



ServeNebraska
Nebraska Volunteer Service Commission
AmeriCorps*State Request for Applications
Program Year 2008-2009

FORMS

**THIS ADDITIONAL INFORMATION
IS ALSO BENEFICIAL FOR HARD COPY APPLICANTS**

ISSUED: September 18, 2008
DEADLINE: November 3, 2008, 5:00 pm CST



State Capitol, 6th Floor West
P.O. Box 98927
Lincoln, Nebraska 68509--8927
Phone: 402-471-6225 or 800-291-8911
www.serve.nebraska.gov

IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service’s (hereinafter the Corporation or CNCS) online grant application system, eGrants. The eGrants system is designed to serve the Corporation’s applicants and grantees. All Corporation funding announcements are posted on their web site at www.cns.gov and at www.grants.gov.

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

Time Burden: The time required to complete this collection of information is estimated to average 24 hours per applicant, including the time to review instructions; search existing data resources; gather the data needed; and complete and review the information collection.

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

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

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

Please be aware that this Request for Applications (RFA) modifies the national Instructions to address specific needs and concerns in the State of Nebraska. It takes precedence over the application instructions promulgated by the Corporation.

Program requirements, including the criteria against which applications will be assessed are located in the new AmeriCorps regulations, 45 CFR §§ 2520 -2550. Additional criteria regarding the specific needs and concerns of the State of Nebraska may be added. The full regulations are available online at www.gpoaccess.gov/ecfr .Relevant federal statutes governing the design and implementation of AmeriCorps programming include:

Table 1: Program Requirements in the AmeriCorps Regulations

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

If there is any inconsistency between the AmeriCorps regulations, the Corporation for National & Community Service *Notice of Federal Funding Opportunity*, and the Application Instructions, the order of precedence is as follows:

1. AmeriCorps regulations 45 CFR §§ 2520-255 takes precedence over the
2. Corporation for National & Community Service *Notice of Federal Funding Opportunity* takes precedence over the
3. ServeNebraska – the Nebraska Volunteer Service Commission Request for Applications

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SECTION A

Nebraska AmeriCorps*State and National Host Site Application

BACKGROUND

ServeNebraska - the Nebraska Volunteer Service Commission is requiring that a “Host Site Application” be completed by all entities seeking to utilize AmeriCorps members through a partnership with an organization submitting an application for AmeriCorps programming within Nebraska.

Entities seeking to partner with an AmeriCorps applicant will henceforth be referred to as “Host Site.” Internal Departments, Programs and Divisions of Lead Agencies that utilize AmeriCorps members are considered Host Sites for the purpose of this application. Organizations applying for AmeriCorps program support will henceforth be referred to as “Lead Agency.”

Potential Host Sites should establish and develop consistent communication with Lead Agencies prior to applying to be a Host Site. This will allow potential Host Sites to decide if their goals match those of the Lead Agency. This will also provide Host Sites with information that will be required to complete this application. Potential Host Sites should contact their Lead Agency for clarification of any questions arising during the completion of this application.

Any Host Site planning to partner with a Lead Agency by utilizing AmeriCorps members is required to complete this application and submit it to its Lead Agency for submission to the Commission by the deadline established by the Lead Agency.

Host Site Organization Requirements

1. Host sites must not be for-profit entities or 501(c)4 organizations that engage in lobbying.
2. Host Sites must have a basic understanding of national service and AmeriCorps. Informational resources available include Lead Agencies, the ServeNebraska [www.serve.nebraska.gov], and the Corporation for National & Community Service [www.americorps.org].
3. AmeriCorps programs function best in an environment of positive communication and strong collaboration. Host Sites and Lead Agencies must communicate often and effectively.
4. All potential Host Sites must provide direct, daily supervision and direction to each AmeriCorps member and assure that AmeriCorps member efforts are targeted toward specified grant objectives.
5. As AmeriCorps programs develop and grow, so must the AmeriCorps members. All Host Sites are required to provide specific information about professional development and training that will be offered and provided to all AmeriCorps members.
6. The Corporation for National and Community Service’s emphasizes program and site sustainability. ServeNebraska - the Nebraska Volunteer Service Commission - and, subsequently, all AmeriCorps*State programs operating in Nebraska will be expected to provide realistic and viable plans for how they will gradually increase programmatic sustainability through their grant cycle. This expectation extends to Host Sites as well as Lead Agencies. Host Sites will be expected to provide details on how they will sustain the programmatic work of AmeriCorps members when those members are no longer available.



Nebraska AmeriCorps*State Host Site Application

Section I: Lead Agency Information

Lead Agency Name: _____

AmeriCorps Program Name: _____

Section II: Host Site Organization Information

Host Site Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Phone Number: _____

CEO/Executive Director: _____

Proposed AmeriCorps Supervisor Name: _____

Current Title: _____

E-Mail Address: _____

Section III: Prior Host Site National Service Experience

1. Does the Host Site have experience implementing national service programming? Yes No
If yes, check the boxes for each type of national service the Host Agency has prior experience.

- | | | |
|--|-------------------|-------------------|
| <input type="checkbox"/> AmeriCorps | Year Began: _____ | Year Ended: _____ |
| <input type="checkbox"/> AmeriCorps* VISTA | Year Began: _____ | Year Ended: _____ |
| <input type="checkbox"/> Senior Corps | Year Began: _____ | Year Ended: _____ |
| <input type="checkbox"/> Service Learning | Year Began: _____ | Year Ended: _____ |

2. Please briefly summarize the goal(s) of the prior national service participants.
[Use a separate sheet of paper if additional space is needed]:

Section IV: AmeriCorps Members Requested

1. Number of AmeriCorps members requested

_____ Full Time
_____ Part Time
_____ Other*
_____ TOTAL:

*Please explain: _____

2. Please briefly explain how these AmeriCorps members will add value or expand the services your organization currently provides to the community: [Use a separate sheet of paper if additional space is needed]:

3. Please list and briefly describe the specific services members will provide for your organization:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

Section V: Certifications:

Please explain any response of "No" on a separate sheet of paper

- 1. Our organization has experience implementing complex state and federal governmental grants. Yes No
- 2. Our organization has a basic understanding of AmeriCorps. Yes No
- 3. Our organization asserts that AmeriCorps members will not be used to displace or replace organizational staff or to fill any current or planned staff vacancies. Yes No
- 4. Our organization understands and will assure that the primary focus of AmeriCorps members is direct service and not administrative or clerical work. Yes No
- 5. Key staff within our organization have reviewed the AmeriCorps Request for Applications [viewable online at: <http://www.serve.nebraska.gov/>]. Yes No
- 6. Our Board of Directors is aware and approves of our involvement in this AmeriCorps partnership. Yes No
- 7. Our organization has a prior strong working relationship with the Lead Agency. Yes No

8. The Lead Agency has explained to our organization how our efforts will fit into the grant design and assist with attainment of grant objectives. Yes No
9. The Lead Agency has shared a Host Site Agreement with us or otherwise clearly explained mutual expectations in writing. [Please include a copy of this correspondence with this application.] Yes No
10. The Lead Agency has explained the financial obligations [cash and in-kind] of our involvement in this project including costs associated with the living allowance and benefits of the AmeriCorps members who will serve in our organization. Yes No
11. Our organization had provided a written commitment to meet the financial obligations outlined by the Lead Agency if the grant is awarded [please include a copy of this correspondence with this application]. Yes No
12. Our organization will actively assist and participate in the recruitment and selection of the highest caliber AmeriCorps members for our organization and the team to be directed by the Lead Agency. Yes No
Please list a few examples of how you will assist with this process:
- a. _____
- b. _____
- c. _____
- d. _____
13. Our organization is committed to providing AmeriCorps members with active and qualified supervision. Yes No
14. Our organization is committed to providing AmeriCorps members with the training needed to assure their success and professional development. Yes No
15. Our organization is committed to providing AmeriCorps members with dedicated workspace, office supplies, and computer access. Yes No
16. Our organization understands that AmeriCorps members and their supervisor(s) will be asked to participate in team activities and meetings, trainings, and other grant related endeavors away from our organization. We commit to allow AmeriCorps members and their supervisors to participate in these opportunities. Yes No
17. Our organization specifically commits to assuring that all full-time AmeriCorps members will attend the following events sponsored by the ServeNebraska: Yes No

- a. AmeriCorps*State Kick-Off
- b. Annual Governor’s Conference on Community Service

Section VI: AmeriCorps Member Development

In addition to providing resources to better communities, a primary focus of AmeriCorps is increasing the skills and abilities of the individuals who serve as AmeriCorps members.

- 1. Please highlight at least five of the trainings and professional development opportunities you will provide for AmeriCorps members. Do not include organizational orientation:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Section VII: For Existing Host Sites Only

The experience of existing AmeriCorps Host Sites provides information that is beneficial for Lead Agencies in project planning and developing partnerships. Existing Host Sites should provide the following information.

- 1. Please identify the years AmeriCorps members have been providing the services identified in Section IV, Number 3 of this application:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

- 2. Please describe your system for collecting data to document your AmeriCorps members’ accomplishments in producing Outputs and Outcomes [Please attach an additional sheet of paper if necessary]:

- 3. Please describe your organization’s Sustainability Plan, as it relates to your use of AmeriCorps members [Please attach an additional sheet of paper if necessary]:

4. Please describe how your Host Site's objectives contribute to the overall objectives of your current AmeriCorps Lead Agency [Please attach an additional sheet of paper if necessary]:

The Host Site Applicant must sign and date the certification below:

HOST SITE CERTIFICATION

I hereby certify that this completed Host Site Application for partnership in an AmeriCorps*State and National program is complete and accurate. I understand and accept the requirements and restrictions included or appended in this Host Site Application and agree to abide by said requirements and restrictions if the identified Lead Agency is selected for funding. A signed copy of the Assurance in Appendix A is attached to this application.

_____ Host Site Executive Director/CEO	_____ Date
---	---------------

The Lead Agency must review the Host Site Application, sign and date the certification below:

LEAD AGENCY CERTIFICATION

We hereby certify that we have reviewed this completed Host Site Application for partnership in an AmeriCorps*State and National program. We certify that a representative of our Lead Agency has established direct contact with the Host Site applicant regarding a partnership opportunity between our two agencies. We certify that our Lead Agency has provided the Host Site applicant all required and necessary documentation and information to complete this application.

_____ Lead Agency Program Director	_____ Date
_____ Lead Agency Executive Director/CEO	_____ Date



Nebraska AmeriCorps*State Host Site Application

ADDENDUM

AmeriCorps Member Service Restrictions Assurance

1. Allowable Work for Members

Corporation for National and Community Service prohibits AmeriCorps members from performing services that supplant or take the place of services provided by Host Site/organization staff members, or services previously provided by Host Site/organization staff members or by a person in a vacated position.

Members are not allowed to perform non-AmeriCorps-related duties at their Host Site, or at any other AmeriCorps site, for a fee, a contracted amount, a stipend, an honorarium or any other form of payment.

2. Allowable Hours for Members

AmeriCorps members may not earn hours serving for more than one (1) AmeriCorps program. AmeriCorps members may not serve hours toward AmeriCorps-related objectives that are not the objectives of the grantee program through which they have a contract. If an AmeriCorps Host Site has members from more than one grantee program, that member shall only serve hours toward the objectives of the program that has a contract with said member

3. Allowable Income for Members

AmeriCorps members are free to earn additional income through employment outside Nebraska's AmeriCorps programs and sites as long as this employment does not interfere with their commitment to AmeriCorps service.

4. Host Sites with Members from Multiple Grantees

The NVSC encourages diversity in the services provided by AmeriCorps members in Nebraska and the communities, locations and organizations where AmeriCorps members serve. ServeNebraska requires sustainable, high-impact relationships among Host Sites/Organizations and AmeriCorps*State program grantees that expand the range and level of programs offered to beneficiaries in Nebraska. It is understood that Host Sites/Organizations want to utilize AmeriCorps members to expand/or add multiple types of pro-active programs at their Host Site/organization.

5. In order to ensure continuity of member management and experience; promote stewardship among Nebraska's AmeriCorps*State programs; and encourage sustainability and diversity within Nebraska's non-profit sector, AmeriCorps Host Site/organizations will only be allowed to host members from one AmeriCorps*State grantee program.

Host Site Executive Director/CEO

Date

SECTION B

Facesheet Instructions (Applicant Information and Application Information Sections)

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

This form is required for applications submitted for federal assistance.

Item

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

K-12 Education

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

Higher Education

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

Government

- 23 Local Government-Municipal
- 24 Health Department
- 25 Law Enforcement Agency
- 26 Governor's Office
- 27 State Commission/Alternative Administrative Entity

Non-Profit Organizations

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

- 28 Other State Government
- 29 Tribal Government Entity
- 30 Area Agency on Aging
- 31 U.S. Territory

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
- Check “New” if your organization has never held an AmeriCorps State program grant before.
 - Check “New Application/Previous Grantee” if your organization has held an AmeriCorps State and Territory Competitive program grant in the past and the application is for a new grant.
 - Check “Continuation” if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State program grants are typically awarded for three year periods.
 - Check “Amendment” if you are a grantee proposing any measurable change in an existing grant award; e.g., a budget amendment, extension, changes in the program scope or goals, etc.

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

- A. Select “Augmentation” if you are an AmeriCorps State and Territory Competitive grantee submitting a revised budget to incorporate a Corporation-authorized increase.
 - B. Select “Budget Revision” to make a change in the grant budget, including slots.
 - C. Select “No-cost Extension” to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
 - D. Select “Other,” as applicable, and specify in the blank provided.
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
- a. When applying for a “Continuation” or “Amendment” applicants should use the same title as used for their existing grant program. When applying as a “New Applicant/Previous Grantee” if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
 - b. Enter the name of the Corporation’s program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (See item 8) “New” application or “New application/previous grantee:” Enter the dates for the proposed project period. “Continuation” or “Amendment” application: Enter the dates of the approved project period.
- Performance Period: this appears only in eGrants, and is for the use of staff only.
14. Leave blank, staff use only.

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

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

16. This program is excluded from coverage by State Executive Order 12372. Please check 16. b., "No."

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

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

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

APPLICATION FOR FEDERAL ASSISTANCE

Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

		1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Non-Construction	
2. a. DATE SUBMITTED:	3. a. DATE RECEIVED BY STATE:	3. b. STATE APPLICATION IDENTIFIER:	
2. b. APPLICATION IDENTIFIER:	4. a. DATE RECEIVED BY FEDERAL AGENCY:	4. b. FEDERAL IDENTIFIER: (Staff Only)	
5. APPLICANT INFORMATION			
5. a. LEGAL NAME: 5. b. ORGANIZATIONAL DUNS: 5. c. ORGANIZATIONAL UNIT (DEPARTMENT/DIVISION):		5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (<i>give area code</i>): NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - EMAIL:	
5. d. ADDRESS (<i>give street address, city, county, state and zip code</i>): STREET: CITY: COUNTY: STATE: COUNTRY:			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		7. a. TYPE OF APPLICANT: (<i>enter appropriate letter in box</i>) A. State H. Independent School District <input type="checkbox"/> B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization O. Federal Government P. HQ Internal Organizations Q. State Education Agency R. Territory S. Other (specify) _____	
8. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): A. AUGMENTATION B. BUDGET REVISION: C. NO COST EXTENSION to _____ (<i>enter date</i>) E. OTHER (<i>specify below</i>) _____			
7. b. CNCS APPLICANT CHARACTERISTICS <i>Enter appropriate codes:</i>		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (<i>List Cities, Counties, States, etc.</i>):		11. b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: ENDING DATE:		14. Performance Period (Staff Use Only_	
15. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr.2: <input type="checkbox"/> Yr. 3: <input type="checkbox"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON: DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
a. FEDERAL	\$		
b. APPLICANT	\$		
c. STATE	\$		
d. LOCAL	\$		
e. OTHER	\$		
f. PROGRAM INCOME	\$		
g. TOTAL	\$		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:	c. TELEPHONE NUMBER:

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

SECTION C

**Program Model, Design, Location, and Focus
(Applicant Information Section)**

SECTION I: PROGRAM MODEL

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

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

SECTION II: PROGRAM DESIGN

Directions: Choose one or more project designs.

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

SECTION III: PROGRAM LOCATION

Directions: Please enter your program’s location information.

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

SECTION IV: PROGRAM FOCUS

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

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

SECTION D: Issue Areas and Service Categories (Performance Measures Section)

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

Issue Areas and Service Categories (Issue Areas in Bold)

Community and Economic Development

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

Disaster Recovery/Relief

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

Education

- Adult Education and Literacy
- After School Programs
- America Reads
- Computer Literacy
- Cultural Heritage
- ESL
- Elementary Education
- GED/Dropouts
- Head Start/School Preparedness
- Job Preparedness/School to Work
- Library Services
- Other Education
- Pre-Elementary Day Care
- Secondary Education
- Service-Learning

Special Education

- Tutoring & Child Literacy—Elementary
- Tutoring & Child Literacy—High School
- Tutoring & Child Literacy—Middle School
- Vocational Education
- Youth Leadership/Development

Environment

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

Health/Nutrition

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

Homeland Security

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

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

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

- Tenant Organizing
- Transitional Housing

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

SECTION E: Performance Measure Worksheet (Performance Measures Section)

Please fill in the performance measure information for each section.
General Info
Performance Measurement Title:
Measure Category (choose one): Needs and Service Activities Participant Development Strengthening Communities
Service Category addressed by this Performance Measure Worksheet (see Attachment A, Service Categories):
Needs and Activities
Briefly describe the need to be addressed (1-3 sentences):
Briefly describe how you will achieve this result (1-3 sentences):
How many AmeriCorps members will be participating in this activity?
How many days per week (on average) will this activity occur?
How many hours per day (on average) will this activity occur?
When does this activity begin?
When does this activity end?
Results
The outputs and outcomes you intend to track for a particular activity:
Result Type
Outputs are counts of the amount of service members or volunteers have completed, but do not provide information on benefits to or other changes in the lives of members and/or beneficiaries.
Intermediate-outcomes specify changes that have occurred in the lives of members and/or beneficiaries, but are short of a significant benefit for them.
End-outcomes specify changes that have occurred in the lives of members and/or beneficiaries that are significant.

Result: Output
Result Statement: 1-2 sentences stating the expected result.
Indicator: A specific, measurable item of information that specifies progress toward achieving a result. Indicator:
Other Indicator:
Targets
Target Description:
(number) or % (percent):
Instruments: Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).
Result: Intermediate Outcome
Result Statement: 1-2 sentences stating the expected result.
Indicator: A specific, measurable item of information that specifies progress toward achieving a result. Indicator:
Other Indicator:
Targets
Target Description:
(number) or % (percent):
Instruments: Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).



Result: End Outcome
Result Statement: 1-2 sentences stating the expected result.
Indicator: A specific, measurable item of information that specifies progress toward achieving a result. Indicator:
Other Indicator:
Targets
Target Description:
(number) or % (percent):
Instruments: Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).
Performance Measure Statement (summary)
Combine expected results and targets into a sentence:



SECTION F: Assurances and Certifications (Review, Authorize and Submit Section)

Instructions

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

a) Inability to certify

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

b) Erroneous certification or assurance

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

c) Notice of error in certification or assurance

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

d) Definitions

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

e) Assurance requirement for subgrant agreements

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

f) Assurance inclusion in subgrant agreements

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

g) Assurance of subgrant principals

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

h) Non-assurance in subgrant agreements



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

i) Prudent person standard

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

ASSURANCES

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

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.



- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-1 et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

For AmeriCorps*State and National Applicants ONLY

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

- Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
- Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-Corporation funds or paid with Corporation funds but employed with the organization operating the project prior to or on the date the grant was awarded. If your organization is a faith-based organization that makes hiring decisions on the basis of religious belief, your organization may be entitled, under the Religious Freedom Restoration Act, 42 U.S.C. § 2000bb, to receive federal funds and yet maintain that hiring practice, even though the national service legislation includes a restriction on religious discrimination in employment of staff hired to work on a Corporation-funded project and paid with Corporation grant funds. (42 U.S.C. §§ 5057(c) and 12635(c)). For the circumstances under which this may occur, please see the document “Effect of the Religious Freedom Restoration Act on Faith-Based Applicants for Grants” on the Corporation’s website at: <http://www.usdoj.gov/fbci/effect-rfra.pdf>.



- Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;
- Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA;
- Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the state commission for the state in which the program operates.
- Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;
- Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the National and Community Service Act of 1990, and in the Corporation’s regulations at § 2540.100;
- Will comply with the grievance procedure requirements as set out in section 176(f) of the National and Community Service Act of 1990 and in the Corporation’s regulations at 45 CFR § 2540.230;
- Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform;
- Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;
- Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the National and Community Service Act of 1990 or, with the approval of the Corporation, conduct an internal evaluation of the program;
- Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program’s impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by the Corporation;
- Will ensure the provision of a living allowance and other benefits to participants as required by the Corporation;
- If a state applicant, will ensure that the State sub-grants will be used to support national service programs that were selected by the State on a competitive basis;
- If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;



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

CERTIFICATIONS

Certification – Debarment, Suspension, and Other Responsibility Matters

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

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

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

Certification – Drug Free Workplace

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

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

- A. Publishing a drug-free workplace statement that:
 - a. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee’s workplace;
 - b. Specifies the actions that the grantee will take against employees for violating that prohibition; and
 - c. Informs employees that, as a condition of employment under any award, each employee will abide by the terms of the statement and notify the grantee in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace within five days of the conviction;
- B. Requiring that a copy of the statement described in paragraph (A) be given to each employee who will be engaged in the performance of any Federal award;
- C. Establishing a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The grantee’s policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;



- D. Providing us, as well as any other Federal agency on whose award the convicted employee was working, with written notification within 10 calendar days of learning that an employee has been convicted of a drug violation in the workplace;
- E. Taking one of the following actions within 30 calendar days of learning that an employee has been convicted of a drug violation in the workplace:
 - a. Taking appropriate personnel action against the employee, up to and including termination; or
 - b. Requiring that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- F. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (E).



Certification - Lobbying Activities

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

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

Certification - Grant Review Process (State Commissions Only)

I certify that in conducting our review process, we have ensured compliance with the National and Community Service Act of 1990 as amended, the Corporation's peer review requirements, and all state laws and conflict of interest rules.

For AmeriCorps*State and National Direct Applicants ONLY

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

Erroneous certification or assurance

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

Notice of error in certification or assurance

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

Definitions

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

Assurance requirement for subgrant agreements

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

Assurance inclusion in subgrant agreements

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

Assurance of subgrant principals

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

Non-assurance in subgrant agreements



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

Prudent person standard

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

ASSURANCES AND CERTIFICATIONS

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

SIGNATURE:

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

Organization Name: _____

Program Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

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

SIGNATURE:

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

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

Organization Name: _____

Program Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____



SECTION G: Budget Worksheet (Budget Section)

Section I. Program Operating Costs

A. Personnel Expenses

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

B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C.2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

D. Equipment

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

E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				



F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.1. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.2. Member Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section I:	Total Amount	CNCS Share	Grantee Share



Section II. Member Costs

A. Living Allowance

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

B. Member Support Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

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



Section III. Administrative/Indirect Costs

A. Corporation Fixed Percentage Method

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

B. Federally Approved Indirect Cost Rate Method

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

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

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



SECTION H: Budget Worksheet for EAPs (Budget Section)

Member Positions

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

Fixed Award

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



SECTION I: Budget Analysis Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements.

In Compliance?	Section I. Program Operating Costs
Yes ___ No ___	Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff that recruit, train, place, or supervise members as well as manage the project.
Yes ___ No ___	Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Section III.) of the budget? Examples of administrative costs include central management and support functions.
Yes ___ No ___	Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes ___ No ___	Brief position descriptions are provided for each staff member listed on the grant?
Yes ___ No ___	The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, please list separately. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes ___ No ___	Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes ___ No ___	The purpose for all staff and member travel is clearly identified?
Yes ___ No ___	You have budgeted funds for staff travel to CNCS sponsored meetings in the budget narrative?
Yes ___ No ___	Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget?
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$5000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	All single supply items over \$1000 per unit are specifically listed?
Yes ___ No ___	You only charged to the federal share of the budget member service gear, with the exception of safety equipment, that includes the AmeriCorps logo?
Yes ___ No ___	Are all consultant services budgeted below the maximum federal daily rate of \$540/day? Is the daily rate noted in all sections of the budget narrative where consultants are proposed?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Have you provided budgeted costs for background checks of members and grant-funded staff that will have recurring access to vulnerable populations (i.e. children, frail elderly, and/or persons with disabilities)?
Yes ___ No ___	Are all items in the budget narrative itemized and the purpose of the funds justified?



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

In Compliance?	Section III. Administrative/Indirect Costs
Yes ___ No ___	Applicant has chosen Option A – Corporation fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes ___ No ___	Applicant has chosen Option A – Corporation fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?
Yes ___ No ___	Applicant has chosen Option B – federally approved indirect cost rate method and documentation on file? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.
Yes ___ No ___	Applicant has chosen Option B – The maximum grantee share is at 10% or less of total budgeted funds, less the 5% CNCS share?

In Compliance?	Match
Yes ___ No ___	Is the overall match being met at the required level, based on the year of funding?
Yes ___ No ___	For all matching funds, the source(s) [private, state and local, and federal], the type of contribution (cash or in-kind), and the amount (or an estimate) of match, are clearly identified in the narrative?



SECTION J:



**SURVEY ON ENSURING
EQUAL OPPORTUNITY FOR APPLICANTS**

OMB NO. 1890-0014 EXP 2/28/2009

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

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

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

Applicant's (Organization) Name:

Applicant's DUNS Number:

Federal Program: _____ **CFDA Number:** _____

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

Yes No

2. Is the applicant a faith-based organization?

Yes No

3. Is the applicant secular organization?

Yes No

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

Yes No

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

Yes No

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

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

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

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



Survey Instructions on Ensuring Equal Opportunity for Applicant

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

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Amy Borgstrom, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.**



SECTION K: Beale Codes and County-Level Economic Data

Rural Community

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

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

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



Severely Economically Distressed Community

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

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

