



# 2023-2024 AmeriCorps State Formula Grant Competition

## Request for Applications State Formula New, Re-Compete, and Continuation

Full Applications will be submitted through AmeriCorps' web-based management system, eGrants. The application will be available in eGrants no later than **Friday, February 20, 2023**

Full Applications are due to Serve DC **Wednesday, April 15<sup>th</sup>** by 5:00 p.m. Eastern Time to AmeriCorps.

**Apply via eGrants**





## ***Important Notices***

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 (AmeriCorps) 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: Arminda Pappas, 250 E Street, SW, Suite 300, Washington, DC 20525. AmeriCorps 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 on page one are current and valid. (See 5 CFR 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 AmeriCorps 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 without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

**Indirect Cost Rates:** AmeriCorps 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 CFR § 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 J**).

**Universal Identifier:** Applicants must include a Dun and Bradstreet Data Universal Numbering System (DUNS) number and/or a Unique Entity Identifier (UEI) depending on which field(s) are required in eGrants at the time of submission. Applicants must obtain their UEI and register their entity through the System for Award Management (SAM.gov). All grant recipients are required to maintain a valid registration, which must be renewed annually.

**Disclosures:** This Request for Applications (RFA) does not commit the Serve DC to make an award. Serve DC reserves the right to accept or deny any or all applications. Serve DC reserves the right to issue addenda and/or amendments or to rescind this RFA.





## Overview

### Serve DC

Serve DC – The Mayor’s Office on Volunteerism and Partnerships, is the DC Commission on National and Community Service as such Serve DC provides oversight and support to applicants selected as sub-grantees. Oversight includes monitoring and programmatic site visits, fiscal monitoring, and reporting requirements. Support includes AmeriCorps trainings, program director meetings, and one-on-one technical assistance.

Serve DC was established by an Executive Order in 2000 and is housed in the Office of Community Affairs in the Executive Office of the Mayor. Serve DC is the District of Columbia Government agency dedicated to promoting service as an innovative, sustainable solution to the challenges we face as a community and a nation. Serve DC engages District communities by building partnerships and organizational capacity, serving as the local lead for national volunteer and service initiatives, and providing and promoting meaningful service opportunities throughout the year. This application applies to Single State applicants operating only in the District of Columbia.

### AmeriCorps Agency

Serve DC receives federal funding from the National and Community Service (AmeriCorps) to support National Service programs in the District of Columbia including the AmeriCorps State program. The mission of AmeriCorps is to improve lives, strengthen communities, and foster civic participation through service and volunteering. Through AmeriCorps, Senior Corps, and the Volunteer Generation Fund, AmeriCorps has helped to engage millions of citizens in meeting community and national challenges through service and volunteer action.

AmeriCorps grants are awarded to eligible organizations (see Eligible Applicants) proposing to engage AmeriCorps members in evidence-based interventions to strengthen communities. An AmeriCorps member is an individual who engages in community service through an approved national service position. Members may receive a living allowance and other benefits while serving. Upon successful completion of their service, members earn a Segal AmeriCorps Education Award from the National Service Trust that members can use to pay for higher education expenses or apply to qualified student loans.

### AmeriCorps

AmeriCorps is a National Service program funded by AmeriCorps. Locally, Serve DC supports the AmeriCorps State program in Washington, DC. AmeriCorps projects address a combination of the national service priorities, meet critical needs of our nation, achieve national service goals, and address community problems. These include disaster services, economic opportunity, education, environmental stewardship, healthy futures, and veterans and military families. Within these focus areas programs may submit proposals that address specific problems of local communities. Full-time members who complete their service earn an Eli Segal AmeriCorps Education Award to pay for college, graduate school, or to pay back qualified student loans. Members who serve part-time receive a partial Award. Some AmeriCorps members may also receive a modest living allowance during their term of service.



## Key Dates

| Date                      | Submission Action                    | Additional Details  |
|---------------------------|--------------------------------------|---|
| Monday, February 20, 2023 | NOFO Released                        | Available online at <a href="https://serve.dc.gov/">https://serve.dc.gov/</a> |
| Friday, February 24, 2023 | Application Information Session      | 12-1PM<br>Room #306 at the John Wilson Building                               |
| Friday, March 3, 2023     | Application Information Session      | 12-1PM in room #306 at the John Wilson Building                               |
| Friday, April 14, 2023    | Final Applications due in e-grants   | Due before 5:00PM   |
| Wednesday, May 15, 2023   | Final Applications due to AmeriCorps |   |

## Federal Award Information

### Estimated Available Funds

Serve DC – The Mayor’s Office on Volunteerism and Partnerships announces the availability of AmeriCorps State Formula Grant funding for Fiscal Year 2023 to eligible organizations subject to the availability of appropriations for Fiscal Year 2023. Grant award amounts vary – both in the level of operating funds and in the type and amount of AmeriCorps member positions – as determined by the scope of the projects.

### Project and Award Period

The project start date may not occur prior to the date AmeriCorps awards the grant. AmeriCorps members may not enroll prior to the start date of the award. AmeriCorps members may not begin service prior to the beginning of the member enrollment period as designated in the grant award. A program may not certify any hours a member performs prior to the beginning of the member enrollment period.

### Serve DC Funding Priorities

- **Gun Violence Prevention & Public Safety** – Organizations aimed at addressing gun violence and its traumatic impact, while creating activities promoting public safety in communities.
- **Racial Inequity** – Programs that actively engage in removing structural racial inequities, advancing racial equality, and increasing opportunity in order to achieve sustainable change in communities.
- **Economic Opportunity** – A program model that increases economic opportunities for communities by preparing people for the workforce.
- **Affordable Housing** – Programs focused on building and sustaining affordable housing establishments and programs
- **Poverty Reduction Initiatives** --



- **Educational Opportunity and Economic Mobility** – Communities experiencing persistent unemployment or underemployment, and students experiencing homelessness or those in foster care.
- **Healthy Futures** – A program model that reduces and/or prevents prescription drug and opioid abuse.
- **Veterans and Military Families, Caregivers, and Survivors** – a program model that improves the quality of life of veterans and improves the well-being of military families, caregivers, and survivors.
- **Faith-based organizations.**
- **Creating a Sustainable DC**

To receive priority consideration, applicants must show that the priority area is a significant part of the program focus and intended outcomes; and must include a high-quality program design. Proposing programs that receive priority consideration does not guarantee funding.

**National Performance Measures**

All applications must include at least one aligned performance measure (output and outcome) that corresponds to the proposed primary intervention. This may be a National Performance Measure or an applicant-determined measure. Applicants should not select performance measures that to correspond to each and every potential member activity or community impact. AmeriCorps values the quality of performance measures over the quantity of performance measures.

For more information, please refer to the [National Performance Measure Instructions](#).

**Type of Award**

AmeriCorps Operating Grants: AmeriCorps may award a Cost Reimbursement or a Fixed Amount grant to any successful applicant, but the availability of a Full-Cost Fixed Amount grant is limited to certain applicants. Professional Corps are not eligible to apply for Cost Reimbursement grants.

| Grant Types                                 | Cost Reimbursement   | Fixed Amount  |   |                    |
|---|--|---|---|--------------------|
| Available Subtypes                          | Traditional  | Full-Cost   | Education Award Program (EAP)   | Professional Corps |
| Maximum Cost per MSY                        | \$28,800   | \$28,800  | \$800 or \$1,000*   | \$1,000            |
| Type of Slots in the National Service Trust | Full-Time, Three Quarter-Time, Half-time, Reduced Half-Time, Quarter-Time, Minimum-Time, Abbreviated- Time | Full-Time, Three Quarter-Time, Half-Time, Reduced Half-Time, Quarter-Time, Minimum-Time, Abbreviated-Time | Full-Time, Three Quarter-Time, Half-Time, Reduced Half-Time, Quarter-Time, Minimum-Time, Abbreviated-Time | Full-Time only     |



|  |     |     |     |   |
|--|-----|-----|-----|---|
| Budget Submission Required   | Yes | No  |     | Yes, if requesting operating funds  |
| Availability of Funds linked to enrollment and retention of awarded MSYs | No  | Yes |     |   |
| Special Requirements   | N/A | N/A |     | Must place qualified professionals in communities with an inadequate number of such professionals. Member salaries and benefits must be paid entirely by organization where member serves and not included in budget. |
| Financial Reporting Requirements   | Yes | No  |     |   |
| Available to new Applicants  | Yes | No  | Yes |   |

\*Per 42 U.S.C. § 12581a, the Corporation may provide the operational support under this section for a program in an amount that is not more than \$800 per individual enrolled in an approved national service position, or not more than \$1,000 per such individual if at least 50 percent of the persons enrolled in the program are disadvantaged youth.

**Professional Corps**

A Professional Corps is a program model composed of AmeriCorps members serving as professionals; i.e. teachers, health care providers, police officers, engineers, attorneys, or other professionals. The programs recruit and place qualified members in communities with an inadequate number of such professionals. Professional Corps applicants and/or applicants determined to be a Professional Corps by AmeriCorps must demonstrate that the community in which it will place AmeriCorps members serving as professionals has an inadequate number of said professionals.

Professional Corps members' salaries/compensation, including childcare, are paid entirely by the organizations with which the members serve, and are not included in the budget request to AmeriCorps. The living allowance or salary provided to AmeriCorps members in Professional Corps programs does not count toward the matching requirement. AmeriCorps requires Professional Corps programs to cover the operating expenses associated with the AmeriCorps program through non AmeriCorps resources. AmeriCorps will only consider operating funds of up to \$1,000 per MSY if an applicant is able to demonstrate significant organizational financial need based on the materials reviewed by the Office of Grant Management/Grant Administration. These grants are fixed price grants.

Applicants may propose any authorized program type. In the case that a proposed program fits more than one program type (e.g., a program could be either a professional corps or a traditional program). AmeriCorps staff will make a determination as to program type



that will be considered for funding. The determination will be based on data provided within the application and supplemental materials submitted with the application. The determination may be different from the program type proposed by the applicant. AmeriCorps reserves the right to determine whether an applicant (whether or not the applicant has applied as a Professional Corps) has sufficiently demonstrated that they cannot effectively operate an AmeriCorps program without receiving AmeriCorps operating funds. There may be specific circumstances where AmeriCorps determines that a legal applicant has not demonstrated the need for operational grant funds due to other funding resources. Where AmeriCorps's due diligence review of an application shows that the applicant has a historically high level of support from non- AmeriCorps sources, and as a result has levels of unrestricted funding that is in excess of the requested level of AmeriCorps funding, AmeriCorps may choose to not provide operational grant funding.

### **Education Award Grants (EAP) Fixed Amount Grant**

Programs that apply for a small fixed amount per MSY, can enroll less than full-time members, and use their own resources to cover all other costs. Programs can access funds under the grant based on enrolling the full complement of members supported under the grant. As with full-time fixed amount grants, there are no specific match or financial reporting requirements for EAP fixed amount grants.

## ***Eligibility Information***

### **Eligible Applicants**

The following non-federal entities (all of which are defined in [2 CFR 200.1](#)) are eligible to apply:

- Native American Tribes
- Institutions of higher education
- Local governments
- Nonprofit organizations
- States

Entities must have a valid SAM registration and [DUNS and/or Unique Entity Identifier] to receive an award. See Section D.3. Unique entity identifier and System for Award Management (SAM) for more information.

### **New Applicants**

AmeriCorps encourages organizations that have not received prior funding from AmeriCorps to apply.

New applicants are eligible to apply for Cost Reimbursement and Education Award Program (EAP) grant but are not eligible to apply for Full-Cost Fixed Amount grants.

### **Threshold Issues**

Applications should reflect that they meet the following threshold requirements for the grant type for which they are applying.

- Professional Corps applicants and/or applicants determined to be a Professional Corps by AmeriCorps must demonstrate that the community in which it will place AmeriCorps members serving as professionals has an inadequate number of said professionals.
- If the proposed service activities require specialized member qualifications and/or training (for example, tutoring programs: 45 CFR 2522.910-.940), the applicant must describe how the program will meet these requirements.
- All applicants must propose program designs that are either evidence-based or evidence-informed. Applicants assessed as lower than the Preliminary evidence tier (i.e., Pre-Preliminary) must provide adequate responses to the Evidence Quality review criteria in order to be considered for funding.



## Other Eligibility Requirements

Under section 132A(b) of the NCSA, organizations that have been convicted of a federal crime may not receive assistance described in this RFA.

Applications that propose to engage in activities that are prohibited under AmeriCorps's statutes, regulations, or the terms and conditions of its awards are not eligible to receive AmeriCorps funding.

Note that under appropriations provisions annually enacted by Congress, if AmeriCorps is aware that any corporation has any unpaid Federal tax liability which—

- has been assessed
- for which all judicial and administrative remedies have been exhausted or have lapsed, and
- that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability –

that corporation is not eligible for an award under this RFA. However, this exclusion will not apply to a corporation which a federal agency has considered for suspension or debarment and has made a determination that suspension or debarment is not necessary to protect the interest of the federal government.

Pursuant to the Lobbying Disclosure Act of 1995, an organization described in Section 501(c)(4) of the Internal Revenue Code of 1986, 26 U.S.C. 501(c)(4) that engages in lobbying activities is not eligible to apply for AmeriCorps funding.

## *Application and Submission Information*

This RFA should be read collectively with the AmeriCorps Regulations, 45 CFR §§ 2520–2550, the Mandatory Supplemental Guidance, and the National Performance Measure Instructions which are incorporated by reference. These documents can be found [at http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities](http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities). The full Regulations are available online at [www.ecfr.gov](http://www.ecfr.gov).

## Content and Form of Application Submission

In AmeriCorps's web-based management system, applicants will enter the following components of a complete application:

- Standard Form 424 (SF-424) Face Sheet: This is automatically generated when applicants complete the data elements in the AmeriCorps's web-based grant management system
- Narratives
  - Executive Summary
  - Theory of Change
  - Program Design
  - Organizational Capability
  - Cost Effectiveness and Budget Adequacy
  - Evaluation Plan
- Standard Form 424 Budget
- Performance Measures
- Authorization, Assurances, and Certification (<https://espan.cns.gov/cnsmisc/ECERTS.HTM>), and <https://espan.cns.gov/cnsmisc/EASSUR.HTM>)





### Narrative Page Limits

Applications must not exceed 10 pages for the Narratives when printed with the application from the “Review” tab in AmeriCorps’s web-based management system.

The application sections that count towards the page limit are the:

- SF-424 Face Sheet
- Executive Summary
- Program Design, Organizational Capability, and Cost-Effectiveness & Budget Adequacy narratives.

The application page limit does not include the Budget, Performance Measures, or any required additional documents.

### Unique entity identifier and System for Award Management (SAM)

All applicants **must** register with the System for Award Management (SAM) at <https://www.sam.gov/SAM/> and maintain an active SAM registration until the application process is complete. If an applicant is awarded a grant, it must maintain an active SAM registration throughout the life of the award. See the SAM Quick Guide for Grantees at: [https://sam.gov/SAM/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf).

SAM registration must be renewed annually. A Commission is responsible for ensuring its state applicants have compliant registrations. AmeriCorps suggests that applicants finalize a new registration or renew an existing one at least three weeks before the application deadline, to allow time to resolve any issues that may arise. **Applicants must use their SAM-registered legal name and address on all grant applications to AmeriCorps.**

AmeriCorps will not make awards to entities that do not have a valid SAM registration and DUNS or Unique Entity Identifier (UEI). If an applicant has not fully complied with these requirements by the time AmeriCorps is ready to make a Federal award, AmeriCorps may determine that the applicant is not qualified to receive an award and use that determination as a basis for making a Federal award to another applicant.

### Other Submission Requirements

#### Electronic Application Submission in eGrants

Applicants must submit applications electronically via [eGrants, AmeriCorps’s web-based application system](#). AmeriCorps recommends that applicants create an eGrants account and begin the application at least three weeks before the deadline. Applicants should draft the application as a Word document, then copy and paste the text into the appropriate eGrants field no later than 10 days before the deadline.

The applicant’s authorized representative must be the person who submits the application. The authorized representative must use his or her own eGrants account to sign and submit the application. A copy of the governing body’s authorization for this official representative to sign must be on file in the applicant’s office.

Applicants should contact the National Service Hotline at (800) 942-2677 or via [eGrants Questions](#) if they have a problem when they create an account, prepare, or submit the application. National Service Hotline hours are posted at <https://questions.nationalservice.gov/>

Be prepared to provide the application ID, organization’s name, and the competition to which the organization is applying. If the issue cannot be resolved by the deadline, applicants must continue working with the National Service Hotline to submit via eGrants.



### Submission of Additional Documents

Any required additional documents are due on the application deadline.

Applicants are required to submit the following additional documents by the application submission deadline:

#### All applicants

- Evaluation briefs, reports, studies. Please refer to the *Evidence Base* section and Mandatory Supplemental Information for detailed instructions by evidence tier. If multiple evaluation briefs/reports/studies are submitted by the applicant, the most recent (as measured by the date of completion or publication) will be reviewed first, and any documents submitted beyond the allowable number will not be reviewed.
- Labor union concurrence (if applicable)

#### Recompeting applications

- Evaluation report, if required. Please submit in Word. The evaluation report should include a title page with the AmeriCorps grant ID for the project that was evaluated, the name of the project, and the date of completion of the report. If any of this required information is missing, the applicant may not receive credit for meeting their evaluation requirements. Please see the *Evidence Tiers* definitions in the Mandatory Supplemental Information and Section E. Evaluation Plan for further information.

Failure to submit the required additional documents by the deadline will have a negative effect on the assessment of your application and/or on the determination of the application's eligibility to advance for review.

**Additional documents must be emailed to [americorps@dc.gov](mailto:americorps@dc.gov) with the following subject line: “Legal Applicant Name” – “Application ID Number.”**

Emails should include:

- the legal applicant name and its point of contact information
- the application ID number
- a list of documents that are attached to the email
- individually attached files that are clearly labeled, and that include the legal applicant name and application ID number within the heading of each document. To ensure that all required additional documents are received, please provide each document as an individual file. Please do not send all documents as one scanned file.
- If the size of an applicant's files requires multiple emails, please also include an ordering system in the subject line, such as “(1 of 3).”

***Do not submit any items that are not requested in this Notice and Guidance. Serve DC will not review or return them.***

#### Late Applications

Serve DC may consider an application submitted after the deadline if an applicant submits a letter to [americorps@dc.gov](mailto:americorps@dc.gov) explaining the extenuating difficulties that caused the delay. **Serve DC must receive the letter within one business day of the submission deadline.** If technical difficulties prevent a timely submission, the letter should include the Help Desk ticket number and any information provided by the National Service Hotline. (See the *Electronic Application Submission in AmeriCorps's web-based grant management system* section). Communication with Serve DC staff, including an applicant's program officer, is not a substitute for the letter. Applicants are also required to continue working in [AmeriCorps's web-based grant management system, AmeriCorps's](#)



[web-based system](#) and with the National Service Hotline to submit the application as soon possible after the deadline. Serve DC will determine whether or not to accept a late application on a case-by-case basis.

## ***Funding Restrictions***

### **Member Living Allowance**

A living allowance is not considered a salary or a wage. Programs are not required to provide a living allowance for members serving in less than full-time terms of service. If a program chooses to provide a living allowance to a less than full-time member, it must comply with the maximum limits in the table below. For Cost Reimbursement grants, the amount must be included in the proposed budget as either AmeriCorps or grantee share. Exceptions are noted below.

While Fixed Amount grant applicants are not required to submit detailed budgets, they are still required to provide a living allowance to members that complies with the minimum and maximum requirements. Exceptions are noted below. Fixed Amount grant applicants are not required to indicate that amount in the application and should request those positions as “without living allowance” in the budget.

**Table: Minimum and Maximum Living Allowance**

| <b>Service Term</b> | <b>Minimum # of Hours</b> | <b>Minimum Living Allowance</b> | <b>Maximum Total Living Allowance</b> |
|---------------------|---------------------------|---------------------------------|---------------------------------------|
| Full-time           | 1,700                     | \$17,600                        | \$35,200                              |
| Three Quarter-time  | 1,200                     | n/a                             | \$24,640                              |
| Half-time           | 900                       | n/a                             | \$17,600                              |
| Reduced Half-time   | 675                       | n/a                             | \$13,376                              |
| Quarter-time        | 450                       | n/a                             | \$9,152                               |
| Minimum-time        | 300                       | n/a                             | \$7,392                               |
| Abbreviated-time    | 100                       | n/a                             | \$2,112                               |

### ***Exceptions to the Living Allowance Requirements***

**a. Programs existing prior to September 21, 1993** are not required to offer a living allowance. If an applicant chooses to offer a living allowance, it is exempt from the minimum requirement, but not the maximum requirement.

**b. EAP Grantees** are not required to provide a living allowance, but if a living allowance is provided, it must comply with the maximum requirements set forth in the Living Allowance Table above.

**c. Professional Corps Grantees** must provide members a living allowance or salary, which must meet the minimum, but may exceed the maximum living allowance set in the Living Allowance Table above. Professional Corps member salaries and benefits including childcare are paid entirely by the organizations with which the members serve; and are not included in the budget request to AmeriCorps (federal or matching share).

### **Maximum Cost per Member Service Year (MSY)**





The AmeriCorps cost per MSY is determined by dividing the AmeriCorps share of budgeted grant costs by the number of MSYs requested. It does not include childcare or the value of the education award a member may earn. The maximum amount an applicant may request from AmeriCorps per MSY is determined on an annual basis.

New and re-competing subgrantees/applicants will be held to the maximum cost per MSY for their grant type.

**Table: Maximum Cost per MSY**

| <b>Grant Program</b>  | <b>Maximum</b>      |
|---|---------------------|
| Individual Formula State/Territory Program (cost reimbursement) | \$28,800*           |
| Education Award Program (EAP) Fixed Amount Grant (Formula)      | \$800 or \$1,000*** |
| Full-cost Fixed Formula Amount Grant                            | \$28,800            |

\*Cost reimbursement programs operating in rural communities (as defined in the Mandatory Supplemental Information) and cost reimbursement programs that recruit opportunity youth as AmeriCorps members may request up to \$28,800 cost per MSY for the AmeriCorps members who will be serving in rural areas or who are opportunity youth.

\*\* AmeriCorps requires **Professional Corps** programs to cover the operating expenses associated with the AmeriCorps program through non AmeriCorps resources. AmeriCorps will only consider operating funds of up to \$1,000 per MSY if an applicant is able to demonstrate significant organizational financial need.

\*\*\* Per 42 U.S.C. 12581a, the Corporation may provide the operational support under this section for a program in an amount that is not more than \$800 per individual enrolled in an approved national service position, or not more than \$1,000 per such individual if at least 50 percent of the persons enrolled in the program are disadvantaged youth.

For purposes of fundamental fairness, AmeriCorps may review an application which meets the statutory characteristics of a professional corps as a professional corps, regardless of whether the organization applied as a professional corps program. AmeriCorps reserves the right to determine whether an applicant (whether or not the applicant has applied as a **Professional Corps**) has sufficiently demonstrated that they cannot effectively operate an AmeriCorps program without receiving AmeriCorps operating funds. There may be specific circumstances where AmeriCorps determines that a legal applicant has not demonstrated the need for operational grant funds due to other funding resources. Where AmeriCorps’s due diligence review of an application shows that the applicant has a historically high level of support from non- AmeriCorps sources, and as a result has levels of unrestricted funding that is in excess of the requested level of AmeriCorps funding, AmeriCorps may choose to not provide operational grant funding.

**Segal AmeriCorps Education Award**

AmeriCorps members who successfully complete a term of service will be eligible for an Education Award from the National Service Trust. The amount of the Education Award is linked to the value of the Pell Grant. A member has up to seven years after his or her term of service to use the Education Award. AmeriCorps will provide the updated Education Award amounts at the time of grant award.





**Fixed Amount Grants**

There is no match requirement for Fixed Amount grants. AmeriCorps does not provide all the funds necessary to operate the program, therefore organizations should raise the additional revenue required to operate the program.

**Cost Reimbursement Grants**

Applicants are required to match funds based on the chart below. The applicant’s match can be non- AmeriCorps cash and/or in-kind contributions. Applicants must indicate whether the match is proposed or secured. Applicants must demonstrate the ability to meet the match requirement at the time of application submission.

A first-time successful applicant is required to match at 24 percent for the first three-year funding period. Starting with year four, the match requirement gradually increases every year to 50 percent by year ten, according to the minimum overall share chart found in 45 CFR 2521.60 and below.

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

Section 121(e)(5) of NCSA (42 U.S.C. §12571(e)) requires programs that use other federal funds as match for an AmeriCorps grant to report the amount and source of these funds to AmeriCorps on a Federal Financial Report. Grantees must track and be prepared to report on that match separately each year and at closeout.

The living allowance or salary provided to AmeriCorps members in Professional Corps programs (see Mandatory Supplemental Information) does not count toward the matching requirement.

**Alternative Match**

Under certain circumstances, applicants may qualify to meet alternative matching requirements that increase over the years to 35 percent instead of 50 percent as specified in the regulations at 45 CFR 2521.60(b). To qualify, applicants must demonstrate that the proposed program is either located in a rural county or in a severely economically distressed community as defined in the Application Instructions. Applicants who plan to request an alternative match schedule must submit a request at the time the application is submitted.

**Indirect Costs**

AmeriCorps 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. States, local governments and Indian Tribes may use previously-approved cost allocation plans. All methods must be applied consistently across federal awards. Applicants who hold a federal negotiated indirect cost rate or will be using the 10% de minimis rate must enter that information in the Organization section in AmeriCorps’s web-based grant management system. However, under section 121(d) of the NCSA and AmeriCorps’s regulations at 45 C.F.R. 2521.95 and 2540.110, no more than five percent of award funds may be used to recover indirect costs on AmeriCorps grants.



### Pre-Award Costs

Pre-award costs, where authorized, are allowed after receiving written approval from the Office of Grants Management and/or Office of Grants Administration.

## APPLICATION RESOURCES

Please use these application instructions if you are a new or re-competing applicant to AmeriCorps.

The full regulations are available online at:

<https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>

### SUBMITTING YOUR APPLICATION IN EGRANTS

#### New and Re-competing Applicants

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:

- Start a new Grant Application
- Select a Program Area (AmeriCorps)
- Select a NOFA (see the *Notice* for a listing)

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 re-competing (in the final year of a Formula funding cycle and applying for a new grant cycle), select **Continuation/Renewal**
- If you are not a current grantee, but have received a Formula AmeriCorps grant in the past five years, 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**. (**Note: previous Formula funding history for the**



same project, even if more than five years ago, may still affect some application requirements; see the Notice of Funding Opportunity for more details)

- 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.

## II. Application Info

In the Application Info Section enter:

- Areas affected by your proposed program. Please include “DC”.
- Requested project period start and end dates. The length of the project period is specified in the *Notice*.
- 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.
- State Application Identifier: Enter N/A.

## 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 *Notice*. 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 the *Notice*.
- **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 AmeriCorps in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections by criterion.

In eGrants, you will enter text for

- Executive Summary
- Theory of Change
- 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 *Notice* 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 instructions in the *Notice*.

#### **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 *Notice*.

##### **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 N/A in the narrative as the assessment will be of the budget.

#### **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 have previously received three or more years of Formula funding for the same project, please provide your Evaluation Plan. Please follow the instructions in the *Notice*.

#### **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.

### **V. Performance Measures**

All applicants must submit performance measures with their application. See Attachments for instructions for entering performance measures, and see the Performance Measure Instructions for details about the number and type of performance measures required.





## VI. Program Information

In the Program Information Section, applicants must check the relevant boxes in order to be considered for AmeriCorps' 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.

### Serve DC Funding Priorities

Check any priority area(s) that apply to the proposed program. Only select Priorities that represent a significant part of the program focus, high quality program design, and outcomes.

### Grant Characteristics

Check any grant characteristics that are a significant part of the proposed program.

## VII. Documents

In addition to the application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary – see B., below), other required documents listed in the *Notice* (if applicable), and an explanation of federal debt delinquency (if applicable), as part of your application. After you have submitted the documents via the instructions in the *Notice*, change the status in eGrants from the default “Not Sent” to the applicable status “Sent,” “Not Applicable,” or “Already on File at AmeriCorps.”

### A. Evaluation

Submit any completed report as described in F., below. Select Evaluation and select “Sent” once you have submitted a completed evaluation report. If an evaluation is required, you must submit a copy at the time of application even if AmeriCorps may already have it on file.

### B. Labor Union Concurrence

- 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 e-mail 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 will not 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.



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

**C. Federally-approved Indirect Cost Agreement**

Applicants applying directly to AmeriCorps that include a federally approved indirect cost rate amount in their budget must enter the current approved indirect cost rate agreement information into eGrants at the same time they submit their application. See **Attachment J**.

**D. Other Documents**

Provide other required documents list in the *Notice* (if applicable) via the e-mail listed in the *Notice*, as part of your application.

**E. Delinquent on Federal Debt**

Any applicant who checks Yes to the question on federal debt delinquency must submit a complete explanation to [americorps@dc.gov](mailto:americorps@dc.gov) at the same time they submit their application.

**F. Submission Instructions for Evaluations, Labor Union Concurrence, Other Required Documents, and Explanation of Federal Debt Delinquency, as applicable.**

Please submit the required documents to the e-mail listed in the *Notice* using the naming convention and other instructions found there. This information must be received at AmeriCorps by the deadline in the *Notice*.

**VIII. Budget Instructions**

**For Fixed Amount grants, including EAPs:** Use the [Budget Instructions for Fixed Amount](#) applicants (Attachment) and the **Budget Worksheet (Attachment)** to prepare your budget.

**For Cost Reimbursement grants:** Use the **Budget Instructions for Cost Reimbursement Grants** and the **Budget Worksheet** to prepare your 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                     | Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in Year 4 to 50% by the tenth year of funding and any year thereafter. |
| EAP Fixed Amount Grants                | There are no specific match requirements for fixed amount grants. Grantees pay all program costs over the cost in the <i>Notice</i> provided by AmeriCorps.  |
| Professional Corps Fixed Amount Grants | There are no specific match requirements for fixed amount grants. Grantees pay all program costs over the cost in the <i>Notice</i> provided by AmeriCorps.  |



|                               |   |
|-------------------------------|---|
| Stipended Fixed Amount Grants | There are no specific match requirements for full-cost fixed amount grants. Grantees pay all program costs over the maximum cost in the <i>Notice</i> provided by AmeriCorps. |
|-------------------------------|---|

- 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. See **Attachment G** for instructions for applying for the Alternative Match Schedule.

*Note:* AmeriCorps legislation permits the use of non- AmeriCorps 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 who use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to AmeriCorps. If you use other federal funds as match, you must ensure you can meet the requirements and purpose of both grants. Grantees who use federal funds as match will be required to report the sources and amounts on the Federal Financial Report (FFR).

**B. Preparing Your Budget**

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

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

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 (Attachment) 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.
- Itemize each cost and present the basis for all calculations in the form of an equation.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).



- **Please add the cost of the NSOPW, state check and/or FBI check for criminal history checks for each covered position in the budget. If funds are not budgeted, an explanation for how the costs will be covered must be noted in the budget.**

Programs must comply with all applicable federal laws, regulations, and the requirements of the Uniform Guidance. Please refer to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 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. The OMB Uniform Guidance can be found on-line at [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

### **IX. Funding/Demographics**

In the Funding/Demographics Section enter the information requested which could include:

- 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 AmeriCorps 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 AmeriCorps or grantee share amounts in the budget. Fixed amount grantees should enter all non- AmeriCorps 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.

### **XI. Review, Authorize, and Submit**

Applicants must submit common federal government-wide Representations and Certifications through SAM.gov. Entities creating new registrations in SAM.gov and existing entities completing their annual registration renewals in SAM.gov are required to review financial assistance representations and certifications before their registration can be activated. As entities renew and re-register their accounts, the data collected make SAM.gov the federal repository for the government-wide information.

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

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

Read the Authorization, Assurances, and Certifications carefully (<https://espan.cns.gov/cnsmisc/ECERTS.HTM>, and <https://espan.cns.gov/cnsmisc/EASSUR.HTM>). 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."



## CONTINUATION REQUESTS

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

### When to Submit Your Continuation Request:

See the *Notice* for application deadlines.

### How to Submit Your Continuation Request:

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

Be sure you also review the *Notice* when preparing your request

### What to Include in Your Continuation Request:

#### I. Applicant Info and Application Info

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

#### II. Narrative (Narratives Section)

Your original application will appear in the Executive Summary and in the narrative sections Rationale and Approach/Program Design, Organizational Capability, Cost-Effectiveness and Budget Adequacy, Evaluation Summary or Plan, Amendment Justification, Clarification Information, and Continuation Changes, as appropriate. **Do not modify these original narrative fields.**

AmeriCorps expects that programs will maintain a consistent program design for the duration of the three-year project period; however, we recognize that, on occasion, some programmatic changes are necessary. As a result, continuation applicants may request the changes listed below during the continuation process.

Information should be provided in the **Continuation Changes** narrative field as relevant.

- Changes in Operating Sites
- Significant Changes in Program Scope or Design
- Changes to Performance Measures
- Significant Changes to Monitoring Structures or Staffing
- Budget revisions (detail provided in section VI).

The page limit for the Continuation Changes field is six pages, as the pages print out from eGrants.



Any continuation applicant not requesting changes that fit within the above categories should enter “N/A” in Continuation Changes. AmeriCorps expects that most continuation applications will not be requesting changes.

### III. Performance Measures (Performance Measures Section)

Your performance measures are copied from your previous year’s application into your continuation request. If you made changes to your program, such as adding or changing grant-funded activities, or requesting additional slots or MSYs, you may need to revise your performance measures. Continuation applicants whose measures do not align with the current-year Performance Measure Instructions must also revise their measures to conform with the current instructions. To revise performance measures, “View/Edit” the performance measures that copy over from your original application, or add new performance measures (see Attachments). Note in the Continuation Changes field that you have updated your performance measures. If you are proposing to significantly increase or decrease output or outcome targets for existing performance measures, provide a justification for this change.

### IV. Program Information

In the Program Information Section, review and make selections as appropriate. Applicants should only select priorities and characteristics that represent a significant part of the program.

#### AmeriCorps Funding Priorities

Check any priority area(s) that apply to the proposed program. Only select Priorities that represent a significant part of the program focus, high quality program design, and outcomes.

#### Grant Characteristics

Check any grant characteristics that are a significant part of the proposed program.

### V. Budget (Budget Section)

Your budget from the previous year’s application is copied into your continuation request so you can make the necessary adjustments. Revise your detailed budget for the upcoming year. Incorporate any required AmeriCorps increases, such as an increase to the member living allowance, into your budget. **Continuation applicants may apply for expansions – dollars, MSY, and/or members.**

#### Source of Funds (Match)

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.

### VI. Increasing Grantee Overall Share of Total Budgeted Costs

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

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

In the Funding/Demographics Section enter the requested information:



- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not AmeriCorps share or match.
- 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.

### IX. Review, Authorize, and Submit

Applicants must submit common federal government-wide Representations and Certifications through SAM.gov. Entities creating new registrations in SAM.gov and existing entities completing their annual registration renewals in SAM.gov are required to review financial assistance representations and certifications before their registration can be activated. As entities renew and re-register their accounts, the data collected make SAM.gov the federal repository for the government-wide information.

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

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

Read the Authorization, Assurances, and Certifications carefully (<https://espan.cns.gov/cnsmisc/ECERTS.HTM>, and <https://espan.cns.gov/cnsmisc/EASSUR.HTM>). 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 prior to submission to ensure that there are no errors. 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 that may appear and show on the application as the Authorized Representative.

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

### Attachments:

We invite applicants to review the subsequent attachment documents that provide more in-dept instructions and guidance on the application process. Attachments can be accessed here.







**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 programs (EAPs). 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 *Notice* for each type of position you are proposing.

**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 **#Mbrs w/o Allow** (without AmeriCorps-funded living allowance.) In the **Allowance Rate** field, enter the average amount of the living allowance for each type of member. Enter zero in the column labeled **#Mbrs w/ Allow**. Leave all other columns blank. See example below (applies to a Full-Cost Fixed Amount grant):

| Member Positions <span style="float:right">?</span> |                 |                |                  |              |            |               |
|---|-----------------|----------------|------------------|--------------|------------|---------------|
| Item  | # Mbrs w/ Allow | Allowance Rate | # Mbrs w/o Allow | Total Amount | CNCS Share | Grantee Share |
| Full Time (1700 hrs)                                | 0               | \$16,502       | 5                | \$0          | \$0        | \$0           |
| Three Quarter Time (1200 hours)                     | 0               | \$14,000       | 7                | \$0          | \$0        | \$0           |

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:

**B. Fixed Award** Display your calculation in the following format:

| Member Positions                     | Calculation                 | MSY     |
|--------------------------------------|-----------------------------|---------|
| ____ Full-time (1700 hours)          | (____ members x 1.000)      | = _____ |
| ____ Three quarter-time (1200 hours) | (____ members x 0.70000000) | = _____ |
| ____ 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) = \_\_\_\_\_  
 \_\_\_\_\_ Abbreviated-time (100 hours) (\_\_\_\_\_ members x 0.07054674) = \_\_\_\_\_  
**Total MSY** \_\_\_\_\_

**B. Fixed Award** Display your calculation in the following format:

Total # of MSYs \_\_\_\_\_ x MSY amount (See *Notice* for amounts) \_\_\_\_\_ = Total Grant Request \$ \_\_\_\_\_

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

| Purpose                      | Calculation               | Total Amount | CNCS Share | Grantee Share |  |  |
|------------------------------|---------------------------|--------------|------------|---------------|--|--|
| <b>Program Grant Request</b> | 47.5 MSY<br>X \$9,500/MSY | \$451,250    | \$451,250  | \$0           |  |  |
| <b>Subtotal</b>              |                           | \$451,250    | \$451,250  | \$0           |  |  |

**Source of Funds**

| Match Description | Description |
|-------------------|-------------|
|                   |             |







## **ATTACHMENT B: Detailed Budget Instructions for Cost Reimbursement Grants (eGrants Budget Section)**

Fixed Amount 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,” “AmeriCorps 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 AmeriCorps 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.

Please itemize all travel costs. For example: Two staff members will attend the regional conference.

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

#### **C. 2. Member Travel**

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

#### **D. Equipment**

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **\$5,000 or more per unit** (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in E. Supplies below. Purchases of equipment are limited to 10% of the total AmeriCorps funds requested. If





applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

### **E. Supplies**

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

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

### **F. Contractual and Consultant Services**

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

#### **G. 1. Staff Training**

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

#### **G. 2. Member Training**

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). Please include the cost of the NSOPW, state check and/or FBI check for criminal history checks for all covered positions. If funds are not budgeted, an explanation for how the costs will be covered must be noted in the budget.
- 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.

## 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 AmeriCorps share (AmeriCorps Share) and grantee share (match).

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

In eGrants, enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. In addition, enter the number of members for 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 AmeriCorps 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.
- **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 AmeriCorps 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. AmeriCorps will not pay for dependent coverage. If health care is not budgeted for all full-time members, please confirm all full-time members will have access to coverage.
- **Worker’s Compensation.** Some states require worker’s compensation for AmeriCorps members. You must check with State Departments of Labor or State Commissions where members serve to determine if you are required to pay worker’s compensation and if so at what level. If you are not required to pay worker’s compensation, you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or accidents.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies.

## Section III. Administrative/Indirect Costs

### Definitions

Administrative costs are general or centralized expenses of the overall administration of an organization that receives AmeriCorps 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 AmeriCorps -fixed percentage rate method, a federally approved indirect cost rate method, or a *de minimis* method. Regardless of the option chosen, the AmeriCorps share of administrative costs is limited to 5% of the total AmeriCorps funds **actually expended** under this grant. Do not create additional lines in this category.

#### A. AmeriCorps -Fixed Percentage Method Five/Ten Percent Fixed Administrative Costs Option

The AmeriCorps -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 AmeriCorps -fixed percentage rate method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the AmeriCorps 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 AmeriCorps share for Section III: Multiply the sum of the AmeriCorps 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 AmeriCorps share for Section III A.
2. To determine the Grantee share for Section III: Multiply the total (both AmeriCorps and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.

#### 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 AmeriCorps. 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.). AmeriCorps 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 AmeriCorps 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 AmeriCorps share: Multiply the sum of the AmeriCorps funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the AmeriCorps share of indirect costs.
3. To determine the Grantee share: Subtract the amount calculated in step 2 (the AmeriCorps share) from the amount calculated in step 1 (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

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

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





**Source of Funds**

In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify each source of match as either “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. The total amount of Source of Match should equal the Grantee Share amount.

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







## ATTACHMENT F: Budget Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. **Note:** This checklist does not apply to fixed amount grants.

| In Compliance? | Section I. Program Operating Costs   |
|----------------|--|
| Yes ___ No ___ | Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff who recruit, train, place, or supervise members as well as manage the project.  |
| Yes ___ No ___ | Staff indirectly involved in the management or operation of the applicant organization are funded through the administrative cost section (Section III) of the budget? Examples of administrative costs include central management and support functions.  |
| Yes ___ No ___ | Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.  |
| Yes ___ No ___ | The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, the benefits are listed separately? |
| Yes ___ No ___ | Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?  |
| Yes ___ No ___ | The purpose for all staff and member travel is clearly identified?   |
| Yes ___ No ___ | Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?  |
| Yes ___ No ___ | All single equipment items over \$5000 per unit are specifically listed?   |
| Yes ___ No ___ | Justification/explanation of equipment items is included in the budget narrative?  |
| Yes ___ No ___ | All single supply items over \$1000 per unit are specifically listed and explained in the budget narrative?  |
| Yes ___ No ___ | Cost of items with the AmeriCorps logo that will be worn daily is included for all AmeriCorps members? Or if not, there is an explanation of how the program will be providing the AmeriCorps logo item to AmeriCorps members using funds other than AmeriCorps grant funds?   |
| Yes ___ No ___ | You only charged to the federal share of the budget member service gear that includes the AmeriCorps logo and noted that the gear will have the AmeriCorps logo, with the exception of safety equipment?   |
| Yes ___ No ___ | Does the budget reflect adequate budgeted costs for project evaluation?  |
| Yes ___ No ___ | Have you budgeted the cost of the NSOPW, FBI, and state check in the AmeriCorps share for criminal history checks of each member and grant-funded staff that are in covered positions per 45 CFR 2522.205? If not, have you provided an explanation of how the costs will be covered?  |
| Yes ___ No ___ | Are all items in the budget narrative itemized and the purpose of the funds justified?   |



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

| <b>In Compliance?</b> | <b>Section III. Administrative/Indirect Costs</b>   |
|-----------------------|---|
| Yes ___ No ___        | Applicant does not have a current federally approved indirect cost rate and has chosen to use the AmeriCorps-fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526. |
| Yes ___ No ___        | Applicant has chosen to use AmeriCorps fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?   |
| Yes ___ No ___        | Applicant has a current approved indirect cost rate – The maximum grantee share does not exceed the federally approved rate, less the 5% AmeriCorps share?  |
| Yes ___ No ___        | Applicant has a current approved indirect cost rate-the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified?   |
| Yes ___ No ___        | Applicant is directly applying to AmeriCorps and the approved indirect cost rate information has been entered into eGrants to support the costs budgeted?   |
| Yes ___ No ___        | Applicant has never had a federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate of 10% of modified total direct costs?  |
|                       |   |





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





**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 |
|---------------------|--------------|------------|---------------|
|                     |              |            |               |





## ATTACHMENT H: eGrants Indirect Cost Rate (IDCR) User Instructions

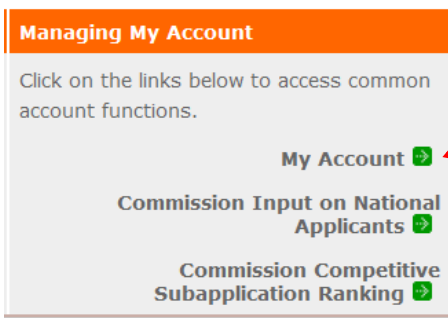
### eGrants Indirect Cost Rate (IDCR) User Instructions

A new feature has been introduced to eGrants which allows users to input Indirect Cost Rate information into their eGrants account. Grantees who will be claiming indirect costs on AmeriCorps 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](#)).

**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.





My Account

[cancel](#)

### Add and View Indirect Cost Rate

To view an existing indirect cost rate for your organization click, 'view'. To add a new rate click, 'add a new'. Once a rate is saved it cannot be modified. If you identify a rate already saved that does not present accurate information, correct the record by using the "add a new" function to re-enter the accurate information. The saved date for the new information will identify that the more recent entry presents the more recent accurate information.

Indirect Cost Rate [?](#) [add a new](#)

| Saved Date | Rate Type | Start Date | End Date | Extended ? | Rate as % | view |
|------------|-----------|------------|----------|------------|-----------|------|
|            |           |            |          |            |           |      |

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.



cancel save & close

Enter an indirect cost rate record by completing the fields shown below. Use the RoboHelp '?' button for field by field instructions.

## Indirect Cost Rate Record ?

\* Do you have Indirect Cost Rate to record?

\* Rate Type:

\* Issuing Agency:

\* Acceptance Date:  (mm/dd/yyyy)

\* Effective From:  (mm/dd/yyyy)

\* Effective To:  (mm/dd/yyyy)  No Expiration

\* Extended?

\* Rate Status:

\* Rate Percent:  %

\* Rate Base:

\* Treatment of Fringe Benefits:

\* Treatment of Paid Absences:

cancel save & close

- 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.

If your organization will be claiming a current, approved indirect cost rate on any AmeriCorps 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:**

- **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 minimus* 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.**

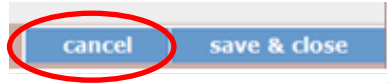
Executive Office of the Mayor - Office on Volunteerism and Partnerships – Serve DC  
2235 Shannon Pl SE . Suite 3040 . Washington, D.C. 20020 . T (202) 727-7925 . serve.dc.gov



- 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 portfolio manager. 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**. 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. All entry information will be lost and no entry will be shown.
- **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 AmeriCorps with a historical record which can be used to clarify indirect cost rate inquiries for monitoring, consistent record maintenance, and audits.





## ATTACHMENT F: Alternative Match Instructions

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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, AmeriCorps 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 H for the Table of Beale codes.

**B. Severely Economically Distressed County:** In determining whether a program is located in a severely economically distressed county, AmeriCorps will consider the following list of county-level characteristics. See Attachment H 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, AmeriCorps 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. AmeriCorps 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 *Notice*. AmeriCorps will review your request and notify you within 30 days if you qualify for the alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

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

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



## ATTACHMENT G: Beale Codes and County-Level Economic Data for Alternative Match Requests

### 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  |
|---|--|
| <a href="http://www.bea.gov/regional/">http://www.bea.gov/regional/</a>   | <b>Bureau of Economic Analysis' Regional Economic Information System (REIS):</b> Provides data on <i>per capita</i> income by county for all states except Puerto Rico.                          |
| <a href="https://factfinder.census.gov/face/s/nav/jsf/pages/index.xhtml">https://factfinder.census.gov/face/s/nav/jsf/pages/index.xhtml</a> | <b>Census Bureau's American Fact-finder:</b> Provides census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico. |





| WEBSITE ADDRESS   | EXPLANATION   |
|---|---|
| <a href="http://www.bls.gov">www.bls.gov</a>  | <b>Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):</b> Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico. |
| <a href="http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/">http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/</a> | <b>US Department of Agriculture's Rural-Urban Continuum Codes:</b> Provides urban rural code for all counties in US.  |

