

ATTACHMENT B: Detailed Budget Instructions for Cost Reimbursement Grants

(eGrants Budget Section)

Fixed Amount Grants refer to Attachment D.

Section I. Program Operating Costs

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the “Total Amount column in the budget,” “CNCS Share column in the budget,” and “Grantee Share column in the budget” for Parts A–I, for year one of the grant, as follows below. (Note: CNCS = AmeriCorps)

A. Personnel Expenses

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

B. Personnel Fringe Benefits

Under “Purpose/Description,” identify the types of fringe benefits you will cover and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include Federal Insurance Contribution Act (FICA), Worker’s Compensation, Retirement, State Unemployment Tax Act (SUTA), Health and Life Insurance, Individual Retirement Account (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](https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates) (<https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates>) unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

State Commission subapplicants and National Direct applicants should include travel funds in this section for staff and site staff to attend other technical assistance meetings as required.

Please itemize all costs.

For example:

Per diem - \$79/day x 4 days (@ 75% on first and last days); lodging - \$258 x 3 nights; round trip airfare - \$303.50; local transportation - \$50 (estimated)] x 2 staff.

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 **\$10,000 or more per unit** (including accessories, attachments, and modifications). You should enter any items that do not meet this definition 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. 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 your program will be using the AmeriCorps logo in the budget description.

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

F. Contractual and Consultant Services

Include costs for consultants related to the project's operations, except training or evaluation consultants, who will be listed in Sections G. and H., below. Itemize each contract or consultant and provide a brief justification of the need for each. The cost calculation should provide a basis for determining the cost, such as a daily or hourly rate. There is no maximum daily rate.

G. 1. Staff Training

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate. There is no

maximum daily rate.

G. 2. Member Training

Include the costs associated with member training to support them in carrying out their service activities. You may also use this section to request funds to support training in Life after AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate. There is no maximum daily rate.

H. Evaluation

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

I. Other Program Operating Costs

Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Please include the cost of the NSOPW, state check, and FBI check for criminal history checks for all covered positions. If you do not budget funds, you must note an explanation in the budget for how you will cover the costs.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If you budget space and it is shared with other projects or activities, you must equitably pro-rate and allocate the costs between the activities or projects.
- Utilities, telephone, internet, postage, copying, and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization's indirect cost allocation pool. If you budget and share such expenses with other projects or activities, you must equitably pro-rate and allocate the costs 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 terms and conditions.
- Retention incentives/performance awards are allowable to the extent they are 1) reasonable, necessary, and allowable for program outcomes; 2) tied to the program narrative; 3) fair; 4) consistently applied; and 5) part of the organization's written policies and procedures.

Section II. Member Costs

Member Costs are identified as "Living Allowance" and "Member Support Costs."

A. Living Allowance

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, three-quarter-time, half-time, reduced-half-time, quarter-time, minimum-time, abbreviated time) and the amount of living allowance they will receive, allocating appropriate portions between the CNCS Share column in the budget and grantee share column in the budget (match). Please do not select the 2-Year Half Time (1st Year) and 2-Year Half Time (2nd Year) slot types.

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

In eGrants, enter the total number of members you are requesting in each category. Enter the average

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

B. Member Support Costs

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

- **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when AmeriCorps does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with AmeriCorps funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-AmeriCorps sources) but you cannot include the cost in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. If you budget health insurance for less-than-full-time members serving in a full-time capacity, indicate in the budget narrative. In your budget narrative, indicate the number of members who will receive health care benefits. AmeriCorps will not pay for dependent coverage. If you do not budget health care for all full-time members, please confirm all full-time members will have access to coverage.
- **Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with State Departments of Labor or State Commissions where members serve to determine if you are required to pay worker's compensation, and if so, at what level. If you are not required to pay worker's compensation, you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or accidents.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies.

Section III. Administrative/Indirect

Costs Definitions

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

Options for Calculating Administrative/Indirect Costs (choose A, B.1, or B.2C)

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 **expended** under this grant. Do not create additional lines in this category.

While the Application Instructions present three options for budgeting indirect costs, there are only two places to enter those details in eGrants. Applicants who chose to use the Corporation Fixed Percentage will enter the line item details in Section III.A. Applicants who have a Federally Approved Indirect Cost Rate or are using a *De Minimis* Rate will enter the line item details in Section III.B. Please see the [AmeriCorps eGrants Indirect Cost Rate \(IDCR\) User Instructions](#). Applicants should not submit documentation addressing the indirect cost rate agreement via email.

A. CNCS-Fixed Percentage Method

Option A. Five/Ten Percent Fixed Administrative Costs Option

The CNCS-fixed percentage rate method allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the CNCS-fixed percentage rate method (Section III.A. 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. A State Commission can take up to 2% in administrative funds, provided the Commission has less than 25% in prior year unexpended funds on the Commission Support Grant. If the Commission's unexpended exceeds 25%, the Commission can take up to 1% in administrative funds. If the Commission elects to retain 1% of the administrative costs, to calculate these fractional shares, within Section III of the subgrant budget, **one-fifth (20%) of the federal dollars budgeted for administrative costs is allocated to the Commission's share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program's share. The allocation between Commission and subgrantee/program shares would be calculated as follows:**

$$([Section\ I] + [Section\ II] \times 0.0526) \times (0.20) =$$

$$\text{Commission Share } ([Section\ I] + [Section\ II] \times$$

$$0.0526) \times (0.80) = \text{Subgrantee Share}$$

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

If the Commission elects to retain 2% of the administrative costs, to calculate these fractional shares, within Section III of the subgrant budget, **two-fifths (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 subgrantee/program shares would be calculated as follows:**

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

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

B. Federally Approved Indirect Cost Rate or *De Minimis* Rate of 15% of Modified Total Direct Costs

Option B.1. Federally Approved Indirect Cost Rate

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

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the 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 2 (the CNCS share) from the amount calculated in step 1 (the total Indirect Costs allowed). This is the amount the applicant can claim as grantee share for administrative costs.

Option B.2. *De Minimis* Rate of 15% of Modified Total Direct Costs

Organizations who do not currently have a federally negotiated indirect cost rate (except for those non-federal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph (d)(1)(B)) and who receive less than \$35 million in direct federal funding may indefinitely use a *de minimis* rate of 15% of modified total direct costs (MTDC). Additional information regarding what is included in MTDC and use of this option can be found in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) under Indirect (F&A) costs and Definitions. If you elect to use this option, you must use it consistently across all federal awards.

1. Determine the base amount of direct costs to which you will apply the *de minimis* rate, including both the CNCS and Grantee shares. MTDC includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$50,000. *AmeriCorps member living allowance and other member costs are not considered "participant support costs" subject to exclusion from the MTDC.* Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs. Once you determine the base, multiply the appropriate costs by 15% (0.15). This will determine the total amount of costs allowable in this section.

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/administrative 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 2 (the CNCS share) from the amount calculated in step 1 (the total Indirect Costs allowed). This is the amount the applicant can claim as grantee share for indirect/administrative costs.

Source of Funds

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

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

ATTACHMENT C: Budget Worksheet (eGrants Budget Section)

Section I. Program Operating Costs

A. Personnel Expenses

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

B. Personnel Fringe Benefits

| Purpose/Description | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------------------|-------------|--------------|------------|---------------|
| | | | | |
| Totals | | | | |

C.1. Staff Travel

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
| | | | | |
| Totals | | | | |

C.2. Member Travel

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
| | | | | |
| Totals | | | | |

D. Equipment

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

E. Supplies

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
| | | | | |
| Totals | | | | |

F. Contractual and Consultant Services

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
| | | | | | |
| | | | | | |
| Totals | | | | | |

G.1. Staff Training

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | |

G.2. Member Training

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | |

H. Evaluation

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | |

I. Other Program Operating Costs

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | |

| Subtotal Section I: | Total Amount | CNCS Share | Grantee Share |
|---------------------|--------------|------------|---------------|
| | | | |

Section II. Member Costs**A. Living Allowance****B. *Please refer to the Mandatory Supplemental Information for allowable slot types**

| Item | # Mbrs | Allowance Rate | # w/o Allowance | Total Amount | CNCS Share | Grantee Share |
|-------------------------------|--------|----------------|-----------------|--------------|------------|---------------|
| Full-time (1700 hrs) | | | | | | |
| Three quarter-time (1200 hrs) | | | | | | |
| Half-time (900 hrs) | | | | | | |
| Reduced Half-time (675 hrs) | | | | | | |
| Quarter-time (450 hrs) | | | | | | |
| Minimum-time (300 hrs) | | | | | | |
| Abbreviated-time (100 hrs) | | | | | | |
| Totals | | | | | | |

C. Member Support Costs

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
| | | | | | |
| Totals | | | | | |

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

Section III. Administrative/Indirect Costs

A. Corporation Fixed Percentage

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
| | | | | |
| | | | | |
| Totals | | | | |

B. Federally Approved Indirect Cost Rate or *De Minimis* Rate of 15% of Modified Total Direct Costs

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

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

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

Source of Funds

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

**ATTACHMENT D: Detailed Budget Instructions for Fixed Amount Grants
(eGrants Budget Section) *These instructions apply only to applicants for Fixed Amount grants, including education award 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 or complete the grantee share column. However, you must complete the source of match chart to identify the sources of the additional revenue you need to operate the program. If you are applying for a full-cost 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

***Please reference the Mandatory Supplemental Information for allowable slot types**

Member Positions

Identify the number of members you are requesting by category (i.e. full-time, three quarter-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#Mbrs w/o Allow** (without AmeriCorps-funded living allowance.) In the **Allowance Rate** field, enter the average amount of the living allowance for each type of member. Enter zero in the column labeled **#Mbrs w/ Allow**. Leave all other columns blank. See example below (applies to a Full-Cost Fixed Amount grant):

| Member Positions  | | | | | | | |
|--|--------------------------|-------------------|---------------------------|-----------------|---------------|------------------|--|
| Item | # Mbrs w/ Allow | Allowance Rate | # Mbrs w/o Allow | Total Amount | CNCS Share | Grantee Share | |
| Full Time (1700 hrs) | 0 | \$16,502 | 5 | \$0 | \$0 | \$0 | |
| Three Quarter Time (1200 hours) | 0 | \$14,000 | 7 | \$0 | \$0 | \$0 | |

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

| Member Positions | Calculation | MSY |
|--------------------------------------|-----------------------------|---------|
| ____ Full-time (1700 hours) | (____ members x 1.000) | = _____ |
| ____ Three quarter-time (1200 hours) | (____ members x 0.70000000) | = _____ |
| ____ Half-time (900 hours) | (____ members x 0.500) | = _____ |

| | | |
|--|--|----------------------|
| <input type="checkbox"/> Reduced half-time (675 hours) | (<input type="text"/> members x 0.3809524) | <input type="text"/> |
| <input type="checkbox"/> Quarter-time (450 hours) | (<input type="text"/> members x 0.26455027) | <input type="text"/> |
| <input type="checkbox"/> Minimum-time (300 hours) | (<input type="text"/> members x 0.21164022) | <input type="text"/> |
| <input type="checkbox"/> Abbreviated-time (100 hours) | (<input type="text"/> members x 0.05627705) | <input type="text"/> |

Total MSY

B. Fixed Award

Display your calculation in the following format:

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

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

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

Source of Funds

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

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

Section)

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

Member Positions

***Please reference the Mandatory Supplemental Information for allowable slot types**

| Purpose | Calculation | | Total Amount | CNCS Share | | Grantee Share |
|-------------------------------|-------------|----------------|---------------|--------------|------------|---------------|
| Program Grant Request | | | | | | |
| Subtotal | | | | | | |
| Item | # Mbrs | Allowance Rate | # w/o Allow w | Total Amount | CNCS Share | Grantee Share |
| Full-time (1700 hrs) | | | | | | |
| Three quarter-time (1200 hrs) | | | | | | |
| Half-time (900 hrs) | | | | | | |
| Reduced Half-time (675 hrs) | | | | | | |
| Quarter-time (450 hrs) | | | | | | |
| Minimum-time (300 hrs) | | | | | | |
| Abbreviated-time (100 hrs) | | | | | | |
| Subtotal | | | | | | MSY |
| | | | | | | Cost/MSY |

Source of Funds

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

ATTACHMENT F: Budget Checklist

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

| In Compliance? | Section I. Program Operating Costs |
|---|--|
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff who recruit, train, place, or supervise members as well as manage the project. |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Staff indirectly involved in the management or operation of the applicant organization are funded through the administrative cost section (Section III) of the budget? Examples of administrative costs include central management and support functions. |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, the benefits are listed separately? |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | The purpose for all staff and member travel is clearly identified? |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | You have budgeted funds for National Direct staff travel to the AmeriCorps Symposium in the budget narrative under Staff Travel? |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | You have budgeted funds for State Commission and National Direct staff travel, as required, to attend other technical assistance meetings under Staff Travel? |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount? |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | All single equipment items over \$10,000 per unit are specifically listed? |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Justification/explanation of equipment items is included in the budget narrative? |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | All single supply items over \$1,000 per unit are specifically listed and explained in the budget narrative? |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Cost of items with the AmeriCorps logo that will be worn daily is included for all AmeriCorps members? Or if not, there is an explanation of how the program will be providing the AmeriCorps logo item to AmeriCorps members using funds other than AmeriCorps grant funds? |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | Does the budget reflect adequate budgeted costs for project evaluation? |

| | |
|--|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you budgeted the cost of the NSOPW, FBI, and state check in the CNCS share for criminal history checks of each member and grant-funded staff that are in covered positions per 45 CFR 2522.205? If not, have you provided an explanation of how the costs will be covered? |
|--|---|

| In Compliance? | Section I. Program Operating Costs |
|----------------------------|--|
| Yes <u> </u> No <u> </u> | Are all items in the budget narrative itemized and the purpose of the funds justified? |

| In Compliance? | Section II. Member Costs |
|----------------------------|---|
| Yes <u> </u> No <u> </u> | 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 <u> </u> No <u> </u> | 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 <u> </u> No <u> </u> | Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance. If exempted from paying FICA, is the exemption noted in the budget narrative? |
| Yes <u> </u> No <u> </u> | Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or State Commission to determine whether or not you are required to pay worker's compensation and at what level (i.e., rate). If you are not required to pay worker's compensation, you will provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., death and dismemberment coverage). |
| Yes <u> </u> No <u> </u> | Health care is provided for full-time AmeriCorps members only (unless part-time serving in a full-time capacity)? If your project chooses to provide health care to other part-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own. |
| Yes <u> </u> No <u> </u> | Unemployment insurance is only budgeted if state law requires it? |

| In Compliance? | Section III. Administrative/Indirect Costs |
|----------------------------|---|
| Yes <u> </u> No <u> </u> | State commission subapplicant whose commission chooses to retain a portion of the CNCS share of indirect costs has budgeted those costs and subtracted from the CNCS share calculation in Section III. |
| Yes <u> </u> No <u> </u> | 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 <u> </u> No <u> </u> | Applicant has chosen to use the CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds? |

| | |
|--|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 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 <input type="checkbox"/> No <input type="checkbox"/> | 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 <input type="checkbox"/> No <input type="checkbox"/> | Applicant has a current approved indirect cost rate and has entered the information into eGrants to support the costs budgeted? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Applicant does not have a current federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate of 15% of modified total direct costs |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Applicant does not have a current federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate – the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? |

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

ATTACHMENT G: Match Waiver Request

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, provided that you maintain the minimum match of 24% for the first three years and the increasing minimums in years thereafter. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.

Following the ASN Rule Change in 2025 which reduces the match requirement starting in the fourth year and peaks at 30% in the tenth year of the match schedule, Alternative Match Schedules were phased out in FY2025.

MATCH WAIVERS:

In accordance with 45 CFR §§ 2521.70 and 45 CFR § 2521.60(b), applicants may request a full or partial waiver of match requirements. Information on how to submit a match waiver request is on the [AmeriCorps Manage your grant webpage](#).

Criteria for match waiver eligibility include any of the following:

- Initial difficulties in the development of local funding sources during the first three years of operations; or
- An economic downturn, the occurrence of a natural disaster, or similar events in the service area that severely restrict or reduce sources of local funding support; or
- The unexpected discontinuation of local support from one or more sources that a project has relied on for a period of years; or
- Organizational revenue of less than \$500,000.

Special Eligibility for a Match waiver: Under certain circumstances, applicants may also qualify for a match waiver as specified in the regulations at §2521.60(b). To qualify, you must demonstrate that your program is either located in a rural county or in a severely economically distressed community as defined below.

A. Rural County: In determining whether a program is rural, AmeriCorps will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 4, 5, 6, 7, 8, or 9 is eligible to apply for the alternative match requirement. See Attachment H for the Table of Beale codes.

B. Severely Economically Distressed County: In determining whether a program is located in a severely economically distressed county, AmeriCorps will consider the following list of county-level characteristics. See Attachment H for a list of website addresses where this publicly available information can be found.

- The county-level per capita income is less than or equal to 75% 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% of the national average for all counties using the most recent census data; and
- The county-level unemployment is above the national average for all counties for the previous 12 months using the most recently available Bureau of Labor Statistics data.
- The areas served by the program lack basic infrastructure such as water or electricity.

C. Program Location: Except when approved otherwise, AmeriCorps will determine the location of your program based on the legal applicant's address. If you believe the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about your program location in your request. AmeriCorps will, in its sole discretion, determine whether some other address is more appropriate for determining a program's location.

If your program is located in one of these areas, see the instructions above for applying for this waiver. You must submit your request per the information contained in the *Notice*. AmeriCorps will review your request and notify you within 30 days if you qualify for the waiver and provide instructions for entering your budget into eGrants.

If approved for the waiver, programs will base their budget in the upcoming application on the approved match waiver. The waived match requirement will be in effect for the period per your request and approved.

D. Instructions for a Match waiver: Programs operating in one state must send their requests to the State Commission for review and approval. The Commission will then submit the approved request to AmeriCorps for consideration. Information on how to submit a request is on the [AmeriCorps Manage your grant webpage](#).

ATTACHMENT H: Beale Codes and County-Level Economic Data for Alternative

Match Requests

Rural Community

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

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

Any program located in a county with a Beale code of 4,5, 6, 7, 8, or 9 is eligible to apply for the alternative match.

Severely Economically Distressed Community

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

| WEBSITE ADDRESS | EXPLANATION |
|---|--|
| http://www.bea.gov/regional/ | Bureau of Economic Analysis' Regional Economic Information System (REIS): Provides data on <i>per capita</i> income by county for all states except Puerto Rico. |
| Census Bureau Data | Explore Census Bureau Data: Provides census data including estimates on poverty, per capita income, and unemployment by counties, states, and metro areas, including Puerto Rico. |

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|--|--|
| www.bls.gov | Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS): Provides data on annual and monthly employment and unemployment by counties for all states, including Puerto Rico. |
|--|--|

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.

| WEBSITE ADDRESS | EXPLANATION |
|---|--|
| <u>USDA ERS - Rural-Urban Continuum Codes</u> | US Department of Agriculture's Rural-Urban Continuum Codes: Provides urban rural code for all counties in US. |