2019-2020
AmeriCorps*State Formula Application Instructions and Attachments

Released in conjunction with the
Wisconsin National and Community Service Board **Request for Proposals #1920WNCSB-AC-F**

Questions about these Instructions and Attachments will be accepted until 11:59 PM CT, April 30, 2019. Contact the RFP Manager at servewisconsin@wisconsin.gov

IMPORTANT NOTICE

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

Public Burden Statement: Public reporting burden for this collection of information is estimated to average 80 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Jennifer Bastress Tahmasebi, 250 E Street, SW, Suite 300, Washington, DC 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed below are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C. §§ 12581 - 12585 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. § 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the CNCS website as part of ongoing efforts to increase transparency in grantmaking. This is described in more detail in the *Notice of Federal Funding Opportunity.* The information will not otherwise be disclosed to entities outside of AmeriCorps and CNCS without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

Federal Funding Accountability and Transparency Act: Grant recipients will be required to report at www.FSRS.gov 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.

Indirect Cost Rates: CNCS allows applicants to include indirect costs in application budgets. Based on qualifying factors, applicants have the option of using a federally approved indirect cost rate, a 10% de minimis rate of modified total direct costs, or may claim certain costs directly as outlined in 2 C.F.R. § 200.413 Direct costs. Applicants who hold a federal negotiated indirect cost rate must use that rate in lieu of the AmeriCorps 5/10% allocation of administrative costs.

Applicants who hold a state or federal negotiated indirect cost rate or will be using the 10% de minimis rate must enter that information in the Organization section in eGrants (see Attachment I).

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.

Based on Corporation for National and Community Service Application Instructions:
OMB Control #: 3045-0047
Expiration Date: 06/30/2020

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APPLICATION RESOURCES

Notification of Intent to Apply: All applicants **must have submitted a Notification of Intent to Apply by 11:59 PM Central Time, April 24, 2019**.

The deadline for this application is May 2, 2019, by 4:30 PM Central Time. Applications are submitted using eGrants (https://egrants.cns.gov), CNCS's integrated, secure, web-based system for applications. In addition to completing an online application, you must submit all additional documents specified in the *Request For Proposals (RFP),* these *Application Instruction and Attachments*, and the AmeriCorps regulations.

Serve Wisconsin recommends that applicants create an eGrants account and begin entering the application into eGrants no later than ten days before the deadline. It is also recommended that applicants submit the application early to leave enough time to troubleshoot technical issues prior to the deadline.

Contact the National Service Hotline at 800-942-2677 (talk to an associate or leave a detailed message) or https://questions.nationalservice.gov/app/ask immediately if a problem arises while you are creating your account, preparing, or submitting your application. Be prepared to provide your application ID. If technical issues are preventing you from submitting your application in eGrants, you must contact the National Service Hotline prior to the deadline to explain your technical issue and get a ticket number. If your issue cannot be resolved by the deadline, you must continue working with the National Service Hotline to submit your application.

Use these instructions in conjunction with the *RFP,* and the AmeriCorps Regulations, 45 C.F.R. §§ 2520–2550. **The *RFP* includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),[1] and other information that is specific to the grant competition.** The *RFP* can be found online at www.servewisconsin.wi.gov under "Grants." The AmeriCorps regulations in Table 1 include pertinent information. The full regulations are available online at https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR.

Table 1: Requirements in the AmeriCorps Regulations

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

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

1. AmeriCorps regulations 45 C.F.R. §§ 2520–2550 take precedence over the
2. *Request for Proposals,* which takes precedence over the
3. *Application Instructions and Attachments*.

[1] One MSY is equivalent to at least 1700 service hours, a full-time AmeriCorps position. The CNCS cost per MSY is determined by dividing the CNCS 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.

NEW AND RECOMPETING APPLICANTS

SUBMITTING YOUR APPLICATION IN EGRANTS
Please use these application instructions if you are a new or recompeting applicant to CNCS. If you are submitting a request for continuation funding, please see the Continuation Instructions in this document.

New applicants need to establish an eGrants account by accessing this link: https://egrants.cns.gov/espan/main/login.jsp and selecting "Don't have an eGrants account? Create an account."

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

- At the bottom of the home page, click on *New* under the *Creating an Application* section
- Select *AmeriCorps* from the drop down box that says "Select a program area…"
- Select a NOFA
  - For Cost Reimbursement Applicants:
    - Grant Application ID: 19AC213383
    - NOFA: FY 2019 AmeriCorps State and Territory Commission (New and Continuations)
  - For Fixed Amount Applicants:
    - Grant Application ID: 19ES213382
    - NOFA: FY 2019 AmeriCorps State and Terr Comm Fixed Amount, EAP (New and Continuation)

When selecting the correct eGrants application, you will see a Due Date of 1/30/2019 associated with the application listed above. Please ignore this deadline as this date is pre-populated by CNCS to align with their National deadlines, not individual State deadlines. Please ignore this date and ensure that you are selecting the correct NOFO and Prime Application ID according to the above Submission Instructions.

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

I. Applicant Info
II. Application Info
III. Narratives
IV. Logic Model
V. Performance Measures
VI. Program Information
VII. Documents
VIII. Budget
IX. Funding/Demographics
X. Review
XI. Authorize, and Submit

I. Applicant Info
Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet.

- If you are recompeting (in the final year of a competitive funding cycle and applying for a new grant cycle), select **Continuation/Renewal**
- If you are not a current grantee, but have received a competitive AmeriCorps grant in the past five years, and if your project meets the definition of "same project" (see section 8.0 of the *RFP*) select **Continuation/Renewal**
- If you are applying for the first time, have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, select **New**[2]
- If you are a current planning grantee applying for an implementation grant, select **New**

Enter or update the requested information in the fields that appear. The contact person needs to be the person who can answer questions about the application.

[2] If you have received a competitive AmeriCorps grant in the past five years and your project does not meet the definition of "same project" (see section 8.0 of the *RFP*) please contact the RFP Manager at servewisconsin@wisconsin.gov so that eGrants can be set up properly to accept your application.

II. Application Info

In the Application Info Section enter:

- Areas affected by your proposed program. Please include the city and/or county name for each host site location, separated with a comma. Include the two-letter capitalized state abbreviation (WI). If there is not enough space to list all cities/counties, note the number of cities/counties, the two-letter capitalized state abbreviation (WI), and ensure to list all of the locations in your grant narrative.
- Requested project period start and end dates. The length of the project period is specified in the *RFP.* Projects start on August 15, 2019 or September 1, 2019, and complete on August 14, 2020 or August 31, 2020, respectively.
- State Application Identifier: Enter N/A. The Application is Subject to Review by State Executive Order 12372 Process: This is pre-filled as "No, this is not applicable."
- Indicate Yes or No if you are delinquent on any federal debt. If yes, provide an explanation.

III. Narratives

The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria as outlined in the *RFP*. It is strongly recommended that you create your narrative in a word processing document prior to entering into eGrants. Below are some general recommendations to help you present your project in a way the reviewers will find compelling and persuasive.

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit funding priorities and special considerations articulated in the regulations or *RFP.*
- **Be clear and succinct.** Do not use jargon, boilerplate, rhetoric, or exaggeration. Describe clearly what you intend to do and how your project responds to the selection criteria.
- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from CNCS in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative using the Peer Review Form (RFP Appendix A).
- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections by criterion.

In eGrants, you will enter text for

- Executive Summary
- Rationale and Approach (Program Design)
- Organizational Capability
- Cost Effectiveness and Budget Adequacy
- Evaluation Summary or Plan.

Note: The Narratives Section also includes fields for Clarification Summary, Amendment Justification, and Continuation Changes. Please enter N/A in these fields. They will be used at a later date to enter information for clarification following review, to request amendments once a grant is awarded, and to enter changes in the narrative in continuation requests.

Reviewers will assess your application against the selection criteria. To best respond to the criteria listed in the *RFP* and Application Instructions, we suggest that you include a brief discussion of each bullet if it pertains to your application.

A. Executive Summary

Please complete the Executive Summary per the guidance in the *RFP*.

B. Selection Criteria

Each application must clearly describe a project that will effectively deploy AmeriCorps members to solve a significant community problem. Specifics about the selection criteria are published in the *RFP*.

1. Program Design (50 percent)

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

2. Organizational Capability (25 percent)

Reviewers will assess the extent to which the applicant demonstrates organizational background and staffing and structures, including compliance and accountability, to support the proposed program.

3. Cost Effectiveness and Budget Adequacy (25 percent)
In assessing Cost Effectiveness and Budget Adequacy, reviewers will examine the degree to which the budget is cost effective and appropriate for the program being proposed. Enter *See Budget* in the narrative as the assessment will be of the budget submitted in eGrants.

C. Evaluation Summary or Plan
If you are competing for the first time, please provide your data collection plan in the Evaluation Summary or Plan field. If you are recompeting for AmeriCorps funds, follow the guidance in the *RFP*.

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

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

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

IV. Logic Model
Complete the logic model using the guidance provided in the *RFP.*

To begin entering your logic model, from your eGrants application page select “Logic Model” in the left side navigation menu.

In the first blank row of the logic model, click “edit.” Clicking this link will open a pop-up screen with fields for each column of the logic model. Complete any fields that are applicable; there are no required fields in this screen. When you are finished click “save and close.”

You may add an unlimited number of rows to the logic model by clicking “add a new row”; however, your Logic Model may not exceed three pages as it prints from eGrants. Reviewers will not consider any information that is over the page limit, even if eGrants allows you to submit it.

You may edit or delete an existing row by clicking “edit” or “delete” in the last column of the logic model.

V. Performance Measures
All applicants must submit at least one aligned performance measure with their application. See Attachment A for instructions for entering performance measures. CNCS may use the performance measures separately from the grant narrative after grant-making. Thus, all information requested in the National Performance Measure Instructions must be included in the text of the performance measures themselves, and it must be evident in the performance measure text that all definitions and requirements outlined in the National Performance Measure Instructions and the *RFP* are met. Should an applicant choose to provide information about performance measures in the narrative, this information will also need to be in the performance measures module.

VI. Program Information
In the Program Information Section, applicants must check the relevant boxes in order to be considered for CNCS assessment of the strategic considerations and Special Initiatives. Applicants should only check the boxes for those characteristics that represent a significant part of the program.

General Information: select either Yes or No from the drop-down menu
- My organization has received an AmeriCorps State and National Grant. Organizations that have been a host site for AmeriCorps members but never had a direct grant relationship with either a State Commission or CNCS should answer No.
- The organization has sufficiently engaged community members and partner organizations in planning and implementing its intervention.
- My organization certifies that it will comply with definitions and requirements outlined in the Performance Measure Instructions.

AmeriCorps Funding Priorities
Check any priority area(s) that apply to the proposed program. In order to receive priority consideration, applicants must demonstrate that the priority area is a significant part of the program focus, program design, and outcomes.

- Economic Opportunity - increasing economic opportunities for communities by engaging opportunity youth to prepare them for the workforce
- Education – 13 evidence-based interventions
- Healthy Futures - reducing and/or preventing prescription drug and opioid abuse
- Veterans and Military Families - positively impacting the quality of life of veterans and improving military family strength
- Rural intermediaries that demonstrate measureable impact and primarily serve communities with limited resources and organizational infrastructure.
- Safer Communities – programs that focus on public safety, and/or partnerships between law enforcement and the community
- Faith-based organization
- No NOFO priority area

Populations Served
This information is not being collected; select "None of the above."

Grant Characteristics
Check any grant characteristics that are a significant part of the proposed program:
- Faith-based organizations
- SIG/Priority Schools
- Professional Corps
- STEM Program
- Geographic Focus – Urban
- Geographic Focus – Rural
- None of the above grant characteristics

Grant Characteristics – AmeriCorps Member Population
This information is not being collected; select "None of the above."

AmeriCorps Identity/Co-branding Questions: Select Yes or No.
- AmeriCorps members will wear the AmeriCorps logo every day.
- AmeriCorps members will create and deliver “elevator speeches.”
- The AmeriCorps logo will be prominently displayed on the front page of the organization’s website.

VII. Additional Documents
In addition to the application submitted in eGrants, you are required to submit **all** additional documents as part of your application. After you have submitted the documents, change the status in eGrants from the default “Not Sent” to the applicable status “Sent,” “Not Applicable,” or “Already on File at CNCS” for *A, B, and C* below.

A. Audit
A copy of the most recent single audit for your organization, your organization’s most recent financial audit or other financial statements if you have not had an audit. If a management letter was provided as part of your audit, it must be included with the audit you provide. Wisconsin state agencies and universities do not need to provide the State audit.

B. Evaluation briefs, reports, studies
Applicants who have evaluation reports of the same intervention described in the application may submit up to 2 of those reports to qualify for the Preliminary, Moderate, or Strong evidence tier. See the *RFP* for more information.

C. Labor Union Concurrence (if applicable)
1) If a program applicant:
   a) Proposes to serve as the placement site for AmeriCorps members; and
   b) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and

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

2) If a program applicant:
   a) 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:
      i) AmeriCorps members won't be placed in positions that were recently occupied by paid staff.
      ii) 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.

D. Federally-approved Indirect Cost Agreement
Applicants that include a federally approved indirect cost rate amount in their budget must submit the current approved indirect cost rate agreement in eGrants at the same time they submit their application. See **Attachment I**, eGrants Indirect Cost Rate User Instructions.

E. Delinquent on Federal Debt
Any applicant that checks Yes to the question on federal debt delinquency must submit a complete explanation. Applicants delinquent on federal debt must submit a complete explanation in Word or PDF format.

F. Organizational Chart

G. IRS Determination letter, and any amendments, reflecting approval or denial of tax-exempt status (if applicable)

H. Cost Allocation Plan (if applicable)

I. Permission to use federal funds as match (if applicable): If using other federal funds for match, documentation from the other federal entity showing that those federal funds are permitted to be used as match on an AmeriCorps grant

J. Required Additional Checklists
Each of these additional checklists is a separate document posted on the Serve Wisconsin website under "Funding." Complete each of these checklists electronically or in hard copy and submit with the rest of your additional documents.

Additional Checklist A: Additional Document Submission Checklist
Additional Checklist B: Budget Checklist (N/A for Fixed-Amount and EAP applicants)
Additional Checklist C: Alignment with Wisconsin State Service Plan

K. Financial Management Survey

L. Priority-Specific Required Additional Documents:

Rural Intermediaries – Letters of support from the consortium members

Submission Instructions for Additional Documents

Additional documents may be submitted by one of the following ways. For staff review and peer review reasons, electronic submission is the preferred method to receive submissions. Please choose only one method of submission:

1. Via email: Submit all additional required documents as an attachment via email to servewisconsin@wisconsin.gov. Submit all additional documents together with the following email subject line: 2019-20 AmeriCorps Proposal – [Organization Name] [AmeriCorps Program Name]. Title each additional document using the following standard, [applicant legal name] [application ID number] [description of the file] e.g. *Sample Nonprofit Organization 19AC555555 Single Audit 2018*. Please make the title descriptive enough to make it clear why you are submitting the additional document. If the attachments do not fit on one email, you may use multiple emails.

2. Paper: Send via parcel service or deliver in person all additional required documents in an envelope with the applicant organization name and program name noted on the outside of the envelope, to:

   Serve Wisconsin
   Additional Documents – AmeriCorps 2019-20
   1 West Wilson Street, Room B274
   Madison, WI 53703-3445

   Please note: applicants have had issues with the U.S. Postal Service delivering packages by the guaranteed delivery date; therefore, we do not recommend applicants rely on this service to submit their additional documents by the deadline.

Applications and additional documents submitted by fax will not be accepted.

Regardless of the method of submission, all additional documents must be **received** by Serve Wisconsin by the deadline in the *RFP*. Serve Wisconsin staff will date and time stamp required grant application document packets received via parcel delivery service or in-person upon receipt (timely submission of emailed document packets will be determined by the date and time the email was received by Serve Wisconsin) and will determine if all required documents have been submitted. If time allows, staff will notify the applicant of any missing or incomplete additional documents via email. It is the responsibility of the applicant, not the Board, to ensure that all documents are submitted on time. **Not submitting all of the required grant application documents by the deadline will result in disqualification of the application.** More information about the required additional documents can be found in the *Application Instructions and Attachments.*

VIII. Budget Instructions

These instructions are for cost reimbursement applicants. Fixed-Amount grants, including EAPs, should use the Budget Instructions for Fixed-Amount applicants (Attachment D) and the Budget Worksheet (Attachment E) to prepare the budget.

A. Match Requirements

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

Table 2: Match Requirements in the AmeriCorps Regulations

Grant Type	Match Requirement
Cost Reimbursement including Professional Corps, 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 four, to 50% by the tenth year of funding and any year thereafter**.**
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 CNCS.
Professional Corps Fixed-Amount Grants	There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over the maximum $1,000 per MSY provided by CNCS.
Stipended Fixed-Amount Grants	There are no specific match requirements for full-time Fixed-amount grants. Grantees pay all program costs over the maximum $13,430 per MSY provided by CNCS.

- Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are recompeting, please see 45 CFR §§ 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal, state, local, and/or private sector funds in accordance with applicable AmeriCorps requirements.
- In the "Source of Funds" field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. **Identify if the match is secured or proposed.** Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your **entire match.** The total amount in the Source of Funds field should match the total amount in the budget narrative exactly. Define all acronyms the first time they are used.

- Any edits to information to this section will have to be made by deleting the line in eGrants and creating a new one. Even though there is an edit button, it does not save properly after editing the information.

See Attachment F for instructions for applying for the Alternative Match Schedule.

Note: CNCS legislation permits the use of non-CNCS federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that grantees that use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to CNCS. If you use other federal funds as match, you must ensure you can meet the requirements and purpose of both grants. This information will be reported to Serve Wisconsin in Aggregate Financial Reports (AFRs).

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 criteria.

Follow the detailed budget instructions in Attachment B to prepare your budget. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheets in Attachments B and C.

As you enter your detailed budget information, eGrants will automatically populate a budget summary and budget narrative report. Prior to submission be sure to review the budget checklist (Required Additional Checklist B) to ensure your budget is compliant. In addition, eGrants will perform a limited compliance check to validate the budget. If eGrants finds any compliance issues you will receive a warning and/or error messages. You must resolve all errors before you can submit your budget.

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.
- Understand the required budget items to be included, as described in the Required Additional Checklist B – Budget Checklist. This includes travel to an AmeriCorps program/staff development training approved by Serve Wisconsin, AmeriCorps Member Service Gear, National Service Criminal History Checks, and OnCorps Online Reporting System.
- Itemize each cost and present the basis for all calculations in the form of an equation.
  - For example: OnCorps Online Reporting System for 30 Members x $1.40 x 12 months = $504; Program Director: 1 person at $60,000 each x 80 % usage = $48,000.
- 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).
- Applicants must budget at least $62.75 plus the cost of a state check per covered individual (staff and members) on the CNCS share of the budget, which should cover the costs for the checks that are required per Serve Wisconsin's Criminal History Check Policy.

Programs must comply with all applicable federal laws, regulations, and the requirements of the Uniform Guidance. Please refer to the Uniform Guidance, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) for allowable, allocable, and reasonable cost information, as well as audit requirements, including the need to provide audits to the Clearinghouse if expending over $750,000 in federal funds, as required in the Uniform Guidance. The Uniform Guidance can be found online at https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

IX. In the Funding/Demographics Section enter:

- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not identified on the application budget as CNCS share or grantee share (match). Note: Programs should not enter the total operating budget for their organization unless the entire operating budget supports the AmeriCorps program. Programs that have additional revenue sources not included in the matching funds section of the budget should provide the amount of this additional revenue that supports the program. **This amount should not include the CNCS or grantee share amounts in the budget.** Fixed amount grantees should enter all non-CNCS funds that support the program in this field. All fixed grants will have other revenue.
- Number of Volunteers Generated by AmeriCorps members. Please enter the number of volunteers participating in one day service projects or ongoing volunteer commitments that the proposed AmeriCorps members will generate.
- Percentage of MSYs who are opportunity youth, if any

If applying under the Education AmeriCorps Funding Priority, indicate which Education Priority number intervention is your program model

X. Operating Sites

Not applicable—for multi-state applicants only.

XI. Review, Authorize, and Submit

eGrants requires that you review and verify your entire application before submitting, by completing the following sections in eGrants: Review; Authorize; Assurances; Certifications; Verify; and Submit.

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

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

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

Please direct all questions about these *Application Instructions and Attachments* in writing to the RFP Manager at servewisconsin@wisconsin.gov**.**

APPLICATION INSTRUCTIONS ATTACHMENTS

ATTACHMENT A: Performance Measures Instructions (eGrants Performance Measures Section)

About the Performance Measures Module

In the performance measures module, you will:

- Provide information about your program's connection to CNCS focus areas and objectives.
- Show MSY and member allocations.
- Create at least one aligned performance measure, plus one or more additional measure(s) if appropriate.
- Set targets and describe data collection plans for your performance measures.

Home Page

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

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

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

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

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

Objectives Tab

On the objectives tab, applicants will account for the full range of their program activity. Applicants are not expected to create performance measures for every focus area, objective, or intervention they select on this tab.

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

First click on a focus area. Then click on an objective. All national performance measures fall under a strategic plan objective. Only the performance measures that correspond to the strategic plan objectives you select on this tab will be available for selection as you continue through this module. To see which performance measures correspond to which objective, refer to the CNCS Performance Measure Instructions at https://www.nationalservice.gov/sites/default/files/documents/2019%20Performance%20Measures%20Instructions_Clean_FINAL_508ed.pdf

Next, select all interventions that are part of your program design. Interventions are the activities that members and volunteers will carry out to address the problem(s) identified in the application. Select "other" if one of your program's interventions does not appear on the list. Repeat these actions for each of your program's focus areas. Select "other" for your focus area and/or objective if your program activities do not fall within one of the CNCS focus areas or objectives.

Choose your program's primary focus area from the drop-down list. Only the focus areas that correspond to the objectives you selected above appear in the list. Next, select the primary intervention within your primary focus area. You will be required to create an aligned performance measure (output paired with outcome) that contains your primary intervention. Note that your primary intervention, and the performance measure associated with your primary intervention, must be focused on the community impact of the program; applicants may not count AmeriCorps members as beneficiaries under either National Performance Measures or applicant-determined measures. Some member-focused outputs and outcomes may be reported as demographic indicators.

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

MSYs/Members Tab

On this tab, you will enter information about the allocation of MSYs and members across the focus areas and objectives you have selected. You will allocate 100% of your program's MSYs to focus areas and objectives. When you create your performance measures, you will be asked to allocate MSYs to each performance measure; however, you will not be required to assign 100% of your total MSYs to performance measures.

Begin by entering the total MSYs for your program. This must match the total MSYs in your budget. Please double-check your budget to make sure that the total MSY values match.

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

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

In the members column, enter the number of members that will be assigned to each objective. Some members may perform services across more than one objective. If this is the case, allocate these members to all applicable objectives. For example, if one member works on both school readiness and K-12 success, allocate one member to each of these objectives. It is acceptable for the total number of members in this table to exceed total slots requested in the application due to counting members' service across multiple objectives. If you have selected the Find Opportunity objective (under the Economic Opportunity focus area) and/or the Teacher Corps objective (under the Education focus area), enter 0 members for these objectives. If the only activity in another objective that you have selected is focused on member development, enter 0 members for that objective also.

To ensure that information is entered accurately, please refer to additional guidance in Appendix A of the National Performance Measure Instructions on calculating and entering MSY and member allocations.

Performance Measure Tab

CNCS no longer requires National Performance Measure outputs to be paired with corresponding National Performance Measure outcomes. National Performance Measure outputs may now be paired with applicant-determined outcomes or may not be paired with any outcome. The latter is referred to as an "output-only measure" in these instructions. Refer to selection rules in the National Performance Measure Instructions to ensure that your performance measures meet CNCS requirements.

This tab allows you to create performance measures for all the grant activities you intend to measure.

You must create at least one aligned performance measure (either a National Performance Measure or an applicant- determined measure) that corresponds to your primary intervention. You may create additional aligned performance measures and/or output-only measures provided that they measure significant program activities. There is no expectation that 100% of program activity would be allocated to National Performance Measures or to any performance measures at all.

Begin by creating the aligned performance measure for your primary intervention. After creating your required performance measure, you will be able to create additional performance measures if desired.

To create an aligned performance measure, begin by selecting an objective. The list of objectives includes those you selected on the objectives tab. Note that programs may not create performance measures for the Find Opportunity, Teacher Corps, Green Jobs, or Access & Attract objectives, since these are member-focused

objectives. Member-focused outputs and outcomes related to these objectives may be reported as demographic indicators.

Provide a short, descriptive title for your performance measure.

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

Select the intervention(s) to be delivered by members and/or member-supported volunteers. The list of interventions includes the ones you selected previously for this objective. Select only the interventions that will lead to the outputs (plus outcomes, if applicable) of the performance measure and that are applicable to all beneficiaries counted under the measure. If you selected “other” as an intervention and wish to include an applicant-determined intervention in your aligned performance measure, click “add user intervention” and enter a one or two word description of the intervention. (Note: you are not permitted to create a user-defined intervention that duplicates an intervention already available in the system.)

Select output(s) for your aligned performance measure. The output list includes only the National Performance Measure outputs that correspond to the objectives you have selected. If you do not wish to select National Performance Measure, you may create an applicant-determined output by clicking in the checkbox next to the empty output text box and entering the text of your output indicator. You may create additional applicant-determined outputs for the performance measure by clicking “Add User Output.” (Note: you are not permitted to create an applicant-determined output that duplicates a National Performance Measure output. If you do not see the National Performance Measure output that you wish to use, check the Selection Rules in the National Performance Measure Instructions to make sure you selected the objective associated with that performance measure.)

Select outcome(s). If you have selected a National Performance Measure output with a corresponding National Performance Measure outcome, these outcomes will be available to select. If you do not wish to select a National Performance Measure outcome, you may create an applicant-determined outcome by clicking in the checkbox next to the empty outcome text box and entering the text of your outcome indicator. If you do not wish to select any outcome for your National Performance Measure output, click in the checkbox next to the empty outcome text box and enter “NA” in the outcome indicator text box. (Note: all output-only measures must consist of National Performance Measure outputs. Applicant-determined outputs must be paired with applicant-determined outcomes.)

You may create additional applicant-determined outcomes for the performance measure by clicking “Add User Outcome.”

If you have not selected a National Performance Measure output, or if there is no corresponding National Performance Measure outcome, create an applicant-determined outcome by clicking “Add User Outcome.” All applicant-determined outputs must be paired with an applicant-determined outcome.

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

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

Data Collection Tab

On this tab, you will provide additional information about your interventions, instruments and plan for data collection. The performance measures may be used after grant making separate from the grant narrative. Thus all information requested in the National Performance Measure Instructions must be included in the text of the performance measures themselves, and it must be evident in the performance measure text that all definitions and requirements outlined in the National Performance Measure Instructions and NOFO FAQs are met. Should an applicant choose to provide duplicate information about performance measures in the narrative, this information will also need to be in the performance measures module.

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

Expand each output and outcome and enter data collection information. For outputs that measure completion, define the minimum dosage required to be counted as having completed the program.

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

Describe the specific instrument(s) you will use to measure the output or outcome. Include the title of the instrument(s), a brief description of what it measures and how it will be administered, and details about its reliability and validity if applicable. For outcomes, specify how much improvement in knowledge, attitude, behavior, or condition is required to be counted as having improved and clearly explain how the instrument measures this.

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

For applicant-determined outputs and outcomes, enter the unit of measure for your target. The unit of measure should describe the population you intend to count (children, miles, etc.). Do not enter percents or member service hours as units of measure. In most cases, the unit of measure should be the same for the outputs and outcomes in an aligned performance measure.

For output-only performance measures, eGrants will require text in the outcome data collection fields. If you do not wish to have an outcome for your National Performance Measure output, enter the following:

- Method: Select “other.”
- Instrument Description: Enter “NA”
- Target: Enter “1”
- Unit of Measure: Enter “NA”

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

Summary Tab

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

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

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

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

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

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

Fixed Amount and Education Award Program Grants refer to Attachment D

Section I. Program Operating Costs

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

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

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

C. 1. Staff Travel
Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the federal mileage rate unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

You must include at least $2,000 in this line item for staff to travel to attend an AmeriCorps program/staff development training approved by Serve Wisconsin.

Please itemize the costs. For example: Two staff members will attend AmeriCorps program/staff development training approved by Serve Wisconsin: 2 staff x ($750 airfare + $50 ground transportation + $400 lodging (1 night) + $35 per diem) = $2,470.

C. 2. Member Travel
Describe the purpose for which members will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage (not to exceed the federal mileage rate), daily per diem, and similar supporting information.

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

E. Supplies
AmeriCorps members must wear an AmeriCorps logo on a daily basis – preferably clothing with the AmeriCorps logo. The item with the AmeriCorps logo is a required budget expense. Please include the cost of the item with the AmeriCorps logo in your budget or explain how your program will be providing the item to AmeriCorps members

without using grant funds. Grantees may add the AmeriCorps logo to their own local program uniform items using federal funds. Please explicitly state that your program will be using the AmeriCorps logo in the budget description.

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

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

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

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

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

I. Other Program Operating Costs
Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Applicants must budget at least $62.75 plus the cost of a state check per covered individual (staff and members) on the CNCS share of the budget, which should cover the costs for the checks that are required per Serve Wisconsin's Criminal History Check Policy.
- 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, postage, copying, and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization's indirect cost allocation pool. If such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.

In addition, all programs are required to budget funds for payment of fees for the OnCorps online reporting system at the following rates:

- All programs except EAP and Professional Corps: $1.40 per awarded FT, TQT, HT, RHT, and QT member per month for 12 months, plus $1.00 per awarded MT member per month for 12 months. Add this specific line item in your budget for this expense.
- All EAP and Professional Corps: $1.00 per awarded member per month for 12 months. Though this expense will not appear in the application budget, EAP and Fixed-Amount Professional Corps applicants must plan to pay this expense.

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, three-quarter-time, half-time, reduced-half-time, quarter-time, minimum-time) and the amount of living allowance they will receive, allocating appropriate portions between the CNCS Share and Grantee Share (match).

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

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

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

- **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when CNCS does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker's Compensation.** Although under federal law members are not considered to be "employees" for purposes of the program, federal law appears to provide an exception for workers' compensation purposes. Wisconsin requires that all AmeriCorps members are covered by the agency workers' compensation plan for service-related injuries. Costs incurred providing workers' compensation for members is an allowable cost to the grant. Wisconsin state government applicants whose agency is covered under the state's self-funded insurance can insert a related comment in the description for this budget item as an explanation for why no expenses are being entered for this item.
- **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with CNCS funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the cost cannot be included in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. If you budget health insurance for less-than-full-time members serving in a full-time capacity, indicate in the budget narrative. In your budget narrative, indicate the number of members who will receive health care benefits. CNCS will not pay for dependent coverage.
- **Unemployment Insurance and Other Member Support Costs.** According to WI State Statute 1.8.02(15)(j)7., AmeriCorps members are not considered employees for the purposes of unemployment insurance coverage, with the exception of Professional Corps members; therefore, members should not be listed on the agency/organization quarterly employee listing for the purposes of unemployment insurance coverage. If you do include the members on your unemployment report, you run the risk of losing an unemployment ruling and being forced to pay unemployment to a former member. Federal funds cannot be used for any member unemployment claims.

Section III. Administrative/Indirect Costs

Definitions

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

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

Applicants choose one of three methods to calculate allowable administrative costs – a CNCS-fixed percentage rate method, a federally approved indirect cost rate method, or a de minimis method. Regardless of the option

chosen, the CNCS share of administrative costs is limited to 5% of the total CNCS funds **actually expended** under this grant. Do not create additional lines in this category. See Attachment I for instructions on how to enter.

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

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

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

3. Enter the sum of the CNCS and grantee shares under Total Amount. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

> Example: CNCS Section I ($250,000) + CNCS Section II ($100,000) = $350,000 x 0.0526 = $18,410.
> Total Section I ($400,000) + Total Section II ($200,000) = $600,000 x 0.10 = $60,000.
> CNCS Share of Administrative Costs = $18,410. Grantee Share of Administrative Costs = $60,000.

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

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

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

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

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

Source of Funds
In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your entire match. The total

amount in the Source of Funds field should match the total amount in the budget narrative exactly. Define all acronyms the first time they are used.

Any edits to information to this section will have to be made by deleting the line in eGrants and creating a new one. Even though there is an edit button, it does not save properly after editing the information.

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

ATTACHMENT C: Budget Worksheet (eGrants Budget Section)

Section I. Program Operating Costs

A. Personnel Expenses

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

B. Personnel Fringe Benefits

Purpose/Description	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

C.1. Staff Travel

Purpose	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

C. 2. Member Travel

Purpose	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

D. Equipment

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

E. Supplies

Purpose	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

G.1. Staff Training

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

G.2. Member Training

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

H. Evaluation

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

Subtotal Section I:	**Total Amount**	**CNCS Share**	**Grantee Share**

Section II. Member Costs

A. Living Allowance

Item	# Mbrs	Allowance Rate	# w/o Allowance	**Total Amount**	**CNCS Share**	**Grantee Share**
Full-time (1700 hrs)						
Three-Quarter-Time (1200 hrs)						
Half-time (900 hrs)						
Reduced Half-time (675 hrs)						
Quarter-time (450 hrs)						
Minimum-time (300 hrs)						
			Totals			

B. Member Support Costs

Purpose	Calculation	Daily Rate	**Total Amount**	**CNCS Share**	**Grantee Share**
		Totals			

Subtotal Section II:	**Total Amount**	**CNCS Share**	**Grantee Share**

Subtotal Sections I + II:			

Section III. Administrative/Indirect Costs (choose one)

A. Corporation-fixed Percentage Rate

Purpose	Calculation	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

OR

B. Federally Approved Indirect Cost Rate Or *De Minimis* Rate of 10% of Modified Total Direct

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

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

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

Source of Funds

Match Description (Note whether Secured or Proposed)	**Amount**	**Match Classification (Cash or In Kind)**	**Match Source (Federal, State/Local, Private)**

ATTACHMENT D: Detailed Budget Instructions for Fixed Amount Grants (eGrants Budget Section)

These instructions apply only to applicants for fixed-amount grants, including education award program (EAPs) applicants. Do not use if you are a Professional Corps applicant

EAP and Fixed-Amount grant applicants may only request a fixed amount of funding per MSY. Therefore, Fixed-Amount applicants are not required to complete a detailed budget or complete the grantee share column. However, you must complete the source of match chart to identify the sources of the additional revenue you need to operate the program If you are applying for a Stipended fixed-amount grant, you must pay at least the minimum living allowance listed in the *RFP* for each type of position you are proposing.

Note: While Fixed Amount and EAP applicants are not required to provide a detailed budget, they must have a plan to cover the expenses of required National Service Criminal History Checks for all AmeriCorps members and grant-funded staff, $2,000 to attend an AmeriCorps program/staff development training approved by Serve Wisconsin, and $1.00 per member per month for 12 months for the cost of OnCorps reporting.

Budget Section II. AmeriCorps Member Positions

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

Member Positions	Calculation	MSY
_____Full-time (1700 hours)	(_____ members x 1.000)	=
_____Three-quarter-time (1200 hours)	(_____ members x 0.7000)	=
_____Half-time (900 hours)	(_____ members x 0.500)	=
_____Reduced half-time (675 hours)	(_____ members x 0.3809524)	=
_____Quarter-time (450 hours)	(_____ members x 0.26455027)	=
_____Minimum-time (300 hours)	(_____ members x 0.21164022)	=
	Total MSY	

Type the total amount requested in the “Total Amount” and “CNCS Share” columns. Leave the “Grantee Share” blank. See example below (applies to a Stipended fixed-amount grant):

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share	edit	del
Program Grant Request	47.5 MSY X $9,500/MSY	$451,250	$451,250	$0	view	
Subtotal		$451,250	$451,250	$0		

For full time fixed awards, indicate members are serving in a full-time capacity (if less than full-time members are budgeted)

Source of Funds

Match Description (Note whether Secured or Proposed)	Amount	Match Classification (Cash or In Kind)	Match Source (Federal, State/Local, Private)

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

Complete the fields for the number without Allowance only.

Member Positions

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

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

Source of Funds

Match Description (Note whether Secured or Proposed)	Amount	Match Classification (Cash or In Kind)	Match Source (Federal, State/Local, Private)

ATTACHMENT F: Alternative Match Instructions

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

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

A. Rural County: In determining whether a program is rural, CNCS 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 4, 5, 6, 7, 8 or 9 is eligible to apply for the alternative match requirement. See Attachment G for the Table of Beale codes.

B. Severely Economically Distressed County: In determining whether a program is located in a severely economically distressed county, CNCS will consider the following list of county-level characteristics. See Attachment G 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, CNCS will determine the location of your program based on the legal applicant's address. If you believe 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. CNCS 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 per the information contained in the *RFP*. CNCS 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 Serve Wisconsin for review and approval. Serve Wisconsin will then forward the approved request to CNCS for consideration.

Submit your request via email to servewisconsin@wisconsin.gov by the deadline in the *RFP.*

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 4, 5, 6, 7, 8, or 9 is eligible to apply for the alternative match.

Severely Economically Distressed Community

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

WEBSITE ADDRESS	EXPLANATION
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.
https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml	**Census Bureau's American Fact-finder**: Provides census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas and Puerto Rico.
www.bls.gov	**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.
https://www.ers.usda.gov/dataproducts/rural-urban-continuumcodes.aspx	**US Department of Agriculture's Rural-Urban Continuum Codes:** Provides urban rural code for all counties in US.

Instructions

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

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

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

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

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

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 2 CFR Part 200, Chapter II, Subpart F.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.
- Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by CNCS will be used to support any such prohibited activities.

- Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-CNCS funds or paid with CNCS funds but employed with the organization operating the project prior to or on the date the grant was awarded. If your organization is a faith-based organization that makes hiring decisions on the basis of religious belief, your organization may be entitled, under the Religious Freedom Restoration Act, 42 U.S.C. § 2000bb, to receive federal funds and yet maintain that hiring practice, even though the national service legislation includes a restriction on religious discrimination in employment of staff hired to work on a Corporation-funded project and paid with Corporation grant funds. (42 U.S.C. §§ 5057(c) and 12635(c)). For the circumstances under which this may occur, please see the document "Effect of the Religious Freedom Restoration Act on Faith-Based Applicants for Grants": http://www.usdoj.gov/archive/fbci/effect-rfra.pdf.

- Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to: (a)Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.

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

- Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the National and Community Service Act of 1990 (NCSA);

- Will, in the case of an AmeriCorps program that includes or serves children, consult with the parents or legal guardians of children in developing and operating the program;

- Will, before transporting minor children, provide the children's parents or legal guardians with the reason for the transportation and obtain the parent's or legal guardian's permission for such transportation, consistent with state law;

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

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

- Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the NCSA, and in CNCS's regulations at § 2540.100;

- Will comply with the grievance procedure requirements as set out in section 176(f) of the NCSA and in CNCS's regulations at 45 CFR § 2540.230;

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

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

- Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the NCSA or, with the approval of CNCS, conduct an internal evaluation of the program;

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

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

- Has not violated a Federal criminal statute;

- If a state applicant, will ensure that the State subgrants will be used to support national service programs selected consistent with the requirements of the NCSA;

- If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;

- If a state applicant, will ensure that not less than 60% of the assistance will be used to make grants to support national service programs other than those carried out by a State agency, unless CNCS approves otherwise.

CERTIFICATIONS

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

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

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

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

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

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;

   c. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (E).

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

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

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

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

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

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

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

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

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

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

Certification - Grant Review Process (State Commissions Only)
I certify that in conducting our review process, we have ensured compliance with the National and Community Service Act of 1990, and all state laws and conflict of interest rules.

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

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

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

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

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

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

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

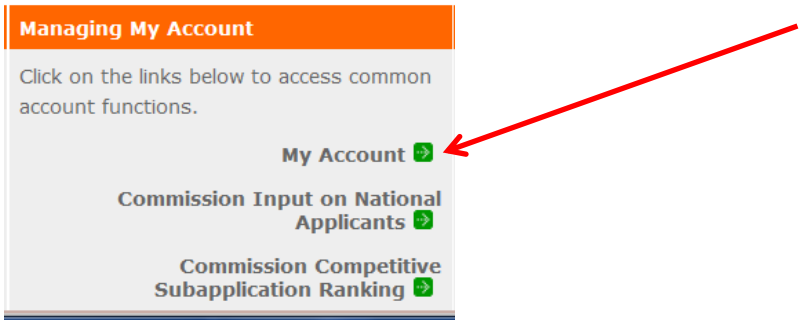
ATTACHMENT I: eGrants Indirect Cost Rate (IDCR) User Instructions

A new feature has been introduced to eGrants which allows users to input Indirect Cost Rate information into their eGrants account. Grantees that will be claiming indirect costs on CNCS awards are required to enter the following indirect cost rates in eGrants: federally negotiated rates, state negotiated rates, and the use of de minimis rate of 10% of modified total direct costs (MTDC). Recipients of AmeriCorps State and National awards may only charge 5% of their negotiated rate to the federal share of the award, with the remaining balance being charged to match (See 45 CFR §§ 2521.95 and 2540.110). See Attachment B – Detailed Budget Instructions for more information.

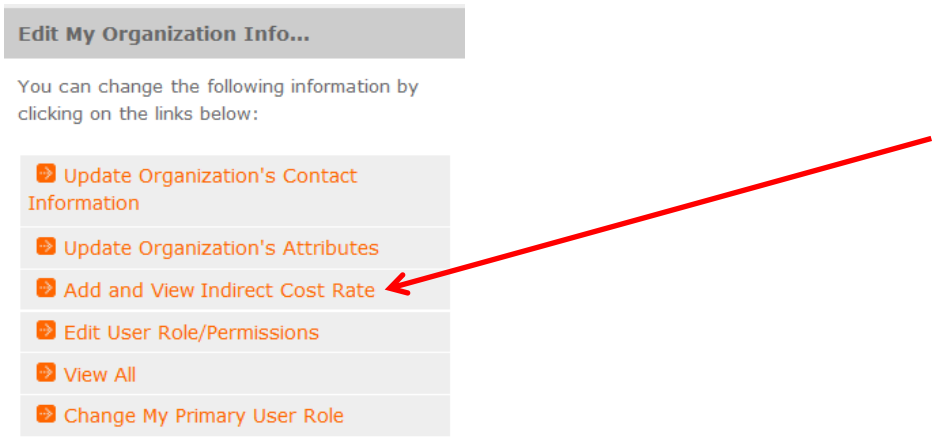
Once a rate is entered and saved in eGrants, it cannot be edited. If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

Entry for the IDCR screen can be accessed using the following steps:

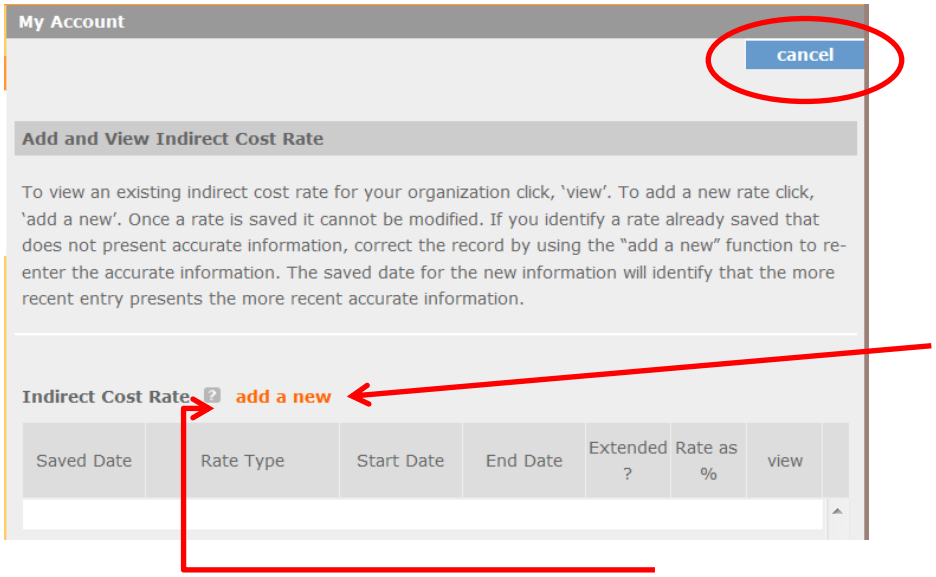
1) From the **eGrants Home** screen, in the lower panel under **Managing My Account**, click on **My Account**



2) From the **My Account** screen, under **Edit My Organization Info**, click on **Add and View Indirect Cost Rate**

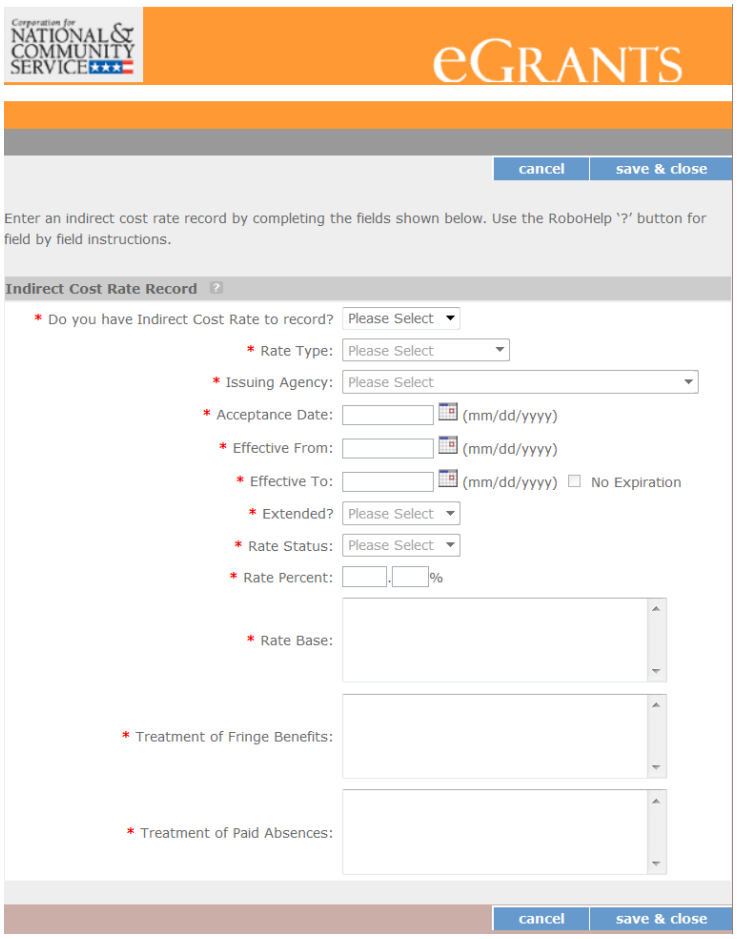


3) From the **Add and View Indirect Cost Rate** screen, select **add a new** to add a rate or **cancel** to back out of the screen. (see following page)



Field by field instructions can be found by clicking the "**?**" located next to Indirect Cost Rate or Indirect Cost Rate Record.

If **add a new** is selected, the screen below will pop up.



4) **Do you have an Indirect Cost Rate to record?** Respond Yes or No. If *No* is selected, users cannot go any further and nothing will be recorded. If *Yes* is selected, users can continue on.

If your organization will be claiming a current, approved indirect cost rate on any CNCS award, it must be reported on this page. The rate information you record will be used in all award negotiation and reviews until it

is superseded by a new approved rate, or expires. Applicants will have the opportunity to identify, in application submissions, if they elect to use a lesser percentage of an approved rate.

5) **Rate Type:** If your rate type is not one of the following options, contact your grants officer for guidance:
   - **Federally Negotiated –** select if your rate has been negotiated by your cognizant federal agency. Cognizance is determined by the agency which provides the highest amount of direct federal funding;
   - **State Negotiated –** select if your rate has been negotiated by a state agency or other pass through entity; or
   - **10% of MTDC** – select if your organization qualifies for and elects to use the 10% de Minimis rate of Modified Total Direct Costs (MTDC). Organizations qualify for this rate if they have NEVER had a federally negotiated rate. State entities must also not receive more than $35 million in direct federal funding.

   Rates must be used consistently across ALL federal awards.

6) **Issuing Agency.** Respond by selecting the federal agency that approved your rate, or if the federal agency who issued your rate is not listed, select **Other**, or if your rate is issued by a state agency select **Other**.

   Identify federal agencies using the drop down list. If your rate is approved by a federal agency other than the ones listed, notify your grants officer. Other federal agencies may be added as needed.

7) **Acceptance Date.** Enter a valid date.
   The acceptance date is usually identified where the rate was signed by the issuing state or federal agency.

8) **Rate Status.** Select one of the following options: **Final**, **Provisional**, **Predetermined**, **Fixed**, **Other**, or **Other – 10%**.
   Rates issued by federal agencies will almost always be final or provisional. However, if your organization has formally notified a federal or state agency of your eligibility and intent to use the 10-percent of MTDC rate, select **Other – 10%**. If your organization has a **predetermined** or **fixed rate**, select those options accordingly. If a state rate indicates a term that is not listed here select **Other** and notify your grants officer. Additional rate status options may be added as needed.

9) **Effective From.** Enter a valid date.
   The effective from date is found on your indirect cost rate document. If using the 10-percent of MTDC rate, enter today's date or the date your organization formally started charging costs under the 10-percent of MTDC rate.

10) **Effective To.** Enter a valid date.
    The effective to date is found on your indirect cost rate document. If your organization has received approval to extend your rate, enter the end date of the extension.

11) **No Expiration.** Check or leave unchecked.
    If your rate does not have an expiration date, as is the case with the use of the 10-percent of MTDC rate, check this box, otherwise, leave unchecked.

12) **Extended?** Respond Yes or No.
    If the rate "effective to" date has been extended with approval of the federal cognizant agency under authority of the 2014 Omni Circular, respond **Yes**. If it is not an extended rate effective to date, respond **No**.

13) **Rate Base.** Enter up to 500 characters including spaces.
    Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the rate base used to determine the indirect cost pool as stated on your indirect cost rate approval document or "State Rate N/A." If you need more than 500 characters, indicate "Summary" and record the most important content.

14) **Treatment of Fringe Benefits.** Enter up to 500 characters including spaces.
Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the how fringe benefits were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or "State Rate N/A." If you need more than 500 characters, indicate "Summary" and record the most important content.

15) **Treatment of Paid Absences.** Enter up to 500 characters including spaces.
Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the how paid absences were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or "State Rate N/A." If you need more than 500 characters, indicate "Summary" and record the most important content.

16) When you have completed all of the above entries, click the **"save & close"** button at the bottom of the page.

- If you would like to cancel your entry, click the "**cancel**" button and the entry will be cancelled.
- **Once a rate is saved it cannot be modified**.
- If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

17) **Order of Rates** - Once an entry is saved, users will be able to see the rates they have entered. Rates will display in the order of entry. Entry of rates will provide users and CNCS with a historical record which can be used to clarify indirect cost rate inquiries for monitoring, consistent record maintenance, and audits.

If you have any questions or concerns, please contact the *RFP* Manager.