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VOLUNTEER NH
NOTICE OF FUNDING OPPORTUNITY (NOFO)
2023-2024 AmeriCorps Formula Programs

Assistance Listing Number: 94.006

Volunteer NH NOFO Contacts:
- Andrea Johnston, Senior Program Officer (andrea@volunteernh.org; 603-410-7768)
- Emily Planchet, Program Officer (emily@volunteernh.org; 603-271-7204)
- Lesley Rossi, Finance & Grants Officer (lesley@volunteernh.org; 603-271-7201)

Important Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, March 1st</td>
<td>Intent to Apply Due</td>
</tr>
<tr>
<td>TBD March</td>
<td>AmeriCorps Program Grant Writing and Budget Training via Zoom</td>
</tr>
<tr>
<td>Thursday, March 30th</td>
<td>Applications &amp; Additional Documents Due in eGrants by 5pm.</td>
</tr>
<tr>
<td>April 17th – 21st</td>
<td>Notification of approval or rejection of application (clarification requests may accompany notification).</td>
</tr>
</tbody>
</table>

See “Submission of Additional Documents” section for link to submit.
Training will be scheduled after March 1st.
See “Submission of Additional Documents” section for requirements.

Please note that adherence to the above timeline is required. If any above date needs to be changed, VNH will give as much advance notification as possible.

Accompanying Guidance:
Please note that this is document has been created by Volunteer NH using the 2023 AmeriCorps NOFO for State & National Grants. All applicants MUST review the following documents to receive the full guidance:
- FY 2023 ASN Competitive NOFO
- FY 2023 ASN Application Instructions
- FY 2023 ASN Mandatory Supplemental Information
FY 2023 ASN Performance Measure Instructions

These documents can be found on [https://www.americorps.gov/funding-opportunity/fy-2023-americorps-state-national-grants](https://www.americorps.gov/funding-opportunity/fy-2023-americorps-state-national-grants).

The full Regulations are available online at [www.ecfr.gov](http://www.ecfr.gov).

**PROGRAM DESCRIPTION**

**Purpose of AmeriCorps Funding**

AmeriCorps brings people together to tackle some of the country’s most pressing challenges through national service and volunteering. AmeriCorps members and AmeriCorps Seniors volunteers serve with organizations dedicated to the improvement of communities. AmeriCorps helps make service a cornerstone of our national culture. AmeriCorps grants are awarded to eligible organizations proposing to engage AmeriCorps members in evidence-based or evidence-informed interventions/practices to strengthen communities. An AmeriCorps member is an individual who engages in community service through an approved national service position. Members may receive a living allowance and other benefits while serving. Upon successful completion of their service, members earn a Segal AmeriCorps Education Award that they can use to pay for higher education expenses or apply to qualified student loans.¹

**Volunteer NH (VNH)** is a nonprofit organization that envisions our state as a place where people volunteer together to build strong and connected communities. We bring our vision to life by engaging those communities to solve local challenges through volunteerism.

As New Hampshire’s State Service Commission, Volunteer NH administers its own AmeriCorps State selection process and submits the applications it selects to compete for funding directly to AmeriCorps.

**Volunteer NH Funding Priorities**

Volunteer NH Priorities, as identified in the State Service Plan, are programs that would seek to address:

1. Affordable Housing
2. Access to Mental Health Resources
3. Food Security

¹ Segal AmeriCorps Education Award: [https://americorps.gov/members-volunteers/segal-americorps-education-award](https://americorps.gov/members-volunteers/segal-americorps-education-award)
Please see the [AmeriCorps 2023 Competitive Notice of Funding Opportunity](#) to view AmeriCorps’ 23-24 Funding Priorities.

To receive priority consideration, applicants must show that the priority area is a significant part of the program focus and intended outcomes and must include a high-quality program design. Proposing programs that receive priority consideration does not guarantee funding.

**National Performance Measures**
Volunteer NH expects applicants to use National Performance Measures as part of a comprehensive performance measurement strategy that relies on both performance and evaluation data to learn from their work and make tactical and strategic adjustments to achieve their goals.

All applications must include at least one aligned performance measure (output and outcome) that corresponds to the proposed primary intervention. This may be a National Performance Measure or an applicant-determined measure. For more information, please refer to the National Performance Measures Instructions found [here](#).

**FEDERAL AWARD INFORMATION**

**Disclosure:** Publication of this Notice of Funding Opportunity (Notice) does not obligate Volunteer NH to award any specific number of grants or to commit any particular amount of funding. The actual level, timing, and process of grant funding will be subject to the availability of annual appropriations.

Currently operating programs that apply to the Competitive Grant competition will be considered for Formula funding in the event that they don’t receive Competitive funding. Volunteer NH reserves the right to give priority to programs that applied for state Competitive funding.

**Estimated Available Funds**
Volunteer NH expects a highly competitive AmeriCorps grant competition. Volunteer NH reserves the right to prioritize providing funding to existing awards over making new awards. The actual level of funding is subject to the availability of annual appropriations.

**Estimated Award Amount**
Award amounts will vary as determined by the scope of the projects.
Period of Performance
Volunteer NH anticipates making one-year grants. Continuation awards for subsequent years are not guaranteed; they depend upon availability of appropriations and satisfactory performance.

The project start date may not occur prior to the date Volunteer NH awards the grant. In general, applicants may not request a start date prior to July 25. AmeriCorps applicants may not enroll prior to the start date of the award. AmeriCorps applicants may not begin service prior to the beginning of the member enrollment period as designated in the grant award. A program may not certify any hours an applicant performs prior to the applicant becoming a member in the system of record and the beginning of the member enrollment period.

Type of Award
Volunteer NH may award a Cost Reimbursement or a Fixed Amount grant to any successful applicant.

ELIGIBILITY INFORMATION & OTHER REQUIREMENTS

Eligible Applicants
The following non-Federal entities (all of which are defined in 2 CFR 200.1) are eligible to apply:
- Indian Tribes
- Institutions of higher education
- Local governments
- Nonprofit organizations
- States

Unique Entity Identifier and System for Award Management (SAM)
All applicants must register with the System for Award Management (SAM) at https://www.sam.gov/SAM/ and maintain an active SAM registration until the application process is complete. If an applicant is awarded a grant, it must maintain an active SAM registration throughout the life of the award.

SAM registration must be renewed annually. Applicants must use their SAM registered legal name and physical address on all AmeriCorps grant applications. The legal applicant’s name and physical address in eGrants must match exactly the applicant’s SAM-registered information.

Applications must include an Employer Identification Number.
Applications must include a valid Unique Entity Identifier (UEI), which is generated as part of the SAM registration process.

**Audit Requirements**
Volunteer NH requires that the applicant organization have independently audited or reviewed financial statements or a Single Audit.

**Single State Requirement**
All applicants that wish to operate an AmeriCorps program solely in New Hampshire must apply through Volunteer NH. Applicants that wish to operate in more than one state must apply directly to AmeriCorps.

**Program Size**
Generally, Volunteer NH requires that all applicants request a minimum of 10 members for their program; however, exceptions can be requested. AmeriCorps programs should be large enough to make a significant difference in communities. New applicants may not request more than twenty members.

**Physical Location**
Unless otherwise waived, Volunteer NH requires all successful applicants to have (or be willing to acquire) physical office space in New Hampshire. All members placed in service must also be assigned to a physical host site within commuting distance of the member. Entirely virtual service is not permitted.

**New/Recompete Applicants**
To be considered for Formula Program funding, at least one of the following statements about the Legal Applicant Organization must be true:

- The Legal Applicant Organization has successfully administered an AmeriCorps State grant for at least one year and/or successfully completed a Planning Grant through Volunteer NH.
- The Legal Applicant Organization must have successfully administered an AmeriCorps State or National grant in another state and be willing to grant Volunteer NH access to any requested compliance and reporting documentation.

Any organization not eligible to apply for a Program Grant may be eligible to apply for a Planning Grant (please see Planning Grant NOFO).
Continuation Applicants
Currently funded Formula programs wishing to apply as a Continuation must submit their Intent to Apply as a Continuation to Volunteer NH. Volunteer NH will review the request. Factors considered in award continuation may include - but are not limited to - satisfactory performance, demonstrated capacity to manage the grant, compliance with the grant requirements, match requirements, and organizational priorities.

Applicants may only apply as a Continuation for up to two consecutive years at a time. After an applicant successfully applies as a continuation for the second time, the applicant will be required to apply as a recompete in the next Formula funding competition. Additionally, the applicant is encouraged to apply in the next available Competitive application process. Once approved to apply by Volunteer NH, please read the Continuation section of the Application Instructions to learn how to submit a Continuation application.

Cost Sharing or Matching

Fixed Amount Grants
There is no match requirement for Fixed Amount grants. AmeriCorps does not provide all the funds necessary to operate the program, therefore organizations should raise the additional revenue required to operate the program.

Cost Reimbursement Grants
Applicants are required to match funds based on the chart below. The applicant’s match can be non-AmeriCorps cash and/or in-kind contributions. Applicants must indicate whether the match is proposed or secured. Applicants must demonstrate the ability to meet the match requirement at the time of application submission.

<table>
<thead>
<tr>
<th>AmeriCorps Funding Year</th>
<th>1, 2, 3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantee Share Requirements</td>
<td>24%</td>
<td>26%</td>
<td>30%</td>
<td>34%</td>
<td>38%</td>
<td>42%</td>
<td>46%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Law requires that grantees that use other Federal funds as matching funds for an AmeriCorps grant to report those amounts and sources to AmeriCorps on a Federal Financial Report.²

² Section 121(e)(5) of NCSA (42 U.S.C. §12571(e)).
Grantees must track and be prepared to report on that match separately each year and at closeout to Volunteer NH.

**Match Waiver**
Programs may request a match waiver through Volunteer NH that will require AmeriCorps approval. Match waivers are not guaranteed.

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**Content and Form of Application Submission**

**Application Content**
Complete applications must include the following elements:
- **Standard Form 424 (SF-424) Face Sheet**: This is automatically generated when applicants complete the data elements in the eGrants system.
- **Narrative Sections**:
  - Executive Summary: This is a brief description of the proposed program.
  - Program Design
  - Organizational Capability
  - Cost-Effectiveness & Budget Adequacy
  - Evaluation Summary/Plan
- **Logic Model**
- **Performance Measures**
- **Standard Form 424A Budget**
- **Continuation Changes**
- **Clarification**
- **Authorization, Assurances, and Certifications**

**Page Limits**
There are page limits for the Narratives and Logic Model:
- **Narratives**
  - Applications must not exceed **10 double-spaced pages** for the Narratives as the pages print out from eGrants.
  - The application sections that count towards the page limit are the:
    - **SF-424 Face Sheet**
    - **Executive Summary**

---

- Program Design, Organizational Capability, and Cost-Effectiveness & Budget Adequacy narratives.
  - The application page limit does not include the Evaluation Summary/Plan, Clarification Summary, Continuation Changes, Budget, Performance Measures, or any required additional documents.
- Logic Model
  - The Logic Model may not exceed **three pages** when printed with the application from the “Review” tab in AmeriCorps’ web-based management system.

Please note that the length of the application as a word processing document may differ from the length of the document printed out from eGrants. The character limits in eGrants do not align with page limits set in the Notice. **AmeriCorps strongly encourages applicants to print out the application from the “Review and Submit” tab in eGrants prior to submission in order to confirm that the application does not exceed the page limit.**

**Award Funding Requirements**

**Member Living Allowance**

A living allowance is not considered a salary or a wage. Programs are not required to provide a living allowance for members serving in less than full-time terms of service. If a program chooses to provide a living allowance to a less than full-time member, it must comply with the maximum limits in the table below. The amount must be included in the proposed budget as either AmeriCorps or grantee share. Exceptions are noted below.

<table>
<thead>
<tr>
<th>Service Term</th>
<th>Minimum # of Hours</th>
<th>Minimum Living Allowance</th>
<th>Maximum Total Living Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>1,700</td>
<td>$17,600</td>
<td>$35,200</td>
</tr>
<tr>
<td>Three Quarter-time</td>
<td>1,200</td>
<td>n/a</td>
<td>$24,640</td>
</tr>
<tr>
<td>Half-time</td>
<td>900</td>
<td>n/a</td>
<td>$17,600</td>
</tr>
<tr>
<td>Reduced Half-time</td>
<td>675</td>
<td>n/a</td>
<td>$13,376</td>
</tr>
<tr>
<td>Quarter-time</td>
<td>450</td>
<td>n/a</td>
<td>$9,152</td>
</tr>
<tr>
<td>Minimum-time</td>
<td>300</td>
<td>n/a</td>
<td>$7,392</td>
</tr>
<tr>
<td>Abbreviated-time</td>
<td>100</td>
<td>n/a</td>
<td>$2,112</td>
</tr>
</tbody>
</table>
Maximum Cost per Member Service Year (MSY)
The AmeriCorps cost per MSY* is determined by dividing the AmeriCorps share of budgeted grant costs by the number of MSYs requested. It does not include childcare or the value of the education award a member may earn. The maximum amount an applicant may request from AmeriCorps per MSY is determined on an annual basis.

The maximum cost/MSY for Formula cost-reimbursement and full-cost fixed grants is $28,800.

However, the applicant is encouraged to apply for a cost/MSY closer to the maximum for the Competitive grant competition ($23,000). Education Award Only Fixed Amount grants have a cost/MSY of $800.

Volunteer NH reserves to fund a program at a higher or lower cost/MSY.

* Member Service Year (MSY): One Member Service Year (MSY) is equivalent to a full-time AmeriCorps position (at least 1,700 service hours.)

Pre-Award Costs
Pre-award costs, where authorized, are allowed after receiving written approval from AmeriCorps and Volunteer NH.

Other Submission Requirements

Electronic Application Submission in eGrants
Applicants must submit applications electronically via eGrants, AmeriCorps’ web-based application system. AmeriCorps recommends that applicants create an eGrants account and begin the application at least three weeks before the deadline. Applicants should draft the application as a Word document, then copy and paste the text into the appropriate eGrants field no later than 10 days before the deadline.

Submission of Additional Documents
Applicants are required to submit the additional documents below by the application submission deadline. Additional documents must be emailed to andrea@volunteernh.org unless otherwise noted.
Failure to submit the required additional documents may have a negative effect on the assessment of your application and/or on the determination of the application’s eligibility to advance for review.

Additional documents (as applicable) must be emailed with the following subject line: “Legal Applicant Name” – “Application ID Number.” Emails should include:

- the legal applicant name and its point of contact information
- the application ID number
- a list of documents that are attached to the email by filename, labeling each document type as below:
  - Document Header_LegalApplicant_AppID (e.g. “Evidence Study #1_Volunteer NH_23AC867530”)

### General Required Documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Required for:</th>
<th>Send To:</th>
<th>When Required:</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent to Apply</td>
<td>New/ Recompete AND Continuation applicants</td>
<td>N/A – this is an online form.</td>
<td>Wednesday, March 1</td>
<td>Link: <a href="https://forms.office.com/r/Q4ikci6xFR">https://forms.office.com/r/Q4ikci6xFR</a></td>
</tr>
<tr>
<td>Operational and Financial Management Survey</td>
<td>New/ Recompete applicants</td>
<td>N/A – this is an online form.</td>
<td>With submission of application</td>
<td>Link: <a href="https://forms.office.com/r/qTaxFzgc6U">https://forms.office.com/r/qTaxFzgc6U</a></td>
</tr>
<tr>
<td>Most recent audit or reviewed financial statements</td>
<td>New/ Recompete applicants</td>
<td><a href="mailto:Andrea@volunteernh.org">Andrea@volunteernh.org</a></td>
<td>With submission of application</td>
<td></td>
</tr>
<tr>
<td>Reports, studies, briefs (as referenced in the Evidence Section of your app)</td>
<td>New/ Recompete applicants</td>
<td><a href="mailto:Andrea@volunteernh.org">Andrea@volunteernh.org</a></td>
<td>With submission of application</td>
<td>Only necessary if you have assessed your evidence as “Preliminary” or higher. Refer to Evidence Base Section/Mandatory Supplemental Guidance for more information.</td>
</tr>
<tr>
<td>AmeriCorps Application Checklist</td>
<td>New/ Recompete Applicants</td>
<td>N/A – this is an online form</td>
<td>With submission of application</td>
<td>Link: <a href="https://forms.office.com/r/h1MYCgtLAG">https://forms.office.com/r/h1MYCgtLAG</a></td>
</tr>
</tbody>
</table>
### Required Documents, If Applicable to Your Organization/Application

<table>
<thead>
<tr>
<th>Item</th>
<th>Applicants</th>
<th>Contact</th>
<th>Submission</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Approved Indirect Cost Agreement</td>
<td>New and Recompete AND Continuation applicants</td>
<td><a href="mailto:andrea@volunteernh.org">andrea@volunteernh.org</a></td>
<td>With</td>
<td>This document is only if your organization has a federally approved indirect cost agreement.</td>
</tr>
<tr>
<td>Labor Union Concurrence</td>
<td>New &amp; Recompete applicants</td>
<td><a href="mailto:andrea@volunteernh.org">andrea@volunteernh.org</a></td>
<td>With</td>
<td></td>
</tr>
<tr>
<td>Federal Debt Delinquency</td>
<td>New &amp; recompete applicants</td>
<td><a href="mailto:andrea@volunteernh.org">andrea@volunteernh.org</a></td>
<td>With</td>
<td></td>
</tr>
<tr>
<td>Letters of Support for Consortium Members</td>
<td>Rural Intermediary applicants</td>
<td><a href="mailto:andrea@volunteernh.org">andrea@volunteernh.org</a></td>
<td>With</td>
<td></td>
</tr>
</tbody>
</table>

### Late Applications

All applications received after the submission deadline published in this Notice are presumed to be non-compliant. Organizations can request extensions before the due date, but Volunteer NH reserves the right to deny the request.
APPLICATION INSTRUCTIONS: NEW/RECOMPETE APPLICANTS

Please use these application instructions if you are a new or recompeting applicant to AmeriCorps.

If you are submitting a request for continuation to AmeriCorps, please see the Continuation Instructions in this document.

Table 1: Requirements in the AmeriCorps Regulations

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

If there is any inconsistency between the AmeriCorps Regulations, the Notice, and the Application Instructions, the order of precedence is as follows:
1. AmeriCorps Regulations 45 CFR §§ 2520–2550 take precedence over the
2. Notice of Federal Funding Opportunity/Notice of Federal Funding Availability, which takes precedence over the
3. Application Instructions.

Review Criteria
Each applicant must describe a project that will deploy AmeriCorps members effectively to solve a significant community problem. Volunteer NH urges applicants to submit high quality applications that carefully follow the guidance in this Notice and in the Application Instructions. The quality of an application will be an important factor in determining whether an organization will receive funding.

Below is the way AmeriCorps reviews and score submitted applications. Please be aware that Volunteer NH’s review process does not mirror this process exactly but is given to provide an
idea on the importance of each section. All applications are reviewed by both Volunteer NH Staff and an outside committee of reviewers. VNH may also take other factors into consideration (such as past performance, submitted additional documents, and others) when determining funding.

<table>
<thead>
<tr>
<th>Categories/Subcategories</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>0</td>
</tr>
<tr>
<td>Program Design</td>
<td>50</td>
</tr>
<tr>
<td>Organizational Capability</td>
<td>25</td>
</tr>
<tr>
<td>Cost Effectiveness and Budget Adequacy</td>
<td>25</td>
</tr>
</tbody>
</table>

New applicants need to establish an eGrants account by accessing this link: [https://egrants.cns.gov/espan/main/login.jsp](https://egrants.cns.gov/espan/main/login.jsp) and selecting “Don’t have an eGrants account? Create an account.”

When creating an eGrants account, please ensure that the name and physical address of the legal applicant match the SAM-registered information exactly.

Once you have created an account, to make an application:

- From the home screen, under the “Creating an Application” section:
  - Click “New”
- Then, in the “Select a Program Area” screen:
  - Select: “AmeriCorps” and click “Go”
- Select a NOFA Screen:
  - Click: “FY 2023 AmeriCorps State and Territory (New and Cont)”
    - You may get a “Warning” message saying that the NOFA is already closed. You can ignore this and click “OK” and then click “Next”
- NOFA Information:
  - “Which State are you applying to”
    - Select “New Hampshire” from the dropdown menu
  - Select a Prime Application ID
    - Select the one option that appears and click next. You should then be navigated to your new application.

Your application consists of the following components. Make sure to complete each section.

I. Applicant Info
II. Application Info
III. Narratives
I. Applicant Info

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet.

- If you are applying for the first time, select **New**.
- If you are a current planning grantee applying for an implementation grant, select **New**.
- If you are recompeting, select **Continuation/Renewal**.

Enter or update the requested information in the fields that appear. The contact person needs to be the person who can answer questions about the application.

II. Application Info

In the Application Info Section enter:

- Areas affected by your proposed program (cities/towns, regions, counties, etc.)
- Requested project period start and end dates (this should be ONE YEAR exactly and not before July 25).
- The Application is Subject to Review by State Executive Order 12372 Process: This is pre-filled as “No, this is not applicable.”
- Indicate Yes or No if you are delinquent on any federal debt. If yes, provide an explanation.
- State Application Identifier: Enter N/A.

III. Narratives

The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria as outlined in the Notice. Below are some general recommendations to help you present your project in a way the reviewers will find compelling and persuasive.
A. **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit funding priorities and special considerations articulated in the regulations or the *Notice*.

B. **Be clear and succinct.** Do not use jargon, boilerplate, rhetoric, or exaggeration. Describe clearly what you intend to do and how your project responds to the selection criteria.

C. **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.

D. **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.

E. **Don’t make assumptions.** Even if you have received funding from AmeriCorps in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.

F. **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.

G. **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections by criterion.

In eGrants, you will enter text for
- A. Executive Summary
- B. Rationale and Approach (Program Design)
- C. Organizational Capability
- D. Cost Effectiveness and Budget Adequacy
- E. Evaluation Summary or Plan
- F. Amendment Justification
- G. Clarification Summary
- H. Continuation Changes

Note: The Narratives Section also includes fields for Evaluation Summary or Plan, Clarification Summary, Amendment Justification, and Continuation Changes. **Please enter N/A in all fields.**

Reviewers will assess your application against the selection criteria. To best respond to the criteria listed in the *Notice* and Application Instructions, we suggest that you include a brief discussion of each bullet if it pertains to your application.

**Section Headings**

Please use the following heading in the Program Design and Organizational Capability Sections (some, like the Executive Summary, automatically populate in eGrants):
Executive Summary

Program Design:
- Theory of Change: Community Need
- Theory of Change: Intervention & Expected Outcome
- Evidence Base
- Member Experience

Organizational Capability:
- Organizational Background & Staffing
- Compliance & Accountability
- Member Supervision

Budget Adequacy: Put N/A

A. Executive Summary

Please fill in the blanks of these sentences to complete the Executive Summary. Do not deviate from the template below.

The [Name of the organization] will have [Number of] AmeriCorps members who will [service activities the members will be doing] in [the locations the AmeriCorps members will serve]. At the end of the first program year, the AmeriCorps members will be responsible for [anticipated outcome of project]. In addition, the AmeriCorps members will leverage [number of leveraged volunteers, if applicable] who will be engaged in [what the leveraged volunteers will be doing].

The AmeriCorps investment will be matched with $[amount of projected match], $[amount of local, state, and Federal funds] in public funding and $[amount of non-governmental funds] in private funding.

*Fixed-Amount grant applicants (EAP, Full-Cost Fixed, No Cost Slots) should list their Other Revenue (see Mandatory Supplemental Information) because they are not required to provide a specific amount of match, but still raise significant additional resources to operate the program. The language here should then say, “The AmeriCorps investment will be supported by_____ in other revenue…”

B. Program Design (50 percent)

Reviewers will consider the quality of the application’s response to the criteria below. Do not assume all sub-criteria are of equal value. Please ensure the Theory of Change and Logic Model incorporates the funding priorities listed above, for example supporting communities
historically excluded and/or underserved from government services, addressing structural and institutional inequities, or increasing opportunity in order to achieve sustainable change in communities.

In assessing Rationale and Approach/Program Design, reviewers will examine the degree to which the applicant demonstrates how AmeriCorps members and the proposed intervention are particularly well-suited to addressing the identified community problem. Each application must clearly describe a project that will effectively deploy AmeriCorps members to solve a significant community problem.

1. Theory of Change and Logic Model

The Theory of Change should answer all of the following questions:

- **Theory of Change: Community Need**
  - How is the problem prevalent and severe in communities where the program plans to serve?
  - Has the problem been documented with relevant, reputable, and recent data?
  - Does the community need relate to CDC’s Social Vulnerability Index: [https://www.atsdr.cdc.gov/placeandhealth/svi/index.html](https://www.atsdr.cdc.gov/placeandhealth/svi/index.html)? If so, how?

- **Theory of Change: Intervention & Expected Outcome**
  - Is the proposed intervention responsive to the identified community problem?
  - Is the applicant’s proposed intervention clearly articulated, including the design, dosage, target population, and roles of AmeriCorps members and (if applicable) leveraged volunteers?
  - How is the applicant’s intervention likely to lead to the outcomes identified in the applicant’s Theory of Change?
  - Do the identified expected outcomes articulated in the application narrative and logic model represent meaningful progress in addressing the community problem identified by the applicant?
  - What is the rationale for picking your specific Performance Measure targets? Are your targets informed by the organization’s performance data (e.g., program data observed over time that suggests targets are reasonable), relevant research (e.g. targets documented by organizations running similar programs with similar populations), or prior program evaluation findings?
  - Is the rationale for utilizing AmeriCorps members to deliver the intervention(s) stated and is it reasonable?
  - How will the service role of AmeriCorps members produce significant contributions to existing efforts to address the stated problem?
Does what is written in this section complement and agree with what’s written in the Logic Model?

The Logic Model Shall Depict:

- A summary of the community problem, including the role current or historical inequities faced by underserved communities may play in contributing to the problem.
- The inputs or resources that are necessary to deliver the intervention, including but not limited to:
  - Locations or sites in which members will provide services
  - Number of AmeriCorps members who will deliver the intervention
- The core activities that define the intervention or program model that members will implement or deliver, including:
  - The duration of the intervention (e.g., the total number of weeks, sessions or months of the intervention)
  - The dosage of the intervention (e.g., the number of hours per session or sessions per week)
  - The target population for the intervention (e.g., disconnected youth, third graders at a certain reading proficiency level)
- The measurable outputs that result from delivering the intervention (i.e. number of beneficiaries served, types and number of activities conducted, equity gaps closed). If applicable, identify which National Performance Measures will be used as output indicators
- Outcomes that demonstrate changes in knowledge/skill, attitude, behavior, or condition that occur as a result of the intervention. If applicable, identify which National Performance Measures will be used as outcome indicators.

Note: The logic model is a visual representation of the applicant’s Theory of Change. Programs should include short, medium, or long-term outcomes in the logic model. Applicants are not required to measure all components of their Theory of Change. The applicant’s performance measures should be consistent with the program’s Theory of Change and should represent significant program activities.

Applicants with multiple interventions should complete one Logic Model chart which incorporates each intervention. Logic model content that exceeds three pages will not be reviewed.

To complete the Logic Model in eGrants:
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 the 3-page limit.

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

2. Evidence Base
The assessment of an applicant’s evidence base has two parts. First, the applicant will be assigned to an evidence tier (see the Mandatory Supplemental Information.) Second, the quality of the applicant’s evidence and the degree to which it supports the proposed program design, including program aligned with the priority areas identified above, will be assessed and scored.

Evidence Tier:
An evidence tier will be assessed for each applicant for the purpose of understanding the relative strength of each applicant’s evidence base and the likelihood that the proposed intervention will lead to outcomes identified in the logic model.

Applicants who have outcome or impact evaluation reports of the same intervention described in the application (see Mandatory Supplemental Intervention for a definition of “same intervention”) may submit up to 2 of those reports, plus (if applicable) the evaluation report from their last three-year grant cycle, to qualify for the Preliminary, Moderate, or Strong evidence tier. In order to qualify for consideration, the intervention evaluated in the submitted report(s) must match the intervention proposed by the applicant in the following areas, all of which must be clearly described in the Program Design and Logic Model sections of the application:

- Characteristics of the beneficiary population, including evidence of current or historic inequities facing the population;
- Characteristics of the population delivering the intervention;
- Dosage (frequency and duration) and design of the intervention, including all key components and activities;
- The context in which the intervention is delivered; and
- Outcome of the intervention.
Submitted reports that do not sufficiently match the intervention proposed by the applicant in all of these areas will not be considered applicable and will not be reviewed or receive any points. Submission of additional documents that are not consistent with the guidance and requirements described in the Notice (e.g., advocacy pieces, policy briefs, other narratives that are not research studies or program evaluations) will not be reviewed.

In the Evidence Tier section of the application narrative, applicants must:

(1) summarize the study design and key findings of any outcome or impact evaluation report(s) submitted; and

(2) describe any other evidence that supports their program, including past performance measure data and/or other research studies that inform their program design.

Applicants who submit evaluation reports for consideration must also describe in the Evidence Base section of the application narrative how the intervention described in the submitted reports is the same as the intervention described in the application (see Mandatory Supplemental Information).

Applicants should provide citations for the studies they describe, if applicable; however, reviewers will not review any documents external to the application other than evaluation report(s) submitted in accordance with the Notice instructions.

Applicants must meet all requirements of an evidence tier in order to be considered for that tier.

If the evaluation reports submitted by the applicant do not meet the definitions in the Mandatory Supplemental Information, the applicant may be considered for a lower evidence tier.

**Evidence Quality:**

After the applicant’s evidence tier has been assessed, the quality of the applicant’s evidence and the extent to which it supports the proposed program design will be assessed and scored.

Applicants who are assessed as being in the **Preliminary, Moderate, or Strong** evidence tiers, reviewers will score the submitted evaluation reports using the following standards:

- The submitted reports are of satisfactory methodological quality and rigor for the type of evaluation conducted (e.g., adequate sample size and statistical power, internal and/or external validity, appropriate use of control or comparison groups, etc.);
- The submitted reports describe evaluations that were conducted relatively recently, preferably within the last six years;
• The submitted reports show a meaningful and significant positive effect on program beneficiaries in at least one key outcome of interest.

Applicants that are assessed as being in the **Pre-Preliminary** evidence tier, reviewers will score the narrative provided in the Evidence Base section of the application using the following standards:
  • The applicant uses relevant evidence, including past performance measure data and/or cited research studies, to inform their proposed program design;
  • The described evidence is relatively recent, preferably from the last six years;
  • The evidence described by the applicant indicates a meaningful positive effect on program beneficiaries in at least one key outcome of interest.

### 3. Notice Priority

The applicant proposed program fits within one or more of the funding priorities as outlined in the *Funding Priorities* section and the proposed program meets all of the requirements detailed therein.

This is **NOT** a narrative section of your application.

### 4. Member Experience

The narrative should address the following topics:
  • AmeriCorps members’ service will provide them opportunities to develop as leaders.
  • AmeriCorps members will gain skills as a result of their training and service that can be utilized and will be valued by future employers after their service term is completed.
  • AmeriCorps members receive additional benefits.
  • Description of the demographics of the community served and plans to recruit AmeriCorps members from geographic or demographic communities in which the program operates. This could include but not limited to the following historically underserved, under-represented, and disadvantaged populations of:
    o communities of color
    o LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning or Intersex) communities
    o Individuals with varying degrees of English language proficiency
    o Individuals with disabilities
    o Veterans and military family members as volunteers
  • Description of how the organization will ensure its project engages a diverse and inclusive group of members.
The applicant’s organization and/or program has a diversity, equity, and inclusion council that seeks to diversity its staff and board and create a supportive and safe environment as well ensure that its programming is culturally and community appropriate.

C. Organizational Capability (25 percent)
Reviewers will assess the extent to which the applicant demonstrates organizational background and staffing and structures, including compliance and accountability, to support the proposed program. Do not assume all sub-criteria are of equal value.

1. Organizational Background and Staffing
The narrative should address the following:
- The organization details the roles, responsibilities, and structure of the staff that will be implementing the AmeriCorps program as well as providing oversight and monitoring for the program.
- The organization has facilitated, partnered, or participated in educational or workforce development programs (i.e., pre-apprenticeship/registered apprenticeship, work experience and job training programs, etc.).
- The leadership and staff of the organization has the same lived experience as the beneficiary population and/or community being served.
- The applicant’s (organization’s or institution’s) definitions of diversity, equity, inclusion, and accessibility demonstrate the organization is engaged in related to diversity, equity, and inclusion. This can include the inclusion of diversity on the Board of Directors, agency staff and leadership, and/or volunteers.

2. Compliance and Accountability
The narrative should address the following:
- The extent to which the organization has a monitoring and oversight plan to prevent and detect non-compliance and enforce compliance with AmeriCorps rules and regulations including those related to prohibited activities and criminal history checks at the grantee and service site locations.
- The extent to which the organization has an effective mechanism in place to report, without delay, any suspected criminal activity, waste, fraud, and/or abuse to both the AmeriCorps Office of Inspector General and AmeriCorps and a plan for training staff and participants on these reporting protocols.
- The extent to which the organization has sufficient policies, procedures, and controls in place to prevent, detect, and mitigate the risk of fraud, waste, abuse, and
mismanagement, this can include an assessment of appropriate segregation of duties, internal oversight activities, measures to prevent timekeeping fraud, etc.

3. Member Supervision
The narrative should address the following:
- AmeriCorps members will receive sufficient guidance and support from their supervisor to provide effective service.
- AmeriCorps supervisors will be adequately trained/prepared to follow AmeriCorps and program regulations, priorities, and expectations.

D. Cost Effectiveness and Budget Adequacy (25 percent)
In assessing Cost Effectiveness and Budget Adequacy, reviewers will examine the degree to which the budget is cost effective and appropriate for the program being proposed.

*Enter “N/A” in the narrative (as the assessment will be of the budget).*

Reviewers will take the following into account:
- Budget is submitted without mathematical errors.
- Proposed costs are allowable, reasonable, and allocable to the award.
- Budget is submitted with adequate information to assess how each line item is calculated.
- Budget complies with the budget instructions.
- Match is submitted with adequate information to support the amount written in the budget.
- The budgeted match is equal to or more than the required match for the given program year.
- Applicant identified sources in their Source of Funds section
- The cost per MSY is equal to or less than the maximum cost per MSY.

Applicants must complete the budget and ensure the following information is in the budget screens:
- Current indirect rate cost rate information if used to claim indirect/administrative costs.
- Identify the non-AmeriCorps funding and resources necessary to support the project, including Fixed Amount applicants.

*Indicate the amount of non-AmeriCorps resource commitments, type of commitments (in-kind and/or cash), the sources of these commitments, and if the commitments are proposed or secured.*
Please See Budget Instructions (Section VII) for specific guidance on Budget Items.

E. Evaluation Summary or Plan
All applicants should enter “N/A” in the “Evaluation Summary or Plan” field of the Narrative. Any other text entered in this field will not be reviewed.

F. Amendment Justification
Enter N/A.

G. Clarification Information
Enter N/A.

H. Continuation Changes
Enter N/A.

IV. Performance Measures
All applicants must submit performance measures with their application. See the attachment for instructions for entering performance measures, and see the Performance Measure Instructions for details about the number and type of performance measures required.

V. Program Information
In the Program Information Section, applicants must check the relevant boxes in order to be considered for AmeriCorps’ assessment of the strategic considerations and Special Initiatives. Applicants should only check the boxes for those characteristics that represent a significant part of the program.

AmeriCorps Funding Priorities
Check any priority area(s) that apply to the proposed program. Only select Priorities that represent a significant part of the program focus and intended outcomes.

Grant Characteristics
Check any grant characteristics that are a significant part of the proposed program.
VI. Documents

In addition to the application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary – see B., below), other required documents listed in the Notice (if applicable), and an explanation of federal debt delinquency (if applicable), as part of your application. After you have submitted the documents via the instructions in the Notice, change the status in eGrants from the default “Not Sent” to the applicable status “Sent,” “Not Applicable,” or “Already on File at AmeriCorps.”

A. Evaluation
Select “Not Applicable”

B. Labor Union Concurrence

1) If a program applicant—
   a) Proposes to serve as the placement site for AmeriCorps members; and
   b) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
   c) Those employees are represented by a local labor organization--then the application must include the written concurrence of the local labor organization representing those employees. Written concurrence can be in the form of a letter or e-mail from the local union leadership.

2) If a program applicant:
   a) Proposes to place AmeriCorps members at sites where they will be engaged in the same or substantially similar work as employees represented by a local labor organization, then the applicant must submit a written description of how it will ensure that:
      i) AmeriCorps members will not be placed in positions that were recently occupied by paid staff.
      ii) No AmeriCorps member will be placed into a position for which a recently resigned or discharged employee has recall rights as a result of a collective bargaining agreement, from which a recently resigned or discharged employee was removed as a result of a reduction in force, or from which a recently resigned/discharged employee is on leave or strike.
C. Federally-approved Indirect Cost Agreement
Applicants applying directly to Volunteer NH that include a federally approved indirect cost rate amount in their budget must enter the current approved indirect cost rate agreement information into eGrants at the same time they submit their application.

D. Other Documents
Provide other required documents list in the Notice (if applicable) via the e-mail listed in the Notice, as part of your application.

E. Delinquent on Federal Debt
Any applicant who checks “Yes,” to the question on federal debt delinquency must submit a complete explanation to andrea@volunteernh.org at the same time they submit their application.

F. Submission Instructions for Evaluations, Labor Union Concurrence, Other Required Documents, and Explanation of Federal Debt Delinquency, as applicable.
Please submit the required documents to the e-mail listed in the Notice using the naming convention and other instructions found there. This information must be received at Volunteer NH by the deadline in the Notice.

VII. Budget Instructions

For Cost-Reimbursement Grants – Please see Attachment B

For Fixed Amount grants, including EAPs – Please see Attachment C.

VIII. Funding/Demographics
In the Funding/Demographics Section enter the information requested which could include:
• Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not identified on the application budget as CNCS share or grantee share (match). Note: Programs should not enter the total operating budget for their organization unless the entire operating budget supports the AmeriCorps program. Programs that have additional revenue sources not included in the matching funds section of the budget should provide the amount of this additional revenue that supports the program. This amount should not include the CNCS or grantee share amounts in the budget. Fixed amount
grantees should enter all non-CNCS funds that support the program in this field. All fixed grants will have other revenue.

- **Number of Volunteers Generated by AmeriCorps members.** Please enter the number of volunteers participating in one day service projects or ongoing volunteer commitments that the proposed AmeriCorps members will generate.

**IX. Review, Authorize, and Submit**

Applicants must submit common federal government-wide Representations and Certifications through SAM.gov. Entities creating new registrations in SAM.gov and existing entities completing their annual registration renewals in SAM.gov are required to review financial assistance representations and certifications before their registration can be activated. As entities renew and re-register their accounts, the data collected make SAM.gov the federal repository for the government-wide information.

eGrants requires that you review and verify your entire application before submitting, by completing the following sections in eGrants:

- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

Read the Authorization, Assurances, and Certifications carefully (https://espan.cns.gov/cnsmisc/ECERTS.HTM, and https://espan.cns.gov/cnsmisc/EASSUR.HTM). The person who authorizes the application must be the applicant’s Authorized Representative or his/her designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. A copy of the governing body’s authorization for this official representative to sign must be on file in the applicant’s office.

Be sure to check your entire application to ensure that there are no errors before submitting it. When you verify the application eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission. If someone else is acting in the role of the applicant’s Authorized Representative, that person must log into his/her eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and
Certifications, his/her name will override any previous signatory who may appear and show on the application as the Authorized Representative.

**Note:** *Anyone within your organization who will be entering information in the application at any point during application preparation and submission in the eGrants system must have their own eGrants account.* Individuals may establish an eGrants account by accessing this link: [https://egrants.cns.gov/espan/main/login.jsp](https://egrants.cns.gov/espan/main/login.jsp) and selecting “Don’t have an eGrants account? Create an account.”
APPLICATION INSTRUCTIONS: CONTINUATION REQUESTS

The following instructions for submitting a continuation request apply only to programs that are currently in their first or second year of operation within a grant cycle. If your program is currently in the final year of its grant cycle, you must apply using the application instructions for new and recompeting programs. In addition, if you are in year two or three of a cost reimbursement grant cycle, you need to submit a new application to participate as a fixed amount grant; you cannot continue your existing project period and switch from cost reimbursement to fixed amount. Volunteer NH reserves the right to consider your continuation request if your fixed amount application is not funded.

How to Submit Your Continuation Request:

- Click **Continuation/Renewal** on your eGrants home page. You will be shown a list of grants that are eligible to be continued. Select the grant you wish to continue. **Make sure you select the correct one. Do not start a new application.** The system will copy your most recently awarded application.
- Edit your continuation application as directed in the continuation request instructions below. When you have completed your work, click the **SUBMIT** button.

Be sure you also review the **Notice** when preparing your request. If you have questions about the content of your continuation request, please contact Volunteer NH.

What to Include in Your Continuation Request:

I. Applicant Info and Application Info
Update the Applicant Info and Application Info Sections in eGrants if necessary. Note in the Continuation Changes field that you have updated the Applicant Info or Application Info Section(s).

II. Narrative (Narratives Section)
Your original application will appear in the Executive Summary and in the narrative sections Rationale and Approach/Program Design, Organizational Capability, Cost-Effectiveness and Budget Adequacy, Evaluation Summary or Plan, Amendment Justification, Clarification Information, and Continuation Changes, as appropriate. **Do not modify these original narrative fields.**

Volunteer NH expects that programs will maintain a consistent program design for the duration of the three-year project period; however, we recognize that, on occasion, some programmatic
changes are necessary. As a result, continuation applicants may request the changes listed below during the continuation process.

Information should be provided in the **Continuation Changes** narrative field as relevant.

- Changes in Operating Sites
- Significant Changes in Program Scope or Design
- Changes to Performance Measures
- Significant Changes to Monitoring Structures or Staffing
- Budget revisions (detail provided in section VI).

The page limit for the Continuation Changes field is six pages, as the pages print out from eGrants.

**Any continuation applicant not requesting changes that fit within the above categories should enter information in the following way:**

“2023-24 Continuation Changes:
- Changes in Operating Sites: N/A
- Significant Changes in Program Scope or Design: N/A
- Changes to Performance Measures: N/A
- Significant Changes to Monitoring Structures or Staffing: N/A
- Budget revisions: N/A”

**III. Logic Model**
Continuation applicants do not need to enter content into these fields.

**IV. Performance Measures (Performance Measures Section)**
Your performance measures are copied from your previous year’s application into your continuation request. If you made changes to your program, such as adding or changing grant-funded activities, or requesting additional slots or MSYs, you may need to revise your performance measures. Continuation applicants whose measures do not align with the current-year Performance Measure Instructions must also revise their measures to conform to the current instructions. To revise performance measures, “View/Edit” the performance measures that copy over from your original application, or add new performance measures (see Attachments). Note in the Continuation Changes field that you have updated your performance measures. If you are proposing to significantly increase or decrease output or outcome targets for existing performance measures, provide a justification for this change.
V. Program Information
In the Program Information Section, review and make selections as appropriate. Applicants should only select priorities and characteristics that represent a significant part of the program.

AmeriCorps Funding Priorities
Check any priority area(s) that apply to the proposed program. Only select Priorities that represent a significant part of the program focus and intended and outcomes.

Grant Characteristics
Check any grant characteristics that are a significant part of the proposed program.

VI. Budget (Budget Section)
Your budget from the previous year’s application is copied into your continuation request so you can make the necessary adjustments. Revise your detailed budget for the upcoming year. Typical budget updates include:

- Increasing the member living allowance to coincide with the new minimum
- Updating Source of Funds section (see below)

Incorporate any required AmeriCorps increases, such as an increase to the member living allowance, into your budget. **Continuation applicants may apply for expansions – dollars, MSY, and/or members. Expansion requests may not exceed the cost/MSY threshold in the Notice. No expansion is guaranteed.**

**Please See the Budget Instruction Attachments for Specific Budgeting Requirements.**

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

VII. Increasing Grantee Overall Share of Total Budgeted Costs
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.

In the Funding/Demographics Section enter the requested information:
- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not CNCS share or match.
- Number of Volunteers Generated by AmeriCorps members. Please enter the number of volunteers participating in one day service projects or ongoing volunteer commitments that the proposed AmeriCorps members will generate.

IX. Review, Authorize, and Submit
Applicants must submit common federal government-wide Representations and Certifications through SAM.gov. Entities creating new registrations in SAM.gov and existing entities completing their annual registration renewals in SAM.gov are required to review financial assistance representations and certifications before their registration can be activated. As entities renew and re-register their accounts, the data collected make SAM.gov the federal repository for the government-wide information.

eGrants requires that you review and verify your entire application before submitting, by completing the following sections in eGrants:
- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

Read the Authorization, Assurances, and Certifications carefully (https://espan.cns.gov/cnsmisc/ECERTS.HTM, and https://espan.cns.gov/cnsmisc/EASSUR.HTM). The person who authorizes the application must be the applicant’s Authorized Representative or his/her designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. A copy of the governing body’s authorization for this official representative to sign must be on file in the applicant’s office.

Be sure to check your entire application prior to submission to ensure that there are no errors. When you verify the application eGrants will also generate a list of errors if there are sections
that need to be corrected prior to submission. If someone else is acting in the role of the applicant’s Authorized Representative, that person must log into his/her eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, his/her name will override any previous signatory that may appear and show on the application as the Authorized Representative.

**Note:** **Anyone within your organization who will be entering information in the application at any point during application preparation and submission in the eGrants system must have their own eGrants account.** Individuals may establish an eGrants account by accessing this link: [https://egrants.cns.gov/espan/main/login.jsp](https://egrants.cns.gov/espan/main/login.jsp) and selecting “Don’t have an eGrants account? Create an account.”
ATTACHMENT A: Performance Measures Instructions

eGrants Performance Measures Section

About the Performance Measures Module
In the performance measures module, you will:

- Provide information about your program’s connection to AmeriCorps focus areas and objectives.
- Show MSY and member allocations.
- Create the required performance measure(s) as specified in the Performance Measure Instructions
- Set targets and describe data collection instruments and strategies 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 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
On the objectives tab, applicants will account for the full range of their program activity. Applicants are not expected to create performance measures for every focus area, objective, or intervention they select on this tab.
An expandable list of AmeriCorps focus areas appears on this tab. When you click on a focus area, a list of objectives appears. A list of common interventions appears under each objective. First click on a focus area. Then click on an objective. Only the performance measures that correspond to the 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 Performance Measure Instructions.

Next, select all interventions that are part of your program design. Interventions are the activities that members and/or 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 AmeriCorps 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 (output paired with outcome) that contains your primary intervention. Note that your primary intervention, and the performance measure associated with your primary intervention, must be focused on the community impact of the program, not on AmeriCorps member development.

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. You must allocate 100% of your program’s MSYs to focus areas and objectives. When you create your performance measures, you will be asked to allocate MSYs to each performance measure; however, you will not be required to assign 100% of your total MSYs to performance measures.

Begin by entering the total MSYs for your program. This must match the total MSYs in your budget. Please double-check your budget to make sure that the total MSY values match.

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 the only activity in an objective that you have selected is focused on AmeriCorps member development rather than beneficiary impact, enter 0 MSYs for that objective.

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.

In the members column, enter the number of members who 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 performs service in both school readiness and K-12 success, allocate one member to each of these objectives. It is acceptable for the total number of members in this table to exceed total slots requested in the application due to counting members’ service across multiple objectives. If the only activity in an objective that you have selected is focused on AmeriCorps member development rather than beneficiary impact, enter 0 members for that objective.

To ensure that information is entered accurately, please refer to additional instructions in Appendix A of the Performance Measure Instructions on calculating and entering MSY and member allocations.

Performance Measure Tab

This tab allows you to create performance measures for all the grant activities you intend to measure.

Begin by creating the aligned performance measure for your primary intervention. After creating your required performance measure, you will be able to create additional performance measures if desired.

To create a performance measure, begin by selecting an objective. The list of objectives includes those you selected on the objectives tab. Note that programs may not create performance measures for the Find Opportunity, Teacher Corps, Green Jobs, or Access & Attract objectives, since these are member-focused objectives. Member-focused outputs and outcomes related to these objectives may be reported as Performance Data Elements on grantee progress reports.

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/or 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 outputs (plus outcomes, if applicable) of the performance measure and that are applicable to all beneficiaries counted under the 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. Do not a user-defined intervention that duplicates an intervention already available in the system.

Select output(s) for your 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, and if the objective you have selected permits applicant-determined outputs, you may create an applicant-determined output by clicking in the checkbox next to the empty output text box and entering the text of your output indicator. You may create additional applicant-determined outputs for the performance measure by clicking “Add User Output.” (Note: you are not permitted to create an applicant-determined output that duplicates a National Performance Measure output. If you do not see the National Performance Measure output that you wish to use, check the Selection Rules in the Performance Measure Instructions to make sure you selected the correct objective associated with that National Performance Measure output.)

Select outcome(s). If you have selected a National Performance Measures output that has corresponding National Performance Measures outcome(s), these outcomes will be available to select. If you do not wish to select a National Performance Measure outcome, you may create an applicant-determined outcome by clicking in the checkbox next to the empty outcome text box and entering the text of your outcome indicator. If you do not wish to select any outcome for your National Performance Measure output, click in the checkbox next to the empty outcome text box and enter “NA” in the outcome indicator text box.

If you have not selected a National Performance Measure output, or if there is no corresponding National Performance Measure outcome, create an applicant-determined outcome by clicking “Add User Outcome.” All applicant-determined outputs must be paired with an applicant-determined outcome.

Enter the number of MSYs and members your program will allocate to achieving the outcomes and/or outputs 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.

Click “next” to proceed to the data collection tab. Later you can return to this tab to create additional 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. For outcomes, specify how much improvement in knowledge, attitude, behavior or condition is required to be counted as having improved and clearly explain how the instrument measures this.

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 beneficiary population you intend to count (children, miles, etc.). Do not enter percents or member service hours as units of measure. In most cases, the unit of measure should be the same for the outputs and outcomes in an aligned performance measure.
For output-only performance measures, eGrants will require text in the outcome data collection fields. If you do not wish to have an outcome for your National Performance Measure output, enter the following:
- **Method:** Select “other.”
- **Instrument Description:** Enter “NA”
- **Target:** Enter “1”
- **Unit of Measure:** Enter “NA”

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. You should also use the Performance Measures Checklist in Appendix B of the Performance Measure Instructions to self-assess your measure(s) prior to submission.
ATTACHMENT B: Budget Instructions – Cost Reimbursement Grants

A. Match Requirements
Program requirements, including requirements on match are located in the AmeriCorps Regulations and summarized below.

- 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.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project’s total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are recompeting, please see 45 CFR §§ 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal, state, local, and/or private sector funds in accordance with applicable AmeriCorps requirements.
- In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your entire match. (The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used. See Attachment G for instructions for applying for the Alternative Match Schedule.

*Note:* AmeriCorps legislation permits the use of non-AmeriCorps federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that grantees who use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to AmeriCorps. If you use other federal funds as match, you must ensure you can meet the requirements and purpose of both grants. Grantees who use federal funds as match will be required to report the sources and amounts to Volunteer NH.

B. Preparing Your Budget
Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative. Reviewers will consider the information you provide in this section in their assessment of the Cost-Effectiveness and Budget Adequacy selection criterion.
As you enter your detailed budget information, eGrants will automatically populate a budget summary and budget narrative report. Prior to submission be sure to review the budget checklist (Attachment) to ensure your budget is compliant. In addition, eGrants will perform a limited compliance check to validate the budget. If eGrants finds any compliance issues you will receive a warning and/or error messages. You must resolve all errors before you can submit your budget.

Programs must comply with all applicable federal laws, regulations, and the requirements of the Uniform Guidance. Please refer to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200) for allowable, allocable, and reasonable cost information, as well as, audit requirements, including the need to provide audits to the Clearinghouse if expending over $750,000 in federal funds. The OMB Uniform Guidance can be found on-line at https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

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.

Per Volunteer NH policy, programs must budget at least 1 FTE for staffing. The 1 FTE may be made up of one or multiple staff members’ time.

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

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

Please itemize the costs. For example: One staff member will attend the annual Northeast Regional Conference.
$50 ground transportation + (1 day) X $400 lodging + $35 per diem = $485

Programs are expected to budget travel costs for at least one appropriate staff member to attend the ASC Regional Conference for 3 days, location TBD.

Programs should budget a $0 on the line labeled “Travel to CNCS-Sponsored Meetings”. Subgrantees do not attend this conference.

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

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

Per VNH policy, programs are expected to budget $400 registration fee per appropriate staff member to attend the ASC Regional Conference.

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.

Programs must include $60 registration cost per member for attendance to the Annual Governor’s Conference on Volunteerism.

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

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

- **Criminal history checks:** Programs must budget at least $37 + the cost of the state of residence check per covered individual (staff and members) on the CNCS share of the budget. Note in the calculation description if the budget is reduced for staff/members previously checked in a prior budget period.
- 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, postage, copying, and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization’s indirect cost allocation pool. If 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.

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, three-quarter-time, half-time, reduced-half-time, quarter-time, minimum-time, abbreviated-time) and the amount of living allowance they will receive, allocating appropriate portions between the AmeriCorps share (CNCS Share) and grantee share (match).

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

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

1. **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when AmeriCorps does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.

2. **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with AmeriCorps funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-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. If you budget health insurance for less-than-full-time members serving in a full-time capacity, indicate in the budget narrative. In your budget narrative, indicate the number of members who will receive health care benefits. AmeriCorps will not pay for dependent coverage. If health care is not budgeted for all full-time members, please confirm all full-time members will have access to coverage.

- **Worker’s Compensation.** Programs must budget worker’s compensation for AmeriCorps members.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies.

Section III. Administrative/Indirect Costs

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

Volunteer NH will elect to retain a share of the 5% of federal funds allocated to indirect costs available to programs. Volunteer NH will retain 2% from all subrecipients, computed from each month’s periodic expense report (PER).

Options for Calculating Administrative/Indirect Costs (choose either A, B, OR C)
Applicants choose one of three methods to calculate allowable administrative costs – a CNCS-fixed percentage rate method, a federally approved indirect cost rate method, or a de minimis method. Regardless of the option chosen, the CNCS share of administrative costs is limited to 5% of the total CNCS funds actually expended under this grant. Do not create additional lines in this category.

A. CNCS-Fixed Percentage Method
Five/Ten Percent Fixed Administrative Costs Option
The CNCS-fixed percentage rate method allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the CNCS-fixed percentage rate method (Section 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 that a program can retain use the following calculation:

\[(\text{Section I CNCS Total}) + \text{Section II CNCS Total} \times 0.0526) \times (0.60) = \text{Subgrantee Portion}\]

Enter this amount as the CNCS share for Section III A – Corporation Fixed Amount.

1. 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 – Corporation Fixed Amount.

2. To determine the amount of administrative funds to be retained by Volunteer NH use the following calculation:
Enter this amount as the CNCS share for Section III A – Commission Fixed Amount

**B. Federally Approved Indirect Cost Rate**

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

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

2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect costs. This calculation should be noted in the text description. Please also note that **Volunteer NH retains 2% of the federal funds** in the text description. There is no separate line item to show this calculation.

3. To determine the Grantee share: Subtract the amount calculated in step 2 (the CNCS share) from the amount calculated in step 1 (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

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

Organizations who have never, at any point in time, held a federally negotiated indirect cost rate (except for those non-Federal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph (d)(1)(B)) and who receive less than $35 million in direct federal funding, may indefinitely use a *de minimus* rate of 10% of modified total direct costs (MTDC). Additional information regarding what is included in MTDC and use of this option can be found at 2 CFR 200.414(f) and 200.68. If this option is elected, it must be used consistently across all federal awards.
Source of Funds
In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your entire match. (The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used. The total amount of Source of Match should equal the Grantee Share amount.

Note: the value of the Segal Education Awards that members earn for their service is not identified in the budget. Also, the childcare reimbursements provided to eligible members is not included in the budget.
ATTACHMENT C: Budget Instructions - Fixed Grants

These instructions apply only to applicants for fixed amount grants, including education award programs (EAPs). Do not use if you are a Professional Corps applicant.

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 grantees share column. However, you must complete the source of match chart to identify the sources of the additional revenue you need to operate the program. If you are applying for a full-cost fixed amount grant, you must pay at least the minimum living allowance listed in the Notice for each type of position you are proposing.

Please note: Volunteer NH withholds 2% in administrative funds from all grants, including fixed amount grants.

Budget Section II. AmeriCorps Member Positions

Member Positions

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

<table>
<thead>
<tr>
<th>Member Positions</th>
<th>Calculation</th>
<th>MSY</th>
</tr>
</thead>
<tbody>
<tr>
<td># Mbrs w/o Allow</td>
<td>Allowance Rate</td>
<td># Mbrs w/o Allow</td>
</tr>
<tr>
<td>Full Time (1700 hrs)</td>
<td>0</td>
<td>$16,502</td>
</tr>
<tr>
<td>Three Quarter Time (1200 hours)</td>
<td>0</td>
<td>$14,000</td>
</tr>
</tbody>
</table>

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:
### B. Fixed Award
Display your calculation in the following format:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Calculation</th>
<th>Total Amount</th>
<th>CNCS Share</th>
<th>Grantee Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Grant Request</td>
<td>47.5 MSY x $9,500/MSY</td>
<td>$451,250</td>
<td>$451,250</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td>$451,250</td>
<td>$451,250</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the other revenue used to support the program. Identify each source separately. Identify if revenue is “secured” or “proposed”. Include the dollar amount, the revenue classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for **all other revenue**. The total amount of listed in the Source of Funds should equal the amount indicated for Other Revenue in the Funding/Demographics section and in the Executive Summary.
<table>
<thead>
<tr>
<th>Match Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ATTACHMENT D: Budget Checklist

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

<table>
<thead>
<tr>
<th>In Compliance?</th>
<th>Section I. Program Operating Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes __ No __</td>
<td>Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff who recruit, train, place, or supervise members as well as manage the project.</td>
</tr>
<tr>
<td>Yes __ No __</td>
<td>Staff indirectly involved in the management or operation of the applicant organization are funded through the administrative cost section (Section III) of the budget? Examples of administrative costs include central management and support functions.</td>
</tr>
<tr>
<td>Yes __ No __</td>
<td>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.</td>
</tr>
<tr>
<td>Yes __ No __</td>
<td>The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker’s Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, the benefits are listed separately?</td>
</tr>
<tr>
<td>Yes __ No __</td>
<td>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?</td>
</tr>
<tr>
<td>Yes __ No __</td>
<td>The purpose for all staff and member travel is clearly identified?</td>
</tr>
<tr>
<td>Yes __ No __</td>
<td>You have budgeted funds for State Commission and National Direct staff travel to AmeriCorps-sponsored meetings in the budget narrative under Staff Travel?</td>
</tr>
<tr>
<td>Yes __ No __</td>
<td>Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?</td>
</tr>
<tr>
<td>Yes __ No __</td>
<td>All single equipment items over $5000 per unit are specifically listed?</td>
</tr>
<tr>
<td>Yes __ No __</td>
<td>Justification/explanation of equipment items is included in the budget narrative?</td>
</tr>
</tbody>
</table>
### Section I. Program Operating Costs

<table>
<thead>
<tr>
<th>In Compliance?</th>
<th>Question</th>
<th>Yes __  No __</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes __  No __</td>
<td>All single supply items over $1000 per unit are specifically listed and explained in the budget narrative?</td>
<td></td>
</tr>
<tr>
<td>Yes __  No __</td>
<td>Cost of items with the AmeriCorps logo that will be worn daily is included for all AmeriCorps members? Or if not, there is an explanation of how the program will be providing the AmeriCorps logo item to AmeriCorps members using funds other than AmeriCorps grant funds?</td>
<td></td>
</tr>
<tr>
<td>Yes __  No __</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>Yes __  No __</td>
<td>Does the budget reflect adequate budgeted costs for project evaluation?</td>
<td></td>
</tr>
<tr>
<td>Yes __  No __</td>
<td>Have you budgeted the cost of the NSOPW, FBI, and state check in the CNCS share for criminal history checks of each member and grant-funded staff that are in covered positions per 45 CFR 2522.205? If not, have you provided an explanation of how the costs will be covered?</td>
<td></td>
</tr>
<tr>
<td>Yes __  No __</td>
<td>Are all items in the budget narrative itemized and the purpose of the funds justified?</td>
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</tbody>
</table>

### Section II. Member Costs

<table>
<thead>
<tr>
<th>In Compliance?</th>
<th>Question</th>
<th>Yes __  No __</th>
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</thead>
<tbody>
<tr>
<td>Yes __  No __</td>
<td>Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance. Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement.</td>
<td></td>
</tr>
<tr>
<td>Yes __  No __</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Yes __  No __</td>
<td>Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance. If exempted from paying FICA, is the exemption noted in the budget narrative?</td>
<td></td>
</tr>
</tbody>
</table>
### In Compliance?

<table>
<thead>
<tr>
<th>Section III. Administrative/Indirect Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes __ No __</td>
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