



**2016-2017 Request for Nebraska AmeriCorps*State
Request for Formula Applications**

ATTACHMENTS



**ISSUED: March 11, 2016
DEADLINE: April 26, 2016 - 5:00 pm CST**

State Capitol, 6th Floor West
P.O. Box 98927
Lincoln, Nebraska 68509--8927
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**CFDA Number: 94.006
OMB Control #: 3045-0047
Expiration Date: 10/31/2016**

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These Attachments are worksheets and informational.

All information must be entered in eGrants or submitted as a required Document via email.

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ATTACHMENT A: DEFINITIONS

Cost Reimbursement Grants fund a portion of program operating costs and member living allowances with flexibility to use all of the funds for allowable costs regardless of whether or not the program recruits and retains all AmeriCorps members. Cost reimbursement grants include a formal matching requirement.

Full-time Fixed Amount / Less than FT serving in a full time capacity Grants (Non-EAP)

These fixed amount grants are available for programs that enroll full-time members or less than full-time members that are serving in a full time capacity only, including Professional Corps. These grants provide a fixed amount of funding per Member Service Year (MSY) that is substantially lower than the amount required to operate the program. Organizations use their own or other resources to cover the remaining cost. Programs are not required to submit budgets or financial reports, there is no specific match requirement, and programs are not required to track and maintain documentation of match. However, the grant provides only a portion of the cost of running the program and organizations must still raise the additional resources needed to run the program. Programs can access all of the funds, provided they recruit and retain the members supported under the grant based on the MSY level awarded.

Fixed-amount grants are only available to recompeting programs. Second and third-year continuation applicants with cost reimbursement grants must submit a new application if they are interested in applying for a fixed amount grant. New formula grant applicants are NOT eligible to apply for fixed amount grants.

Full-time fixed amount applicants in the Education Focus Area are required to select either a Priority Education Measure or Complementary Program Measure. Applicants proposing non-Education programs may select from Tiers 1-5.

Education Award Fixed Amount Grants (EAP) Programs 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.

Fixed-amount grants are only available to recompeting programs. Second and third-year continuation applicants with cost reimbursement grants must submit a new application if they are interested in applying for a fixed amount grant. New formula grant applicants are NOT eligible to apply for these grants.

A Rural School is a school that is assigned a locale code of 41 (located in a census-defined rural territory less than 5 miles from an urban cluster), a locale code of 42 (located in a census-defined rural territory more than 5 miles but less than or equal to 25 miles from an urban cluster), or a locale code of 43 (located in a census-defined rural territory that is more than 25 miles from an urban cluster) by the National Center for Education Statistics (NCES). Note: To identify the locale code of any school, access the NCES public school database here: <http://nces.ed.gov/ccd/schoolsearch/>

**ATTACHMENT B: Facesheet Instructions
(eGrants Applicant Info and Application Info Sections)**

Modified Standard Form 424 (Rev. 02/2007 to conform to eGrants)

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). **This is a required field. Please see the ServeNebraska’s RFA for instructions on how to obtain a DUNS number.**
 - 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 9 digit ZIP+ 4 code.
 - 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

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

Government

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 23 Local Government-Municipal 24 Health Department 25 Law Enforcement Agency 26 Governor’s Office | <ol style="list-style-type: none"> 28 Other State Government 29 Tribal Government Entity 30 Area Agency on Aging
U.S. Territory |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- 27 State Commission/Alternative Administrative Entity



8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
- If you are recompeting (in the final year of a competitive funding cycle and applying for a new grant cycle), select **Continuation/Renewal**
 - If you are not a current grantee, but have received a competitive AmeriCorps grant in the past five years, 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**
 - 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.

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 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). Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
13. (See item 8) 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. |
| a. 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. Pre-filled for your convenience. This program is excluded from coverage by Executive Order 12372.
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.C. § 1001)

APPLICATION FOR FEDERAL ASSISTANCE

Standard Form 424 (Rev. 2-2007) Prescribed by OMB Circular A-102

1. SUBMISSION:	TYPE OF
<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:
	4. a. DATE RECEIVED BY FEDERAL AGENCY:	4. b. FEDERAL IDENTIFIER: (Staff Only)

5. APPLICANT INFORMATION

<p>5. a. LEGAL NAME:</p> <p>5. b. ORGANIZATIONAL DUNS:</p> <p>5. d. ADDRESS (give street address, city, county, state and zip code):</p> <p>STREET:</p> <p>CITY: COUNTY:</p> <p>STATE: COUNTRY:</p>	<p>5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give NAME):</p> <p>TELEPHONE NUMBER: () -</p> <p>FAX NUMBER: () - EMAIL:</p> <p>INTERNET E-MAIL ADDRESS:</p> <p>WEBSITE:</p>
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6. EMPLOYER IDENTIFICATION NUMBER (EIN):	<p>7. a. TYPE OF APPLICANT: (enter appropriate letter in box)</p> <table style="width: 100%;"> <tr> <td>A. State</td> <td>H. Independent School District <input type="checkbox"/></td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Private Non-Profit Organization</td> </tr> <tr> <td>O. Federal Government</td> <td>P. HQ Internal Organizations</td> </tr> <tr> <td>Q. State Education Agency</td> <td>R. Territory</td> </tr> <tr> <td>S. Other (specify)</td> <td></td> </tr> </table>	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)	
A. State	H. Independent School District <input type="checkbox"/>																				
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G. Special District	N. Private Non-Profit Organization																				
O. Federal Government	P. HQ Internal Organizations																				
Q. State Education Agency	R. Territory																				
S. Other (specify)																					

<p>8. TYPE OF APPLICATION</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE</p> <p><input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION</p> <p>If Revision, enter appropriate letter(s) in box(es):</p> <p>A. AUGMENTATION B. BUDGET REVISION:</p> <p>C. NO COST EXTENSION to (enter date)</p> <p>E. OTHER (specify below)</p>	<p>7. b. CNCS APPLICANT CHARACTERISTICS Enter appropriate codes:</p> <p>9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service</p>
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
-----------------------------------------------------------	---------------------------------------------------------

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):	11. b. CNCS PROGRAM INITIATIVE (IF ANY):
-----------------------------------------------------------------------------	-------------------------------------------------

13. PROPOSED PROJECT: START DATE:	ENDING DATE:	14. Performance Period (Staff Use Only)
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<p>15. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> Yr.</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 80%;">\$</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$</td> </tr> <tr> <td>c. STATE</td> <td>\$</td> </tr> <tr> <td>d. LOCAL</td> <td>\$</td> </tr> <tr> <td>e. OTHER</td> <td>\$</td> </tr> <tr> <td>f. PROGRAM</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> </tr> </table>	a. FEDERAL	\$	b. APPLICANT	\$	c. STATE	\$	d. LOCAL	\$	e. OTHER	\$	f. PROGRAM	\$	g. TOTAL	\$	<p>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____</p> <p>b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372</p>
a. FEDERAL	\$														
b. APPLICANT	\$														
c. STATE	\$														
d. LOCAL	\$														
e. OTHER	\$														
f. PROGRAM	\$														
g. TOTAL	\$														

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

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



ATTACHMENT C: Logic Model Chart

Project Resources	Core Project Components	Evidence of Project Implementation and Participation	Evidence of Change		
INPUTS	ACTIVITIES	OUTPUTS	Outcomes		
			Short-Term	Medium-Term	Long-Term
What we invest (# and type of AmeriCorps members)	What we do	Direct products from program activities	Changes in skills, attitudes, opinions	Changes in behavior or action that result from participants' new knowledge	Meaningful changes, often in their condition or status in life

ATTACHMENT D:

Performance Measures Instructions for New/Recompeting Applicants

eGrants Performance Measures Module Instructions

About the Performance Measures Module

In the performance measures module, you will:

- Provide information about your program’s connection to CNCS focus areas and objectives.
- Show MSY and slot allocations.
- Create one or more aligned performance measure.
- Set targets and describe data collection plans for your performance measures.

Home Page

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

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

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

To edit the interventions, objectives, MSYs, and slot allocations for your application, click the “Edit Objectives/MSYs/Slots” button.

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

Objectives Tab

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

First click on a focus area. Then click on an objective. All national performance measures fall under a strategic plan objective. Only the performance measures that correspond to the strategic plan objectives you select on this tab will be available for selection as you continue through this module. To see which performance measures correspond to which objective, refer to the CNCS Performance Measures Instructions

<http://www.nationalservice.gov/documents/main-menu/2014/2015-performance-measures-instructions>

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

Choose your program’s primary focus area from the drop-down list. Only the focus areas that correspond to the objectives you selected above appear in the list. Next, select the primary intervention within your primary focus area. You will be required to create an aligned performance measure that contains your primary intervention.

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

MSYs/Slots Tab

On this tab, you will enter information about the allocation of MSYs and slots across the focus areas and objectives you have selected. Begin by entering the total MSYs for your program.

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

As you enter MSYs into the MSY column of the chart, the corresponding percentage of MSYs will calculate automatically. When you have finished entering your MSYs, the total percentage of MSYs in the chart must be 100%. The total number of MSYs in the chart must equal the number of MSYs in your budget (+/- 1 MSY).

In the members column, enter the number of members that will be assigned to each objective. Some members may perform services across more than one objective. If this is the case, allocate these members to all applicable objectives. For example, if one member works on both school readiness and K-12 success, allocate one member to each of these objectives. It is acceptable for members in this table to exceed total slots requested in the application due to double counting members' service across multiple objectives.

Performance Measure Tab

This tab allows you to create sets of aligned performance measures for all the grant activities you intend to measure. You must create at least one aligned performance measure that includes your primary intervention. You may create additional aligned performance measures.

To create an aligned performance measure, begin by selecting an objective. The list of objectives includes those you selected on the objectives tab.

Provide a short, descriptive title for your performance measure.

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

Select the intervention(s) to be delivered by members and member-supported volunteers. The list of interventions includes the ones you selected previously for this objective. Select only the interventions that will lead to the outcomes of this aligned performance measure. If you selected "other" as an intervention and wish to include an applicant-determined intervention in your aligned performance measure, click "add user intervention" and enter a one or two word description of the intervention.

Select output(s) for your aligned performance measure. The output list includes only the National Performance Measure outputs that correspond to the objectives you have selected. If you do not wish to select National Performance Measures, you may create an applicant-determined output by clicking "Add User Output."

Select outcome(s). If you have selected a National Performance Measures output with a corresponding National Performance Measures outcome, these outcomes will be available to select. If you have not selected a National Performance Measures output, or if there is no corresponding outcome, create an applicant-determined outcome by clicking "Add User Outcome."

For Capacity Building National Performance Measures, you may select optional end outcomes. Complete the corresponding drop-down box for any end outcome selected. To select more than one focus area, click “Add new focus area.” To select more than one beneficiary population, click “Add new beneficiary.” To de-select an item in the drop-down box, click the first (blank) line in the drop-down. To identify focus area outcomes that are connected to your capacity building activities, check the “Focus Area Outcome” box. To select more than one focus area outcome, select “Add new outcome.” To de-select an item in the drop-down box, click the first (blank) line in the drop-down.

Enter the number of MSYs and members your program will allocate to achieving the outcomes you have selected in this performance measure. Since programs are not required to measure all grant activities, the number you enter does not have to correspond to the MSY chart you created on the MSY/Members tab; however, the total number of MSYs across all performance measures within a single objective cannot exceed the total number of MSYs previously allocated to that objective. Members may be double-counted across performance measures, but MSYs may not. Note that MSYs and members cannot be entered for performance measures associated with the Find Opportunity objectives. For the Teacher Corps objective, enter 0 MSYs and members.

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

Data Collection Tab

On this tab, you will provide additional information about your interventions, instruments and plan for data collection.

Describe the design and dosage (frequency, intensity, duration) of the interventions you have selected.

Expand each output and outcome and enter data collection information.

Select the data collection method you will use to measure the output or outcome.

Describe the specific instrument(s) you will use to measure the output or outcome. Include the title of the instrument(s), a brief description of what it measures and how it will be administered, and details about its reliability and validity if applicable.

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

For applicant-determined outputs and outcomes, enter the unit of measure for your target. The unit of measure should describe the population you intend to count (children, miles, etc.). Do not enter percents or member hours as units of measure.

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

Summary Tab

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

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

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

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

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

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

NATIONAL PERFORMANCE MEASURES

Tier 1: Priority Measures in Disaster Services, Education and Veterans and Military Families and Complementary Program Measures in Economic Opportunity

Economic Opportunity
O1: Number of economically disadvantaged individuals receiving financial literacy services
O9: Number of economically disadvantaged individuals with improved financial knowledge
O2: Number of economically disadvantaged individuals receiving job training and other skill development services
O3: Number of economically disadvantaged individuals receiving job placement services
O10: Number of economically disadvantaged individuals placed in jobs
O12: Number of economically disadvantaged National Service Participants who are unemployed prior to their term of service*
O15: Number of economically disadvantaged National Service Participants that secure employment during their term of service or within one year after finishing a CNCS-supported program*
O14: Number of National Service Participants who have their high school diploma or equivalent but have not completed a college degree prior to their term of service*
O17: Number of National Service Participants that complete a college course within one year after finishing a CNCS-supported program*
Disaster Services
D1: Number of individuals that received CNCS-supported services in disaster preparedness
D2: Number of individuals that received CNCS-supported services in disaster response
D3: Number of individuals that received CNCS-supported services in disaster recovery
D4: Number of individuals that received CNCS-supported services in disaster mitigation
Veterans and Military Families
V1: Number of veterans that received CNCS-supported assistance
V8: Number of veterans' family members that received CNCS-supported assistance
V7: Number of family members of active duty military service members that received CNCS-supported assistance
V9: Number of active duty military service members that received CNCS-supported assistance
V2: Number of veterans engaged in service opportunities as a National Service Participant or volunteer.
V10: Number of military family members engaged in service opportunities as a National Service Participant or volunteer.

*Programs that select O12, O14, O15, O17 must also select an additional priority or complementary program measure from Tier 1, 2, or 3 that measures community impact.

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

Education – operating less than 100% in School Improvement Grant(SIG)/DOE Priority Schools and other non SIG/Priority Schools
ED21: Number of children that completed participation in CNCS-supported early childhood education programs
ED23: Number of children demonstrating gains in school readiness in terms of social and/or emotional development
ED24: Number of children demonstrating gains in school readiness in terms of literacy skills
ED25: Number of children demonstrating gains in school readiness in terms of numeracy (math) skills
ED2: Number of students that completed participation in CNCS-supported K-12 education programs
ED4A: Number of disadvantaged youth/mentor matches that were sustained by the CNCS-supported program for at least the required time period
ED5: Number of students with improved academic performance in literacy and/or math
ED27: Number of students in grades K-12 that participated in the mentoring or tutoring or other education program, including CNCS-supported service learning, who demonstrated improved academic engagement
ED6: Number of students that improved their school attendance over the course of the CNCS-supported program’s involvement with the student
Economic Opportunity¹
O5: Number of economically disadvantaged individuals, including homeless individuals, receiving housing services
O11: Number of economically disadvantaged individuals, including homeless individuals, transitioned into safe, healthy, affordable housing
Environmental Stewardship²
EN4: Number of acres of national parks, state parks, city parks, county parks, or other public and tribal lands that are improved
EN5: Number of miles of trails or waterways (owned/maintained by national, state, county, city or tribal governments) that are improved and/or created
Healthy Futures³
H8: Number of homebound OR older adults and individuals with disabilities receiving food, transportation, or other services that allow them to live independently
H9: Number of homebound OR older adults and individuals with disabilities who reported having increased social ties/perceived social support
H10 (formerly O6): Number of individuals receiving emergency food from food banks, food pantries, or other nonprofit organizations
H11 (formerly O7): Number of individuals receiving support, services, education and/or referrals to alleviate long-term hunger
H12: Number of individuals that reported increased food security of themselves and their children (household food security) as a result of CNCS-supported services
Capacity Building
G3-3.1: Number of community volunteers recruited by CNCS-supported organizations or National Service Participants
G3-3.2: Number of community volunteers managed by CNCS-supported organizations or National Service Participants
G3-3.3: Number of organizations implementing three or more effective volunteer management practices as a result of capacity building services provided by CNCS-supported organizations or National Service Participants

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

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

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

Tier 3: Complementary Program Measures

Education
ED1: Number of students who start in a CNCS-supported education program
ED3A: Number of disadvantaged youth/mentor matches that are commenced by CNCS-supported programs
ED7: Number of students with no or decreased disciplinary referrals and suspensions over the course of the CNCS-supported programs' involvement
ED8: Number of youth with decreased substance abuse, arrest, or gang involvement
ED9: Number of students graduating from high school on time with a diploma
ED10: Number of students entering post-secondary institutions
ED11: Number of students earning a post-secondary degree
ED12: Number of CNCS-Supported National Service Participants who begin serving as teachers through a Teacher Corps program
ED13: Number of CNCS-Supported National Service Participants who completed serving as teachers through a Teacher Corps program
ED14: Number of individuals teaching in high need schools
ED15: Number of students in CNCS-supported teacher classrooms with improved academic performance
ED17: Number of teachers remaining in the education field, but not teaching in a school (school support staff, school administration, district administration policy, education nonprofits, etc.) after their term of service
ED18: Number of teachers who have had a positive impact on student learning as determined by observation-based assessments of teacher performance
ED19: Number of individuals receiving certification to teach in schools after their term of service
ED20: Number of children who start in a CNCS-supported early childhood education program
ED22: Number of children accessing high quality early childhood education programs
ED26: Number of students acquiring a GED
Economic Opportunity
O4: Number of housing units developed, repaired, or otherwise made available for low-income individuals, families or people with disabilities
O13: Number of economically disadvantaged National Service Participants who have not obtained their high school diploma or equivalent prior to the start of their term of service
O16: Number of National Service Participants that obtain a GED/diploma while serving in CNCS-supported programs or within one year after finishing serving in CNCS-supported programs
Environmental Stewardship
EN1: Number of housing units of low-income households and structures weatherized or retrofitted to significantly improve energy efficiency
EN2: Number of low-income households home and public building energy audits conducted
EN3: Number of individuals receiving education or training in energy-efficient and environmentally-conscious practices, including but not limited to sustainable energy and other natural resources, and sustainable agriculture
EN6: Number of tons of materials collected and recycled

Healthy Futures
H1: Number of individuals who are uninsured, economically disadvantaged, medically underserved, or living in rural areas utilizing preventive and primary health care services and programs
H2: Number of clients to whom information on health insurance, health care access and health benefits programs is delivered
H3: Number of clients enrolled in health insurance, health services, and health benefits programs
H4: Number of clients participating in health education programs
H5: Number of children and youth engaged in in-school or afterschool physical education activities with the purpose of reducing childhood obesity
H6: Number of children and youth receiving nutrition education with the purpose of reducing childhood obesity
H7: Number of clients receiving language translation services at clinics and in emergency rooms
Veterans and Military Families
V3: Number of veterans assisted in pursuing educational opportunities
V4: Number of veterans assisted in receiving professional certification, licensure, or credentials
V6: Number of housing units developed, repaired, or otherwise made available for veterans
Capacity Building
G3-3.4 Number of organizations that received capacity building services from CNCS-supported organizations or national service participants
G3-3.5: Number of staff and community volunteers that received training (of one or more types) as a result of capacity building services provided by CNCS-supported organizations or national service participants
G3-3.6: Number of organizations that completed a community assessment identifying goals and recommendations with the assistance of CNCS-supported organizations or national service participants
G3-3.7: Hours of service contributed by community volunteers who were recruited by CNCS-supported organizations or national service participants
G3-3.8: Hours of service contributed by community volunteers who were managed by CNCS-supported organizations or national service participants
G3-3.9: Number of organizations reporting that capacity building activities provided by CNCS-supported organizations or national service participants have helped to make the organization more efficient
G3-3.10: Number of organizations reporting that capacity building activities provided by CNCS-supported organizations or national service participants have helped to make the organization more effective
G3-3.11: Number of new systems and business processes (technology, performance management, training, etc.) or enhancements to existing systems and business processes put in place as a result of capacity building services provided by CNCS-supported organizations or national service participants
G3-3.12: Number of organizations that monitored their progress towards the goals identified in their community assessment with the assistance of CNCS-supported organizations or national service participants
G3-3.13: Number of additional activities completed and/or program outputs produced by the program as a result of capacity building services provided by CNCS-supported organizations or national service participants in a) Disaster Services, b) Economic Opportunity, c) Education, d) Environmental Stewardship, e) Healthy Futures and/or f) Veterans and Military Families

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

Tier 1 Education **applicants and School Turnaround AmeriCorps continuations** are required to select from the priority measures below. Applicants may select additional optional complementary measures. The opt-in rules provide guidance to applicants by indicating the required or recommended pairing, or alignment, of output and outcome measures.

Tier 1 Education PRIORITY MEASURES
ED2: Number of students that completed participation in CNCS-supported K-12 education programs
ED4A: Number of disadvantaged youth/mentor matches that were sustained by the CNCS-supported program for at least the required time period
ED5: Number of students with improved academic performance in literacy and/or math
ED6: Number of students that improved their school attendance over the course of the CNCS-supported program's involvement with the student
ED27: Number of students in grades K-12 that participated in the mentoring or tutoring or other education program, including CNCS-supported service learning, who demonstrated improved academic

Tier 1 Education COMPLEMENTARY MEASURES
ED1: Number of students who start in a CNCS-supported education program
ED3A: Number of disadvantaged youth/mentor matches that are commenced by CNCS-supported programs
ED7: Number of students with no or decreased disciplinary referrals and suspensions over the course of the CNCS-supported programs' involvement
ED9: Number of students graduating from high school on time with a diploma
ED10: Number of students entering post-secondary institutions engagement

In addition to the above measures, applicants may opt in to track the following SIG outcomes. For purposes of eGrants, these are considered applicant-determined measures.

Tier 1 Education Applicant Determined Measures
SIG 1: Number of minutes within the school year
SIG 2: Number and percentage of students completing advanced coursework (e.g., AP/IB), early-college high schools, or dual enrollment classes
SIG 3: Dropout rate
SIG 4: Truants

A. Opt-In Rules

Choose one output and then **at least one** of the corresponding outcomes. Applicants may choose additional outcomes. The expectation is that at least 100 percent of your MSYs are in the required priority measures noted below.

CNCS Strategic Category	Output (Choose ONE)	Outcome (Choose at least one)	Supplemental Outcomes (optional)
Strategic Plan Objective 2: Succeeding in K-12 (Tutoring and Other Education Programs)	ED 2: Number of students who completed participation in a CNCS-supported K-12 education program	ED5, ED6, or ED27	ED7, ED 9, ED10, SIG 1, SIG 2, SIG 3 or SIG 4
Strategic Plan Objective 2: Succeeding in K-12 (Mentoring Programs)	ED4A: Number of disadvantaged youth/mentor matches that were sustained by the CNCS-supported program for at least the required time period	ED5, ED6, or ED27	ED7, ED 9, ED10, SIG 1, SIG 2, SIG 3 or SIG 4

ATTACHMENT E: Detailed Budget Instructions (eGrants Budget Section)

Section I. Program Operating Costs

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the “Total Amount,” “Federal 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. The individuals listed should be directly involved with the operation of the program. 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 Federal 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. ServeNebraska requires programs to have a dedicate program leader identified, apporipriate to the size of the program responsible to operate the AmeriCorps program and manage 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 the costs. For example: Two staff members will attend the Annual North Central Regional Training. ServeNebraska has the expectation that funds in this line item for program staff travel will be used to attend the North Central Regional Meeting/Training in the Spring.

2 staff X \$750 airfare + \$50 ground transportation + (1 day) X \$400 lodging + \$35 per diem = \$2,470 for Annual North Central Regional Meeting/Training.

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

E. Supplies

AmeriCorps members must wear an AmeriCorps logo on a daily basis – preferably clothing with the AmeriCorps logo. This AmeriCorps gear must be purchased at the beginning of a member’s term of service. 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-federal 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.

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 orientation, communication, citizenship, disaster response, volunteer management, and life after AmeriCorps. All AmeriCorps programs must participate in at least one activity during the Nebraska 150 celebration events. If using a consultant(s) for training, indicate the estimated 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 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 for these checks for staff and members or explain how your program will be covering the cost in the budget narrative.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the 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.
- Multi-state applicants: Indicate the number of subgrants and the average amount of subgrants. Indicate any match that you will require of your subgrants under the “grantee share” column in this category. Subgranted funds may only cover costs allowable under federal and AmeriCorps regulations and provisions.

Section II. Member Costs

Member Costs are identified as “Living Allowance” and “Member Support Costs.” Your required match can be federal, state, local, or private sector funds.

A. Living Allowance

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time) and the amount of living allowance they will receive, allocating appropriate portions between the federal share (CNCS Share) and grantee match (Grantee Share).

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

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 which you are not requesting funds for a living allowance, but for which you are requesting education awards.

B. Member Support Costs

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

- **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when CNCS does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker’s Compensation.** 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 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.
- **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with CNCS funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the cost cannot be included in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. In your budget narrative, indicate the number of members who will receive health care benefits. CNCS will not pay for dependent coverage.
- **Unemployment Insurance and Other Member Support Costs.** 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 CNCS funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Omni Circulars.

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

Applicants choose one of three methods to calculate allowable administrative costs – a CNCS-fixed percentage rate method, a federally approved indirect cost rate method, or a de minimis method. Regardless of the option chosen, the CNCS share of administrative costs is limited to 5% of the total CNCS funds **actually expended** under this grant. Do not create additional lines in this category.

A. CNCS-Fixed Percentage Method

Five Percent Fixed Administrative Costs Option

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

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

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

3. Enter the sum of the CNCS and grantee shares under Total Amount.

If a commission elects to retain a share of the 5% of federal funds available to programs for administrative costs up to 2%, that decision is identified within each subgrant's budget. If the commission elects to retain 1% of the administrative costs, to calculate these fractional shares, within Section III of the subgrant budget, **two-fifth (40%) of the federal dollars budgeted for administrative costs is allocated to the commission's share and three-fifths (60%) of the federal dollars budgeted for administrative costs are allocated to the program's share. The allocation between commission and program shares would be calculated as follows:**

$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.40) = \text{Commission Share}$

$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.60) = \text{Subgrantee Share}$

If a commission elects to retain a share that is less than 1% budgeted for administrative costs, adjust the calculation above, as appropriate.

Commissions are not eligible to retain any portion of funds from fixed amount subgrants.

B. Federally Approved Indirect Cost Rate

If you have a federally approved indirect cost rate, the rate will constitute documentation of your administrative costs, not to exceed the 5% maximum payable by CNCS. Specify the Cost Type for which your organization has

current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

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

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

If a commission elects to retain a share of the 5% of federal funds available, please note the percentage or amount in the text. There is no separate line item to show this calculation.

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

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

If you have never had a federally negotiated indirect cost rate and receive less than \$35 million in direct federal funding, you may indefinitely use a de minimis rate of 10% of modified total direct costs (MTDC). Additional information regarding what is included in MTDC and use of this option can be found at 2 CFR 200.414(f) and 200.68. If this option is elected, it must be used consistently across all federal awards.

Source of Funds

In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your **entire match**. Define all acronyms the first time they are used. The total amount of Source of Match should equal the Grantee Share amount.

Use of Other Federal Funds as Match:

When using other federal funds as a match source, you must ensure that your organization can meet the **requirements** and **purpose** of **both grants**. Section 121(e) (5) of the National and Community Service Act (42USC § 12561 (5)) requires that subgrantees that use other federal funds as match for an AmeriCorps grant must report the amount and source of those funds to ServeNebraska when requested.

ATTACHMENT F: Budget Worksheet (eGrants Budget Section)

Section I. Program Operating Costs

A. Personnel Expenses

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

B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	Federal Share	Grantee Share
Totals				

C.1. Staff Travel

Purpose	Calculation	Total Amount	Federal Share	Grantee Share
Totals				

C. 2. Member Travel

Purpose	Calculation	Total Amount	Federal Share	Grantee Share
Totals				

D. Equipment

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

E. Supplies

Purpose	Calculation	Total Amount	Federal Share	Grantee Share
Totals				

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	Federal Share	Grantee Share
Totals					

G.1. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	Federal Share	Grantee Share
Totals					

G.2. Member Training

Purpose	Calculation	Daily Rate	Total Amount	Federal Share	Grantee Share
Totals					

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	Federal Share	Grantee Share
Totals					

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	Total Amount	Federal Share	Grantee Share
Totals					

Subtotal Section I:	Total Amount	Federal Share	Grantee Share

Section II. Member Costs

A. Living Allowance

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	Federal 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	Federal Share	Grantee Share
Totals					

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

Section III. Administrative/Indirect Costs

A. Corporation-fixed Percentage Rate

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

A. Federally Approved Indirect Cost Rate

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

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

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

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

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

SOURCE OF MATCHING FUNDS

Section	Proposed vs Secured	Amt	Type	Source
Sources of Funds				
Total Source of Funds				

ATTACHMENT G: 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).

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. In addition, the matching requirements in 45 CFR §§ 2521.40– 2521.95 do not apply to EAP and other Fixed-amount grant applicants. 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, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#w/o Allow** (without federally-funded living allowance.) **Leave all other columns blank.**

The total number of member service years (MSY) will **automatically calculate** at the bottom of the Member Positions chart. The MSY are calculated as follows:

Member Positions	Calculation	MSY
_____ Full-time (1700 hours)	(_____ members x 1.000)	= _____
_____ 1-Year Half-time (900 hours)	(_____ members x 0.500)	= _____
_____ Reduced half-time (675 hours)	(_____ members x 0.3809524)	= _____
_____ Quarter-time (450 hours)	(_____ members x 0.26455027)	= _____
_____ Minimum-time (300 hours)	(_____ members x 0.21164022)	= _____
	Total MSY	_____

Under “Calculation,” you will enter the calculation for your grant request. Applicants may request up to \$800 per member service year (MSY).

Display your calculation in the following format:

Total # of MSYs _____ x MSY amount (up to \$800 for EAP, \$2,000 for Professional Corps and \$13,000 for Stipended Fixed Amount) _____ = Total Grant Request \$ _____

Type the total amount requested in the “Total Amount” & “Federal Share” columns. Leave the “Grantee Share” blank. See example below (applies to a Stipended Fixed Amount grant):

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

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

Complete the fields for the # w/o Allowance only.

Member Positions

Item	# Mbrs	Allowance Rate	# w/o Allow	Total Amount	Federal 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

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

ATTACHMENT I: Budget Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. Note: This 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 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 ___	All positions included in the budget are fully described in the grant or budget narrative?
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 each benefit item 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 ___	You have budgeted funds for program staff travel to North Central Regional Training and Commission sponsored meetings in the budget narrative under Staff Travel?
Yes ___ No ___	Funds to pay relocation expenses of AmeriCorps members are not included in the federal share of the budget.
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment or computers under \$5,000.) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$5,000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	All single supply items over \$1,000 per unit are specifically listed?
Yes ___ No ___	You only charged to the federal share of the budget member service gear 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 where the program is at in project evaluation?
Yes ___ No ___	Have you provided budgeted costs for criminal history checks of members and grant-funded staff that are in covered positions per 45 CFR 2522.205? Or, if not, there is an explanation of how the program will be covering the costs.
Yes ___ No ___	Are all items in the budget narrative itemized and the purpose of the funds justified?

In Compliance?	Section II. Member Costs
Yes ___ No ___	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance. 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? The State of Nebraska requires worker's compensation for AmeriCorps members.
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 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 does not have a current federally approved indirect cost rate and has chosen to use the CNCS-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 CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?
Yes ___ No ___	Applicant has a federally approved indirect cost rate method and documentation submitted to CNCS if multi-state, state or territory without commission or Indian Tribe applicant? 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 a current approved indirect cost rate – The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS 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 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 apply to CNCS and has a copy of the current approved indirect cost rate agreement has been submitted to additionaldocuments@cns.gov
Yes ___ No ___	Applicant has never had a federally approved indirect cost rate and is choosing to use a de minimis rate of 10% of modified total direct costs has been budgeted?

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 and in the Source of Match 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?)

ATTACHMENT J: Alternative Match Instructions

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

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

A. Rural County: In determining whether a program is rural, ServeNebraska will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 6, 7, 8 or 9 is eligible to apply for the alternative match requirement. See Attachment J for the Table of Beale codes.

B. Severely Economically Distressed County: In determining whether a program is located in a severely economically distressed county, ServeNebraska will consider the following list of county-level characteristics. See Attachment J 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, ServeNebraska will determine the location of your program based on the legal applicant's address. If you believe that the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about your program location in your request. ServeNebraska will, in its sole discretion, determine whether some other address is more appropriate for determining a program's location.

If your program is located in one of these areas, see the instructions below for applying for this alternative match schedule. You must submit your request to the alternative schedule at least 60 days before the AmeriCorps application is due. CNCS will review your request and notify you within 30 days if you qualify for the alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

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

D. Instructions for the Alternative Match Schedule: Programs operating in one state must send their requests to ServeNebraska for review and approval as soon as possible. The Commission will then forward the approved request to CNCS for consideration.

ATTACHMENT 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.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.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.econdata.net	Econdata.Net: This site Links to a variety of social and economic data by states, counties and metro areas.
http://www.bea.gov/regional/	Bureau of Economic Analysis' Regional Economic Information System (REIS): Provides data on per capita income by county for all states except Puerto Rico.

www.bls.gov/lau/home.htm	Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS): Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/	US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes): Provides urban rural code for all counties in US.

ATTACHMENT L: Assurances and Certifications (eGrants 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.

ASSURANCES

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

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42

U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and 2 CFR Part 200, Chapter II, Subpart.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.
- Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by CNCS will be used to support any such prohibited activities.

- Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-CNCS funds or paid with CNCS funds but employed with the organization operating the project prior to or on the date the grant was awarded. If your organization is a faith-based organization that makes hiring decisions on the basis of religious belief, your organization may be entitled, under the Religious Freedom Restoration Act, 42 U.S.C. § 2000bb, to receive federal funds and yet maintain that hiring practice, even though the national service legislation includes a restriction on religious discrimination in employment of staff hired to work on a Corporation-funded project and paid with Corporation grant funds. (42 U.S.C. §§ 5057(c) and 12635(c)). For the circumstances under which this may occur, please see the document “Effect of the Religious Freedom Restoration Act on Faith-Based Applicants for Grants”: <http://www.usdoj.gov/archive/fbci/effect-rfra.pdf>.
- Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served, the municipality and government of the county (if appropriate) in which the community is located, and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;
- Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the National and Community Service Act of 1990 (NCSA);
- Will, in the case of an AmeriCorps program that includes or serves children, consult with the parents or legal guardians of children in developing and operating the program;
- Will, before transporting minor children, provide the children’s parents or legal guardians with the reason for the transportation and obtain the parent’s or legal guardian’s permission for such transportation, consistent with state law;
- Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the State Commission for the state in which the program operates.
- Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;
- Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the NCSA, and in CNCS’s regulations at § 2540.100;
- Will comply with the grievance procedure requirements as set out in section 176(f) of the NCSA and in CNCS’s regulations at 45 CFR § 2540.230;

- Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform, including training on prohibited activities;
- Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;
- Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the NCSA or, with the approval of CNCS, conduct an internal evaluation of the program;
- Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program's impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by CNCS;
- Will ensure the provision of a living allowance and other benefits to participants as required by CNCS;
- Has not violated a Federal criminal statute;
- If a state applicant, will ensure that the State subgrants will be used to support national service programs selected consistent with the requirements of the NCSA;
- If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;
- If a state applicant, will ensure that not less than 60% of the assistance will be used to make grants to support national service programs other than those carried out by a State agency, unless CNCS approves otherwise.

CERTIFICATIONS

Certification – Debarment, Suspension, and Other Responsibility Matters

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

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

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

Certification – Drug Free Workplace

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

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

- A. Publishing a drug-free workplace statement that:
 - a. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace;
 - b. Specifies the actions that the grantee will take against employees for violating that prohibition; and
 - c. Informs employees that, as a condition of employment under any award, each employee will abide by the terms of the statement and notify the grantee in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace within five days of the conviction;
- B. Requiring that a copy of the statement described in paragraph (A) be given to each employee who will be engaged in the performance of any Federal award;
- C. Establishing a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The grantee's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;
- D. Providing us, as well as any other Federal agency on whose award the convicted employee was working, with written notification within 10 calendar days of learning that an employee has been convicted of a drug violation in the workplace;
- E. Taking one of the following actions within 30 calendar days of learning that an employee has been convicted of a drug violation in the workplace:
 - a. Taking appropriate personnel action against the employee, up to and including termination; or
 - b. Requiring that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- 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.

Erroneous certification or assurance

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

Notice of error in certification or assurance

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

Definitions

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

Assurance requirement for subgrant agreements

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

Assurance inclusion in subgrant agreements

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

Assurance of subgrant principals

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

Non-assurance in subgrant agreements

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

Prudent person standard

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

Certification - Grant Review Process (State Commissions Only)

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

ASSURANCES AND CERTIFICATIONS

NOTE: Sign this form and include in the application.

SIGNATURE:

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

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

CERTIFICATION SIGNATURE

NOTE: Sign this form and include in the application.

SIGNATURE:

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

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

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

ATTACHMENT M: Beneficiary Populations/Grant Characteristics

- AmeriCorps member Population – Communities of Color
- AmeriCorps member Population – Low-income individuals
- AmeriCorps member Population – Native Americans
- AmeriCorps member Population – New Americans
- AmeriCorps member Population – Older Americans
- AmeriCorps member Population – People with Disabilities
- AmeriCorps member Population – Rural Residents
- AmeriCorps member Population – Veterans, Active Military, or their Families
- AmeriCorps member Population – Economically disadvantaged young adults/Opportunity Youth
- AmeriCorps member Population – None of the above
- Geographic Focus – Rural
- Geographic Focus – Urban
- Encore Program
- Faith- and community-based organizations
- Governor and Mayor Initiative
- SIG/Priority Schools
- Professional Corps
- 21st CSC
- Other
- Percentage of MSYs in Tier 1 Performance Measures
- Percentage of MSYs in Tier 2 Performance Measures

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:

- G. 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;
- H. 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;
- I. 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;
- J. 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;
- K. 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;
- L. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (E).

Certification - Lobbying Activities

As required by [31 U.S.C. 1352](#), as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

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

Erroneous certification or assurance

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

Notice of error in certification or assurance

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

Definitions

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

Assurance requirement for subgrant agreements

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

Assurance inclusion in subgrant agreements

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

Assurance of subgrant principals

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

Non-assurance in subgrant agreements

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

Prudent person standard

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

Certification - Grant Review Process (State Commissions Only)

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

ASSURANCES AND CERTIFICATIONS

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

SIGNATURE:

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

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

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



SIGNATURE:

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

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

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

ATTACHMENT K: Beneficiary Populations/Grant Characteristics

- AmeriCorps member Population – Communities of Color
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- AmeriCorps member Population – People with Disabilities
- AmeriCorps member Population – Rural Residents
- AmeriCorps member Population – Veterans, Active Military, or their Families
- AmeriCorps member Population – Economically disadvantaged young adults/Opportunity Youth
- AmeriCorps member Population – None of the above
- Geographic Focus – Rural
- Geographic Focus – Urban
- Encore Program
- Faith- and community-based organizations
- Governor and Mayor Initiative
- SIG/Priority Schools
- Professional Corps
- 21st CSC
- School Turnaround AmeriCorps
- Other

ATTACHMENT L: Logic Model Instructions for New/Recompeting and Continuation Applicants (eGrants Logic Model Section)

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

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

You may add an unlimited number of rows to the logic model by clicking “add a new row.” However, please be mindful of any page limits specified elsewhere in the application instructions or NOFO.

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

Attachment M:

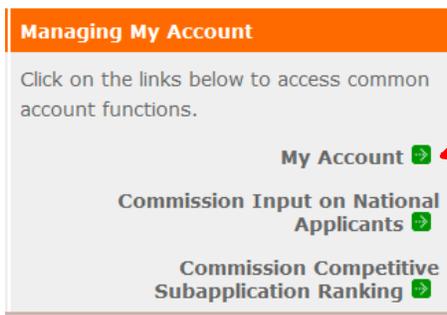
eGrants Indirect Cost Rate (IDCR) User Instructions

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

Once a rate is entered & 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:

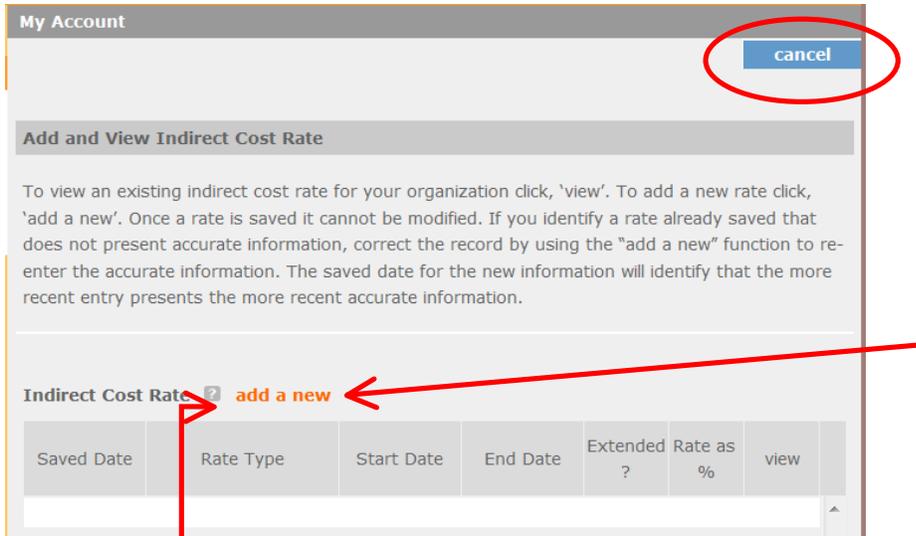
- 1) From the **eGrants Home** screen, in the lower panel under **Managing My Account**, click on **My Account**



- 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.



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

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

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

If your organization **has** a current, approved indirect cost rate, it must be reported on this page.

- 5) **Rate Type:** If your rate type is not one of the following options, contact your grants officer for guidance:
- Federally Negotiated** – select if your rate has been negotiated by your cognizant federal agency. Cognizance is determined by the agency which provides the highest amount of direct federal funding;
 - State Negotiated** – select if your rate has been negotiated by a state agency or other pass through entity; or
 - 10% of MTDC** – select if your organization qualifies for & 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.

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

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

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

- 8) **Rate Status.** Select one of the following options: **Final, Provisional, Predetermined, Fixed, Other**, or **Other – 10%**.

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

- 9) **Effective From.** Enter a valid date.

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

- 10) **Effective To.** Enter a valid date.

The effective to date is found on your indirect cost rate document. If your organization has received approval to extend your rate, enter the end date of the extension.

- 11) **No Expiration.** Check or leave unchecked.

If your rate does not have an expiration date, as is the case with the use of the 10-percent of MTDC rate, check this box, otherwise, leave unchecked.

- 12) **Extended?** Respond Yes or No.

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

- 13) **Rate Base.** Enter up to 500 characters including spaces.

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

14) **Treatment of Fringe Benefits.** Enter up to 500 characters including spaces.

Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the how fringe benefits were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or “State Rate N/A.” If you need more than 500 characters, indicate “Summary” and record the most important content.

15) **Treatment of Paid Absences.** Enter up to 500 characters including spaces.

Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the how paid absences were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or “State Rate N/A.” If you need more than 500 characters, indicate “Summary” and record the most important content.

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



- If you would like to cancel your entry, click the “**cancel**” button and the entry will be cancelled. All entry information will be lost & 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 CNCS with a historical record which can be used to clarify indirect cost rate inquiries for monitoring, consistent record maintenance, & audits.

If you have any questions or concerns, please contact your assigned grants officer.