcome targets:

Year 1: 50% of 200 [100] students receiving X hours of 1:1 tutoring will increase reading by 1 grade level.

Year 2: 55% of 200 [110] students receiving X hours of 1:1 tutoring will increase reading by 1 grade level.

Year 3: 60% of 200 [120] students receiving X hours of 1:1 tutoring will increase reading by 1 grade level.

Outcome targets **MUST** include the **amount** of change (e.g., 1 grade level, earned certification, etc.). Be sure to follow the PMW Directions when writing targets (see Sample PMW in *RFA Forms*).

Row 9--Prior Data: If you have data for the performance measure target include it here. Only include data directly reflective of the target stated.

2) NON-Primary Performance Measurement Worksheet

To complete a “non-primary” PMW, follow same instructions as the PRIMARY PMW.

3) Common Member Development PMW [REQUIRED]

This PMW is required for all Applicants. Complete the PMW sections by inserting information specific to your program. Applicants should replace “xxx”, “_____”, and “Sample Text” with their program’s specific text. .

4) Common Strengthening Communities PMW[REQUIRED]

This PMW is required for all Applicants. Complete the PMW sections by inserting information specific to your program. Applicants should replace “xxx”, “_____”, and “Sample Text” with their program’s specific text. The outcome column on the Strengthening Communities PMW is optional depending upon your program design.

CV recommends that applicants consult the PMW sample as they complete their PMWs



NATIONAL PERFORMANCE MEASURES

The following describes national performance measures available in the Education, Disaster Services, Healthy Futures, Economic Opportunity, Environmental Stewardship, and Veterans and Military Families Focus Areas. Use of national performance measures remains an option in 2012. If you will report on national performance measures, please check the box in row 8 under the Output and Outcome columns of the appropriate Need and Service or Common Member Development PMWs. Your target statement in row 8 of the PMW should reflect the language of the selected national performance and address the four components required in an outcome target as described above.

Tier 1: Priority Measures (in Disaster Services, Education, and Veterans and Military Families)

| Disaster Services |
|---|
| (new) D1: Number of individuals that received CNCS-supported services in disaster preparedness |
| (new) D2: Number of individuals that received CNCS-supported services in disaster response |
| (new) D3: Number of individuals that received CNCS-supported services in disaster recovery |
| (new) D4: Number of individuals that received CNCS-supported services in disaster mitigation |
| Education |
| ED21: Number of children that completed participation in CNCS-supported early childhood education programs |
| ED23: Number of children demonstrating gains in school readiness in terms of social and/or emotional development |
| ED24: Number of children demonstrating gains in school readiness in terms of literacy skills |
| ED25: Number of children demonstrating gains in school readiness in terms of numeracy (math) skills |
| ED2: Number of students that completed participation in CNCS-supported K-12 education programs |
| ED4A: Number of disadvantaged youth/mentor matches that were sustained by the CNCS-supported program for at least the required time period |
| ED5: Number of students with improved academic performance in literacy and/or math |
| (new) ED27: Number of students in grades K-12 that participated in the mentoring or tutoring or other education program, including CNCS-supported service learning, who demonstrated improved academic engagement |
| ED6: Number of students that improved their school attendance over the course of the CNCS-supported program's involvement with the student |
| Veterans and Military Families |
| V1: Number of veterans that received CNCS-supported assistance |
| (new) V8: Number of veterans' family members that received CNCS-supported assistance |
| V7: Number of family members of active duty military service members that received CNCS-supported assistance |
| (new) V9: Number of active duty military service members that received CNCS-supported assistance |
| V2: Number of veterans engaged in service opportunities as a National Service Participant or volunteer. |
| V10: Number of military family members engaged in service opportunities as a National Service Participant or volunteer. |



Tier 2: Priority Measures (in Economic Opportunity, Environmental Stewardship, Healthy Futures and Capacity Building)

| Economic Opportunity¹ |
|---|
| O5: Number of economically disadvantaged individuals, including homeless individuals, receiving housing services |
| O11: Number of economically disadvantaged individuals, including homeless individuals, transitioned into safe, healthy, affordable housing |
| Environmental Stewardship² |
| EN4: Number of acres of national parks, state parks, city parks, county parks, or other public and tribal lands that are improved |
| EN5: Number of miles of trails or waterways (owned/maintained by national, state, county, city or tribal governments) that are improved and/or created |
| Healthy Futures³ |
| H8: Number of homebound OR older adults and individuals with disabilities receiving food, transportation, or other services that allow them to live independently |
| (new) H9: Number of homebound OR older adults and individuals with disabilities who reported having increased social ties/perceived social support |
| H10 (formerly O6): Number of individuals receiving emergency food from food banks, food pantries, or other nonprofit organizations |
| H11 (formerly O7): Number of individuals receiving support, services, education and/or referrals to alleviate long-term hunger |
| (new) H12: Number of individuals that reported increased food security of themselves and their children (household food security) as a result of CNCS-supported services |
| Capacity Building |
| (new) G3-3.1: Number of community volunteers recruited by CNCS-supported organizations or National Service Participants |
| (new) G3-3.2: Number of community volunteers managed by CNCS-supported organizations or National Service Participants |
| (new) G3-3.3: Number of organizations implementing three or more effective volunteer management practices as a result of capacity building services provided by CNCS-supported organizations or National Service Participants |

¹ The following Economic Opportunity measures may also be used to report on your program's performance in providing services in the Disaster Services focus area,

² The following Environmental Stewardship measures may also be used to report on your program's performance in providing services in the Disaster Services focus area,

³ The following Healthy Futures measures may also be used to report on your program's performance in providing services in the Disaster Services focus area,



Tier 3: Pilot Measures

| Education |
|---|
| ED1: Number of students who start in a CNCS-supported education program |
| ED3A: Number of disadvantaged youth/mentor matches that are commenced by CNCS-supported programs |
| ED7: Number of students with no or decreased disciplinary referrals and suspensions over the course of the CNCS-supported programs' involvement |
| ED8: Number of youth with decreased substance abuse, arrest, or gang involvement |
| ED9: Number of students graduating from high school on time with a diploma |
| ED10: Number of students entering post-secondary institutions |
| ED11: Number of students earning a post-secondary degree |
| ED12: Number of CNCS-Supported National Service Participants who begin serving as teachers through a Teacher Corps program |
| ED13: Number of CNCS-Supported National Service Participants who completed serving as teachers through a Teacher Corps program |
| ED14: Number of individuals teaching in high need schools |
| ED15: Number of students in CNCS-supported teacher classrooms with improved academic performance |
| ED17: Number of teachers remaining in the education field, but not teaching in a school (school support staff, school administration, district administration policy, education nonprofits, etc.) after their term of service |
| ED18: Number of teachers who have had a positive impact on student learning as determined by observation-based assessments of teacher performance |
| ED19: Number of individuals receiving certification to teach in schools after their term of service |
| ED20: Number of children who start in a CNCS-supported early childhood education program |
| ED22: Number of children accessing high quality early childhood education programs |
| ED26: Number of students acquiring a GED |
| Economic Opportunity |
| O1: Number of economically disadvantaged individuals receiving financial literacy services |
| O2: Number of economically disadvantaged individuals receiving job training and other skill development services |
| O3: Number of economically disadvantaged individuals receiving job placement services |
| O4: Number of housing units developed, repaired, or otherwise made available for low-income individuals, families or people with disabilities |
| O9: Number of economically disadvantaged individuals with improved financial knowledge |
| O10: Number of economically disadvantaged individuals placed in jobs |
| O12: Number of economically disadvantaged National Service Participants who are unemployed prior to their term of service |
| O13: Number of economically disadvantaged National Service Participants who have not obtained their high school diploma or equivalent prior to the start of their term of service |
| O14: Number of National Service Participants who have their high school diploma or equivalent but have not completed a college degree prior to their term of service |
| O15: Number of economically disadvantaged National Service Participants that secure employment during their term of service or within one year after finishing a CNCS-supported program |
| O16: Number of National Service Participants that obtain a GED/diploma while serving in CNCS-supported programs or within one year after finishing serving in CNCS-supported programs |



O17: Number of National Service Participants that complete a college course within one year after finishing a CNCS-supported program

Environmental Stewardship

EN1: Number of housing units of low-income households and structures weatherized or retrofitted to significantly improve energy efficiency

EN2: Number of low-income households home and public building energy audits conducted

EN3: Number of individuals receiving education or training in energy-efficient and environmentally-conscious practices, including but not limited to sustainable energy and other natural resources, and sustainable agriculture

EN6: Number of tons of materials collected and recycled

Healthy Futures

H1: Number of individuals who are uninsured, economically disadvantaged, medically underserved, or living in rural areas utilizing preventive and primary health care services and programs

H2: Number of clients to whom information on health insurance, health care access and health benefits programs is delivered

H3: Number of clients enrolled in health insurance, health services, and health benefits programs

H4: Number of clients participating in health education programs

H5: Number of children and youth engaged in in-school or afterschool physical education activities with the purpose of reducing childhood obesity

H6: Number of children and youth receiving nutrition education with the purpose of reducing childhood obesity

H7: Number of clients receiving language translation services at clinics and in emergency rooms

Veterans and Military Families

V3: Number of veterans assisted in pursuing educational opportunities

V4: Number of veterans assisted in receiving professional certification, licensure, or credentials

V6: Number of housing units developed, repaired, or otherwise made available for veterans

Capacity Building

(new) G3-3.4 Number of organizations that received capacity building services from CNCS-supported organizations or national service participants

(new) G3-3.5: Number of staff and community volunteers that received training (of one or more types) as a result of capacity building services provided by CNCS-supported organizations or national service participants

(new) G3-3.6: Number of organizations that completed a community assessment identifying goals and recommendations with the assistance of CNCS-supported organizations or national service participants

(new) G3-3.7: Hours of service contributed by community volunteers who were recruited by CNCS-supported organizations or national service participants

(new) G3-3.8: Hours of service contributed by community volunteers who were managed by CNCS-supported organizations or national service participants

(new) G3-3.9: Number of organizations reporting that capacity building activities provided by CNCS-supported organizations or national service participants have helped to make the organization more efficient

(new) G3-3.10: Number of organizations reporting that capacity building activities provided by CNCS-supported organizations or national service participants have helped to make the organization more effective

(new) G3-3.11: Number of new systems and business processes (technology, performance management, training, etc.) or enhancements to existing systems and business processes put in place as a result of capacity building services provided by CNCS-supported organizations or national service participants

(new) G3-3.12: Number of organizations that monitored their progress towards the goals identified in their community assessment with the assistance of CNCS-supported organizations or national service participants



| |
|---|
| (new) G3-3.13: Number of additional activities completed and/or program outputs produced by the program as a result of capacity building services provided by CNCS-supported organizations or national service participants in a) Disaster Services, b) Economic Opportunity, c) Education, d) Environmental Stewardship, e) Healthy Futures and/or f) Veterans and Military Families |
| (new) G3-3.14: Number of organizations that have experienced an increase in requests for their programs and services as a result of capacity building services provided by CNCS-supported organizations or national service participants |
| (new) G3-3.15: Number of additional types of services offered by organizations as a result of capacity building services provided by CNCS-supported organizations or national service participants in a) Disaster Services, b) Economic Opportunity, c) Education, d) Environmental Stewardship, e) Healthy Futures and/or f) Veterans and Military Families |
| (new) G3-3.16: Dollar value of cash resources leveraged by CNCS-supported organizations or national service participants |
| (new) G3-3.17: Dollar value of in-kind resources leveraged by CNCS-supported organizations or national service participants |
| (new) G3-3.18: Number of new beneficiaries that received services as a result of capacity building efforts in: Disaster Services, Economic Opportunity, Education, Environmental Stewardship, Healthy Futures, and/or Veterans and Military Families |
| (new) G3-3.19: Number of new beneficiaries from one or more targeted or underserved populations (counts by target population, e.g., racial or ethnic group) that received services as a result of capacity building efforts in: Disaster Services, Economic Opportunity, Education, Environmental Stewardship, Healthy Futures, and/or Veterans and Military Families |



7. BUDGET FORM

8. BUDGET NARRATIVE FORM

NOTE: All applicants are required to submit a detailed budget. In addition, Fixed-Amount grants, including EAPs must also use the Budget Instructions for Fixed-Amount applicants to complete their Fixed-Amount Budget Worksheet.

A. Match Requirements

Program requirements, including requirements on match, are located in the AmeriCorps regulations, modified by 2008 appropriations language, and summarized below.

Table 1: 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 re-competing, please contact your CV's Program Associate if you are unsure about where you are in the match schedule (Table 2).

Table 2: Minimum Match Requirements

| AmeriCorps Funding Year | 1,2,3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Grantee Share Requirements | 24% | 26% | 30% | 34% | 38% | 42% | 46% | 50% |

- 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. If awarded a grant, you will be expected to obtain written verification that the other federal agency allows their funds to be used as match to AmeriCorps funding. 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.

To prepare your budget, follow the detailed budget instructions below. The *Budget Analysis Checklist* (in this Section) is a resource for you to ensure your budget is complete. The excel *Budget Form* will create the budget and the *Budget Narrative* automatically from the detailed budget information you enter.

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.
- 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 they expend over \$500,000 in federal funds, as required in OMB Circular A-133.



DETAILED BUDGET INSTRUCTIONS

These instructions apply to all applicants.

Please note that it may be requested that you include description/calculation breakdowns for costs that are covered by funds outside of the grant.

Source of Match

In the “Source of Match” table that appears at the bottom of the excel budget form, 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). Define any acronyms the first time they are used.

Section I. Program Operating Costs

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

A. Personnel Expenses

Under “Position/Title Description,” list each staff position separately and provide position description, salary, and percentage of effort 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. **At least one full-time staff member must have 100% of his/her time allocated to the AmeriCorps program.** For Column 2, under ‘% of FTE Time Spent on Program’, please include the percentage of time for a full-time equivalent (FTE) employee. For example, if a part-time staff member who works 20 hours a week spends 100% of their time working on the AmeriCorps program, Column 2 should reflect 50%.

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 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 member will travel. Provide a calculation to include 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. Travel rates may not exceed the state rates set by the California Department of Personnel Administration (DPA) for excluded personnel. DPA’s Website: <http://www.dpa.ca.gov/personnel-policies/travel/employees.htm>. Only domestic travel is allowable.



We expect all applicants to include funds in this line item for travel for program staff and site staff to attend CV-sponsored technical assistance meetings or trainings. There are two to three such opportunities per year, including opportunities for financial training. It is also required that at least two staff attend the CV-sponsored annual California AmeriCorps Conference. This requirement should be considered when creating the budget.

For example: Two staff members will attend the California AmeriCorps Conference in Sacramento.

2 staff X \$250 airfare + \$50 ground transportation + (2 days) X \$100 lodging + \$35 per diem = \$1,140 for California AmeriCorps conference.

C. 2. Member Travel

Describe the purpose for which members will travel. Provide a calculation to include costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Travel rates may not exceed the state rates set by the DPA.

D. Equipment

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **\$5,000 or more per unit** (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in E. Supplies below. Purchases of equipment are limited to 10% of the total 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-Corporation 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. or H., below. Payments to **individuals** for consultant services under this grant may not exceed \$750 per day (excluding costs for indirect expenses, 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. Please include any training/conference registration in this line item. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the 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, for example, orientation, project-specific skills such as age-appropriate tutoring, CPR, or ecosystems and the environment. You may also use this section to request funds to support training in Life After AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit (indicated above under Section F).

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:

- State Criminal Registry and FBI 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). [If your program covers the cost for background checks outside of grant funds, these items should still be included in "Other" with zero costs].
- 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.
- National Direct 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,) and the amount of living allowance they will receive, allocating appropriate portions between the Corporation’s share (CNCS Share) and grantee match (Grantee Share). **Please note that programs are not required to provide a living allowance to half-time, reduced half-time, quarter-time, or minimum-time members.** Programs choosing to provide part-time members with living allowances should use the guidelines below.

| Term of Service | Minimum # of Hours | Minimum Living Allowance | Maximum Living Allowance |
|-------------------|--------------------|--------------------------|--------------------------|
| Full-time | 1,700 | \$12,100 | \$24,200 |
| Half-Time | 900 | \$6,400 | \$12,800 |
| Reduced Half-Time | 675 | \$4,800 | \$9,600 |
| Quarter-Time | 450 | \$3,200 | \$6,400 |
| Minimum-Time | 300 | \$2,150 | \$4,300 |

Members – 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. Enter the number of members for which you are not requesting funds for a living allowance, but for which you request education awards.

B. Member Support Costs

Consistent with California State law, you must provide members with the benefits described below:

- **FICA for Members.** Unless exempted by the IRS with accompanying documentation (note in the narrative and provide documentation with application), all projects must pay FICA for any member receiving a living allowance, even when the Corporation does not supply the living allowance. If exempted, please note in the narrative and provide documentation with application. 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.** Under California Labor Code Sections 3351 to 3352(j) inclusive, Subgrantees are required to provide workers’ compensation insurance for AmeriCorps members as they would for any other employee.
- **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. Under California Unemployment Insurance Code Section 634.5, AmeriCorps members are not considered “employees” and therefore, the Subgrantee is not required to pay unemployment insurance taxes for members.

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 can choose to use one of two methods to calculate allowable administrative costs – a Corporation fixed percentage method or a federally approved indirect cost rate method. Regardless of the option chosen, the Corporation’s share of administrative costs is limited 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 rate allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the Corporation Fixed Percentage Method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% 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. (If 0.0500 was used, the resulting Section III costs would be less than the maximum 5% of total costs that are permitted under the Corporation’s regulations.) As allowed by CNCS, CaliforniaVolunteers retains 20% of the federal share of administrative costs.
2. To determine the maximum 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.



B. Federally Approved Indirect Cost Rate Method

If you have a Federally Approved Indirect Cost (IDC) rate and choose to use it, the IDC rate will constitute documentation of your administrative costs including the 5% 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's shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.
2. 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. As allowed by CNCS, CaliforniaVolunteers retains 20% of the federal share of administrative costs.
3. To determine the maximum 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.

Calculation of CV/Grantee Share of Federal Administrative Costs

As allowed by CNCS, CaliforniaVolunteers elects to retain a share of the 5% of the federal funds available for administrative costs. To calculate these fractional shares, within Section III of the subgrant budget, **one-fifth (20%) of the federal dollars budgeted for administrative costs are allocated to CV's share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program's share. Because programs budget the 5% administrative maximum by multiplying the Corporation's share of Section I and Section II costs by the factor 0.0526, the allocation between commission and program shares would be calculated as follows:**

$$([\text{Section I CNCS Share}] + [\text{Section II CNCS Share}] \times 0.0526) \times (0.20) = \text{CV Share}$$

$$([\text{Section I CNCS Share}] + [\text{Section II CNCS Share}] \times 0.0526) \times (0.80) = \text{Subgrantee Share}$$

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 minimum in years thereafter, are maintained. These matching requirements may be waived in limited circumstances. 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 A 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 B 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 at the same time the AmeriCorps application is due to CV.*** CaliforniaVolunteers will review and forward your approved request to the Corporation on your behalf should your application be selected by CV for funding consideration. 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 your request in an e-mail to CV at Funding@CaliforniaVolunteers.ca.gov. Your request is due to CV at the same time as your AmeriCorps grant application deadline.

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.



BUDGET INSTRUCTIONS FOR FIXED-AMOUNT APPLICANTS

These instructions apply only to applicants for fixed-amount grants, including Education Award Programs (EAPs).

For programs applying for a Fixed-amount grant, please fill out ***Fixed-Amount Grants Budget Worksheet*** [an Excel document] as described below as well as a detailed budget as described in Section VI “Budget Instructions.” If awarded funds, CV will not track the budget detail of EAP or fixed-amount grants the same as a standard operating program, however CaliforniaVolunteers requires full budget detail to be submitted as part of the Grant Application process to ensure that you are adequately supporting the program.

EAP and Fixed-Amount Grant applicants may only request a fixed amount of funding per MSY. 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. Fixed-amount Pilot Instructions for Budget Section II

Using the Excel budget form, enter the number of full-time positions you are requesting under the column labeled No. of Members without 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. Education Award Program Instructions for Budget Section II

Member Positions

Using the Excel budget form, 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 **No. of Members without 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) | = _____ |
| _____ Half-time (900 hours) | (_____ members x 0.500) | = _____ |
| _____ 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: | | |

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 | \$19,000 | \$19,000 | \$0 | | |
| | X \$800/MSY | | | | view | |
| Subtotal | | \$19,000 | \$19,000 | \$0 | | |



9. BUDGET ANALYSIS VERIFICATION

This checklist helps you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. Please complete and include with your application.

| 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 ___ | Brief position descriptions are provided for each staff member listed on the grant? |
| 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 CV and CNCS sponsored meetings in the budget narrative? |
| Yes ___ No ___ | Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget? |
| Yes ___ No ___ | Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount? |
| Yes ___ No ___ | All single equipment items over \$5,000 per unit are specifically listed? |
| Yes ___ No ___ | Justification/explanation of equipment items is included in the budget narrative? |
| Yes ___ No ___ | All single supply items over \$1,000 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 state criminal registry and FBI background checks of members and grant-funded staff in accordance with AmeriCorps requirements? |



| | |
|-----------------------|--|
| In Compliance? | Section I. Program Operating Costs |
| Yes ___ No ___ | Are all items in the budget narrative itemized and the purpose of the funds justified? |

| | |
|-----------------------|---|
| In Compliance? | Section II. Member Costs |
| Yes ___ No ___ | Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance 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. |
| Yes ___ No ___ | Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or state commission to determine whether or not you are required to pay worker's compensation and at what level (i.e., rate). If you are not required to pay worker's compensation, you 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 half-time serving for a sustained full-time period of time such as summer service)? If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own. |

| | |
|-----------------------|---|
| 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 on file? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project. |
| Yes ___ No ___ | Applicant has chosen Option B – The maximum grantee share is at 10% or less of total budgeted funds, less the 5% CNCS share? |



| In Compliance? | Section IV. 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? |

I am authorized by the legal applicant agency to verify that the statements in this application are true, complete, and correct to the best of my knowledge. I understand that any material misrepresentation may be grounds for rejection of this application.

Name (please print)

Position/Title (please print)

Signature

Date



10. PROGRAM EVALUATION PLAN

All Applicants are required to submit an evaluation plan as part of their application.

Complete the Program Evaluation Summary to outline your partnership's plan for evaluating your AmeriCorps program. In your description, include a discussion about your partnership's process, your program's anticipated evaluation question(s), potential methods to be used, period of time the evaluation will cover, who will conduct the evaluation, and how the evaluation will be funded.

Include a description of how you will select an evaluator (internal or external) and how you will assure objectivity. This description has no page limitation and may be single spaced.



11. ORGANIZATIONAL SELF-ASSESSMENT

Applicant Organization Name: _____

Below are questions regarding your current/future policies and procedures and necessary fiscal procedures for managing an AmeriCorps Grant. Please answer each question to the best of your knowledge. If you have additional information, please provide it in the designated space below.

| | | |
|--|--|--|
| 1. Applicant has a written Policies and Procedures Manual that governs fiscal and programmatic activities. | | |
| 2. Applicant has systems for general financial management tasks which include: bank reconciliations, process for review of budget to actual, and monitoring subgrantees (if applicable). | | |
| 3. Applicant has a plan or system to ensure they will comply with all AmeriCorps Provisions and CV Requirements upon receipt of grant. | | |
| 4. Your organization has a process to keep the policies and procedures current to reflect changes or updates in laws, regulations, guidance, and funding requirements associated with managing an AmeriCorps grant. | | |
| 5. Applicant has policy for maintaining supporting documentation for all expenditures to ensure a clear audit trail. | | |
| 6. Applicant has dedicated fiscal staff who are qualified and capable of supporting this grant. | | |
| 7. Applicant has functional timesheets (timesheets capture staff/member time on split-funded projects) that are signed by both the staff/member and the supervisor. | | |
| 8. Applicant understands that this is a reimbursement-based grant and has the ability to manage cash flow. (Applicants are advised they need to ensure they have funds available to cover start-up costs prior to the receipt of the first invoice payment.) | | |
| 9. Applicant has the ability to track matching funds as both revenue and expenditures in their accounting system. | | |
| 10. Applicant has a system or plan to ensure that members are eligible to serve. | | |
| 11. Applicant has a system or plan to ensure that staff will receive adequate training to perform their duties. | | |
| 12. Applicant understands that this grant is subject to the requirements of applicable OMB Circulars (A-21, A-87, A102, A110, A122, and A133) and can meet the requirements of these circulars as they apply to your organization. | | |

Additional information or clarification of any of the above responses (optional): _____

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge. I understand that any material misrepresentation may be grounds for rejection of this application.

 Name (please print)

 Position/Title (please print)

 Signature



12. LABOR ORGANIZATION CERTIFICATION

Carefully consider the three options on the Labor Organization Form and check all the boxes that apply to your program. An applicant must check at least one box. The form must be signed by an authorized legal applicant representative.

Service Sponsor--According to SEC. 101(25) [42 USC 12511(25)], the term “service sponsor” means an organization, or other entity, that has been selected to provide a placement for a member (participant).

Program Applicant --For the purposes of this section, the Corporation’s definition for “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.

Check Option 1 if a program applicant:

- 1) Proposes to serve as a 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 applicant’s 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.

Check Option 2 if program applicant:

- 1) Proposes to place AmeriCorps members at sites where they will be engaged in the same or substantially similar work as employees represented by a local labor organization, then the applicant must submit a written description of how it will ensure that:
 - a) AmeriCorps members won’t be placed in positions that were recently occupied by paid staff.
 - b) No AmeriCorps member will be placed into a position for which a recently resigned or discharged employee has recall rights as a result of a collective bargaining agreement, from which a recently resigned or discharged employee was removed as a result of a reduction in force, or from which a recently resigned/discharged employee is on leave or strike.

In the very rare event that neither Option 1 nor 2 applies to you, please select Option 3.



13. ASSURANCES AND CERTIFICATIONS

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.
- 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.

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.



13. ASSURANCE AND CERTIFICATION—*signature page*

Please complete this form and include in the application.

ASSURANCE SIGNATURE:

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

Applicant Organization Name: _____

Program Name: _____

Printed Name and Title of Authorized Applicant Representative

Authorized Applicant Signature

Date

CERTIFICATION 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

Applicant Organization Name: _____

Program Name: _____

Printed Name and Title of Authorized Applicant Representative

Authorized Applicant Signature

Date



14. PROGRAM EVALUATION REPORT

If you are recompeting for AmeriCorps funds for the first time, you must submit a summary of your evaluations efforts or plan to date. If you are recompeting for a subsequent time, you must submit a completed evaluation report with this application. The report(s) should be attached to the original application. CaliforniaVolunteers may request an electronic copy at a later date.

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

- If you are a competitive 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 a formula 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 recompetite 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.

15. FINANCIAL/AUDIT INFORMATION

Provide your most recent A-133 audit, your organization's financial audit, or other financial statements if you have not had a formal audit.

The A-133 audit is a requirement for legal applicant agencies/organizations that expended \$500,000 or more in federal funding during the most recent fiscal year as outlined in federal Office of Management and Budget (OMB) Circular A-133. If you do not meet this criterion, you must include a letter to this effect in your completed application packet.

OMB Circular A-133 explicitly references – and is applicable to – organizations such as municipal and city governments, school districts, institutions of higher education and nonprofit organizations. Such organizations are not exempt from A-133 provisions and are required to submit audits if they meet the above criteria.

State of California government agencies that are covered by the Single Audit Act are not required to submit audits, but should submit a statement on agency letterhead indicating they are a state agency.



16. ONLINE PARTNERSHIP FORM(S)

The partnership form(s) are available online through the CaliforniaVolunteers Web site at www.californiavolunteers.org/index.php/Grants/americorps/. Once you have completed and submitted your online form(s), please also print and submit your form(s) (with your paper application).

Site Placement Information: Indicate whether the partner will serve as an AmeriCorps member placement site. If so, provide information on the number of members, as well as details on their terms of service. For example, if a partner would host a total of 4 half-time (900 hour) members, the partnership form for that partner would read as follows:

Members Awarded to Site: 4

Number of 900-Hour Members: 4

Partner, Roles, Responsibilities, Resources: Check the appropriate box.

Note: It is critical that all proposed member slots are connected to site placement information on partnership forms.



ATTACHMENT A: 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.



ATTACHMENT B: 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. |
| 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. |



ATTACHMENT C: DISASTER SERVICES DEFINITIONS

The following definitions apply to the Service Categories listed under the Disaster Services Focus 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.

