# 2015-2016 AmeriCorps*State Application Instructions Attachments

## To be read with Application Instructions and the Wisconsin National and Community Service Board RFP #1516WNCSB-AC.

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## ATTACHMENT A: Facesheet Instructions (eGrants Applicant Info and Application Info Sections)

Modified Standard Form 424 (Rev. 11/02 to conform to eGrants)

This form is required for applications submitted for federal assistance.

***Item #***

1. Filled in for your convenience.
2. Self-explanatory.
3. 3. a. and 3. b. are for state use only (if applicable).
4. Item 4. a: Leave blank.
   Item 4. b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.
5. Enter the following information:
   a. The complete name of the organization that will be legally responsible for the grant, not the name of the organizational unit within the legally responsible organization. (For example, indicate "National University" instead of "Liberal Arts Department.")
   b. Your organization's DUNS number (received from Dun and Bradstreet). **This is a required field. Please see the Notice for instructions on how to obtain a DUNS number.**
   c. The name of the primary organizational unit that will undertake the assistance activity, if different from 5. a.
   d. Your organization's complete address with the 9 digit ZIP+ 4 code.
   e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7. a.: Enter the appropriate letter in the box.
   Item 7. b.: Please enter the characteristic(s) that best describe your organization.

**K-12 Education**

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

**Higher Education**

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

**Non-Profit Organizations**

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

**Government**

23 Local Government-Municipal
24 Health Department
25 Law Enforcement Agency
26 Governor's Office
27 State Commission/Alternative Administrative Entity
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:
   - If you are recompeting (in the final year of a competitive funding cycle and applying for a new grant cycle), select **Continuation/Renewal**
   - If you are not a current grantee, but have received a competitive AmeriCorps grant in the past five years, select **Continuation/Renewal**
   - If you are applying for the first time, but have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, select **New**

- If you are applying for the first time, have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, , select **New**
- If you are a current planning grantee applying for a three-year implementation grant, select **New**

9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
    a. When applying for a "Continuation" or "Amendment" applicants should use the same title as used for their existing grant program. When applying as a "New Applicant/Previous Grantee" if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
    b. Enter the name of the program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities). Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
13. (See item 8) Enter the dates for the proposed project period. "Continuation" or "Amendment" application: Enter the dates of the approved project period.
    Performance Period: this appears only in eGrants, and is for the use of staff only.
14. Leave blank, staff use only.
15. Estimated Funding. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed **during this budget period** on each appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.

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

16. Pre-filled for your convenience. This program is excluded from coverage by Executive Order 12372.
17. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
18. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

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

**APPLICATION FOR FEDERAL ASSISTANCE**

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

| | | |
|---|---|---|
| **1. TYPE OF SUBMISSION:** | | |
| **2. a. DATE SUBMITTED:** | **3. a. DATE RECEIVED BY STATE:** | 3. b. STATE APPLICATION IDENTIFIER: |
| 2. b. APPLICATION | **4. a. DATE RECEIVED BY FEDERAL AGENCY:** | 4. b. FEDERAL IDENTIFIER: (Staff Only) |

**5. APPLICANT INFORMATION**

5. a. LEGAL NAME:

5. b. ORGANIZATIONAL DUNS:

5. d. ADDRESS *(give street address, city, county, state and zip code):*

STREET:

CITY: COUNTY:

STATE: COUNTRY:

5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give*

NAME:

TELEPHONE NUMBER: ( ) -

FAX NUMBER: ( ) - EMAIL:

INTERNET E-MAIL ADDRESS:

WEBSITE:

**6. EMPLOYER IDENTIFICATION NUMBER *(EIN):***

**7. a. TYPE OF APPLICANT: (*enter appropriate letter in box)***

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
O. Federal Government
Q. State Education Agency
S. Other (specify)_____
H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Private Non-Profit Organization
P. HQ Internal Organizations
R. Territory

7. b. CNCS APPLICANT CHARACTERISTICS *Enter appropriate codes:*

**8. TYPE OF APPLICATION**

☐ NEW ☐ NEW/PREVIOUS GRANTEE

☐ CONTINUATION ☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION:

C. NO COST EXTENSION to _____ *(enter date)*

E. OTHER (*specify below)*

_____

**9. NAME OF FEDERAL AGENCY:**

Corporation for National and Community Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

**11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

**12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc.):***

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

**13. PROPOSED PROJECT:** START DATE: ENDING DATE:

**14. Performance Period (Staff Use Only_**

**15. ESTIMATED FUNDING:** Check applicable box: Yr 1: ☐ Yr.2: ☐ Yr.

| | |
|---|---|
| a. FEDERAL | $ |
| b. APPLICANT | $ |
| c. STATE | $ |
| d. LOCAL | $ |
| e. OTHER | $ |
| f. PROGRAM | $ |
| g. TOTAL | $ |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS**?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON:

DATE _____

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE**

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

## ATTACHMENT B: Performance Measures Instructions (eGrants Performance Measures Section)

**eGrants Performance Measures Module Instructions**

**About the Performance Measures Module**

In the performance measures module, you will:

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

**Home Page**

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

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

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

To edit the interventions, objectives, MSYs, and member allocations for your application, click the "Edit Objectives/MSYs/Members" button.

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

**Objectives Tab**

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

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

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

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

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

**MSYs/Members Tab**

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

Next, enter the number of MSYs your program will allocate to each objective. Only the objectives that were selected on the previous tab appear in the MSY chart. If some of your program's objectives are not represented in the chart, return to the

previous tab and select additional objectives. The MSY chart must show how all your program's resources are allocated. If you have selected the Find Opportunity objective (under the Economic Opportunity focus area) and/or the Teacher Corps objective (under the Education focus area), enter 0 MSYs for these objectives and allocate your MSYs to the other objectives you selected.

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

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

**Performance Measure Tab**

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

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

Provide a short, descriptive title for your performance measure.

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

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

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

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

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

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

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

**Data Collection Tab**

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

Describe the design and dosage (frequency, intensity, duration) of the interventions you have selected. Frequency refers to how often an intervention occurs (for example, number of sessions per week); intensity refers to the length of time devoted to the intervention (for example, number of minutes per session); and duration refers to the period of time over which the intervention occurs (for example, how many total weeks of sessions).
Expand each output and outcome and enter data collection information.

Select the data collection method you will use to measure the output or outcome. To select more than one method, click the "Add new method" button. To de-select a method, click the first (blank) line in the method drop-down.

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

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

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

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

**Summary Tab**

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

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

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

Click "Edit Performance Measure" to return to the Performance Measure tab.

Click "Edit Data Collection" to return to the Data Collection tab.

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

## ATTACHMENT C: Detailed Budget Instructions (eGrants Budget Section)

**Section I. Program Operating Costs**

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the "Total Amount," "CNCS Share," and "Grantee Share" for Parts A-I, for Year 1 of the grant, as follows:

**A. Personnel Expenses**
Under "Position/Title Description," list each staff position separately and provide salary and percentage of effort as percentage of FTE devoted to this award. Each staff person's role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either 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 of staff and AmeriCorps members.

**B. Personnel Fringe Benefits**
Under "Purpose/Description," identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe benefit amount is over 30%, please list covered items separately and justify the high cost. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates, but are absorbed into the personnel expenses (salary) budget line item.

**C. 1. Staff Travel**
Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the federal mileage rate unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

**You must include at least $2000 in this line item for funds for staff to travel to CNCS sponsored training approved by Serve Wisconsin.**

Please itemize the costs. For example: Two staff members will attend CNCS sponsored training approved by Serve Wisconsin. 2 staff X $750 airfare + $50 ground transportation + (1 day) X $400 lodging + $35 per diem = $2,470 for CNCS sponsored training approved by Serve Wisconsin.

**C. 2. Member Travel**
Describe the purpose for which members will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

**D. Equipment**
Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **$5,000 or more <u>per unit</u>** (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in E. Supplies below. Purchases of equipment are limited to 10% of the total CNCS funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

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

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

**G. 1. Staff Training**
Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate. There is not a maximum daily rate.

**G. 2. Member Training**
Include the costs associated with member training to support them in carrying out their service activities. You may also use this section to request funds to support training in Life after AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate. There is not a maximum daily rate.

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

**I. Other Program Operating Costs**
Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Please include the cost for these checks for staff <u>and</u> members or explain how your program will be covering the cost.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization's indirect cost allocation pool. If such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.

**In addition, all programs are required to budget funds for payment of fees for the OnCorps online reporting system at the following rates:**

- All programs except EAP and Fixed-Amount Professional Corps: $1.25 per awarded FT, HT, RHT and QT member per month of program operations plus $0.75 per awarded MT member per month of program operations. Add a specific line in your budget for this expense.
- All EAP and Fixed-Amount Professional Corps: $0.75 per awarded member per month of program operations. Though this expense will not appear in the application budget, EAP and Fixed-Amount Professional Corps applicants are expected to plan for paying this expense.

**Section II. Member Costs**
Member Costs are identified as "Living Allowance" and "Member Support Costs." Your required match can be federal, state, local, or private sector funds.

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

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

In eGrants, enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. In addition, enter the number of members for which you are not requesting funds for a living allowance, but for which you are requesting education awards.

**B. Member Support Costs**
Consistent with the laws of the states where your members serve, you must provide members with the benefits described below.

- **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when CNCS does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with State Departments of Labor or State Commissions where members serve to determine if you are required to pay worker's compensation and at what level. If you are not required to pay worker's compensation, you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or accidents.
- **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with CNCS funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the cost cannot be included in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. In your budget narrative, indicate the number of members who will receive health care benefits. CNCS will not pay for dependent coverage.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Effective January 1, 2006, AmeriCorps*State members in Wisconsin are not eligible to receive unemployment benefits, except those members who are part of a professional corps program or an innovative EAP program.

**Section III. Administrative/Indirect Costs**

**Definitions**

Administrative costs are general or centralized expenses of the overall administration of an organization that receives CNCS funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122.

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

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

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

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

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

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

If a commission elects to retain a share of the 5% of federal funds available to programs for administrative costs, that decision is identified within each subgrant's budget. 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 program shares would be calculated as follows:**

**([Section I] + [Section II] x 0.0526) x (0.20) = Commission Share**

**([Section I] + [Section II] x 0.0526) x (0.80) = 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.

**B. Federally Approved Indirect Cost Rate**

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

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

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

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

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

**Source of Match**

In the "Source of Match" field that appears at the end of Budget Section III, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available) and Match Source (State/Local, Federal, Private, Other or Not Available) **for your entire match.** Define any acronyms the first time they are used.

## ATTACHMENT D: 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 | | | |

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

**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) | | | | | | |
| Minimum Time (300 hrs) | | | | | | |
| | | | Totals | | | |

**B. Member Support Costs**

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

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

**Section III. Administrative/Indirect Costs**

**A. Corporation-fixed Percentage Rate**

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

**B. Federally Approved Indirect Cost Rate**

| Cost Type | CostBasis | 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**<br>**Required Match Percentages:** | **Total Amount** | **CNCS Share** | **Grantee Share** |
|---|---|---|---|
| | | | |

**Source of Match**

| | | | | |
|---|---|---|---|---|
| **Section**<br>**Sources of Funds** | **Match Desc.** | **Amt** | **Type** | **Source**<br>. |
| **Total Source of Funds** | | | | |

## ATTACHMENT E: 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 Stipended Fixed-amount grant, you must pay at least the minimum living allowance listed in the *Notice* for each type of position you are proposing.

**Budget Section II. AmeriCorps Member Positions**

**Member Positions**
Identify the number of members you are requesting by category (i.e. full-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#w/o Allow** (without CNCS-funded living allowance.) **Leave all other columns blank**.

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

| **Member Positions** | **Calculation** | **MSY** |
|---|---|---|
| _____Full-time (1700 hours) | (_____ members x 1.000) | = _____ |
| _____1-Year Half-time (900 hours) | (_____ members x 0.500) | = _____ |
| | | _____ |
| | | _____ |
| _____Reduced half-time (675 hours) | (_____ members x 0.3809524) | = _____ |
| _____Quarter-time (450 hours) | (_____ members x 0.26455027) | = _____ |
| _____Minimum-time (300 hours) | (_____ members x 0.21164022) | = _____ |
| | **Total MSY** | _____ |

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

Display your calculation in the following format:

Total # of MSYs _____ x MSY amount (up to $800 for EAP, $1,000 for Professional Corps and $13,430 for Stipended Fixed Amount)_____ = Total Grant Request **$____**

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

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

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

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

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

### Member Positions

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---|---|---|---|---|
| **Program Grant Request** | | | | |
| **Subtotal** | | | | |

**Although Full-Time Fixed Amount, Fixed-Amount Professional Corps, and EAP Programs do not include a detailed budget, all programs are required to budget funds for payment of fees for the OnCorps online reporting system at the following rates:**

- All programs except EAP and Fixed-Amount Professional Corps: $1.25 per awarded FT, HT, RHT and QT member per month of program operations plus $0.75 per awarded MT member per month of program operations.
- All EAP and Fixed-Amount Professional Corps: $0.75 per awarded member per month of program operations. Though this expense will not appear in the application budget, EAP and Fixed-Amount Professional Corps applicants are expected to plan for paying this expense.

## ATTACHMENT G: Budget Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. A completed copy of this budget checklist is one of the required additional documents you will submit. Note: This does not apply to Fixed-amount grants.

| In Compliance? | Section I. Program Operating Costs |
|---|---|
| Yes ___ No ___ | Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff that recruit, train, place, or supervise members, as well as manage the project. |
| Yes ___ No ___ | Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Section III.) of the budget? Examples of administrative costs include central management and support functions. |
| Yes ___ No ___ | Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses. |
| Yes ___ No ___ | All positions in the budget are fully described in the narrative? |
| Yes ___ No ___ | The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, please list separately. |
| Yes ___ No ___ | Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item? |
| Yes ___ No ___ | The purpose for all staff and member travel is clearly identified? |
| Yes ___ No ___ | You have budgeted at minimum $2,000 for staff travel to CNCS sponsored meetings in the budget narrative under Staff Travel? |
| Yes ___ No ___ | Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget? |
| Yes ___ No ___ | Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount? |
| Yes ___ No ___ | All single equipment items over $5,000 per unit are specifically listed? |
| Yes ___ No ___ | Justification/explanation of equipment items is included in the budget narrative? |
| Yes ___ No ___ | All single supply items over $1,000 per unit are specifically listed? |
| Yes ___ No ___ | 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 CNCS grant funds. |
| Yes ___ No ___ | You only charged to the federal share of the budget member service gear that includes the AmeriCorps logo and noted that the gear will have the AmeriCorps logo, with the exception of safety equipment? |
| Yes ___ No ___ | Does the budget reflect adequate budgeted costs for project evaluation? |
| Yes ___ No ___ | Have you provided budgeted costs for criminal history checks of members and grant-funded staff that are in covered positions per 45 CFR 2522.205? |
| Yes ___ No ___ | Are all items in the budget narrative itemized and the purpose of the funds justified? |
| Yes ___ No ___ | Have you budgeted the required amount for the OnCorps online reporting system? All programs except EAP and Professional Corps must budget at a rate of $1.25 per awarded FT, HT, RHT, and QT member per month and $0.75 per awarded MT member per month of program operations. |

| In Compliance? | Section II. Member Costs |
|---|---|
| Yes ___ No ___ | Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance.<br>Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement. |
| Yes ___ No ___ | Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served. |
| Yes ___ No ___ | Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance. |
| Yes ___ No ___ | Is the Worker's Compensation calculation correct? If you are a state or local government applicant and are self-insured for Worker's Compensation purposes, has the appropriate statement been entered? |
| Yes ___ No ___ | Health care is provided for full-time AmeriCorps members only (unless part-time serving in a full-time capacity)? If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own. |

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

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

## ATTACHMENT H: Alternative Match Instructions

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

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

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

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

- The county-level per capita income is less than or equal to 75 percent of the national average for all counties using the most recent census data or Bureau of Economic Analysis data;
- The county-level poverty rate is equal to or greater than 125 percent of the national average for all counties using the most recent census data; and
- The county-level unemployment is above the national average for all counties for the previous 12 months using the most recently available Bureau of Labor Statistics data.
- The areas served by the program lack basic infrastructure such as water or electricity.

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

If your program is located in one of these areas, see the instructions below for applying for this alternative match schedule. You must submit your request to the alternative schedule per the information contained in the *Notice*. CNCS will review your request and notify you within 30 days if you qualify for the alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

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

**D. Instructions for the Alternative Match Schedule:** Applicants that plan to request an alternate match schedule must submit a request directly to jessica.kewin@wisconsin.gov by the application due date of **November 24, 2014 at 4:30 p.m. Central Time**. Serve Wisconsin must first approve an alternative match schedule request before submitting to CNCS on behalf of state applicants.

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

**Rural Community**

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

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

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

**Severely Economically Distressed Community**

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

| WEBSITE ADDRESS | EXPLANATION |
|---|---|
| www.econdata.net | **Econdata.Net**: This site Links to a variety of social and economic data by states, counties and metro areas. |
| http://www.bea.gov/regional/ | **Bureau of Economic Analysis' Regional Economic Information System (REIS):** Provides data on per capita income by county for all states except Puerto Rico. |
| www.census.gov/hhes/www/saipe/index.html | **Census Bureau's Small Area Poverty Estimates**: Provides data on poverty and population estimates by county for all states except Puerto Rico. |
| www.census.gov/main/www/cen2000.html | **Census Bureau's American Fact-finder**: Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico. |
| www.bls.gov/lau/home.htm | **Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):** Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico. |

| WEBSITE ADDRESS | EXPLANATION |
|---|---|
| http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/ | **US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes):** Provides urban rural code for all counties in US. |
| www.census.gov/hhes/www/saipe/index.html | **Census Bureau's Small Area Poverty Estimates: Provides data on poverty and population estimates by county for all states except Puerto Rico.** |
| www.census.gov/main/www/cen2000.html | **Census Bureau's American Fact-finder: Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.** |
| www.bls.gov/lau/home.htm | **Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS): Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.** |
| http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/ | **US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes): Provides urban rural code for all counties in US.** |

## ATTACHMENT J: Assurances and Certifications (eGrants Review, Authorize and Submit Section)

### Instructions

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

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

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

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

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

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

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

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

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

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

## *ASSURANCES*

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

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).

- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.
- Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
- Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-Corporation funds or paid with Corporation funds but employed with the organization operating the project prior to or on the date the grant was awarded. If your organization is a faith-based organization that makes hiring decisions on the basis of religious belief, your organization may be entitled, under the Religious Freedom Restoration Act, 42 U.S.C. § 2000bb, to receive federal funds and yet maintain that hiring practice, even though the national service legislation includes a restriction on religious discrimination in employment of staff hired to work on a Corporation-funded project and paid with Corporation grant funds. (42 U.S.C. §§ 5057(c) and 12635(c)). For the circumstances under which this may occur, please see the document "Effect of the Religious Freedom Restoration Act on Faith-Based Applicants for Grants" on the Corporation's website at: http://www.usdoj.gov/archive/fbci/effect-rfra.pdf.
- Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to: (a)Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served, the municipality and government of the county (if appropriate) in which the community is located, and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;
- Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA;
- Will, in the case of an AmeriCorps program that includes or serves children, consult with the parents or legal guardians of children in developing and operating the program;
- Will, before transporting minor children, provide the children's parents or legal guardians with the reason for the transportation and obtain the parent's or legal guardian's permission for such transportation, consistent with state law;
- Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the State Commission for the state in which the program operates.

- Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;

- Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the National and Community Service Act of 1990, and in the Corporation's regulations at § 2540.100;

- Will comply with the grievance procedure requirements as set out in section 176(f) of the National and Community Service Act of 1990 and in the Corporation's regulations at 45 CFR § 2540.230;

- Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform, including training on prohibited activities;

- Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;

- Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the National and Community Service Act of 1990 or, with the approval of the Corporation, conduct an internal evaluation of the program;

- Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program's impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by the Corporation;

- Will ensure the provision of a living allowance and other benefits to participants as required by the Corporation;

- Has not violated a Federal criminal statute;

- If a state applicant, will ensure that the State subgrants will be used to support national service programs selected by the State on a competitive basis;

- If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;

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

# *CERTIFICATIONS*

**Certification – Debarment, Suspension, and Other Responsibility Matters**

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

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

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

**Certification – Drug Free Workplace**

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

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

A. Publishing a drug-free workplace statement that:
    a. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace;
    b. Specifies the actions that the grantee will take against employees for violating that prohibition; and
    c. Informs employees that, as a condition of employment under any award, each employee will abide by the terms of the statement and notify the grantee in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace within five days of the conviction;

B. Requiring that a copy of the statement described in paragraph (A) be given to each employee who will be engaged in the performance of any Federal award;

C. Establishing a drug-free awareness program to inform employees about:
    a. The dangers of drug abuse in the workplace;
    b. The grantee's policy of maintaining a drug-free workplace;
    c. Any available drug counseling, rehabilitation, and employee assistance programs; and
    d. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;

D. Providing us, as well as any other Federal agency on whose award the convicted employee was working, with written notification within 10 calendar days of learning that an employee has been convicted of a drug violation in the workplace;

E. Taking one of the following actions within 30 calendar days of learning that an employee has been convicted of a drug violation in the workplace:
    a. Taking appropriate personnel action against the employee, up to and including termination; or
    b. Requiring that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

F. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (E).

**Certification - Lobbying Activities**

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

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

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

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

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

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

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

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

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

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

**Certification - Grant Review Process (State Commissions Only)**
I certify that in conducting our review process, we have ensured compliance with the National and Community Service Act of 1990, the Corporation's peer review requirements, and all state laws and conflict of interest rules.

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

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

**Organization Name:**

**Program Name:**

**Name and Title of Authorized Representative:**

**Signature:**

**Date:**

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

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

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

**Organization Name:**

**Program Name:**

**Name and Title of Authorized Representative:**

**Signature:**

**Date:**

## ATTACHMENT K: Financial Management Survey

The information collected by this survey will be used by the Wisconsin National & Community Service Board exclusively as a tool to assess the capacity of your organization to manage federal funds and will become the basis for determining the areas of your organization's financial systems that may warrant technical assistance.

LEGAL NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

**INSTRUCTIONS: For this survey to be complete, please: 1) respond to each applicable question, 2) attach a copy of documents requested, 3) provide comments/explanations.**

**While section "A. General Information" can be completed by the executive officer of your organization, we recommend that sections "B. Funds Management" and "C. Internal Controls" be completed by your fiscal or accounting officer.**

# A. GENERAL INFORMATION

1. Is your organization incorporated as a nonprofit?
   - O NO
   - O YES In what state? _____

2. Has your organization received a federal grant or cost-type contract award in the last 2 years?
   O YES O NO
   If "Yes," please identify your federal cognizant/oversight agency:

   Federal Agency: _____
   Name of Contact: _____
   Telephone: _____

If "Yes," **please attach a schedule showing the total federal dollars awarded to your organization by granting agency for each of the two most recently completed fiscal years.**

**Please answer No. 3 <u>if your organization has ever received funding from the Corporation for National and Community Service</u>.**

3. Describe how your organization has received Corporation funding:
   <u>Directly</u> from the Corporation? O YES O NO
   If "Yes," specify grant number[s]: _____
   <u>Indirectly</u> through a state commission, nonprofit organization, or university?
   O YES O NO
   If "Yes," specify grant number[s]: _____

4. Has your organization been audited by a Certified Public Accountant firm within the past two years?
   O YES O NO

5. Has your organization completed an OMB A-133 audit within the past two years?
   O YES O NO O N/A
   If "No," is one currently underway or scheduled?
   O YES O NO
   Provide scheduled completion date: _____

6. Does your organization have established, written policies relating to the following areas?

| | | |
|---|---|---|
| Accounting Practices | O YES | O NO |
| Management Controls | O YES | O NO |
| Personnel Policies | O YES | O NO |
| Salary Scales | O YES | O NO |
| Employee Benefits | O YES | O NO |
| Travel reimbursement | O YES | O NO |
| Procurement | O YES | O NO |

Other _____

## B. FUNDS MANAGEMENT

1. Check which of the following books of account are maintained by your organization:
   - O General Ledger
   - O Cash Receipts Journal
   - O Cash Disbursements Journal
   - O Payroll Journal
   - O Income (Sales) Journal
   - O Purchase Journal
   - O General Journal
   - O Other _____

2. How frequently do you post to the general ledger?
   O Daily O Weekly O Monthly O Other

3. Does your accounting system track the receipt and disbursement of funds by each grant or funding source?
   O YES O NO

4. Does your accounting system enable you to track and document disbursement of funds from original invoice through final payment?
   O YES O NO

5. Does your organization use a job cost system?
   O YES O NO

6. Are common or indirect costs accumulated into cost pools for allocation to projects, contracts and grants?
   O YES O NO

7. Check the categories of costs your organization includes as an administrative cost:
   - O Salaries and expenses of executive officers
   - O General administration, including accounting, personnel, budget and planning
   - O Personnel administration
   - O Liability Insurance
   - O Depreciation or use allowances on buildings and equipment
   - O Costs of operating and maintaining facilities
   - O Management information systems
   - O Audit, Contracting, or Legal Services
   - O Other _____

8. Does your accounting system provide for the recording of actual grant/contract costs according to categories of your approved budget[s], and provide for current and complete disclosure?
   O YES O NO

9. Are personnel activity reports, i.e., timesheets, maintained by funding source and project for each employee to account for total actual hours [100%] devoted to your organization?
   O YES O NO

**Please answer Nos. 10, 11, and 12 <u>if your organization currently receives federal funds</u>.**

10. Which one of the following OMB Circulars defining federal cost principles applies to your organization?

○ A-21
○ A-87
○ A-122

11. Which one of the following OMB Circulars defining federal administrative requirements applies to your organization?
    ○ A-102
    ○ A-110

12. Who in your organization is responsible for determining allowance of costs consistent with federal cost principles governing federal grants and contracts?
    Please specify Name/Title: _____

## C. INTERNAL CONTROLS

1. Are the duties of the accountant/bookkeeper/record keeper separate from cash functions (receipt or payment of cash)
   ○ YES ○ NO

2. Are checks signed by individual[s] whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?
   ○ YES ○ NO

3. Are purchase approval methods documented and communicated?
   ○ YES ○ NO

4. Are accounting entries supported by appropriate documentation?
   ○ YES ○ NO

5. Are cash or in-kind matching funds supported by appropriate documentation?
   ○ YES ○ NO

6. Are employee activity reports, i.e., timesheets, distributions, or semi-annual certifications, appropriately signed by the employee or by a responsible supervisory official having first hand knowledge of the activities performed by the employee?
   ○ YES ○ NO

7. Are employees who handle funds bonded against loss by reasons of fraud or dishonesty?
   ○ YES ○ NO

**Preparer's Comments/Explanations:**

**The total number of attachments is _____** including: **Schedule of Federal Funds** ○

Please attach **numbered** sheets as necessary.

**PREPARER CERTIFICATION:**

By my signature I certify that the above information is complete and correct to the best of my knowledge.

Signature of Primary Preparer | Date

Name(s) of Preparer(s)

Title(s) of Preparer(s)

Telephone | FAX | Email

***<u>FOR INTERNAL USE ONLY</u> at the Wisconsin National & Community Service Board/DOA***

Reviewed by: _____ Date: _____

Comments:

## ATTACHMENT L: Beneficiary Populations/Grant Characteristics

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

## ATTACHMENT M: Logic Model Instructions for New/Recompeting and Continuation Applications

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

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

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

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