



# LOUISIANA SERVE COMMISSION

**FY10 AmeriCorps\*State Application Packet**

## **APPENDICES**

**Deadline  
November 13, 2009**



**Appendix A:** Step-by-Step Instructions for Submitting an Application

**Appendix B:** SF 424 Facesheet Instructions (3 pages)

**Appendix C:** Budget Instructions (5 pages)

**Appendix D:** Performance Measures

**Appendix E:** Budget Worksheet (4 pages)

**Appendix F:** Assurances and Certifications (4 pages)

**Appendix G:** Survey on Ensuring Equal Opportunity for Applicants  
(2 pages)

**Appendix H:** Beale Codes and County-Level Economic Data  
(2 pages)

# APPENDIX A: EGRANTS SYSTEM INSTRUCTIONS FOR SUBMITTING AN APPLICATION

## New or Recompeting Program Applications:

- Applications must be submitted in eGrants ([www.nationalservice.org/egrants](http://www.nationalservice.org/egrants)) **no later than November 13, 2009 4:00 p.m. CST.**
- To access eGrants, you must have or create an eGrants account. We suggest you first prepare and save your application as a word processing document prior to inputting it into eGrants, then copy and paste the document into eGrants.
- Remember to follow the character limits identified in the FY10 AMC State Application Packet OVERVIEW OF AMERICORPS document.
- Applications must contain a Duns and Bradstreet Data Universal Numbering System (DUNS) number. The DUNS number is known as the universal identifier and helps the federal government improve statistical reports on federal grants and cooperative agreements. The DUNS number does not replace the EIN. DUNS numbers may be obtained at no cost by calling the DUNS number request line at (866) 705-5711. In eGrants, there is a DUNS number field in the Organization section.

## TO CREATE YOUR APPLICATION IN EGRANTS (after you have established an account login and are at your homepage):

1. At your homepage, click on **Start a New Application**.
  2. Select **"AmeriCorps"** and click **"GO"**.
  3. Select the following NOFA: **Commission AmeriCorps State Formula FY 2010**  
**Due Date:** 01/26/2010  
**Summary:** These grant funds support community service programs under AmeriCorps and operate through state service commissions and click **"NEXT"**
  4. Select state: **LOUISIANA**
  5. Select Prime ID: **2009-10 Louisiana Serve Commission AmeriCorps Operating Grants** and click on the **"NEXT"** button.
  6. Your application has been created in eGrants and can now be completed using the navigation toolbar on the left of the screen.
- Your application consists of the following eGrants' sections:
    - I. Applicant Info
    - II. Application Info
    - III. Narratives
    - IV. Performance Measures
    - V. Documents
    - VI. Budget Section 1
    - VII. Budget Section 2
    - VIII. Budget Section 3
    - IX. Review
    - X. Authorize and Submit

- Please make sure to fully address each section, as necessary, paying attention to the following additional information:

## I. APPLICANT INFO

Sections are primarily self-explanatory.

- A. **NOFA Information**
- B. **Applicant Information**
- C. **Project Information**

The project information section defines the name and location of the project, the state in which the volunteers or members will be serving, and the name and contact information for the project director. Use the "enter new" link to enter the following information about your project. (Hint: Select a unique project name for each application that you submit.)

1. Select a Project
2. Enter Project Location
3. Enter Project Focus
4. Select Project Director
5. Enter Project Website (if applicable)

## II. APPLICATION INFO

- A. Areas affected by the project
- B. Project Start and End dates
- C. Subject to Review by State Executive Order 12372 (NO for all applicants)
- D. Delinquent of any Federal Debt (pertains to individual organization)

## III. NARRATIVES

As you cut and paste each section of the narrative into eGrants, you must stay within the character limits specified within the table identified in the FY10 AMC State Application Packet OVERVIEW OF AMERICORPS document.

## IV. PERFORMANCE MEASURES

The Corporation does not require you to enter performance measures unless and until the Corporation notifies you that you have been selected for consideration for a grant. You are welcome to begin to enter information in these fields, but it will not be required until after the grant review process. If you decide to wait until then to enter your performance measures you will still need to enter your Service Categories. In addition, because eGrants requires content in the performance measure fields in order to submit, you must enter NA in the text fields and a number in the data fields. This information will not be reviewed.

## V. DOCUMENTS

A hard copy of any document an organization is required to provide must be RECEIVED at the following address by the application submission deadline of **November 13, 2009**.

**Louisiana Serve Commission  
620 Florida  
Suite 210  
Baton Rouge, LA 70801**

### 1. Financial Audit/Information

Applicants must provide their most recent A-133 audit report, their organization's most recent financial audit report, or if they have not had a formal audit, other financial statements.

### 2. Program Evaluations

Refer to page 12 of the application instructions for guidance on whether your organization is required to submit a program evaluation report with this application.

### 3. AmeriCorps Pre-Award Risk Assessment

This assessment is to be completed by NEW or RECOMPETING applicants only. Continuation applicants DO NOT need to complete the Pre-Award Risk Assessment.

### 4. Labor Union Concurrence

If a program applicant:

- (1) Proposes to serve as the placement site for AmeriCorps members; and
  - (2) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
  - (3) Those employees are represented by a local labor organization
- then the program applicant's application must include the written concurrence of the local labor organization representing those employees.

For the purposes of this section, "program applicant" includes any applicant to the Corporation or a State Commission, as well as any entity applying for assistance or approved national service positions through a Corporation grantee or sub-grantee.

If this applies to you, please select "Enter New," name the new document "Labor Union Concurrence," and enter status Sent.

## VI. BUDGET

- Refer to **Appendix E for explicit instructions**
- All the amounts you request must be identifiable as required for a particular purpose. Do not include “miscellaneous,” “contingency” or other undefined budget amounts.
- Do not include unallowable expenses, e.g., member living allowances, entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity being budgeted, etc. Do not include fractional amounts (cents); rather, round to the nearest dollar.

## VII. REVIEW

Review your entire document for errors or additional details that may be required.

**Verification:** When an application is submitted, eGrants checks to make sure all the required information has been entered. You can run this check before submitting the application by clicking the “**Verify**” link. If eGrants detects any errors in your application, a box will be displayed identifying each error needing correction.

Read the Authorization, Assurances, and Certifications carefully. Copies of these are included as Appendix F for your review. In eGrants, complete each section of the Assurances and Certifications. The person who authorizes the application 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. Be sure to check your entire application to make sure that there are no errors before submitting it. eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission.

## VIII. Survey on Ensuring Equal Opportunity for Applicants

The Corporation and other federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives to conduct a survey of organizations that apply for federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to the Corporation for funds, such as number of employees, budget size, and self-identification as a faith-based/religious organization or a non-religious community-based organization.

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

There are two ways to complete the survey:

- (1) while preparing your application; and
- (2) after submitting your application.

1) To complete the survey while preparing your application, go to the eGrants Main Menu, click on Enter Survey on Ensuring Equal Opportunity, provide the requested information and submit.

2) If you submit your grant application without completing the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select Remind Me Later, you will be asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service.

Copies of the survey forms and instructions are found as Appendix G.

## CONTINUING PROGRAM APPLICATIONS:

- Click **Continuation** on your eGrants Homepage. You will be shown a list of grants that are eligible to be continued.
- Select the grant you wish to continue from the list. **Make sure you select the correct one.**
- The system will copy your most recently awarded application and budget for you to use as a base in creating your continuation application.
- Edit your continuation application as directed on page 15 of the application instructions.
- Once you have completed your edits, click the **SUBMIT** button.
- If you have questions about the content of your continuation application, please contact your program officer at (225) 342-3333. If you experience problems using eGrants, contact the eGrants Help Desk at (888) 677.7849 or (202) 606.7506, or email at [egrantshelp@cns.gov](mailto:egrantshelp@cns.gov).

## APPENDIX B: SF 424 FACESHEET INSTRUCTIONS

### (Applicant Information and Application Information Sections)

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. The name of the primary organizational unit that will undertake the assistance activity, if different from 5. a.
  - c. Your organization's DUNS number (received from Dun and Bradstreet).
  - d. Your organization's complete address with the 5 digit ZIP code. The four-digit extension is optional.
  - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7. a.: Enter the appropriate letter in the box.  
Item 7. b.: Please enter the characteristic(s) that best describe your organization.

#### K-12 Education

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

#### Higher Education

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

#### Government

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

#### Non-Profit Organizations

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

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

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

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

- a. Select "Augmentation" if you are an AmeriCorps State and Territory Competitive grantee submitting a revised budget to incorporate a Corporation-authorized increase.
- b. Select "Budget Revision" to make a change in the grant budget, including slots.
- c. Select "No-cost Extension" to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.

- d. Select "Other," as applicable, and specify in the blank provided.

9. Filled in for your convenience.

10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.

11. Enter the project title.

- a. When applying for a Continuation or Amendment, please use the same title as used for their existing grant program. When applying as a "New Applicant/Previous Grantee" if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
- b. Enter the name of the Corporation's program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.

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

13. (See item 8) New application or new application/previous grantee: Enter the dates for the proposed project period. Continuation or Amendment application: Enter the dates of the approved project period.

14. 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 the appropriate line, as shown below. Include the value of in-kind contributions in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.

- a. **Federal** The total amount of federal funds being requested in the budget.
- b. **Applicant** The total amount of the applicant share as entered in the budget.
- c. **State** The amount of the applicant share that is coming from state sources.
- d. **Local** The amount of the applicant share that is coming from local governmental sources (e.g., city, county, and other local government 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.

15. Indicate if this application is subject to review by the State Executive Order 12372 Process by checking the box. Executive Order 12372, Intergovernmental Review of Federal Programs, was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct federal development. The Order allows each state to designate an entity to perform this function. A list of these Single Point of Contact entities can be found at: [www.whitehouse.gov/omb/grants/spoc.html](http://www.whitehouse.gov/omb/grants/spoc.html)

Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.

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

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

17. **The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office. Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both (18 U.S. Code Section 1001).**

# APPENDIX C: BUDGET INSTRUCTIONS

## PREPARING YOUR BUDGET

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

Follow the detailed budget instructions, below, to prepare your budget. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheets in Attachments E. eGrants will create the budget and the budget narrative automatically from the detailed budget information you enter. Once you have entered your budget information in eGrants you will be asked to validate your budget, and eGrants will check your submission for errors.

## HOW TO BEGIN

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Your detailed budget narrative must provide a full explanation of the proposed costs including their purpose.

Present the basis for all calculations in the form of an equation. e.g.: Two (2) staff traveling @ \$350/trip for 2 trips = \$1400; or, Salary \$60,000 @ 20%

- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

## OVERVIEW OF KEY STATUTORY AND REGULATORY BUDGET REQUIREMENTS:

- Equipment costs must not exceed 10% of the total Corporation share.
- Administrative costs must not exceed 5% of the total Corporation funds requested.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are recompeting, your Program Officer can tell you where you are in the match schedule.
- The budget format will continue to be outlined in three sections, but applicants must meet a minimum overall match requirement starting at 24%, as determined by the previous number of CNCS funding (see chart on page 20)
- The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements SEE NOTE BELOW.

**NOTE: The Corporation's legislation permits the use of non-Corporation federal funds as match for the grantee share of the budget. However, you must discuss your intention to report expenditures as costs on both grants with the other agency (matching on the CNCS grant and direct on the other agency's grant) and approval by the other agency must be provided to the Louisiana Serve Commission in writing along with the application.**

• In each section of the budget, you should clearly and specifically identify the source and total dollar amount of cash match from private, state and local and federal funds, and the source and total amounts of in-kind support. All acronyms should be defined the first time they are used to reference non-Corporation programs and sources.

*Please refer to the relevant OMB Circulars on allowable costs for further guidance. The OMB circulars are online at [www.whitehouse.gov/OMB/circulars](http://www.whitehouse.gov/OMB/circulars).*

- A-21 - Cost Principles for Educational Institutions, 2 CFR 220
- A-87 - Cost Principles for State, Local, and Indian Tribal Governments, 2 CFR 225
- A-122 - Cost Principles for Non Profit Organizations, 2 CFR 230

*Programs must comply with all applicable federal laws, regulations, and OMB circulars for grant management, allowable costs, and audits, including providing audits to the A-133 clearinghouse if they expend over \$500,000 in federal funds, as required in OMB Circular A-133.*

## CONSISTENCY OF TREATMENT:

For any cost to be allowable under a grant award based on an application for AmeriCorps program funding, the cost must be accorded consistent treatment using policies and procedures that apply uniformly to both the federal grant funded activities and to all other activities of the applicant.

## **CALCULATING THE CORPORATION COST PER MEMBER SERVICE YEAR (MSY) :**

An important factor in our consideration of the proposed budget is the Corporation cost per MSY. One Member Service Year is equivalent to 1,700 hours of service. You calculate your Corporation cost per MSY by dividing the Corporation's share of budgeted grant costs by the number of member service years you are requesting in your grant. You do not include the cost of child care or the education award a member may earn through serving with your program.

## **SECTION I. - PROGRAM OPERATING COSTS**

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the "Total Amount," "CNCS Share," and "Grantee Share" for Parts A-I, as follows:

### **A. PERSONNEL EXPENSES**

Under "Position/Title Description," list the title of each staff position and provide a brief 5 or 6 word position description. Then enter the amounts for annual salary and percentage of effort devoted to this award. Each staff person's role listed in the budget **MUST** be described in the application narrative. Because the purpose of this grant is to enable and stimulate volunteer community service, the grantee may not include the value of direct community service performed by volunteers. However, the grantee may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, training of staff and AmeriCorps Programs.

### **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 or rate for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe amount is over 30%, please list separately. Typically, holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but rather are absorbed into the personnel expenses (salary) budget line item. Uncommon or exceptionally high-cost benefits should be itemized.

### **C. 1. STAFF TRAVEL**

Describe the purpose for which program operating staff will travel. Provide a calculation that includes 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 your organization for mileage, daily per diem, and similar supporting information. Only domestic travel is allowable; other travel is allowable only if specifically identified and approved as a condition of a grant award. **We expect applicants to include funds in this line item for travel for your staff and staff at your sites to attend Corporation-sponsored technical assistance meetings. There are 2-3 such opportunities per year, including opportunities for new grantee orientation, financial training, and the National Conference on Service and Volunteering.**

### **C. 2. MEMBER TRAVEL**

Describe the purpose for which members will travel. Provide a calculation that includes 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 your organization for mileage, daily per diem, and similar supporting information.

### **D. EQUIPMENT**

**NOTE:** 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). Items that do not meet this definition should be included below, in category **E. SUPPLIES**. Equipment purchases are limited to 10% of the total Corporation funds requested. If applicable, show the unit cost and number of units you are requesting, providing a brief justification for the purchase of the equipment.

### **E. SUPPLIES**

Includes the amount of funds to purchase consumable supplies/materials, as well as Member Service Gear and equipment that does not fit the definition above in category **D. EQUIPMENT**.

Examples include:

- Any single item costing \$1,000 or more must be listed individually.

- The cost of the member service gear, exclusive of safety gear, if it includes the AmeriCorps logo. Grantees may also add the AmeriCorps logo to their own local program uniform items using federal funds. 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**

Includes costs for consultants related to the project's operations, except evaluation consultants, which will be listed in Section H. below. Payments to individuals for consultant services under this grant may not exceed \$617 per day (excluding costs for indirect expenses, travel, supplies, etc.). The \$617 daily rate is a ceiling; therefore, we anticipate budgeted daily rates at considerably lower levels. For any proposed consultants, indicate the daily rate for their contractual services, the number of days the services will be used and the total cost. Also, when available, provide the name(s) of the consultants' organizations. For any pro bono work by a contractor, in combination with fee-based work, verify that the vendor's normal fee schedule and market-based work support the in-kind value placed on the donated portion.

### **G. 1. STAFF TRAINING**

Includes the costs associated with training staff on project requirements and to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. When using a consultant for any training, be sure to indicate the estimated daily rate (which must not exceed the daily rate limit discussed above).

### **G. 2. MEMBER TRAINING**

Includes the costs associated with member training to support them in carrying out their service activities (for example, orientation, project-specific skills such as age-appropriate tutoring, CPR, or ecosystems and the environment). You may also use this section to request funds to support training in "Life After AmeriCorps". **NOTE:** Certain trainings are required, as detailed in **SECTION 2.b** (Again, when using a consultant for any training, be sure to indicate the estimated daily rate (which must not exceed the daily rate limit discussed previously).

## **H. EVALUATION**

Includes costs for project evaluation activities, including additional staff time or subcontracts you did not budget under **SECTION I A. PERSONNEL EXPENSES**, use of evaluation consultants, purchase of instrumentation and other costs specifically for this activity. However, this cost **does NOT** include the daily/weekly gathering of data to assess progress toward meeting performance measures, as it represents 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. Where applicable, indicate daily rates of consultants.

## **I. OTHER OPERATING COSTS**

Allowable costs in this budget category should include when applicable:

- Background checks of members and grant-funded staff who have recurring access to vulnerable populations, i.e., children, the elderly, disabled, etc.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. For national office space, rental may be unallowable; check relevant OMB Circulars. 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 organizations indirect cost/admin cost allocation pool.
- Recognition costs for members. Each item must be listed with a brief justification.

**NOTE:** Gifts and/or food in an entertainment/event setting are not allowable costs.

## **SECTION II. MEMBER COSTS**

Member Costs are identified as "Living Allowance" and "Member Support Costs." Your required match can be federal, state, local, or private sector funds, and the match in this section **MUST** factor into the total overall match percentage required. Within each category of member costs, identify the total amount(s) of cash and in-kind match that are from private, state and local and federal funds (when allowable).

### **A. LIVING ALLOWANCE**

The narrative should clearly identify the number of members, by category (i.e., full-time, half-time, reduced half-time, quarter-time, minimum-time, 1st and 2nd Years of 2-Year half-time), you are supporting and the amount of

living allowance they will receive; allocating appropriate portions between the Corporation's share (CNCS Share) and grantee match (Grantee Share). Living Allowances are only required for full-time members.

Term of Service	REQUIRED TIME SERVED PER YEAR	MSY	MINIMUM LIVING ALLOWANCE Required	MAXIMUM LIVING ALLOWANCE
Full Time	1700	1.000	\$11,800	\$23,600
Half Time	900	0.500	N/A	\$12,500
2 year half time	900	*0.250	N/A	\$12,500
Reduced half time	675	0.381	N/A	\$9,370
Quarter time	450	0.265	N/A	\$6,250
Minimum time	300	0.212	N/A	\$4,160

**Notes:**

1. There is no requirement to pay a living allowance to less than full-time members.
  2. The amount of the maximum for less than full-time living allowance is rounded to the nearest dollar.
- \* For a two year half-time position, the living allowance can be split between two years, e.g. 0.250 in Year 1 and 0.250 in Year 2.

Members – Enter the total number of members you are requesting in each category. Enter the amount of the living allowance for each type of member. Enter the number of members for which you are not requesting funds for a living allowance, but for which you are requesting an education award.

**B. MEMBER SUPPORT COSTS**

Consistent with the laws of your state, you must provide members with the benefits described below

- **FICA.** Unless exempted by the IRS with accompanying documentation (note in the narrative and provide documentation with application), all projects must pay FICA for any member receiving a living allowance, even when the Corporation does not supply the living allowance. 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 your State Department of Labor or state commission 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 incidents.
- **Health Care.** You must offer health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below you may not pay health care benefits to half-time members with Corporation funds. You may choose to provide health care benefits to half-time members from other sources (i.e., non-federal). Halftime members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) may be eligible for health care benefits supported with Corporation funds, subject to applicable match requirements. However, the Corporation must either approve this in the grant agreement or by prior written approval. In your budget narrative, indicate the number of members who will receive the project's existing health care benefits. If you have an existing health benefit policy for your full-time members that meets minimum requirements, you may request 85% of those as CNCS/federal funds. You must match the remainder in cash. The Corporation will not pay for dependent coverage.
- **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 their state commission, legal counsel, or the applicable state agency.

**SECTION III. ADMINISTRATIVE/INDIRECT COSTS**

**A. DEFINITIONS**

Administrative costs are general or centralized expenses of the overall administration of an organization that receives Corporation funds and does not include particular project costs. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall

operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122.

Administrative costs generally include:

1. Costs for financial, accounting, auditing, contracting or general legal services, except in unusual cases whether they are specifically approved in writing by the Corporation as project costs.
2. Costs for internal evaluation, including overall organization's management improvement costs (except for independent and internal evaluations of the project evaluations that are specifically related to creative methods of quality improvement).
3. Costs for general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project.
4. Costs of space, base utilities, and communication (telephone, fax, and Internet) that support administrative personnel.
5. Administrative costs may also include that portion of salaries and benefits of the executive director and other administrative staff not attributable to the time spent in support of a specific project. The principles that pertain to the allocation and documentation of personnel costs are stated in the OMB circulars that are incorporated in Corporation regulations [45 CFR 2541.220(b)].

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

1. Allowable direct charges for members, including living allowances, insurance payments made on behalf of members training and travel.
2. Costs for staff (including salary, benefits, training and travel) who recruit, train, and place or supervise members or who develop materials used in such activities, if the purpose is for a specific project objective.
3. Costs for independent evaluations and any internal evaluations of the project that are related specifically to creative methods of quality improvement.
4. Costs, excluding those already covered in an organization's indirect cost rate, attributable to staff that work in a direct project support, operational, or oversight capacity, including, but not limited to: support staff whose functions directly support project activities; staff who coordinate and facilitate single or multi-site project activities; and staff who review, disseminate and implement Corporation guidance and policies directly relating to a project.
5. Space, facility and communications costs allocated specifically to AmeriCorps project operations, excluding those costs that are already covered by an organization's indirect costs rate.
6. Other allowable costs, excluding those costs that are already covered by an organization's indirect cost rate, specifically approved by the Corporation as directly attributable to a project.

## **B. CALCULATING ADMINISTRATIVE/INDIRECT COSTS**

### **Options for Calculating Administrative/Indirect Costs (choose either A. OR B.)**

Applicants can choose to use one of two methods to calculate allowable administrative costs – a Corporation fixed percentage method or a federally approved indirect cost rate method. Regardless of the option chosen, the Corporation's share of administrative costs is limited by statute to 5.26% of the total Corporation funds **actually expended** under this grant.

#### **OPTION A. CORPORATION FIXED PERCENTAGE METHOD**

The Corporation fixed rate allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. You may charge, for administrative costs, a fixed 5.26% of the total of the Corporation funds **expended**. In order to charge this fixed 5.26%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures. The allocation budgeted and claimed should not exceed actual expenses.

- a) To allocate the CNCS share of this amount (called Corporation Fixed Amount on form): Multiply the sum of the CNCS shares of Sections I and II by 5.26% (i.e. 0.0526). This is the maximum amount that you can request as the CNCS share of administrative costs. Enter this amount as the CNCS share for Section III, in the line item Corporation Fixed amount.
- b) To allocate the Grantee share of this amount: Multiply the total (both CNCS and grantee shares) for of Sections I and II by 10% (0.10). This is the maximum amount you can enter as the grantee share for Section III A, in the line item Corporation Fixed Amount.
- c) Enter the sum of the CNCS and grantee shares under Total Amount.

## **B. Federally Approved Indirect Cost Rate Method**

If you have a Federally Approved Indirect Cost (IDC) rate and choose to use it, the IDC rate will constitute documentation of your administrative costs including the 5% maximum payable by the Corporation. 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.

a.) Determine the base amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee's 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.

b.) To allocate the CNCS share of this amount: Multiply the sum of the Corporation funding share in Sections I and II by **0.0526**. This is the maximum amount you can claim as the Corporation share of indirect costs.

c.) To allocate the Grantee share of this amount : Subtract the amount calculated in step b (the Corporation 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.

### **STATE COMMISSION 1% Administration FEE.**

**As the Louisiana Serve Commission requires a 1.05% fee, applicants must choose option A. for the documentation of the fee, even if they have a federally approved indirect cost rate. If applicable, the federally approved indirect cost rate may be budgeted under the Corporation Fixed Percentage (option B) not to exceed a reimbursement rate of 4.21%.** To record the Commission Fixed Amount, multiply the sum of the CNCS shares of Sections I and II by 1.05% (i.e. 0.0105). This amount is the fee required by the Louisiana Serve Commission for the administering of the subgrantees. Enter this amount as the CNCS share for Section IIIA, line item Commission Fixed Amount.

### **SUBTOTAL SECTION III.**

The grantee share of Sections I, II and III must be at least 24% (minimum percentage based on the chart on page 19).

### **INCREASING GRANTEE OVERALL SHARE OF TOTAL BUDGETED COSTS**

Grantees are required to meet an overall matching rate that increases over time. (Refer to 45 CFR §§ 2521.35–2521.90, for incremental increasing match requirements. 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 3 years is maintained.

## APPENDIX D: PERFORMANCE MEASURE WORKSHEET DIRECTIONS (Performance Measures Section)

Please use the worksheet on the following page as an avenue to work through the points below for documenting the goals and objectives of your proposed program. Please remember the following:

1. You are required to provide 1 aligned set of Performance Measures targeting a needs and services activity (output, intermediate outcome, end outcome) AND one Performance Measure dealing with the recruitment and or management of non AmeriCorps member volunteers. This Community Strengthening PM can be written as output, intermediate outcome, end outcome, or any combination of the three.
2. You may write additional Performance Measures above and beyond those mandated above.
3. The eGrants system will be asking you the same questions, BUT in a different format.

### Needs

- Briefly describe the need to be addressed (4,000 characters or less). What are the causes and /or contributing factors?

### Activities

- Briefly describe how you will achieve your desired result (4,000 characters or less). For example, think through
  - How many AmeriCorps members will be participating in this activity?
  - How many days per week (on average) will this activity occur?
  - How many hours per day (on average) will this activity occur?
  - When does this activity begin?
  - When does this activity end?

### Results

- What do you intend to track for a particular activity; what do you want to see happen?
- Result Type
  - **Outputs** are counts of the amount of service members or volunteers have completed, but do not provide information on benefits to or other changes in the lives of members and/or beneficiaries.
  - **Intermediate-outcomes** specify changes that have occurred in the lives of members and/or beneficiaries, but are short of a significant benefit for them.
  - **End-outcomes** specify changes that have occurred in the lives of members and/or beneficiaries that are significant.

### Indicators

- Be able to describe a specific, measurable item of information that will show progress toward achieving the result you indicated above.

### Targets

- What is the target you expect to meet on this activity? This should be identified as a specific number (ie. 135 kids) or a percentage (ie. 90% of the children)

### Instruments

- Think about what data you will use to measure the result. (ie. attendance data)
- Think about what tool you will use to collect the measurable data (e.g. sign in sheet, tally sheet)

### Performance Measure Statement (summary)

- Combine expected results and targets into a sentence.

Once you have answered the above-targeted points and filled out the worksheet(s), please log onto eGrants to complete the electronic version of the Performance Measure section in your application.

## Aligned Performance Measures WORKSHEET

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Issue Area: \_\_\_\_\_ Measure Category:  Needs & Services Activity Start Date: \_\_\_\_\_

Service Category: \_\_\_\_\_  Member Development Activity End Date: \_\_\_\_\_

Strengthening Communities

Identify information for each result	OUTPUT	INTERMEDIATE OUTCOME
<b>Need</b> Briefly describe the need to be addressed		
<b>Activity</b> Briefly describe how you will address the need		
<b>Result</b> Identify the success you intend to track for this activity		
<b>Indicator</b> Describe the items that will show measurable progress toward achieving the result		
<b>Target</b> What are the targets (goals) you expect to meet this year? (# or %)		
<b>Data</b> What data will you collect to measure whether the result was achieved		
<b>Instrument</b> What tool(s) will you use to measure the achieved data		
<b>PM Statement</b> Combine the expected result and target into a sentence		

# APPENDIX E: Budget Worksheet (Budget Section)

## Section I. Program Operating Costs

### A. Personnel Expenses

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

### B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

### C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

### C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

### D. Equipment

Item/ Purpose/Justification	Qty	Unit costs	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	<b>Total Amount</b>	<b>CNCS Share</b>	Grantee Share

**Section II. Member Costs**

**A. Living Allowance**

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

**B. Member Support Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

<b>Subtotal Section II:</b>	<b>Total Amount</b>	<b>CNCS Share</b>	<b>Grantee Share</b>
<b>Subtotals Section I &amp; II</b>			

**Section III. Administrative/Indirect Costs**

**A. Corporation Fixed Percentage Method**

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

**B. Federally Approved Indirect Cost Rate Method**

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

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

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

# APPENDIX F: ASSURANCES AND CERTIFICATIONS

## Instructions

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

### a) Inability to certify

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

### b) Erroneous certification or assurance

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

### c) Notice of error in certification or assurance

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

### d) Definitions

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

### e) Assurance requirement for subgrant agreements

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

### f) Assurance inclusion in subgrant agreements

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

### g) Assurance of subgrant principals

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

### h) Non-assurance in subgrant agreements

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

### i) Prudent person standard

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

## ASSURANCES

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

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable *Notice*, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired

as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.

9. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327- 333), regarding labor standards for federally assisted construction sub-agreements.

11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-l et seq.).

15. Will comply with P.L. 93-348 and 45 CFR Part 46 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

16. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

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

19. Will comply with all the requirements of Subpart C of 45 CFR Part 2542, implementing E.O. 1259, regarding restrictions on doing business with suspended, debarred, and otherwise disqualified entities.

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

21. Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services, and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program.

22. Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA.

23. 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.

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

## **CERTIFICATIONS**

### **1. Lobbying (Activities)**

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

(a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement.

(b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

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

**2. Compliance with the Lobbying Disclosure Act of 1995.** As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the undersigned nor any of its operating sites is an organization described in Section (501)c(4) of the Internal Revenue Code of 1986, 26 U.S.C. § 501c(4) that engages in lobbying activities.

## **ASSURANCES AND CERTIFICATIONS**

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

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

**Legal Applicant:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

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

**Legal Applicant:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# APPENDIX G: SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Applicant's (Organization) Name:

---

Applicant's DUNS Number:

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Federal Program: \_\_\_\_\_ CFDA Number: \_\_\_\_\_

1. Has the applicant ever received a grant or contract from the Federal government? Yes No
2. Is the applicant a faith-based organization? Yes No
3. Is the applicant secular organization? Yes No
4. Does the applicant have 501(c)(3) status? Yes No
5. Is the applicant a local affiliate of a national organization? Yes No
6. How many full-time equivalent employees does the applicant have? *(Check only one box).*
  - 3 or Fewer 15-50
  - 4-5 51-100
  - 6-14 over 100
7. What is the size of the applicant's annual budget? *(Check only one box.)*
  - Less Than \$150,000
  - \$150,000 - \$299,999
  - \$300,000 - \$499,999
  - \$500,000 - \$999,999
  - \$1,000,000 - \$4,999,999
  - \$5,000,000 or more

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

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

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

# **SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS**

OMB NO 1890-0014 EXP 2/28/2009

## **Survey Instructions on Ensuring Equal Opportunity for Applicant**

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

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

## **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Amy Borgstrom**, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.