2005 Application Instructions

Engaging Persons with Disabilities in National and Community Service

OMB Control #: 3045-0106
Expiration Date: 07/31/2005

TABLE OF CONTENTS

1. Introduction …….…….. 4
2. Submission and Compliance Requirements……. 4
3. Helpful Hints…… 5
4. Application Instructions…….. ……..…… 6
5. APPENDIX A – SF424 Facesheet and Instructions…… 14
6. APPENDIX B – Program Model and Design…….. 18
7. APPENDIX C – Assurances and Certifications…….. 20
Assurances…… 21
Certifications…… 22
8. APPENDIX D – Service Categories……. 25
9. APPENDIX E – Performance Measurement Worksheet …….. 26
10. APPENDIX F – SF424A Budget Instructions and Worksheet…….. 27
11. APPENDIX G – Survey on Ensuring Equal Opportunity for Applicants... 32

IMPORTANT NOTICE

The Corporation for National and Community Service has changed its application instructions to conform with the on-line grant application system, eGrants. The Corporation's eGrants website system will serve applicants and grantees until the government-wide E-Grants portal is available for use. It is the Corporation's intention to participate in this E-Gov initiative when it is available.

Public Burden Statement: The Paperwork Reduction Act of 1995 requires the Corporation to inform all potential persons who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 C.F.R. 1320.5(b)(2)(i)). **Time Burden:** The time required to complete this collection of information is estimated to average 10 hours per applicant, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **Use of Information:** The information collected constitutes an application to the Corporation for grant funding. The Corporation evaluates the application and makes funding decisions through the Corporation's grant review and selection process. **Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow the Corporation to assess the applicant's request for funding. Therefore it would not be possible to consider granting funds to the applicant. **Public Comments:** Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, 9th floor, Attn: Marlene Zakai, 1201 New York Avenue, N.W. Washington, D.C. 20525.

Introduction

To develop your application, you need to carefully read these Instructions, the Engaging Persons with Disabilities in National and Community Service Notice of Funding Availability, and any additional guidance given by the Corporation for National and Community Service regarding the Engaging Persons with Disabilities in National and Community Service Grants. These instructions, in tandem with our instructions on using eGrants and the supplemental information we provide, will help you complete your application. You may access all of this information at our website, http://www.cns.gov/whatshot/notices.html.

Submission and Compliance Requirements

The Corporation requires that all applicants make every effort to submit your application electronically utilizing the Corporation's web-based application system, eGrants. Please go to www.nationalservice.org/egrants/index.html and create an eGrants account to begin the process of submitting your application online. Instructions on how to create an account are available at this website.

The Corporation strongly encourages you to create an eGrants account and begin your application at least 3 weeks prior to the final submission deadline. This will allow you time to address technical issues prior to the deadline.

The deadline for eGrants submissions is 5:00 p.m. Eastern Standard/Daylight Time on April 12, 2005. If you are unable to submit your application using eGrants, a paper application along with a diskette or CD Rom with an exact duplicate of your application must be received at the Corporation for National and Community Service, 1201 New York Avenue, NW, Attn: Engaging Persons with Disabilities in National and Community Service, Washington, DC 20525 **by 5:00 p.m. Eastern Standard/Daylight Time on April 12, 2005**. If there are differences between the paper application and the diskette/CD Rom, we will use the diskette/CD Rom version.

You should contact the eGrants Help Desk immediately if a problem arises while you are creating your account, preparing, or submitting your application. In the event you are prevented from completing and submitting your application by the deadline because the eGrants system is unavailable or you are having technical eGrants submission issues, you must contact the eGrants Helpdesk at 888-677-7849 or 202-6060-5000 x533 or email at egrantshelp@cns.gov , prior to the 5:00 p.m. ES/DT deadline to explain your technical issue and receive an eGrants ticket number.

You must then submit the following items *in hard copy* to the Corporation:

- A brief paragraph including your eGrants ticket number and your explanation of the technical issues that prevented you from submitting in eGrants by the deadline;
- A paper application; and
- A diskette or CD Rom with an exact duplicate of your application.

Submit these items via overnight carrier (non-US Postal Service because of security–related delays in receiving mail from USPS) or by hand delivery to: Corporation for National and Community Service, 1201 New York Avenue, NW, Attn: Engaging Persons with Disabilities in National and Community Service , Washington, DC 20525. These items must be postmarked no later than noon on April 13, 2005. [one day after the deadline] and received at the Corporation

no later than **5:00 p.m. Eastern Standard/Daylight Time on April 14, 2005 (two days after the deadline).** Applications submitted by fax or email will not be accepted.

We encourage you to continue to work with the eGrants helpdesk to attempt to get your proposal submitted via eGrants. CNCS Staff will compare your paper/diskette submission against what is submitted in eGrants to ensure consistency. In the case of inconsistency between the paper/diskette submission and the application submitted through eGrants, the paper/diskette version will be accepted.

In the event of prolonged unavailability of the eGrants system on the date of submission, the Corporation reserves the right to extend the eGrants submissions deadline. A notice will be placed in eGrants and on our website, notifying all users of the extended deadline. In this case applicants would need to submit applications via eGrants by the new deadline.

We require applicants to:

- Submit applications by the posted deadline.
- Adhere to the character limits listed in the narrative section below[1].
- Submit financial statements or audits, budget forms for the individual years of the grant period, and a recent evaluation of the program, if there is one. Forms submitted by fax or email will not be accepted. Do not submit any other supplementary materials such as annual reports, videos, brochures, letters of support, or any supplementary material not requested in the application. They will not be reviewed.

The Corporation reserves the right to review any application that is submitted.

Helpful Hints

- We suggest that you prepare and save your application as a word processing document prior to inputting it into eGrants. Use this document to copy and paste the application into eGrants.
- Use only uppercase letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants. Do not use any of these in your application whether using eGrants or submitting by paper.
- Remember to follow the character limits listed below. We use character limits rather than page limits because of the structure of eGrants. Characters include letters, punctuation, and spaces in the document. Your word processing software can provide a character count.
- Grant applications must provide a Dun and Bradstreet Data Universal Numbering System (DUNS) number. The DUNS number is known as the universal identifier and helps the federal government improve statistical reports on federal grants and cooperative agreements. The DUNS number will not replace the EIN. DUNS numbers may be obtained at no cost by calling the DUNS number request line at (866) 705-5711. There is a DUNS number field in the Organization section in eGrants.

[1] The character count includes all letters, punctuation, and spaces in a document. One double-spaced, 12-point font page equals approximately 2,000 characters.

Application Instructions: Engaging Persons with Disabilities in National and Community Service

Submit an application that consists of the following components in the following order.

1. **SF424 Facesheet (eGrants "Applicant & Application Information" Sections)**
   Complete the Applicant and Application information sections[2]. See Appendix A.

2. **Program Model and Design (eGrants "Program Model and Design" Section)**
   Complete the Program Model and Design in the application section. See Appendix B.

3. **Narrative (eGrants "Narratives" Section)**
   Provide a well-designed plan with a clear and compelling justification for awarding the requested funds. The narrative will cover the three-year project period for which you are requesting approval.

   The Narrative includes:
   A. Executive Summary (2,000 characters)
   B. Summary of Accomplishments and Outcomes, if applicable (4,000 characters)
   C. Program Design
   D. Organizational Capacity
   E. Budget/Cost Effectiveness

   The maximum length for the Executive Summary is 2,000 characters. The maximum length for the Summary of Accomplishments and Outcomes is 4,000 characters. The maximum length for the Program Design, Organizational Capacity, and Budget/Cost Effectiveness is 41,000 characters. Although each of these fields has a maximum capacity of 32,000 characters, the total of all five fields combined cannot be more than 47,000 characters.[3] This allows you flexibility in the number of characters you place in each field.

   A. Executive Summary

   Provide a concise overview of the proposed project that summarizes the need, the proposed strategy for addressing the need, anticipated outcomes and accomplishments, how the outcomes will be achieved and measured, and the estimated length of time needed to complete the project. The maximum length for the Executive Summary is 2,000 characters.

   B. Summary of Accomplishments and Outcomes

   Complete this section if your organization has received Corporation program funds of any type within the last three years. Provide a clear description of the accomplishments and outcomes you have achieved in previous years.
   If you receive or have received Corporation program funds and you omit this section, we will not review your application.

[2] "Section" refers to the different components of the application in eGrants.
[3] The character count includes all letters, punctuation, and spaces in a document. One double-spaced, 12-point font page equals approximately 2,000 characters.

The maximum length for the Summary of Accomplishments and Outcomes is 4,000 characters.

C. Program Design

1. Background. Describe your organization, its role in the community, and the community need(s) that the organization seeks to address through this grant to engage persons with disabilities in national and community service. Your description should address the following:

a. Describe the organization's mission, history, age, accomplishments, and beneficiaries.

b. Describe the community need(s) your project is designed to address by engaging persons with disabilities in national and community service. Use verifiable data or existing research and reports to support your description of the problem or need.

2. Proposed Strategy. Describe your approach to addressing the need or problem described in the background section. Your strategy to engage persons with disabilities in national and community service should address the following:

a. Goals and Objectives. What are your proposed project's target goals and objectives to make a difference in the community? What are the expected outcomes and how will they be measured? Target goals may include engaging persons with disabilities in service and resulting in a measurable impact on the community served.

b. Program Strategy. What is the logical connection between the community need(s) you describe and the approach you are proposing? In describing the strategy, address the following:

1. Who is the target population or beneficiaries of this proposed project?
2. How is this approach innovative?
3. Why will this approach be successful and why is it more promising than other alternative approaches that engage persons with disabilities?
4. How will the program track the number of new volunteers, including persons with disabilities, and identify how many successfully completed their volunteer service?
5. How could this proposed approach be replicated in other communities across the nation? What resources are available to support replication? What are the obstacles?

3. Community Resources. Your strategy to engage persons with disabilities in national and community service should address the following:

a. How will you use existing community resources, such as other service or community organizations, community volunteers, to implement your approach?
b. How will the proposed program bring additional beneficial resources to the community?
c. How will the program collaborate with organizations that serve or support

persons with disabilities on a national or regional scale?

4. Program Participants. Describe the role(s) that program participants and/or community volunteers will play in the project and explain your reasoning behind assigning these roles.

- **a.** What strategies will you use to recruit persons with disabilities to serve in this program?
- **b.** What will be the role(s) of program participants and/or community volunteers, including persons with disabilities, in implementing your approach?
- **c.** What incentives will you provide to the program participants and/or community volunteers?
- **d.** What benefits will the program participants and/or community volunteers receive from their service?
- **e.** What trainings and opportunities for professional development will you have for various program participants and/or community volunteers?

5. Program Sustainability. Provide details on how the program will work to sustain itself and its service activities beyond the grant period?

6. Federal Work Study (For Higher Education Institutions Only). How will you use Federal Work Study to promote the service activities in your proposed strategy?

7. Description of Activities. Please describe in detail the activities of the proposed program and provide a timeline for the activities. The description should include all activities associated with the project, including but not limited to:

a. The recruitment, support, and management of participants, including persons with disabilities;
b. Service activities;
c. The roles of program participants, including persons with disabilities, in delivering the proposed service activities; and
d. The anticipated role and activities of community partners, including organizations that work with persons with disabilities.

D. Organizational Capacity. Describe your capacity to implement and manage the proposed program that engages persons with disabilities in national service. Your description should address the following:

1. Ability to Provide Program Oversight. Describe the demonstrated experience and infrastructure your organization has in managing programs similar to the one proposed in this application. Who are the key staff responsible for program oversight, and what past experience do they have in working with programs and/or persons with disabilities will they bring to program? Detail the responsibilities of each key staff member.

2. Ability to Provide Fiscal Oversight. Describe the demonstrated experience and infrastructure your organization has in managing grants. What is your current organizational budget and what percentage of the budget would this grant represent? Who are the key staff responsible for fiscal oversight, and what past experience will they bring to program? Detail the responsibilities of each key staff member.

3. Volunteer Management. What experience does your organization have with recruiting and managing volunteers including persons with disabilities? What capacity does your organization currently have to recruit and manage volunteers?

4. Training and Technical Assistance. Describe your plans and your capacity to provide or secure needed training and technical assistance for this project.

5. Evaluation and Continuous Improvement. Describe your plans and your capacity (current and anticipated) to implement and use self-assessment, evaluation, and continuous improvement systems to provide data and information on the success of the project.

E. Budget/Cost-Effectiveness

1. Budget and Program Design. Explain how the proposed program budget reflects the program's goals and design.

2. Match Sources. Detail the amounts and sources for the proposed non-federal cash match required for the grant. Identify the amounts and sources of any other cash and in-kind contributions to this project.

4. Authorization, Assurances, and Certifications (eGrants "Authorize and Submit" Section)

Read the authorization, assurances, and certifications carefully. Complete each section of the Authorize and Submit section. See Appendix A #17 and Appendix C.

5. Service Categories (eGrants "Service Categories" Section)

Please select the primary service categories and the corresponding issue areas that most closely apply to your program activities. See Appendix D.

6. Performance Measurements (eGrants "Performance Measures" Section)

Before you complete this section, read the Performance Measurement Toolkit on the Corporation's website: www.nationalservice.org.

We will review and consider your performance measures using the Proposed Strategy section of the selection criteria. Your performance measures should be clearly linked to the program narrative and focus on the areas in which you expect to make the greatest impact. Performance measures should cover the grant period, with targets set for each year whenever possible based on the type of data collected. Progress will be reviewed each year. At a minimum, we expect programs to report on an output performance measure at the end of the first year and an outcome measure at the end of the second year. However, we encourage programs to move rapidly to an outcome-based performance measurement system.

Include at least three performance measures. Among those should be at least one output, one intermediate-outcome, and one end-outcome measure.

Also:

- Please note that it is not necessary to include a performance measure for each of these three categories – Needs and Service Activities, Participant Development, and Strengthening Communities.
- At least one of the three performance measures should reflect the goal related to managing and recruiting volunteers, including persons with disabilities, unless your narrative describes why you cannot address this element.
- You may submit other performance measures beyond those required. We will consider any additional performance measures you submit and will negotiate them with the required measures.

Using the Performance Measurement Worksheet in Appendix E as a guide, enter each of your performance measures.

7. Budget (eGrants "Budget" Section)

See Appendix F. The budget should be sufficient to perform the tasks described in the proposal narrative for the entire grant period. Because eGrants will only allow you to submit one budget, enter the total combined budget for all years of the grant period into eGrants and then submit individual annual budgets in hard copy to the Corporation by the submission deadline (see Documents Section on page 12 for further information on submitting the budget forms).[4]

Do not include unexplained amounts, amounts for miscellaneous or contingency costs, or unallowable expenses such as entertainment costs. Round all figures to the nearest dollar.

We recommend you prepare your project budget off-line before entering it into eGrants. eGrants will create the budget and the budget narrative automatically from the detailed budget information you entered.

Budget Categories are:

a. Project Personnel Expenses
b. Personnel Fringe Benefits
c. Travel
d. Equipment
e. Supplies
f. Contractual and Consultant Services
g. Training
h. Evaluation
i. Other Support Costs
j. Indirect Costs

8. Survey on Ensuring Equal Opportunity for Applicants

The Corporation and other Federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives (FBCI) to conduct a survey of organizations that have received Federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to the Corporation for funds, such as number of employees, budget size, and self-

[4] Refer to Next Generation Grants Notice of Funding Availability for grant period information.

identification as a faith-based/religious organization or a non-religious community-based organization.

There are two ways to complete the survey: 1) while preparing your application; and 2) after submitting your application.

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

This form is for applicants that are nonprofit private organizations (not including private universities). All information from the attached survey will be confidential and the responses will be aggregated in-house for a summary report. Information provided on your form will not be released and will not be considered in any way in making funding decisions.

If you are submitting a paper application, the survey forms and instructions are found in Appendix G.

9. Reporting Requirements for Applicants Selected for Awards

Applicants who are selected for awards will be subject to the following reporting requirements:

Progress Reports and FSRs are submitted twice a year to the Corporation. The Notice of Grant Awards (NGA) will include detailed information regarding reporting requirements.

These reports must document Engaging Persons with Disabilities in National and Community Service program planning, implementation efforts and program results. The final report must include plans for the continuation funding year and a sustainability plan. This report and plan must be approved by the Corporation prior to final payment.

The applicant must coordinate closely with the Corporation's evaluation efforts, which include collecting and analyzing disability and service baseline and outcome data at regular intervals throughout the performance period. Throughout the performance period, the applicant will make available copies of reports that include all data collected, including baseline data.

The applicant must demonstrate significant annual impact. Both output and outcome data will be collected from the applicant. Output evaluation data include measures of the immediate results of activities, such as the number of persons with disabilities who are placed with community service programs and numbers of service hours performed by service participants. Outcome evaluation data include the measures that identify the

benefits or changes to the participants or beneficiaries over the length of the grant or an extended period of time.

In addition to reporting on the impact of the program in the community, we specifically would like to receive information on:

- The number of persons with disabilities to whom the applicant reaches out;
- The number of persons with disabilities recruited;
- The number of persons with disabilities volunteering or serving in community placements in long-term, short-term, [episodic and one-time settings];
- The number of persons with disabilities who complete a volunteer or service assignment in long-term, short-term, episodic or one-time settings;
- The number of hours the persons recruited served;
- The level and kinds of skills persons with disabilities have learned;
- The number of successful transitions or the ways in which the skills and service experiences have helped with transitions; and

10. Additional Documents (Documents Section)

All additional documents must be submitted by hard copy to the Corporation by the application deadline. Forms submitted by fax or email will not be accepted. Materials should be mailed to:

Corporation for National and Community Service
Attn: Engaging Persons with Disabilities in National and Community Service
1201 New York Avenue N.W.
Washington, D.C. 20525

Include a hard copy of the completed SF424 Facesheet with the materials to indicate with which application the documents correspond.

A. Financial Statements or Audits

Applicants should provide their most recent financial statement or audit. Submit one printed version of the complete financial statement or audit.

B. Budget Forms

Applicants should provide completed budget forms for each individual budget year of the grant period. For example, if submitting an application for a three-year grant, applicants should submit individual budgets for year one, year two and year three in hard copy. The SF424A Budget Form (see Appendix F) should be used in completing the annual budgets. If a form is created by the applicant, it must have the exact same fields as is found in the SF424A Budget Form.

C. Program Evaluations

Please submit a program evaluation if your organization has engaged in or has conducted a program similar to this proposed project. Otherwise, an evaluation of your organizational activities or specific project may be submitted. The submitted evaluation should include a printed version of the complete evaluation with a one paragraph summary as a coversheet.

This Page Intentionally Left Blank

APPENDIX A: SF424 INSTRUCTIONS and FACESHEET

This form is required for applications submitted for federal assistance.

Item #

1. Filled in for your convenience.

2. Self-explanatory.

3. 3.a. and 3.b. are for State use only. (Not applicable for Engaging Persons with Disabilities in National Service Grants)

4. 4.a: Leave blank
   4.b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number. Otherwise, leave blank.

5. Enter the following information:

   a. The complete name of the organization that will be legally responsible for the grant. Not the name of the organizational unit within the legally responsible organization. (For example, indicate "National University" instead of "Liberal Arts Department.")
   b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5.a.
   c. Your organization's DUNS number (received from DUN and Bradstreet).
   d. Your organization's complete address with the 5 digit ZIP code. The four-digit extension is optional.
   e. The name and contact information of the project director or other person to contact on matters related to this application.

6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

7. 7.a.: Enter the appropriate letter in the box.
   7.b.: Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank.

   1. 2-year college
   2. 4-year college
   3. Area Agency on Aging
   4. Chamber of Commerce/Business Association
   5. Community Action Agency/ Community Action Program
   6. Community College
   7. Community-Based Organization
   8. Faith-based organization
   9. Governor's Office
   10. Grant-making Entity Operating in Two or More States
   11. Health Department
   12. Hispanic Serving College or University
   13. Historically Black College or University (HBCU)
   14. Law Enforcement Agency
   15. Local Affiliate of National Organization
   16. Local Education Agency
   17. Local Government Municipal
   18. National Non-profit (Multistate)
   19. Other Native American Organization
   20. Other State Government
   21. School (K-12)
   22. Self-Incorporated Senior Corps Project
   23. Service/Civic Organization
   24. State Commission/Alternative Administrative Entity
   25. State Education Agency
   26. Statewide Association
   27. Tribal Government Entity
   28. Tribal Organization (non-government)
   29. U.S. Territory
   30. Vocational/Technical College
   31. Volunteer Management Organization
   32. Other

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

boxes:

a. Check “New” if you are applying for assistance for the first time or are reapplying for a new grant cycle. (Engaging Persons with Disabilities in National and Community Service Grants select “New”)

b. Check “Continuation” if you are a grantee applying for your second or third year of funding within your 3-year project period.

c. Check “Amendment” if you are a grantee proposing any change in your budget or requesting a no cost extension.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

a. Select “Augmentation” if you are an AmeriCorps*State grantee submitting a revised budget to incorporate a Corporation-authorized increase.

b. Select “Budget Revision” to make a change in the grant budget, including slots.

c. Select “No cost Extension” to request an extension of the grant period, and then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.

d. Select “Other,” as applicable, and specify in the blank provided.

9. Filled in for your convenience.

10. Use the following CFDA (Catalog of Federal Domestic Assistance) number for the applicable program listing:

94.007 Innovative and Demonstration Programs

11. a. Enter the title of the project

b. Enter the name of the CNCS program initiative as provided in the instructions corresponding to the NOFA for which you are applying: Engaging Persons with Disabilities in National and Community Service Grants.

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

13. (See item 8)

- “New” application or “New application/previous grantee”: Enter the dates for the proposed project period.
- “Continuation” or “Amendment” application: Enter the dates of the approved project period.

14. Check the appropriate box to indicate the number of years within the grant period for which funding is being requested. Enter the amount requested or to be contributed <u>during this budget period</u> on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include <u>*only*</u> the amount of the change. For decreases, enclose the amounts in parentheses.

a. **Federal** The total amount of Federal funds being requested in the budget.
b. **Applicant** The total amount of the applicant share as entered in the budget.
c. **Local** The amount of the applicant share that is coming from local sources.
d. **State** The amount of the applicant share that is coming from state sources.
e. **Other** The amount of the applicant share that is coming from other sources.
f. **Program Income** The amount of the applicant share that is coming from income generated by programmatic activities.
g. **Total** The applicant's estimate of the total funding amount for the agreement

15. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was

issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at: http://www.whitehouse.gov/omb/grants/spoc.html. Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process. (Engaging Persons with Disabilities in National and Community Service Grants select "No")

a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
b. If No, check the appropriate box.

16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.

17. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

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

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Application ☒ Non-Construction

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. a. DATE RECEIVED BY STATE:

3.b. STATE APPLICATION IDENTIFIER:

4. a. DATE RECEIVED BY CNCS:

4.b. CNCS GRANT NUMBER:

5. APPLICANT INFORMATION

5a. LEGAL NAME:

5b. ORGANIZATIONAL UNIT:

5c. ORGANIZATIONAL DUNS:

5d.. ADDRESS *(give street address, city, county, state and zip code):*

5e. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give area codes):*

NAME:

TELEPHONE NUMBER: ( ) -

FAX NUMBER: ( ) -

INTERNET E-MAIL ADDRESS:

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):*

☐☐-☐☐☐☐☐☐☐

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
O. Other (specify)_____
H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Private Non-Profit Organization

7.b. CNCS APPLICANT CHARACTERISTICS

Enter appropriate code in each blank: _____, _____, _____, _____, _____

8. TYPE OF APPLICATION (Check appropriate box):

☐ NEW ☐ NEW/PREVIOUS GRANTEE
☐ CONTINUATION ☐ AMENDMENT

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

A. AUGMENTATION: ☐ B. BUDGET REVISION: ☐
C. NO COST EXTENSION: ☐ to _____*(enter date)*
E. OTHER (*specify below):* ☐

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

☐☐ ☐☐☐

Name of Program

11. a. TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc.):*

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: END DATE:

14. ESTIMATED FUNDING: Check applicable box: Yr 1: ☐ Yr.2: ☐ or Yr 3: ☐

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

15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON:
DATE _____

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

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

Modified Standard Form 424-(Rev. 11/02 to conform to the CNCS eGrants system)

APPENDIX B: Program Model and Design

	Section I: Program Model ***Enter a '1' next to the primary program model for this section. Enter a '2' next the secondary program model for this section***	
	Youth Corps	A full-time, year-round youth corps program or full-time summer youth corps program, such as a conservation corps or youth service corps that undertakes meaningful service projects with visible public benefits. Includes as participants youths and young adults between the ages of 16 and 25 inclusive, including out-of-school youths and other disadvantaged youths.
	Community Corps	A community corps program that meets unmet human, educational, environmental, or public safety needs and promotes greater community unity through the use of organized teams of participants of varied social and economic backgrounds, skill levels, physical and developmental capabilities, ages, ethnic backgrounds, or genders.
	Campus-based Model	A campus-based program that is designed to provide substantial service in a community during the school term and during summer or other vacation periods through the use of students who are attending an institution of higher education.
	Pre-Professional Corps	A pre-professional training program in which students enrolled in an institution of higher education receive training in specified fields, which may include classes containing service-learning; perform service related to such training outside the classroom during the school term and during summer or other vacation periods; and agree to provide service upon graduation to meet unmet human, educational, environmental, or public safety needs related to such training.
	Professional Corps	A professional corps program that recruits and places qualified participants to meet educational, human, environmental, or public safety needs in communities with an inadequate number of such professionals.
	Entrepreneur Corps	A national service entrepreneur program that identifies, recruits, and trains gifted young adults of all backgrounds and assists them in designing solutions to community problems.
	Intergenerational Program	An intergenerational program that combines students, out-of-school youths, and older adults as participants to provide needed community services, including an intergenerational component for other national service programs described in this subsection.
	Service Learning Program	A program that provides specialized training to individuals in service- learning and places the individuals after such training in positions, including positions as service-learning coordinators, to facilitate service- learning in programs eligible for funding under part I of subtitle B of this subchapter.
	Rural Corps	A program designed to meet the needs of rural communities, using teams or individual placements to address the development needs of rural communities and to combat rural poverty, including health care, education, and job training.
	Hunger Elimination Program	A program that seeks to eliminate hunger in communities and rural areas through service in projects involving food banks, food pantries, and nonprofit organizations that provide food during emergencies.

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

✓	**Section III: Location/Geography** ***Check all that apply***	
☐	**Urban**	A program designed to meet the needs of urban communities.
☐	**Rural**	A program designed to meet the needs of rural communities.

✓	**Section III: Location/Areas of Need Identification** ***Check All that Apply***	
☐	Empowerment zones or redevelopment areas	Communities designated as empowerment zones or redevelopment areas, targeted for special economic incentives, or otherwise identifiable as having high concentrations of low-income people.
☐	Environmentally distressed areas	Areas that are environmentally distressed.
☐	Areas affected by management of Federal lands	Areas adversely affected by Federal actions related to the management of Federal lands that result in significant regional job losses and economic dislocation.
☐	Areas affected by military downsizing	Areas adversely affected by reductions in defense spending or the closure or realignment of military installations.
☐	Areas with high unemployment rates	Areas that have an unemployment rate greater than the national average unemployment for the most recent 12 months for which satisfactory data are available.

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

APPENDIX C: Assurances and Certifications

Instructions

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

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

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

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

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

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

f) Assurance inclusion in subgrant agreements
You agree by submitting this proposal that you will include Assurance #19 in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

ASSURANCES

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

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

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

6. 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 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).

7. Will comply with all federal statutes relating to nondiscrimination. 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; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

8. 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 program purposes regardless of federal participation in purchases.

9. Will comply, as applicable, 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.

10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), 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.

11. 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.

12. 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 program 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).

13. 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.

14. 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.).

15. 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.

16. 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.

17. 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.

18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

19. Will comply with all of the requirements of Subpart C of 45 CFR Part 2542, implementing E.O. 12549, regarding restrictions on doing business with suspended, debarred and otherwise disqualified entities

20. Will comply with all of the requirements for providing a drug-free workplace on a continuing basis as set out in Subpart B of 45 CFR Part 2545, implementing sec.5151 – 5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690).

21. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

CERTIFICATION

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

(a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, 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 making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement;

(b) 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 grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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.**

Before you start: Before completing certification, please read the Certification Instructions.

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 Certification is:
Lobbying Activities

Legal Applicant: _____

Program Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

OMB Control #: 3045-0106 Expiration Date: 07/31/2005

This Page Intentionally Left Blank

APPENDIX D -- SERVICE CATEGORIES

Not all 3-Digit Codes are applicable to all programs and projects. Double-click on the box and click on "checked."

HEALTH/NUTRITION

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

EDUCATION

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

ENVIRONMENTAL

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

DISASTER

- ☐ Disaster Preparedness
- ☐ Disaster Mitigation
- ☐ Disaster Response
- ☐ Disaster Recovery
- ☐ Other Disaster

HOMELAND SECURITY

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

PUBLIC SAFETY

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

HOUSING

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

HUMAN NEEDS – GENERAL

- ☐ Adult Day Care/Senior Center
- ☐ Companionship/Outreach
- ☐ Crisis Intervention
- ☐ Mentoring
- ☐ Respite
- ☐ Teen Pregnancy/Parent Support Education
- ☐ Senior Center Program (non-residential)
- ☐ Other Human Needs Services

COMMUNITY AND ECONOMIC DEVELOPMENT

- ☐ Consumer Education
- ☐ Transportation Services
- ☐ Community Improvement
- ☐ Regional/State/City Planning
- ☐ Social Services Planning/Delivery
- ☐ Community-Based Volunteer Programs
- ☐ Cooperatives/Credit Unions
- ☐ Job Development/Placement
- ☐ Management Consulting
- ☐ Small/Minority Business
- ☐ Tax Counseling/Counseling
- ☐ Thrift Store
- ☐ Microenterprise
- ☐ Technology Access
- ☐ Other Community Development
- ☐ Food Production/Community Gardens/Farming
- ☐ Welfare to Work

OMB Control #: 3045-0106 Expiration Date: 07/31/2005

APPENDIX E: Performance Measurement Worksheet

Output-- The amount of product or service delivered (students tutored, trees planted, etc).
Intermediate-outcome--A change that has occurred in the lives of beneficiaries and/or participants, but is still short of a significant, lasting benefit.
End-outcome--A significant and lasting change that has occurred in the lives of beneficiaries and/or members.

INSTRUCTIONS: Complete one worksheet for each performance measure.

1. Select a **performance measure category**: ○ Needs and Service Activities. ○ Participant Development ○ Community Strengthening	
2. Select a **performance measure type**: ○ Output ○ Intermediate Outcome ○ End Outcome	
3**. Need.** Describe the need that this performance measure will address.	
4. Anticipated Result. Identify the expected **result**.	
5. Activities. Describe the **activities** planned to achieve this result.	
6. Measurement. Describe the data and instruments you use to **measure** the results.	
7. Targets. Describe the **targets** you expect meet during the 3 year grant period?	Year 1:
	Year 2:
	Year 3:
8. Performance Measure. Combine your anticipated results and your targets into a sentence.	
9. If you have **data for this performance measure from prior years**, report it here.	

OMB Control #: 3045-0106 Expiration Date: 07/31/2005

APPENDIX F: SF424A Budget Instructions and Worksheet

Before You Begin: In *eGrants*, the preparation of a detailed budget provides the data that creates the summary budget and the budget narrative. Your detailed budget must provide a full explanation of associated costs including their purpose, justification, and the basis of your calculations. Where appropriate, your calculations should be presented in an equation format, identifying the number of persons involved with the event, the per person/unit cost, and/or the annual salary cost.

Use the Budget Worksheet as a guide as you prepare your budgets.

SUPPORT EXPENSES

Match. Describe the grantee match contribution for Section I by clearly indicating the source(s), the type of contribution (cash), the amount (or estimate), and the intended purpose of the match. You may enter this information in any category in the Purpose-Calculation field.

A. **Personnel Expenses** – Include the portion of principal staff time attributed directly to the operation of the AmeriCorps project. List each staff position and a brief statement of responsibilities for each in the 'Position/Title' field. For each position, also include the annual salary, and the percentage of staff time that will apply to the grant.

B. **Personnel Fringe Benefits** – Include costs of benefit(s) for your project staff. You can identify and calculate each benefit or show cost as a percentage of all salaries.

C. **Project Staff Travel -** Describe the purposes for staff travels. Costs allowable are transportation, lodging, subsistence, and other related expenses for local and outside the project area travel.

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 (five thousand) or more per unit (including accessories, attachments, and modifications). Include items that do not meet this definition in **E. Supplies** below. Purchases of equipment are limited to 10% of the total grant amount, i.e., the federal share of all budget line items. If applicable, show the unit cost and number of units you are requesting.

E. **Supplies** – Include the funds for the purchase of consumable supplies and materials that does not fit the definition above. You must individually list any single item costing $1,000 (one thousand) or more.

F. **Contractual and Consultant Services -** You may include costs for consultants related to the project's operations. Consultants used for evaluation should be included in **H. Evaluation** below. Payments to individuals for consultant services under this grant may not exceed $540 per day (exclusive of any indirect expenses, travel, and supplies). Where applicable, indicate the daily rate for consultants.

G. **Training -** Include the costs associated with training of staff working directly on the project, especially training that specifically enhances staff project implementation and professional skills, i.e., project or financial management, team building, etc. Indicate daily rates of consultants, where applicable. You may also include costs associated with the training of service participants that will support them in carrying out their service activities, e.g., Orientation, project-specific skills such as age-appropriate tutoring, CPR, or ecosystems and the environment, etc. Indicate daily rates of consultants, where applicable.

H. **Evaluation -** Include costs for project evaluation activities, including additional staff time or subcontracts you did not budget under Section I A. Personnel Expenses, use of evaluation

consultants, purchase of instrumentation and other costs specifically for this activity. This **does not** include the daily/weekly gathering of data to assess progress toward project objectives, 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 – Allowable costs in this category may include travel to Corporation-sponsored meetings and background checks of participants if their service activities involve contact with vulnerable populations, i.e., children, the elderly, and the disabled. In addition, these costs may include office space rental (for sites where projects are operating, while national office space rental may be unallowable – check relevant OMB Circulars), utilities, and telephone and Internet expenses that are specifically used for participants, directly involve project staff, and are not part of the organizations indirect cost/admin cost. If shared with other projects or activities, you must prorate the costs equitably. List each item and provide a justification in the budget.

J. Indirect Costs

1. Definitions

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

1. costs are financial, accounting, auditing, contracting or general legal services, except in unusual cases whether they are specifically approved in writing by the Corporation as project costs;
2. costs for internal evaluation, including overall organization's management improvement costs (except for independent and internal evaluations of the project evaluations that are specifically related to creative methods of quality improvement); and
3. costs for general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project.

Administrative costs may also include that portion of salaries and benefits of the project's director and other administrative staff not attributable to the time spent in support of a specific project. The principles that pertain to the allocation and documentation of personnel costs are stated in the OMB circulars that are incorporated in Corporation regulations [45 CFR 2541.220(b)].

Administrative costs **do not** include the following allowable expenses directly related to a project (including their operations and objectives), such as:

1. allowable direct charges for members, including living allowances, insurance payments made on behalf of members training and travel;
2. costs for staff (including salary, benefits, training and travel) who recruit, train, place or supervise members or who develop materials used in such activities, if the purpose is for a specific project objective;
3. costs for independent evaluations and any internal evaluations of the project that are related specifically to creative methods of quality improvement;
4. costs, excluding those already covered in an organization's indirect cost rate, attributable to staff that work in a direct project support, operational, or oversight capacity, including, but not limited to: support staff whose functions directly support project activities; staff who

coordinate and facilitate single or multi-site project activities; and staff who review, disseminate and implement Corporation guidance and policies directly relating to a project;

5. space, facility and communications costs that primarily support project operations, excluding those costs that are already covered by an organization's indirect costs rate; and
6. other allowable costs, excluding those costs that are already covered by an organization's indirect cost rate, specifically approved by the Corporation as directly attributable to a project.

2. Calculating Administrative/Indirect Costs

Federally Approved Indirect Cost Rate Method

If you have a federally approved indirect cost (IDC) rate and choose to use it, such rate will constitute documentation of your administrative costs. 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). It is at your discretion whether or not to use your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate under the Rate Claimed field.

a. Determine the amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee's shares, as proscribed by your organization (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.

b. Multiply the sum of the Corporation share in Sections I and II by .0526. This is the maximum amount you can claim as the Corporation share of indirect costs.

c. Subtract the amount calculated in step 2 from the amount calculated in step 1. This is the amount the applicant can claim as grantee share for administrative costs.

Budget Worksheet

Section I. Support Expenses

A. Personnel Expenses

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

B. Personnel Fringe Benefits

Item	Description	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

C. Travel

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

D. Equipment

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

E. Supplies

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

F. Contractual and Consultant Services

Purpose	Calculation (include Daily Rate)	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

G. Training

Purpose	Calculation (include Daily Rate)	**Total Amount**	**CNCS Share**	**Grantee Share**
	Totals			

H. Evaluation

Purpose	Calculation (include Daily Rate)	Total Amount	CNCS Share	Grantee Share
	Totals			

I. Other Support Costs

Item	Total Amount	CNCS Share	Grantee Share
Totals			

J. Indirect Costs

Description	Total Amount	CNCS Share	Grantee Share

K. Source of Match

Source(s), Type, Amount, Intended Purpose,

OMB Control #: 3045-0106 **Expiration Date: 07/31/2005**

APPENDIX G: Survey on Ensuring Equal Opportunity for Applicants

SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Federal Agency Use Only

OMB No. 3045-0106 Exp. 07/31/2005

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

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

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

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____**CFDA Number:** _____

1. Does the applicant have 501(c)(3) status? Yes No

☐ Yes ☐ No

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

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

3. What is the size of the applicant's annual budget? *(Check only one box.)*

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

4. Is the applicant a faith-based/religious organization?

☐ ☐

5. Is the applicant a non-religious community-based organization?

☐ Yes ☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☐ Yes ☐ No

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

☐ Yes ☐ No

Survey Instructions on Ensuring Equal Opportunity for Applicant

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

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

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

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

4. Self-identify.

5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.

6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.

7. Self-explanatory.

8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **3045-0087**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** *Marlene Zakai*, Office of Grants Policy and Operations, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: *Marci Hunn*, Office of Grants Policy and Operations, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

OMB No. 3045-0106 Expiration Date: 07/31/2005