



**AMERICORPS*VISTA
PROJECT APPLICATION INSTRUCTIONS**

DRAFT REVISIONS MARCH 19, 2007

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GENERAL SUBMISSION INSTRUCTIONS

Purpose:

The AmeriCorps*VISTA Project Application of the Corporation for National and Community Service is for use by prospective and existing sponsors of AmeriCorps*VISTA projects. Prospective sponsors must submit an AmeriCorps*VISTA Concept Paper for approval to their Corporation State Office before completing an AmeriCorps*VISTA Application. The instructions and forms in this package have been developed to conform to the Corporation's web-based electronic grants management system, eGrants, and are for use by applicants who are not required – or not able – to submit an electronic application. AmeriCorps*VISTA applications will be accepted through eGrants in late FY2005. Further information about eGrants is available at the Corporation's website, www.nationalservice.org.

Application and Submission Requirements:

Complete and return an original signed application plus one complete copy to the applicable Corporation for National and Community Service State Office unless otherwise instructed. Number the pages of your submission consecutively. Do not submit the instructions as part of your application.

To be considered, the application must include the following:

- Part I: Facesheet, Assurances and Certifications (Modified Form 424) original signature)
- Part II: Project Narratives (All Sections)
- Part III: Project Plan
- Part IV: Required Attachments
- Part V: Budget – With accompanying budget narrative

Note: Submission of a project application does not assure receipt of AmeriCorps*VISTA resources.

PART I: FACESHEET INSTRUCTIONS

The facesheet is the standardized SF-424 form required for all federal grant/project applications. This form provides us with basic information about your organization and the type of project for which you are applying. The following instructions have been provided to assist you in completing this form.

1. Filled in for your convenience
2. Self-Explanatory
3. 3.a. and 3.b. are for State use only (if applicable)
4. 4.a. and 4.b. leave blank
5. Enter the following information:
 - a. The complete name of the organization that will be legally responsible for the project. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
 - b. Enter the Organizational DUNS (*Required. To obtain a DUNS number for your organization call: 1-866-705-5711*)
 - c. Your organization’s complete address to include country and the 5 digit ZIP code
 - d. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service
7. Item 7a: Enter the appropriate letter in the box
Item 7b: Consult the following list of characteristics of applicants and enter the corresponding numbers (all that apply), each in a separate blank.
 1. 2-year college
 2. 4-year college
 3. Area Agency on Aging
 4. Chamber of Commerce/Business Association
 5. Community Action Agency/Community Action Program
 6. Community College
 7. Community –Based Organization
 8. Faith-based organization
 9. Governor’s Office
 10. Grant-making Entity Operating in Two or More States
 11. Health Department
 12. Hispanic Serving College or University
 13. Historically Black College or University
 14. Law Enforcement Agency
 15. Local Affiliate of National Organization
 16. Local Education Agency
 17. Local Government municipal
 18. National Non-Profit (Multistate)
 19. Other Native American Organization
 20. Other State Government
 21. School (K-12)
 22. Self-Incorporated Senior Corps Project
 23. Service/Civic Organization

24. State
Commission/Alternative
Administration Entity
25. State Education Agency
26. Statewide Association
27. Tribal Government Entity
28. Tribal Organization (non-
government
29. U.S. Territory
30. Vocational/Technical College
31. Volunteer Management
Organization

8. Check the appropriate box for the type of application and enter the appropriate letter(s) in the lower boxes:

- Check “New” if you are applying for assistance for the first time or are reapplying for a new project/grant cycle
- Check “Continuation” if you are a grantee applying for second or third year funding within your 3-year project period*
- Check “Revision” if you are a grantee proposing any change in your budget or requesting a no cost extension.

* **NOTE:** For AmeriCorps*VISTA projects, check “New” to apply for a second or third year renewal to an existing MA

9. Filled in for your convenience

10. Filled in for your convenience

11. a. Enter the title of the project. Existing sponsors should use the same title as in their original or previous application

b. Enter the name of the CNCS program initiative, if any, as provided in the instructions corresponding to the NOFA for which you are applying; otherwise leave blank. (**NOTE:** This will rarely apply to AmeriCorps*VISTA project applications)

12. List all political entities affected (e.g., counties and cities)

13. Refer to Item #8

- a. If you have checked “New” application enter the proposed Start and End Dates
- b. If you have checked “Continuation” or “Revision” application, enter the dates of the approved project period

14. Estimated Funding: Enter the amount requested or to be contributed during this budget period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parenthesis.

- a. **Federal** The total amount of Federal funds being requested in the budget
- b. **Applicant** The total amount of applicant share as entered in the budget
- c. **Local** NA
- d. **State** NA
- e. **Other** NA
- f. **Program Income** NA
- g. **Total** The applicant’s estimate of the total funding amount for the agreement.

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

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

- a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
 - b. If No, check the appropriate box.
16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans and taxes. If Yes, attach an explanation.
17. The person who signs this form must be the applicant's legal representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

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

STANDARD ASSURANCES AND CERTIFICATIONS

Once you have completed your AmeriCorps*VISTA application, the Authorized Certifying Official for your organization is required to read and sign the Assurances and Certifications pages.

**PART I - FACESHEET
APPLICATION FOR
FEDERAL ASSISTANCE**

		2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS)	Applicant Identifier
1. TYPE OF SUBMISSION: Application		3. a. DATE RECEIVED BY STATE	3 b. State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. a. DATE RECEIVED BY CNCS
			4 b. CNCS Grant Number
5. APPLICANT INFORMATION			
5 a. Legal Name:		5.b. Organizational DUNS:	
5.c Address: (give street address, city, count, state and zip code)		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code) NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - INTERNET E-MAIL ADDRESS: WEBSITE:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. a TYPE OF APPLICANT: (Enter appropriate letter in box:)	
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> I. State Controlled A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District Other (specify)	
8. TYPE OF APPLICATION:		I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization	
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Augmentation: <input type="checkbox"/> B: Budget Revision <input type="checkbox"/> C. No Cost Extension <input type="checkbox"/> to _____ (enter date). E Other (specify below): <input type="checkbox"/> _____		7 b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____, _____, _____	
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
94 - 013		Corporation for National and Community Service	
TITLE (Name of Program): AmeriCorps*VISTA		11. a. TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):		11 b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT START DATE: MM/DD/YYYY END DATE: MM/DD/YYYY		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
14: ESTIMATED FUNDING		a. YES. THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____ B. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NET BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ b. Applicant \$ c. State \$ N/A d. Local \$ N/A e. Other \$ N/A f. Program Income \$ N/A g. Total \$		16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:	c. TELEPHONE NUMBER:
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		DATE SIGNED:	

ASSURANCES

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

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
6. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

CERTIFICATIONS REGARDING (A) DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; (B) DRUG-FREE WORKPLACE REQUIREMENTS; AND (C) LOBBYING

A. Debarment, Suspension, and Other Responsibility Matters

As required by the regulations implementing Executive Order 12549, Debarment and Suspension, implemented at 34 CFR Part 85, Section 85.510, *Participants' responsibilities*.

A. As authorized representative of the applicant, I the applicant certify that neither the applicant nor its principals:

- Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- Has, within a three-year period preceding this application, been convicted of, or had a civil judgment entered against them for commission of fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) (b) of this certification, and
- Has not, within a three-year period preceding this application, had one or more public transactions (federal, state or local) terminated for cause or default;

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

B. Drug-Free Workplace

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620).

The applicant certifies that it has or will continue to:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establish an ongoing drug-free awareness program to inform employees about—
 - (1) the dangers of drug abuse in the workplace,
 - (2) the grantee's policy of maintaining a drug-free workplace.
 - (3) any available drug counseling, rehabilitation, and employee assistance programs, and
 - (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a)
- (d) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:
 - (1) abide by the terms of the statement, and
 - (2) notify the employer, in writing of his or her conviction for a violation conviction for a violation of any criminal drug statute occurring in the workplace no later than five days after such conviction
- (e) Notifying the agency in writing within ten days after receiving notice under subparagraph (d) (2)) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted—
 - (1) Taking appropriate personnel action against such an employee, up to and including termination...; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f)

C. Certification – Lobbying Activities

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

By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application.

Legal Applicant

Printed Name and Title of Authorized Representative

Signature of Authorized Representative _____

Date _____

PART II. PROJECT NARRATIVE

The purpose of the project narrative is for you to provide a concise and compelling justification for awarding the requested AmeriCorps*VISTA members and/or Leaders.

Be sure to:

- Submit a completed Face Sheet (SF424 – Application for Federal Assistance) with your project narrative.
- Type, single-spaced.
- Try to keep your response for each section heading to no more than one page (250-400 words).

A. Executive Summary

Provide a brief narrative of your proposed AmeriCorps*VISTA project, including population to be served, issue areas, history of your organization's activities in these issue areas, and the type of service activities you expect the AmeriCorps*VISTA members to accomplish.

B. Summary of Accomplishments (For Current AmeriCorps*VISTA Sponsoring Organizations Only)

*First time applicants: please leave blank. Current AmeriCorps*VISTA sponsoring organizations seeking project renewal are required to complete this section.*

Briefly state your project's objectives and provide a clear description of the project's impact/ outcomes, and accomplishments/outputs to date.

C. Needs and Activities

1. State in measurable and quantifiable terms the specific poverty-related need(s) identified by the community(ies) that the AmeriCorps*VISTA project will address, including the number of low-income people directly affected by the problem(s).

Helpful Hint:

Use current and local statistical data, citing the source wherever possible, to substantiate the problem.

Example:

An applicant proposing to develop a child care program for families transitioning from welfare to work would explain the scope of the child care shortage in their county including statistical references to the number of families transitioning from welfare to work, the average cost of child care in the county, and other data to illustrate the need to be addressed. The applicant also would describe the cause of the child care shortage, how long it has persisted, and the long-term effects it may have on the county.

2. Indicate the number of AmeriCorps*VISTA members and AmeriCorps*VISTA Leaders requested.

D. Strengthening Communities

1. Describe how the new infrastructure or organizational capacity created by your project will bring individuals and, ultimately, the community out of poverty.
2. How will you involve the community to ensure the sustainability of the proposed project?
3. How, if at all, will you collaborate with other national service programs in order to support the proposed project?

Helpful Hint:

One of the primary purposes of AmeriCorps*VISTA is to ensure sustainable solutions to problems facing low-income communities. Address how you will ensure the proposed project and outcomes continue upon completion of the project plan and withdrawal of AmeriCorps*VISTA support.

Example:

The neighborhood credit union organized by the AmeriCorps*VISTA members annually will assist between 500-800 individuals transitioning from welfare to work by helping them develop the financial assets needed to weather personal economic crises and permanently remain self-sufficient. The AmeriCorps*VISTA members will recruit a corps of at least 20 community volunteers with personal finance experience (including finance students from the local university) to staff the credit union. Additionally, the members will secure the start-up funds to hire a full-time coordinator and develop a coalition of community stakeholders to foster the credit union's sustainability.

E. Recruitment and Development (of Members, Volunteers and Participants)

1. Describe in specific terms how your organization will recruit qualified AmeriCorps*VISTA members to serve on this project. What challenges do you anticipate in recruiting qualified members?
2. Describe the service-related transportation needs of the AmeriCorps*VISTA members and your plans for meeting those needs.
3. Briefly describe plans for orienting members to your organization and the community. Describe any training opportunities and technical assistance that will be available to members throughout their service.

Helpful Hints:

Explain the strategies you will use to recruit AmeriCorps*VISTA members. Describe local media markets, what media outreach will be conducted, and other techniques you will use to recruit candidates. You may wish to describe the methods by which current employees were recruited or any other previous recruiting experience.

Address the member's service-related transportation needs including geographic area in which members will have to travel, the estimated cost, and how you will reimburse member(s) for their service-related transportation expenses.

Orientation should occur during the first month of an AmeriCorps*VISTA member's assignment. Training opportunities may occur throughout the course of a member's term of service.

Address how you will ensure a high-quality experience for members.

F. VISTA Assignment Description (VAD)

To be submitted with the project application

1. List the general tasks and activities AmeriCorps*VISTA member(s) and Leader(s) will perform to implement the strategies described in the project plan(s). These tasks and activities should logically relate to the overall project goals and activities you propose in Part III, Project plan for AmeriCorps*VISTA Project Applicants. This section will include more detail on the actual service activities, and should not include direct service activities.

To be submitted upon selection of Individual VISTAs

2. For each unique VISTA assignment, describe the specific goals required of the VISTA. For guidance on how to develop an effective VAD please talk with your State Office.

Helpful Hint:

When completing this section, keep in mind that AmeriCorps*VISTA members fulfill a one-year, full-time term of service. Members may serve up to three terms of service, at the discretion of the Corporation.

G. Project Management

1. Describe plans for daily supervision of AmeriCorps*VISTA members. Specify if supervision will be a full-time or part-time responsibility.
2. Are 51 percent or more of the persons on your board of directors' members of the low-income community? If not, please describe how your agency has developed, or will develop, an advisory council for the AmeriCorps*VISTA project that consists of members or representatives of the low-income community served by the proposed project.
3. If individual sites other than your organization will host/supervise members, please list the names of those organizations and describe the structure of their relationship to your organization. Also, list the names and titles of the site supervisors.
4. Describe your plans for evaluating progress towards achieving your project's anticipated outcomes and accomplishments. What information and data will you use to demonstrate the concrete impacts of the project?

Helpful Hints:

Address the involvement of low-income individuals in the development and implementation of the proposed project.

H. Organizational Capacity

1. Is your organization able to contribute financially for all or some of costs related to AmeriCorps*VISTA members? Please explain.
2. What in-kind resources will you provide to ensure the success of the proposed project?
3. Describe current activities your organization and other organizations are undertaking to address the problems identified in your need statement. Describe how the proposed project will complement this work.
4. Describe the accessibility of services provided to members of the community with disabilities. Is your organization able to accommodate AmeriCorps*VISTA members with disabilities?

Helpful Hints:

In-kind resources include computers, phones, Internet access, and office space. Include any additional support, such as free or low-cost housing.

You may want to highlight your organization's track record in managing projects similar to the proposed project.

Federal law requires that AmeriCorps*VISTA sponsoring organizations make reasonable accommodations to meet the needs of qualified persons with disabilities wishing to serve as members.

Indicate any factors the Corporation should be aware of when assigning members with disabilities to this project, such as availability of transportation and housing, accessibility of facilities, etc.

I. Other

Please leave blank unless otherwise instructed.

PART III. PROJECT PLAN

Overview

The purpose of this project plan is for you to describe the goals and results you expect to achieve through the proposed project, and the performance measures you will use to assess your progress in achieving them. Complete the project plan template provided, being sure to address each need identified in Part II, section C. Make copies of the template as needed.

The project plan may contain as many goals as you want. While the goals should cover a multi-year period (the estimated length of time required to complete the proposed project), the activities and performance measures should only cover one year. In the project plan, clearly demonstrate:

- A realistic effort to help bring individuals and families out of poverty permanently; not simply to make poverty more tolerable;
- Responsibilities and duties of AmeriCorps*VISTA members that are geared towards building a permanent infrastructure within the applicant organization; and
- Proposed project results that are measurable and convey the actual impact the project has on the individuals, families, and communities being served.

The project plan should state in measurable and quantifiable terms:

- The goals the project will achieve each year;
- The activities you plan to conduct during the current project year;
- The results (outputs and outcomes) leading to the achievement of each of the goals; and
- The dates by which you expect to achieve your goals, activities, and results.

Performance Measures

Within your project plan, you will be asked to identify the goal(s) that are most central to your mission. Within these goals, you are required to identify a **total of 3-5 results** that you plan to label as **performance measures**. A performance measure is a result (Output, Intermediate Outcome or End Outcome) that includes indicators, targets and data instruments. While you may select up to five results within your project plan to identify as performance measures, you are required to include at least:

1. one output;
 2. one intermediate outcome; and
 3. one end outcome.
1. **Outputs** describe accomplishments from your service activities. Outputs quantify or count what will happen during your service activity, such as the number of hours served by members or community volunteers. Outputs do not provide information on benefits or other changes in the lives of members or beneficiaries. The number of volunteers recruited, people served, workshops conducted, persons trained, and clinics established are all examples of outputs. Outputs answer the question: "How much work did we do?"
 2. **Intermediate Outcomes** are changes or benefits experienced by project beneficiaries or the AmeriCorps*VISTA sponsoring organization, but are short of a significant benefit for them. Often referred to as "milestones", intermediate outcomes do not represent the final result you hope to achieve for the individuals, families, and communities served. In a program designed to reduce high school drop-out rates, for example, intermediate outcomes could include measures of improved school attendance and improved attitudes toward school.

3. **End Outcomes** are the positive changes that your project or sponsoring organization ultimately hopes to achieve for project beneficiaries. End outcomes address community conditions or needed changes in the condition, behavior, or attitudes of beneficiaries. An increase in summer employment rates among high school students participating in the program is an end outcome for a job training and readiness project for students.

Intermediate outcomes and end outcomes are the consequences of what a project does. **Intermediate outcomes are expected to lead to end outcomes.** For example, if your final result is to improve student academic performance, then intermediate outcomes might include improved attitudes towards school and reduced truancy.

For each result identified as a performance measure describe:

1. the **results** (Outputs, Intermediate Outcomes or End Outcomes) you expect to achieve.
2. the **targets** you expect to meet. A target is a statement that describes the level of change you anticipate achieving through your project within a particular time frame.
 - a. An example of an Output Target would be: "In the first year, 150 members of the community will receive financial literacy training."
 - b. An example of an Outcome Target would be: "In the second year, 75 percent of IDA program participants will complete scheduled contributions to their IDA savings accounts."
3. the **data instruments** (or collection methods) you will use to measure the results,

Instructions

Column A

1. In the first row of column A, list the proposed project goal that you expect AmeriCorps*VISTA members to achieve in relation to the problem(s) identified in your project narrative (Part II, section C).
2. In the second section of column A, list the activities or action steps that are required to accomplish the intended goals. In the Project Narrative, Section F. VISTA Assignment Description, you will include more specific tasks and activities for each member position you develop based upon these overall goals and activities.
3. In the third section of column A, identify the results, leading to the achievement of the proposed goal. For the goals that will be measured for performance, make sure that the 3-5 results for which you will measure performance are labeled in parentheses as "performance measures." For each performance measure, identify the indicators, targets, and instrument(s) you will use to measure this result, and how you will collect the data. Report any data you have for this measure from prior years.

For each goal in column A, identify the related activities and results as described above.

Column B

In column B, indicate the periods of time during which the member will work on and achieve the stated results. Performance measures for each type of result, outputs, intermediate outcomes, and end outcomes should be measured at least annually. Make sure that the quarters reflect this.

Periods of time used for results are the federal fiscal quarters which are:

Quarter 1:	October – December
Quarter 2:	January – March
Quarter 3:	April – June
Quarter 4:	July – August

Column C

In column C, AmeriCorps*VISTA projects report the progress on their performance measures results for outputs, intermediate outcomes and end outcomes. Leave this blank until time for reporting.

<p>Column A</p> <p>AmeriCorps*VISTA Project Plan</p>	<p>Column B</p> <p>Date(s)</p>	<p>Column C</p>
<p>Identify Goal to which members’ activities are directed for the full length of the project.</p> <p>Goal 1: According to the Workforce Center’s Annual Survey, currently only ten percent of unemployed clients in the region gain employment with the assistance of the Center. To help more clients secure jobs, AmeriCorps*VISTA members will implement a job training and readiness program to serve clients from the region. Two hundred clients will receive training in year one; three hundred clients in year two; and five hundred clients in year three.</p>	<p>3 Years</p>	
<p>Activities: What are the action steps needed to accomplish this goal?</p> <p>Six AmeriCorps*VISTA members will participate in the following activities to develop the job training and readiness program.</p> <ol style="list-style-type: none"> 1. Design and test the job readiness curriculum. 2. Recruit and train twenty community volunteers to serve as instructors. 3. Conduct a public awareness campaign about the job-readiness program, targeting areas where clients congregate. 4. Recruit clients to participate in one of twenty six-week job readiness programs. Four hundred clients will be recruited for the program each year. 5. Coordinate volunteers to instruct the programs, develop partnerships with ten local service providers, and conduct a public awareness campaign to recruit participants. 		
<p>Identify any Results (outputs, intermediate outcomes, or end outcomes) related to this goal. If the result is to be measured, write “performance measure” in parentheses beside the result. For each result, identify the indicator, the targets you expect to meet, the instrument(s) you will use to measure this objective, and how you will collect the data. If you have data for this objective from prior years, report it here.</p> <p>Output: 75 community members will be recruited and trained to serve as volunteer instructors.</p> <p>Output: 20 community members will be recruited to participate in a public awareness campaign about the job training and readiness program.</p> <p>Intermediate Outcome: Increased public awareness about the job training and readiness program.</p>	<p>Q1 – Q4</p> <p>Q1 – Q2</p>	

Sample AmeriCorps*VISTA Project plan

<i>Column A</i> AmeriCorps*VISTA Project Plan	<i>Column B</i> Date(s)	<i>Column C</i>
Identify Goal to which members’ activities are directed for the full length of the project.		
Activities: What are the action steps needed to accomplish this goal?		
Identify any Results (outputs, intermediate outcomes, or end outcomes) related to this goal. If the result is to be measured, write “ performance measure ” in parentheses beside the result. For each result, identify the indicator , the targets you expect to meet, the instrument(s) you will use to measure this objective, and how you will collect the data. If you have data for this objective from prior years, report it here.		

Column A <i>AmeriCorps*VISTA Project Plan</i>	Column B <i>Date(s)</i>	Column C

Make as many copies of the Project Plan as necessary.

PART IV. ATTACHMENTS

Please submit the following attachments with your project narrative to the appropriate program office within the Corporation for National and Community Service.

- List of Advisory Council Members if already selected. If not, the list must be submitted to the Corporation before the end of the first quarter of the project. (Year 1 + renewal applications)
- Copy of Articles of Incorporation (not applicable to public entities). (Year 1 only unless changed)
- List of Board of Directors, or governing body (not applicable if public entity). (Year 1 only unless changed)
- Organizational chart of the applicant (Year 1 only unless changed)
- Tax exempt status: either IRS determination or copy of application to IRS for exemption (not applicable to public entities)
- Copy of Supervisor's Resume and Job Description (Year 1 only unless changed)
- Two letters of support for the proposed project from other organizations in your community. If the organization is a project partner, the letter should describe the type of support and/or resources the partner organization will contribute. (Year 1 + renewal applications)
- For multi-site projects, list of organizations where AC*VISTA members will be placed, and contact persons, along with a letter of commitment from the Board of Directors of each organization
- Copy of most recent financial audit if available. (Year 1)
- Signed Assurances and Certifications forms (Attached to the SF424 Face Sheet.)

**PART V. BUDGET
GENERAL SUBMISSION INSTRUCTIONS**

All AmeriCorps*VISTA projects, regardless of type, must complete the SF 424A budget page and attach a written narrative justification for each line item, whether they be Corporation and/or non-Corporation funded. This includes standard VISTA projects for which no financial resources will be provided. If in-kind contributions are included in the non-federal column, please discuss them in the Budget Narrative Justification.

While there is no specific match requirement, applicant organizations should indicate the type and level of resources they will provide to support the project in Column 5, Non Federal Resources, of the line-item budget of the Modified SF 424A.

A narrative justification for each line item, whether Corporation or Non-Corporation funded, must accompany the budget submission. If in-kind contributions are included, please cover them in the Budget Narrative Justification.

NOTE: Several line items are estimates (education award, stipend, relocation) as they entail a choice for each AmeriCorps*VISTA member.

There are three budget forms available depending on the type of project for which you are applying. Please contact your Corporation State Office for the appropriate budget form for your project. Specific instructions on how to complete the budget will accompany each of these forms.

- **Part V.1** Standard VISTA Project Budget
- **Part V.2** Standard VISTA Project Budget with Support Grant
- **Part V.3** VISTA Program Grant Budget