



2008 Application Instructions

Training and Technical Assistance Cooperative Agreements

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IMPORTANT NOTICE

The Corporation for National and Community Service has changed its application instructions to conform with the new on-line grant application system named eGrants. The Corporation's eGrants website system will serve applicants and grantees until the government-wide E-Grants portal is available for use. It is the Corporation's intention to participate in this E-Gov initiative when it is available.

Public Burden Statement: The Paperwork Reduction Act of 1995 requires the Corporation to inform all potential persons who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 C.F.R. 1320.5(b)(2)(i)). **Time Burden - Application:** The time required to complete this collection of information for the application is estimated to average 80 hours per applicant, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **Use of Application Information:** The information collected constitutes an application to the Corporation for the funding of a cooperative agreement. The Corporation evaluates the application and makes funding decisions through the Corporation's grant review and selection process. **Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow the Corporation to assess the applicant's request for funding. Therefore it would not be possible to consider awarding funds to the applicant. **Time Burden – Planning/Reporting – applies only to applicants who are selected for an award through the application process:** The time required to complete the collection of information for the budget planning and reporting is estimated to average 80 hours per year per award recipient, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **Use of Reporting Information:** The information collected constitutes a report on the accomplishments and use of the funds awarded to the recipient. The Corporation uses the reports for monitoring/oversight of the awards and analyzes the reports to make decisions on continued improvement and subsequent training and technical assistance strategies and uses of funds. **Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow the Corporation to monitor/oversee the use of the award funds and the appropriateness and accomplishments of the training and technical assistance to grantees and sub-grantees.

Application Instructions for Training & Technical Assistance Cooperative Agreements

To develop your application, you need to carefully read these Application Instructions, the Training and Technical Assistance Notice of Funding Availability (NOFA), and any additional guidance given by the Corporation for National and Community Service. These Application Instructions, used together with our instructions on using eGrants, will help you complete your application. You may access all of this information on our website, at: <http://www.nationalservice.gov> under “New Funding Opportunities” or at the Grants.gov website, <http://www.grants.gov> under “Find Grant Opportunities”.
http://www.nationalservice.org/funding_initiatives/index.html.

A. Submission and Compliance Requirements

The Corporation requires that all applicants make every effort to submit their applications electronically utilizing the Corporation’s web-based application system, eGrants. Please go to <http://www.nationalservice.gov/egrants/index.asp> www.nationalservice.org/egrants/index.html and create an eGrants account to begin the process of submitting your application online. Instructions on how to create an account are available at this website.

The Corporation strongly encourages you to create an eGrants account and begin your application at least 3 weeks prior to the final submission deadline. This will allow you time to address technical issues prior to the deadline.

The deadline for eGrants submissions is 5:00 p.m. Eastern Time on the deadline date. If you are unable to submit your application using eGrants, a paper application along with a diskette or CD Rom with an exact duplicate of your application must be received at the Corporation for National and Community Service, 1201 New York Avenue, NW, Box T&TA, Washington, DC 20525 **by 5:00 p.m. Eastern Time on the deadline date.** If there are differences between the paper application and the diskette/CD Rom, we will use the diskette/CD Rom version.

You should contact the eGrants Help Desk immediately if a problem arises while you are creating your account or preparing your application. In the event you are prevented from completing and submitting your application by the deadline because the eGrants system is unavailable or you are having eGrants submission issues, you must contact the eGrants Helpdesk at 888-677-7849 or egrantshelp@cns.gov **PRIOR** to 5:00 p.m. ET to explain your **technical issue** and get a ticket number. You must then submit the following items to the Corporation:

- A brief paragraph including your ticket number and your explanation of **technical** difficulties that prevented you from submitting in eGrants;
- A paper application; and
- A diskette or CD Rom with an exact duplicate of your application.

Submit these items via overnight carrier (non-US Postal Service because of security-related delays in receiving mail from USPS) or by hand delivery to: Corporation for National and Community Service, 1201 New York Avenue, NW, Box T&TA, Washington, DC 20525. These items must be sent no later than noon one day after the published deadline and received by **5:00 p.m. Eastern Time two days after the published deadline.**

You can continue to work with the eGrants helpdesk to attempt to get your proposal submitted via eGrants. Staff will compare your paper/diskette submission against what was submitted in eGrants to ensure consistency.

In the event of prolonged unavailability of the eGrants system on the date of submission, the Corporation reserves the right to extend the eGrants submissions deadline. A notice will be placed in eGrants notifying all users of the extended deadline. In this case applicants would need to submit applications via eGrants by the new deadline.

EGRANTS APPLICATIONS

We suggest you first prepare and save your application as a word processing document prior to inputting it into eGrants, then copy and paste the document into eGrants.

- Use only uppercase letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants. Do not use any of these in your application.
- Remember to follow the character limits listed in the narrative section below. We use character limits rather than page limits because of the structure of eGrants. Characters are letters, punctuation, and spaces included in your document. Your word processing software can provide a character count.
- Grant applications must provide a Dun and Bradstreet Data Universal Numbering System (DUNS) number. The DUNS number is known as the universal identifier and helps the federal government improve statistical reports on federal grants and cooperative agreements. The DUNS number will not replace the EIN. DUNS numbers may be obtained at no cost by calling the DUNS number request line at (866) 705-5711. There is a DUNS number field in the Organization section in eGrants.
- Except for the documents listed in B. 4 below, do not submit any other supplementary materials such as, annual reports, videos, brochures, and letters of support. They will not be reviewed.

B. Application Instructions for Training and Technical Assistance Grants

Submit an application that consists of the following components in the following order.

1. SF424 Facesheet (Applicant & Application sections)

Complete the Applicant and Application sections. (See Appendix A.) When completing the Program Initiative field, select the category you are applying for (e.g., TTA-

Education Success or TTA-Performance Measurement and Evaluation) from the pull-down menu.

2. Narrative (Narrative section)

Before you complete this section, carefully read the Training and Technical Assistance Notice of Funding Availability found at:

http://www.nationalservice.gov/for_organizations/funding/index.aspx~~http://www.nationalservice.org/funding_initiatives/index.html~~.

The NOFA provides specific information that will help you to address the topics below.

Provide a well-designed strategy and [basic operating plan that provides the framework for the life of the plan](#) with a clear and compelling justification for awarding the requested funds. The narrative ~~covers the~~ [is applicable to a threefive-year project period](#) for which you are requesting approval.

The Narrative includes:

a. Executive Summary (6,000 characters¹)

b. Summary of Accomplishments and Outcomes, if applicable (4,000 characters)

c. Training and Technical Assistance (T&TA) Strategy and Delivery Plan (32,000 characters)

~~**d. Proposed Activities** (6,000 characters)~~

de. Organizational Capacity (28,000 characters)

ef. Budget/Cost Effectiveness (4,000 characters)

fg. Other (n/a)

The following is a description of the content that should be included in these sections:

a. Executive Summary

Provide a concise overview of your proposal that summarizes your proposed first year workplan of training and technical assistance strategies for helping Corporation grantees achieve the goals of the NOFA category you have chosen, your planned activities for carrying out these strategies, anticipated learning outcomes (e.g., changes in knowledge, skills or behaviors), how the outcomes will be measured, relevant time considerations, and costs. The maximum length for the Executive Summary is 6,000 characters (equal to approximately three double-spaced, 12 pt font pages).

b. Summary of Accomplishments and Outcomes

If your organization currently receives Corporation funds of any type or has received such funds within the last three years, provide a clear, concise description of the accomplishments and outcomes (e.g., changes in knowledge, skills or behaviors) you achieved in relation to your objectives during the past or current agreement period.

¹ Characters = all letters, punctuation, and spaces included in a document. One double-spaced, 12-point font page equals approximately 2,000 characters.

If your organization has not received Corporation funds, you may use this space to describe the accomplishments and outcomes you achieved in another project or agreement that describes experience you consider relevant to this application.

The maximum length for the Summary of Accomplishments and Outcomes is 4,000 characters (equal to approximately two double-spaced, 12 pt font pages).

c. Training and Technical Assistance Strategy and Delivery Plan

Provide a narrative that includes the following:

(1) A first-year workplan that presents your proposed best approach to achieving the goals of the category you have chosen. As an addendum, you should briefly summarize changes (if any) for years two ~~and three~~ through five.

For year one, you should select learning outcomes and deliverables appropriate to the NOFA category chosen and discuss the learning strategies (e.g., materials development, on-line course development, face-to-face training modules, peer clinics, coaching sessions via phone or e-mail, etc.) you are proposing in order to achieve those outcomes. Specifically, describe:

- the learning outcomes you will be addressing,
- how you will measure achievement of these outcomes,
- how you will apply the various learning strategies and activities you have chosen to achieve the outcomes,
- how you will use technology to support your learning strategies², and,
- as appropriate, how you might use strategies in conjunction with each other to achieve the outcomes.

(2) Indicate how you propose to maximize efficiencies across commonalities of national service audiences while, at the same time, accounting for specific differences in the needs of AmeriCorps grantees, Senior Corps Grantees, Learn and Serve programs, VISTA projects, and NCCC campuses.

(3) Provide a measurement approach for each learning strategy presented and elaborate on how you propose to regularly measure whether learning actually occurred ~~your performance and how you would use the findings for continuous improvement~~. The Corporation is committed to accountability and to measuring the performance of all of its grantees, including training and technical assistance providers. Providers must identify the critical outcomes of their work based on the goals identified in the selected NOFA category, indicators of success in this work, and how progress achievement of learning goals can be judged or measured. The

² The Corporation will also be selecting one T/TA provider to coordinate all T/TA activities on the web. This provider will also host a learning management system with the capacity for hosting e-learning courses, webinars, webcasts, podcasts, blogs and other social media technologies, an effective practices database collection, registration for conferences on-line, and a clearinghouse and materials dissemination function. All other providers will be required to make use of the services of this provider for on-line support and materials dissemination.

Corporation needs tangible information documenting the effectiveness and outcomes of provider activities towards the Corporation’s business goals as articulated in the NOFA. (The Corporation may also require an independent assessment of provider performance.)

The Corporation will may identify certain performance measures that will be applicable to all providers. ~~In addition, applicants must identify at least one and no more than three performance measures of their own design (these will be finalized in the award negotiation). Performance measures will include both “outputs” (the number of trainings delivered, participants served, or products completed) and “outcomes” (changes or benefits experienced by the recipients of provider services). The Corporation distinguishes between *intermediate* outcomes and *end* outcomes. An example of an intermediate outcome for a training provider is: “as a result of participating in the train-the-trainer program of instruction, state commission program officers will report an increase in their ability to conduct the new program orientation as measured by pre- and post-tests.” An example of an end outcome is: “as a result of participating in the new program orientation, state commission program officer site visits identify fewer compliance issues with subgrantees as measured by...”~~

~~Because provider services are one step removed from direct service delivery, the level of performance measurement to which providers will generally be held accountable will be the intermediate-outcome level. However, we encourage applicants to propose feasible and cost-effective end outcomes.~~

In this section of the narrative, applicants should present and discuss their approach and proposed strategy for identifying meaningful performance measures and gathering and analyzing the relevant performance data.

The maximum length for the Training and Technical Assistance Strategy and Delivery Plan section is 2832,000 characters (equal to approximately 14 double-spaced, 12 pt font pages).

~~**d. Proposed Activities (Sample)**~~

~~To support the workplan provided in (1) and (2) above, provide a sample of the following as it might be presented or marketed to potential national service grantee participants:~~

- ~~— (a) A title and description of a proposed training and technical assistance activity, product, or event: the targeted skill level, and desired learning outcomes.~~
- ~~(b) A description of one online or training-for-trainers course in a content area relevant to the application category. The description should include desired learning outcomes, an outline of the session’s content, and the activities that will accomplish the desired outcomes.~~

~~The maximum length for the Sample Deliverables section is 6,000 characters (equal to approximately 3 double-spaced, 12 pt font pages).~~

d. Organizational Capacity

Provide a narrative that describes:

- (a) The organization's capacity to provide training and technical assistance services nationwide³ and recent work similar to that being proposed;
- (b) The organization's knowledge of and/or experience with national service programs;
- (c) Names and contact information of three to five references who can comment on the work described above.
- (d) A list of proposed staff (no more than ten) who will be primarily responsible for the proposed deliverables with their areas of expertise and relevant experience highlighted. (Note: key staff will be subject to Corporation approval)
- (e) The organization's experience with using technology and social media to address learning goals.

The maximum length for the Organizational Capacity section is 28,000 characters (equal to approximately 14 double-spaced, 12 pt font pages).

e. Budget/Cost Effectiveness Narrative

Explain how the overall budget will cost effectively support the scope of training and technical assistance activities proposed in section c (2). and submit cost factors used in developing the itemized budget.-

e. Other

Does not apply at this time. Enter N/A in this field.

3. Budget (Enter/Edit Budget Button on Applicant Section and refer Appendix C SF424A Budget Instructions)

The budget should be sufficient to perform the tasks described in the proposal narrative. Do not include unexplained amounts for miscellaneous or contingency costs or unallowable expenses such as entertainment costs. Round all figures to the nearest dollar.

We recommend that you prepare your project budget off-line before entering it into eGrants. eGrants will create the budget narrative automatically from the detailed budget information you entered. Budget Categories are:

³ The applicant should identify and demonstrate their geographic service delivery capacity. The Corporation assumes that most applicants have the capacity to provide services to all states and regions in the U.S. However, the Corporation reserves the right to select different providers for the same category or categories with demonstrably regional capacity and a compelling reason why this is advantageous over one national provider.

- a. **Project Personnel Expenses** – Proposed staff, including the titles of staff, number of positions, annual salaries, and total costs.
- b. **Personnel Fringe Benefits** – Proposed personnel fringe benefits.
- c. **Travel** – Proposed travel descriptions and calculations.
- d. **Equipment** – Proposed equipment needed to operate the project when cost of a single item is equal to or exceeds \$5,000.
- e. **Supplies** – Description and cost estimates of the expendable supplies proposed for the agreement. Include any related equipment that costs less than \$5,000.
- f. **Contractual and Consultant Services** – Description and cost estimates of the contractual and consultant services proposed. Services of this type, when operational, must be documented in a contract.
- i. **Other Support Costs** – Other support costs not previously identified, such as communications (printing, phone calls, etc).
- j. **Indirect Costs** – indirect costs assigned to this work

4. Additional Documents (Documents section)

All additional documents must be submitted to the Corporation by the application deadline. The eGrants system does not accept formatted information. Therefore, the information requested below is best presented as separate documents. As part of the application, applicants must submit the following three documents:

- a. Budget by Personnel, Task, and Sub-task.
- b. Organizational Chart
- c. Workplan

Include a hard copy of the SF424 facesheet (for identification).

Before you prepare these documents described in detail below, carefully read the Training and Technical Assistance Notice of Funding Availability found at http://www.nationalservice.org/funding_initiatives/index.html. The NOFA provides specific information that will help you to address the topics treated in the documents.

Under the Documents Section in eGrants, indicate that the above documents have been sent. Documents submitted by email or facsimile will not be accepted. The documents (on paper, diskette, or CD-ROM) should be submitted:

Via mail (whether on paper, diskette, or CD-ROM):

Corporation for National and Community Service
Box T&TA
1201 New York Avenue, N.W.
Washington, DC 20525

These items must be received by 5:00 p.m. Eastern Time on the deadline date. If you choose U.S.P.S. mail as a method of delivery, due to delays in the delivery of regular U.S.P.S. mail to government offices, there is no guarantee that this portion of your application will arrive in time to be considered. We suggest you use U.S.P.S. priority mail or a commercial overnight delivery service.

The following is a description of the content that should be included in these documents:

~~a. Budget by Personnel, Task, and Sub-task.~~

~~———— A detailed, line-item budget of no more than 6 pages with costs organized by personnel, task, and sub-task that lead to the deliverables as outlined in the proposal narrative and work plan. Costs in proposed budgets must consist solely of costs allowable under applicable cost principles found in OMB Circulars (OMB Circular A-87 for state and local governments, A-122 for non-profit organizations, A-21 for institutions of higher education) and in F.A.R. Part 31 for commercial entities.~~

~~———— Applicants should be mindful that a demonstrated commitment to providing services in the most cost-effective manner possible will be a major consideration in the evaluation of proposals. Provider match is not required. The budget should include:~~

~~———— (i) Proposed staff and expert-consultant hours and pay rates by task and sub-task (include daily maximums for consultants);—~~

~~———— (ii) Types and quantities of other direct costs being proposed by task and subtask (for example, amount of travel and volume of other task-related resources, such as communications, postage, etc.)~~

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~~b. Organizational Chart~~

~~———— An organizational chart of no more than 2 pages that shows the relationship of the training and technical assistance service provider (including partners, if any) to the overall structure of the legal applicant to this Notice.~~

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~~c. Workplan~~

~~———— A detailed one-year work plan and timeline of no more than 2 pages outlining your best strategy for helping Corporation grantees achieve the competencies defined in the NOFA. The work plan will include all deliverables and the tasks leading to them.~~

54. Authorization, Assurances, and Certifications (Authorize and submit section.)

Read the authorization, assurances, and certifications carefully. Complete each section of the Authorize and Submit section. See Appendix A # 17 and Appendix B.

65. Survey on Ensuring Equal Opportunity for Applicants (Appendix D)

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

This form is for applicants that are nonprofit private organizations (not including private universities). All information from the attached survey will be confidential and the responses will be aggregated in-house for a summary report. Information provided on

your form will not be released and will not be considered in any way in making future funding decisions.

There are two ways to complete the survey: 1) while preparing your application; and 2) after submitting your application.

- 1) To complete the survey while preparing your application, go to the eGrants Main Menu, click on Enter Survey on Ensuring Equal Opportunity, provide the requested information, and submit.
- 2) If you submit your grant application without completing the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select “Remind Me Later,” you will be asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service.

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

~~If you are submitting a paper application, the survey forms and instructions are found in Appendix D.~~

C. Selection Criteria

The Corporation will assess applications based on the criteria listed below.

1. Program Design (5035%)

The Corporation will consider the quality of the proposed design based on:

- (a) the soundness, relevance and creativity of the applicant’s overall strategy, including relevant research base, as appropriate;
- (b) the applicant’s identification of learning outcomes associated with the category chosen and appropriate learning strategies to achieve them;
- (c) the applicant’s approach to measuring achievement of learning outcomes and how data collected will be used to modify and improve strategies, products and services;
- (d) the applicant’s approach to using technology as a teaching tool;
- (e) the applicant's demonstrated application of adult learning principles and techniques in its strategies and activities;
- (f) the applicant’s proposed strategy to address both the commonalities and differences among Corporation programs.

2. Organizational Capacity and Personnel (3550%)

The Corporation will consider the capacity of the applicant to deliver the proposed services based on:

- (a) demonstrated ability to manage a federal grant or apply sound fiscal management principles to grants, as evidenced by previous grants experience;
- (b) demonstrated ability of staff and consultants to conduct the proposed activities and deliver high-quality adult training and technical assistance in the category chosen, as evidenced by education and past experience relevant to the programs to be served;
- (c) demonstrated ability to provide training and technical assistance services nationwide³ as evidenced by proposed plans for staffing, partnerships, and technology and by previous experience relevant to the programs to be served.

3. Budget (15%)

The Corporation will consider the budget based on:

- (a) Cost-effectiveness of the proposed training and technical assistance activities in relation to the scope of the services proposed (i.e., the number of participants and proposed activities); and [cost factors](#).
- (b) The clarity and thoroughness of the budget and budget narrative.

D. Reporting Requirements for Applicants Selected for Awards

Applicants who are selected for awards and enter into a cooperative agreement with the Corporation will be subject to the following planning, reporting and data submission requirements:

1. Financial Management Systems.

Applicants selected for funding must provide documentation demonstrating that the applicant's financial management system complies with the requirements in the applicable regulations at 2541.200 and 2543.21. Consistent with the requirements of the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-07), if the applicant expended \$500,000 or more in federal awards in its most recent fiscal year, such documentation must include a certification from or most recent audit by the applicants independent public accountant that the applicant maintains internal controls over federal awards, complies with applicable laws, regulations and contract or grant provisions, and prepares appropriate financial statements. When requested, the applicant will have at least 30 calendar days to respond to this requirement. If an applicant does not respond within the prescribed time or responds with insufficient documentation, then the Corporation may determine that the applicant has not met this requirement and may withdraw the grant.

2. Planning and Progress Reports

- a. Planning documents

Budget projections for the upcoming budget period, by funding source (e.g. Senior Corps, AmeriCorps), showing projected training and technical assistance activities, numbers of participants, costs, and cost factors.

b. Progress reports

A semi-annual progress report [and Budget and Performance Measurement Report \(BPMPR\)](#) ~~is~~are due thirty days after completion of the six-month period. ~~The~~The ~~progress~~ report will include:

- i. ~~Budget~~Activity -report for the completed budget period, by funding source (e.g. Senior Corps, AmeriCorps), showing actual training and technical assistance activities accomplished, numbers of participants, costs, cost factors and supporting budget information.
- ii. Narrative analysis of the budget report, explaining differences variance between budgeted planned and actual activities and costs by funding source.funding source.
- iii. ~~Status of output and outcome performance measurements.Evidence of any learning that actually occurred or return on investment for the training cost.~~
- iv. Analysis of client feedback with aggregations of training-participant evaluations.
- v. Analysis of issues related to grantee performance and recommendations regarding the need for TTA.
- vi. Discussion of any problems observed or experienced and recommended solutions.
- vii. List of upcoming activities and events with dates and locations.

2. Financial Reports

~~Financial status reports~~Federal Financial Reports (FSFRs) must be submitted semi-annually and must include a summary of expenditures for the period. The reports are cumulative and must be submitted on the Corporation's web-based grants management system, eGrants.

3. Final Reports

In addition to their last semi-annual report, providers completing their agreement periods will be required to submit a final report that is cumulative over the entire award period and consistent with the close-out requirements of the Corporation's Office of Grants Management. The final report is due 90 days after the end of the agreement.

In lieu of the last semi-annual FSR, a final FSR must also be submitted that is cumulative over the entire award. The final FSR is also due 90 days after the end of the agreement.

4. Other data-collection requirements

The provider must:

- a. Submit copies of all curricula, handouts, and other materials developed to the Corporation's [website/clearinghouse Resource Center](#).
- b. Identify and document effective practices in their topical area of expertise and submit them to the Corporation's effective practices database on the [T/TA website Resource Center](#) and relevant training and technical assistance listservs.
- c. Meet as necessary with their cognizant training officer, or other staff or consultants designated by the cognizant training officer, to review work plans and budgets, monitor progress, and exchange ideas and information concerning training and technical assistance.
- d. Keep current the listing of upcoming activities with dates and locations posted on the Corporation's Master Training Calendar.
- e. Submit such special reports as may be reasonably requested by the Corporation.

APPENDIX A: FACESHEET INSTRUCTIONS (eGrants “Applicant” and “Application” Sections)

This form is required for applications submitted for federal assistance.

Item #

1. Filled in for your convenience.
2. Self-explanatory.
3. 3.a. and 3.b. are for State use only (if applicable).
4. Item 4.a: Leave blank
Item 4.b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number. Otherwise, leave blank.
5. Enter the following information:
 - a. The complete name of the organization that will be legally responsible for the grant. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
 - b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5.a.
 - c. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
 - 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 7.a.: Enter the appropriate letter in the box.
Item 7.b: Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank.

- | | |
|---|--|
| 1. 2-year college | 15. Local Affiliate of National Organization |
| 2. 4-year college | 15. Local Education Agency |
| 3. Area Agency on Aging | 16. Local Government Municipal |
| 4. Chamber of Commerce/Business Association | 17. National Non-profit (Multistate) |
| 5. Community Action Agency/ Community Action Program | 18. Other Native American Organization |
| 6. Community College | 19. Other State Government |
| 7. Community-Based Organization | 20. School (K-12) |
| 8. Faith-based organization | 21. Self-Incorporated Senior Corps Project |
| 9. Governor’s Office | 22. Service/Civic Organization |
| 10. Grant-making Entity Operating in Two or More States | 23. State Commission/Alternative Administrative Entity |
| 11. Health Department | 24. State Education Agency |
| 12. Hispanic Serving College or University | 25. Statewide Association |
| 13. Historically Black College or University (HBCU) | 26. Tribal Government Entity |
| 14. Law Enforcement Agency | 27. Tribal Organization (non-government) |
| | 28. U.S. Territory |
| | 29. Vocational/Technical College |

30. Volunteer Management Organization

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
 - a. Check “New” if you are applying for assistance for the first time or are reapplying for a new grant cycle.
 - b. Check “Continuation” if you are a grantee applying for your second or third year of funding within your 3-year project period.
 - c. Check “Amendment” if you are a grantee proposing any change in your budget or requesting a no cost extension.
 - d. Check “New Application/Previous Grantee” if this is an application for an AmeriCorps*State program and you are reapplying for a new grant cycle.

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

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

9. Filled in for your convenience.

9

10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the NOFA

94.007 Innovative and Demonstration Program

11. a. Enter the title of the project. “Continuation,” “Amendment,” and “New Applicant/Previous Grantee” applicants 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.

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

13. (See item 8)

- “New” application or “New application/previous grantee”: Enter the dates for the proposed project period.
- “Continuation” or “Amendment” application: Enter the dates of the approved project period.

14. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed during this budget period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.

- | | |
|--------------------------|--|
| a. Federal | The total amount of Federal funds being requested in the budget. |
| b. Applicant | The total amount of the applicant share as entered in the budget. |
| c. Local | The amount of the applicant share that is coming from local sources. |
| d. State | The amount of the applicant share that is coming from state sources. |
| e. Other | The amount of the applicant share that is coming from other sources. |
| f. Program Income | The amount of the applicant share that is coming from income generated by programmatic activities. |
| g. Total | The applicant's estimate of the total funding amount for the agreement |

15. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at: <http://www.whitehouse.gov/omb/grants/spoc.html> . Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.
 - a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
 - b. If No, check the appropriate box.
16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
17. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

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

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. a. DATE RECEIVED BY STATE: 4. a. DATE RECEIVED BY CNCS:	1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction																												
3.b. STATE APPLICATION IDENTIFIER:		4.b. CNCS GRANT NUMBER:																													
5a. APPLICANT INFORMATION																															
5b. LEGAL NAME: 5c. ORGANIZATIONAL UNIT: ADDRESS (give street address, city, county, state and zip code):		5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - INTERNET E-MAIL ADDRESS:																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>														7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <input style="float: right;" type="checkbox"/> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">H. Independent School District</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Private Non-Profit Organization</td> </tr> <tr> <td colspan="2">O. Other (specify)</td> </tr> </table>		A. State	H. Independent School District	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Private Non-Profit Organization	O. Other (specify)	
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G. Special District	N. Private Non-Profit Organization																														
O. Other (specify)																															
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> 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: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Name of Program _____								9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																							
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):		11. a. TITLE OF APPLICANT'S PROJECT: 11.b. CNCS PROGRAM INITIATIVE (IF ANY):																													
13. PROPOSED PROJECT: START DATE: _____ END DATE: _____																															
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 5%;">\$</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$</td> </tr> <tr> <td>c. STATE</td> <td>\$</td> </tr> <tr> <td>d. LOCAL</td> <td>\$</td> </tr> <tr> <td>e. OTHER</td> <td>\$</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> </tr> </table>		a. FEDERAL	\$	b. APPLICANT	\$	c. STATE	\$	d. LOCAL	\$	e. OTHER	\$	f. PROGRAM INCOME	\$	g. TOTAL	\$	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
a. FEDERAL	\$																														
b. APPLICANT	\$																														
c. STATE	\$																														
d. LOCAL	\$																														
e. OTHER	\$																														
f. PROGRAM INCOME	\$																														
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:

e. DATE SIGNED:

~~Modified Standard Form 424 (Rev. 11/02 to conform to the CNCS eGrants system)
OMB Control #: 3045-0083~~

~~Expiration Date: 3/31/05~~

APPENDIX B: Assurances and Certifications (Assurances & Certifications section)

Instructions

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

a) Inability to certify

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

b) Erroneous certification or assurance

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

c) Notice of error in certification or assurance

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

d) Definitions

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

e) Assurance requirement for subgrant agreements

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

f) Assurance inclusion in subgrant agreements

You agree by submitting this proposal that you will include assurance # 19, in all solicitations for lower tier covered transactions.

g) Assurance of subgrant principals

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

h) Non- Assurance in subgrant agreements

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

i) Prudent person standard

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

ASSURANCES

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

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable application guidelines, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.
9. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-I et seq.).

15. 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.
16. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
19. Will comply with all of the requirements of Subpart C of 45 CFR Part 2542, implementing E.O. 12549, regarding restrictions on doing business with suspended, debarred and otherwise disqualified entities
20. Will comply with all of the requirements for providing a drug-free workplace on a continuing basis as set out in Subpart B of 45 CFR Part 2545, implementing sec.5151 – 5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690).
21. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

CERTIFICATION

Lobbying (Activities)

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

- (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.

Assurances and Certification

ASSURANCE SIGNATURE:
application.

NOTE: Sign this form and include in the

SIGNATURE:

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

Organization Name: _____

Program Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

CERTIFICATION SIGNATURE:

NOTE: Sign this form and include in the application.

Before you start: Before completing certification, please read the Certification Instructions.

SIGNATURE:

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

Legal Applicant: _____

Program Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

APPENDIX C: SF424A Budget Instructions (Enter/Edit Budget)

Include a budget narrative justifying each line item and cost included in the budget. You must provide a full explanation that explains the item, its purpose, and shows how you calculated the cost. Organize the budget narrative in the same order as the budget form and clearly identify requested federal (Corporation) and grantee (applicant) share. Indicate whether the grantee share is in-kind or in cash and whether the match comes from other federal or nonfederal funds.

In Column 4, enter the amount of Corporation funding requested for each line item and total. In Column 5, enter the non-Corporation amount, including cash and in-kind support, and total. See the applicable Notice of Funding Availability for the required grantee match. In the budget narrative, fully explain all amounts listed in Columns 4 and 5. Separately identify cash and in-kind contributions included in Column 5.

SUPPORT EXPENSES

- A. Personnel Expenses** – For each staff person charged to the project, enter in Col. 1 each person’s full-time equivalent (FTE) annual salary. (100% FTE is normally 40 hours/week. Thus, if an employee works half-time or 20 hours/wk for the project and is paid \$10,000 from project funds, the FTE annual salary would be \$20,000.) In Col. 2, enter the FTE percentage of time devoted to the project. (For example, if the employee works 10 hours per week for the project, you would enter 25%.)
- B. Personnel Fringe Benefits** – Cost of fringe benefits to which employees are entitled are calculated on the same percentage time indicated in Column 2, Section A for each individual.
- C. Project Staff Travel** - Columns 4 and 5 can only include travel costs for staff listed in Section A who directly support grant activities described in the Project Narrative. In the Budget Narrative explain anticipated travel and the basis for cost calculations.
- D. Equipment** – Provide narrative justification for costs of equipment. Include a list of items to be purchased in the Budget Narrative. 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.
- E. Supplies** – Provide narrative justification for costs of supplies.
- F. Contractual and Consultant Services** - Include all contractual services such as clerical support, training consultants, equipment repair and maintenance, or bookkeeping services.
- I. Other Support Costs**– Include all other allowable operating costs not included in categories A-F, and describe in the Budget Narrative.
- J. Administration/Indirect Charges** – Enter indirect charges, applicable to operating expenses. In the Narrative, describe the type of rate (provisional, predetermined, final or fixed) in effect during the funding period, estimated amount of the base to which the indirect rate was applied, and total indirect expense
- K. Other**

Applicant Organization:		Budget Dates:			
	Column 1	Column 2	Column 3	Column 4	Column 5
A. PROJECT PERSONNEL EXPENSES Position Title	Annualized Salary	% Time Spent on Project	Total Project Cost	Corporation Funds Requested	Non-Federal Resources
TOTAL PERSONNEL EXPENSES					
B. Personnel Fringe Benefits					
C. Travel					
D. Equipment					
E. Supplies					
F. Contractual and Consultant Services					
G. Training					
I. Other Operating Costs					
J. Administration/Indirect Costs					
K. Other					
TOTAL					

APPENDIX D: Survey on Ensuring Equal Opportunity for Applicants



Federal Agency Use Only

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

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

Instructions for Submitting the Survey: Please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your "Additional Required Documents" package submitted to the Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, DC 20525.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

1. Does the applicant have 501(c)(3) status?

Yes No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

3 or Fewer 15-50
 4-5 51-100
 6-14 over 100

3. What is the size of the applicant's annual budget?
(Check only one box.)

Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

Yes No

5. Is the applicant a non-religious community-based organization?

Yes No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

Yes No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

Yes No

8. Is the applicant a local affiliate of a national organization?

Yes

DRAFT

Survey Instructions on Ensuring Equal Opportunity for Applicant

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

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory

OMB Control #: 3045-0083 — Expiration Date: 3/31/05