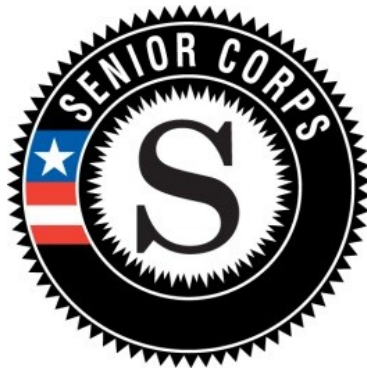# National & Community Service

Senior Corps Grant Application
eGrants Step-by-Step Instructions

Retired and Senior Volunteer Program (RSVP)
Foster Grandparent Program (FGP)
Senior Companion Program (SCP)

for
Competitive Applications
Non-Competitive Administrative Renewals
Continuation Applications

BEFORE GETTING STARTED

Before reviewing the eGrants step-by-step instructions: (1) Please ensure that you have fully read the Senior Corps Grant Application Instructions. The document addresses the instructions for applicants applying for competitive, continuation, or renewal grants.

For RSVP: See Grant Application Instructions Volume I.
For FGP and SCP: See Grant Application Instructions Volume II.

(2) If you have not already done so, please create your Organizational Profile in our eGrants system as all grantees must have an eGrants account before submitting an application.

_____

Instructions for Logging into eGrants *(for NEW and PREVIOUS Applicants)*

Click on the eGrants link to start your grant application (https://egrants.cns.gov/espan/main/login.jsp). The next step depends on your status as a grantee whether you are a current grantee or a new grantee.

Note: You may have to temporarily enable pop-ups in order to move forward with your grant application.

A. Current or Previous Grantees: Type in your grantee user name and password. Click the "Login to eGrants" link.

   i. If you cannot remember your eGrants username or password, please contact the National Service Hotline at (800) 942-2677 (M-F, 8:00A.M. – 8:00P.M. Eastern Time). **If you have an existing account, please <u>do not</u> open a *new* account, but work with the Hotline to gain access to your pre-existing grantee account.**

   ii. Skip to Instructions for Starting a New Grant Application.

LOGIN

User Name [   ] [?]
Password [   ] [?]
☐ Remember me

Forgot your password? Get help →
Don't have an eGrants account? Create an account →
View system rules of behavior →

The Corporation for National and Community Service actively monitors this system and software activity to maintain system security, availability, and to ensure appropriate and legitimate usage. Any individual who intentionally accesses a Federal computer or system without authorization, and who alters, damages, makes unauthorized modifications to, or destroys information in any Federal interest computer, or exceeds authorized access, is in violation of the Computer Fraud and Abuse Act of 1986 (Public Law 99-474). Any evidence of possible violations of proper use or applicable laws found as a result of this monitoring may be turned over to Corporation Management and law enforcement. Any individual found to be in violation of the system proper use rules or law could be punished with loss of system access, fines and imprisonment. By proceeding, you hereby acknowledge your agreement with these terms and the **system's rules of behavior** and consent to such monitoring and informational retrieval for law enforcement and other official purposes.

Login to eGrants →

Click here to disable the pictures ☐

CREATE AN EGRANTS ACCOUNT

Please click on one of the following links to create an appropriate eGrants account.

Become a Peer Reviewer

Create a Grantee account

Already have an eGrants account? Proceed to Login

B. Potential/New Grantees: If you do not have a grantee account in eGrants, please establish your profile.

   i. Click *"Don't have an eGrants account? Create an account"* link.

   ii. Click on the "*Create a Grantee account"* link.

   iii. Click on the *"This is my first time. I want to create a new account with eGrants..." link*.

BECOME A GRANT APPLICANT

Please select one of the following options below.

I have an eGrants account...

This is my first time. I want to create a new account with eGrants...

Already have an eGrants account? Proceed to Login

_____
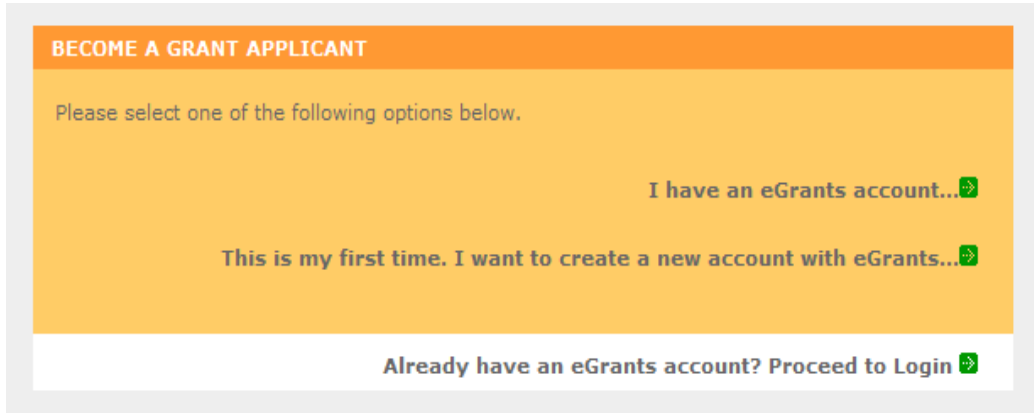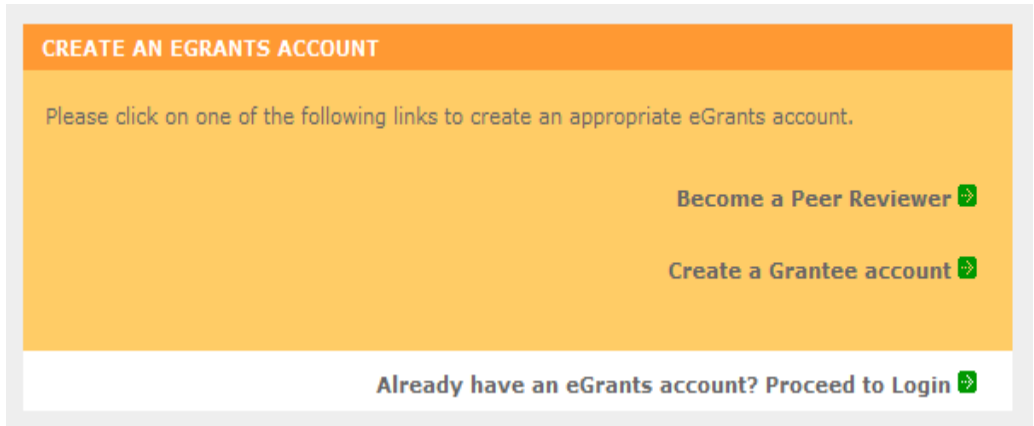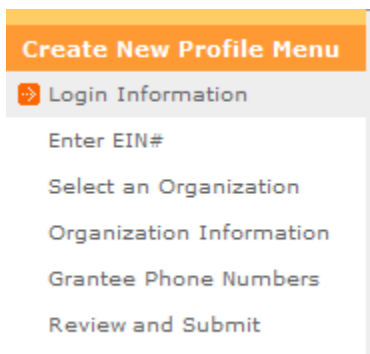
Instructions for Creating an Organizational Profile *(for NEW Applicants only)*

PART I – FACESHEET Instructions: eGrants "Applicant" and "Application" Sections

Follow the prompts entering all requested information. There are 6 sections that will need to be completed in chronological order.

Create New Profile Menu

Login Information
Enter EIN#
Select an Organization
Organization Information
Grantee Phone Numbers
Review and Submit

- Login Information
- Enter EIN #
- Select an Organization
- Organization Information
- Grantee Phone Numbers
- Review and Submit

Note: Fields with a red asterisk (*) are required.

Login Information:
Complete the requested fields to move to the next section. Click the *"next"* button once complete.

Login Information

Please enter your login information. Enter your name exactly as it appears on your government-issued identification. All questions marked with an asterisk (*) are required.

Prefix: select a prefix ... ⯆ ?

* First Name: [   ] ?

Middle Name: [   ] ?

* Last Name: [   ] ?

Suffix: [   ] ?

* User Name: [   ] (ex: rsmith, rsmith2004) ?

* New Password: [   ] ?

* Retype New Password: [   ] ?

* Password Question: Choose Password Question ... ⯆ ?

* Password Answer: [   ] ?

* Email: [   ] ?

* Retype e-mail: [   ] ?

cancel   save   next ⮊

Enter EIN #

Please enter your organization's EIN#.

Enter your EIN #: [   ]

Enter EIN#: Enter your organization's EIN # to move to the next section. Click the *"next"* button once complete.

⮈ back   next ⮊

Select an Organization: After you have typed in your EIN number, you will have 2 choices:
(a) Select the organizational profile you are submitting a grant application for **OR…..**
  (b) Create a new organizational profile for your EIN number.

  Click the *"next"* button once you have selected a radio button for a new organization or an
    existing one.

If an existing organizational profile is listed, please do not create a new organization. Instead, work with the Hotline to gain access to your pre-existing organization.

Select an Organization

Your EIN# already exists in our record of organizations. Please make a selection below, and click next to proceed, or back to try another EIN.

List of Organizations with EIN# 012345678

- ○ Create a new organizational profile for EIN# 012345678. **OR select an existing**

  org below

- ○   Kansas City, MO
- ○   Ithaca, NY
- ○   fayetteville, NC
- ○   Phoenix, AZ
- ○   San Juan, PR
- ○   San Juan, PR
- ○   Sunvalley, FL
- ○   Washington, DC

◀ back | **next ▶**

Organization Information: Depending on whether you created a new organizational profile or selected one in the previous screen, you will have one of the 2 screens appear.

Selecting an existing Organizational Profile:

If you have selected an account for an existing organization, you will be able to review the organizational information. By clicking submit, the grantee administrator for your organization (listed below) will be notified about your account request. The grantee administrator must grant you access before you can submit an application in eGrants under the selected organization.

Please review and submit your information

Please review your information and click on the "edit" to make any changes.
Organization:
EIN #:
DUNS #:
Organization Type:
Organizational Characteristics:
edit

Username:
Password Question:
Answer:
Email:
edit

Daytime Phone:
edit

If a new employee of you organization needs to create an eGrants account (ex. Project Director, Authorized Representative, Bookkeeper) they would follow these same steps to create an account linked to you organization. Any eGrants accounts for employees who are no longer at the organization should be disabled.

Organization Information

Please enter your organization information below. All questions marked with an asterisk (*)are required.

GENERAL INFORMATION

* EIN #: 012345678
DUNS #:
* Organization's Name:
* Organization Type: Choose an Organization Type ...

ORGANIZATIONAL CHARACTERISTIC(S)

Please enter the characteristic(s) that best describe your organization.

Organizational Characteristic: add characteristic

CONTACT INFORMATION

* Street Address 1:
Street Address 2:
* City:
* State: Choose Your State ...
* Zipcode:
* Phone: . . ext.
Fax: . .
Organization's Email:

back   save   next

OR

Creating a New Organizational Profile:

When creating a new organizational profile under the EIN number, you will need to complete all fields (General Information, Organizational Characteristics, and Contact Information) in order to move forward in the process. Click the *"next"* button once complete.

Note: The address field may recommend a different address, so please ensure you have entered the correct address to avoid a delay in processing your organizational profile.

Grantee Phone Numbers: Enter at least 1 convenient daytime phone number for your organization. We recommend entering 2 numbers for emergency scenarios. Click the *"next"* button, once complete.

Grantee Phone Numbers

Please enter your phone/fax information below. All questions marked with an asterisk (*)are required.

* Daytime Phone: ☐ . ☐ . ☐ ext. ☐ [?]

Evening Phone: ☐ . ☐ . ☐ [?]

Fax: ☐ . ☐ . ☐ [?]

Cell: ☐ . ☐ . ☐ [?]

| back | save | next |

Review and Submit: Please review and verify that all information you are submitting is correct.

Organization Information

Please review your selected organization's information. Click on the "next" button to proceed to the login information.

Please return to the "Select an Organization" page to select another organization. You can also start new by entering a new EIN# in the "Enter EIN#" page.

Organization Type   National Non-Profit
Address: 1201 New York Avenue, Washington, District of Columbia 20005
Phone: National Non-Profit
Fax:

| back | save | next |

Please review and submit your information

Please review your information and click on the "edit" to make any changes.
Organization:
EIN #:
DUNS #:
Organization Type:
Organizational Characteristics:
edit

Username:
Password Question:
Answer:
Email:
edit

Daytime Phone:
edit

| submit |

Instructions for Starting a New Grant Application for your Organization (*for all Senior Corps Programs)*

Log into eGrants using your username and password (https://egrants.cns.gov/espan/main/login.jsp)

RSVP: For competitive applications, please reference the Notice of Funding Opportunity.
FGP and SCP: For renewal applications, please reference instructions from your CNCS state office.

For continuation grants (year 2 or year 3) please reference page 25 of the Grant Applications Instructions and instructions from your CNCS State Office.

Click on the "*New*" link under Creating an Application

eGRANTS MESSAGES	VIEW MY GRANTS/APPLICATIONS
Welcome Test	▸ View All
	▸ 1 Grantee edit of application or report
	VIEW MY AMERICORPS PORTAL
	▸ Portal Home

Creating an Application	**Managing My Account**	**Reporting to CNCS**
New ▸	Click on the links below to access common account functions.	
Continuation/Renewal ▸		Financial Report ▸
Amendment ▸	My Account ▸	Progress Report ▸
Concept Paper ▸		Progress Report Supplement ▸

Select the program area "**Senior Corps".** Click the "Go" button.

Select a NOFA

Please select a program area and press GO. Then select a NOFA from the list provided.

If you are starting your second or third year of your grant, or if you are a Senior Corps Grantee and are beginning the first year of a 3 year grant, use the "View all application/grants" link in the MY GRANTS/APPLICATIONS Section of the Home Page to create a Continuation or a Renewal.

Senior Corps ▾ GO

8

Select a NOFA

Please select a program area and press GO. Then select a NOFA from the list provided.

If you are starting your second or third year of your grant, or if you are a Senior Corps Grantee and are beginning the first year of a 3 year grant, use the "View all application/grants" link in the MY GRANTS/APPLICATIONS Section of the Home Page to create a Continuation or a Renewal.

[Senior Corps   ▼]   [GO]

Select a NOFA

Please select a NOFA and click on the "next" button. Please refer to the application guidelines and instructions to determine the correct NOFA for your project.

○ **SDP 2012 Experience Corps (New)**
   Due Date: 01/20/2012
   Summary: This NOFA is to be used only by Experience Corps sponsors to apply for a new No-Corporation cost grant award.

○ **SDP 2012 (New)**
   Due Date: 04/20/2012
   Summary: This NOFA is to be used only by Senior Demonstration Sponsors to apply for a No-Corporation cost grant award.

○ **FGP Fixed Amount 2012 Quarter 4 (Year 1 of a single or multi year grant)**
   Due Date: 04/20/2012
   Summary: For FGP Fixed Amount grantees/applicants with start dates in the 4th quarter of FY 2012 (July 1, 2012 - September 30, 2012) entering year 1 of a new grant cycle.

○ **FGP Component Programs-July 2012 Texas Only**
   Due Date: 04/20/2012
   Summary: This NOFA funds the FGP Statewide Component Project for Texas Only.

○ **SCP Fixed Amount 2012 Quarter 4 (Year 1 of a single or multi year grant)**
   Due Date: 04/20/2012
   Summary: For SCP Fixed Amount grantees/applicants with start dates in the 4th quarter of FY 2012 (July 1, 2012 - September 30, 2012) entering year 1 of a new grant cycle.

○ **SCP 2012 Quarter 4 (Year 1 of single or multi year grant)**
   Due Date: 04/20/2012
   Summary: For SCP grantees/applicants with start dates in the 4th quarter of FY 2012 (July 1, 2012 - September 30, 2012) entering year 1 of a new grant cycle.

○ **FGP 2012 Quarter 4 (Year 1 of single or multi year grant)**

A list of NOFA options will appear. Select the appropriate NOFA and click the *"next"* link.

▣ Applicant Info

Application Info

Narratives

Work Plan

Documents

Budget Section 1

Budget Section 2

Funding/Demographics

Review

Authorize and Submit

Follow the prompts entering all requested information. There are 10 sections that will need to be completed.

Note: Fields with a red asterisk (*) are required.

Applicant Info ?

Please enter/review your applicant and project information.

NOFA information ? : **change to another NOFA**

Please review the NOFA you selected. If needed change your NOFA selection.

NOFA:
Due Date:
Summary:

Review and verify that the NOFA you selected is the correct NOFA you are submitting an application for.

Applicant Information

Applicant/User: Test Grantee Account

Authorized Representative:

Project information:

The project information section defines the name and location of the project, the state in which the volunteers or members will be serving, and the name and contact information for the project director.

You will need to **create a new project** to continue.
First-time applicants: Use the "create a new project" link to enter the information about your project. (Hint: Select a unique project name for each application that you submit.)

Near the bottom of the screen, click on the "*create a new project*" link.

save   next ▣

Enter/Edit a Project

Please enter/edit your project information. All questions marked with an asterisk (*)are required.

* Project Title: [   ]

* Project State: [Choose Your State ...   ▼]

* Street Address 1: [   ]

Street Address 2: [   ]

* City: [   ]

* State: [Choose Your State ...   ▼]

* Zipcode: [   ] - [   ]

* Phone: [   ] . [   ] . [   ] ext. [   ]

Fax: [   ] . [   ] . [   ]

Email: [   ]

[cancel] [save & close]

First-time applicants: Use the "create a new project" link to enter the information about your project. (Hint: Select a unique project name for each application that you submit.)

Enter the required fields for your project information. Once complete click 'save & close'.

Project information:

The project information section defines the name and location of the project, the state in which the volunteers or members will be serving, and the name and contact information for the project director.

First-time applicants: Use the "create a new project" link to enter the information about your project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year.

Select a project: `another test project title ▼`
enter new ǀ view/edit ?

* Project Director: `Select a Project Director ... ▼`
enter new ǀ view/edit ?

Project Website URL: [_____] ?

Enter or select your Project Director and Project Website URL (if applicable). Once complete, click the next button.

Areas affected by the project (Max. 1000 chars) List Cities, Counties or States ?

[text area]

Please refer to the *Senior Corps Grant Application Instructions* on what information to enter.

Project Start and End Dates

Proposed Start Date: `Month ▼` / `Day ▼` / `2012 ▼` ?

Proposed End Date: `Month ▼` / `Day ▼` / `2012 ▼` ?

Select the proposed Start and End Dates. This is a 3-year period, also known as the "project period".

12

Other

The Application is Subject to Review by **State Executive Order 12372** Process.

○ Yes ◉ No ❓

If yes, please enter the date of the review. [Month ▾] / [Day ▾] / [Year... ▾]

Applicant is Delinquent on any federal debt.

○ Yes ◉ No ❓

If yes, please explain. (Max. 240 chars)

State Application Identifier [   ] ❓

◀ back   save   next ▶

Here is where you would indicate whether this application is subject to review by the State Executive Order 12371 Process by checking the box. Please review the Grant Application Instructions for clarification on the Executive Order.

Check the appropriate box that applies to the applicant organization. Please review the Grant Application Instructions on what federal debt would include.

PART II – Project Narrative Instructions (eGrants "Narratives" Sections)

Please refer to the *Senior Corps Grant Application Instructions* for the information you need to enter.

The purpose of the program narratives is for you to provide a project plan with a clear and compelling justification for achieving results with the requested funds.

Please enter the Executive Summary

You may not exceed 25 double-spaced pages for the Narratives, including the Executive Summary as the pages print out from eGrants.

In the case of **competitive grants,** reviewers will not consider material submitted over the page limit, even if eGrants allows you to enter and submit text over the limit. From the Review and Submit page, print out your application prior to final submission to ensure it is not over the 25 page limit. This limit does not include the budget and performance measures.
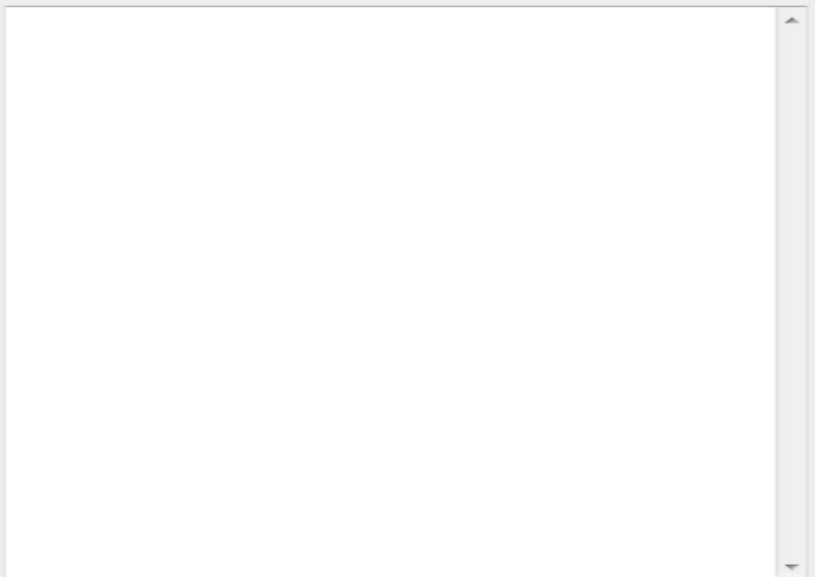
Section A. Executive Summary

In this section, please provide a summary of your proposed or ongoing project. The Executive Summary must be no longer than one page.

NOTE: CNCS will post these summaries on www.nationalservice.gov in the interest of transparency and open government.

Section B. Strengthening Communities

Competitive grants must align with the Performance Measures Requirements. The requirements are listed in the eGrants Application Instructions and the Appendices. The unit of measure for performance measures requirements is "unduplicated [RSVP, FGP, or SCP] volunteers".

Please enter the Strengthening Communities

==SKIP FOR PERFORMANCE MEASURES==

Section C. Recruitment and Development

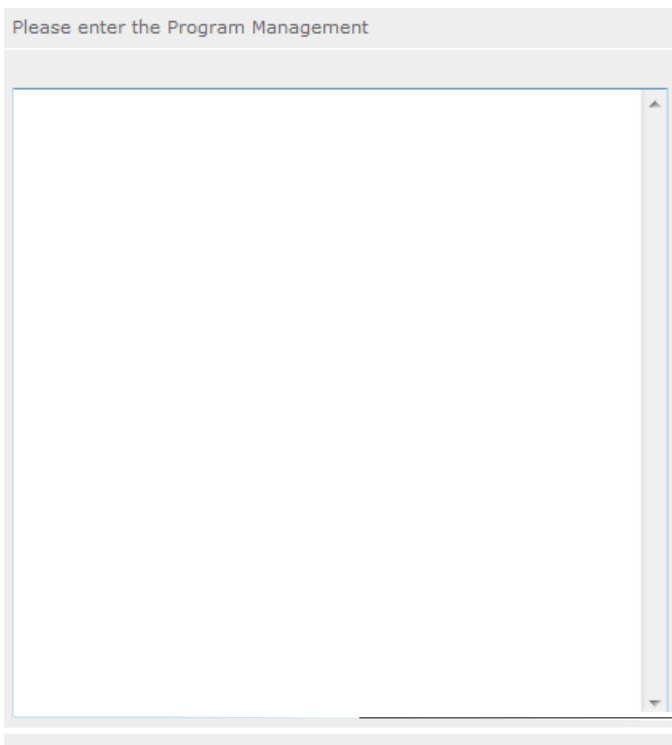In this section, please provide your plan for recruitment and development of volunteers.

Please enter the Recruitment and Development

Section D. Program Management

Please enter the Program Management

In this section, please describe specific plans and strategies for overall management of the project that you propose.

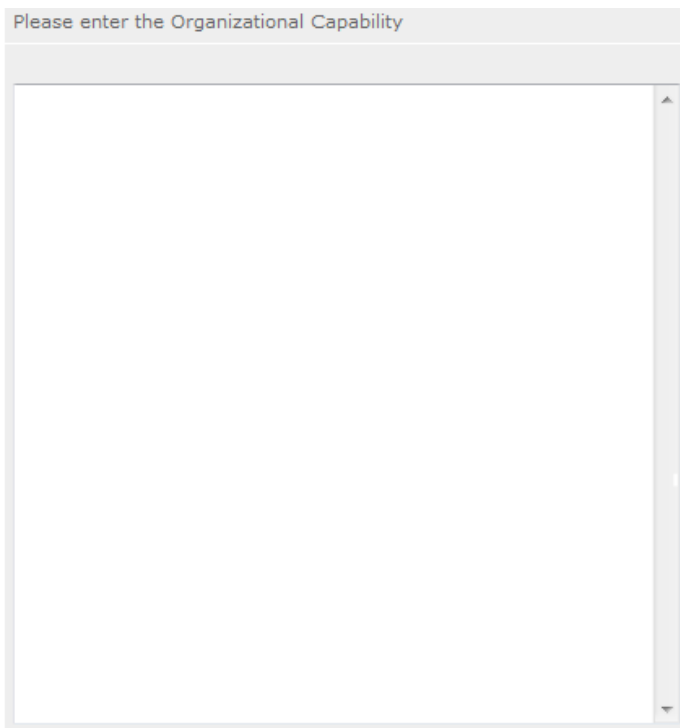## Section E. Organizational Capability

Please enter the Organizational Capability

In this section, please briefly describe your organization's capacity to operate the project that you propose.

Section F. Other NOFA Requirements – Reference ONLY

This section is used, as needed, to address any additional program requirements that appear in the published Notice of Funding Opportunity (NOFO) or supplemental instructions. Refer to the NOFO for specifics.

Please enter the Other

PART III – Performance Measures and Work Plans – eGrants "Work Plan" Section

For <u>Competitive Applicants</u>, this section must be completed.

For <u>Continuation Applicants</u>, you MUST UPDATE the continuation grant application to reflect any changes from previous submission to ensure that Performance Measures and Work Plans are aligned to the proposed activities and outcomes in the upcoming year.

INVOLVES Performance Measures….HOLD OFF

Document Status List: ⬛ **add a new**

	✅ status entered	⬛ status not entered	
Document Name	Document Status		delete
⬛ Aggregate Dollar Amounts of funding	Not Sent ▾		
⬛ Articles of Incorporation	Not Sent ▾		
⬛ Board of Directors	Not Sent ▾		
⬛ CPA Certification	Not Sent ▾		
⬛ Certification of non-profit status	Not Sent ▾		
⬛ Community Advisory Group names and addresses	Not Sent ▾		
⬛ List of the names of any Funding Organizations/Sources	Not Sent ▾		
⬛ Negotiated Indirect Cost Agreement	Not Sent ▾		
⬛ Organizational Chart	Not Sent ▾		
⬛ Project Director's Job Description	Not Sent ▾		
⬛ Roster of Volunteer Stations	Not Sent ▾		
⬛ Statement of date of last A133 audit	Not Sent ▾		
⬛ Statement of whether applicant is subject to A133 audit	Not Sent ▾		

PART IV - Required Supplemental Documents List (eGrants "Documents" Section)

Document Statuses

Sent: means you have sent the document to CNCS

Not Sent: means you intend to send the document to CNCS, but have not yet done so

Not Applicable: means the document is not required for this application

Already on file at CNCS: means the document is already on file at CNCS because it was submitted with a previously awarded application.

PART V. – BUDGET Instructions: eGrants Budget Sections

Please refer to the *Senior Corps Grant Application Instructions* as you complete your budget.

Below are the instructions for each line item of the budget form. For each line item, you will have to document the CNCS Share, Grantee Share, and the Excess Amount.

Figure 1 CNCS Share	Enter the amount of Corporation funding requested for each line item and the total
Grantee Share	Enter the amount of funds for the item that is expected to be covered by grantee funds or funds the grantee expects to receive from other sources, including cash and in-kind support.
Excess Amount	Enter any contributions in **excess of required non-federal share in this optional section**, as Stipulated in Section 224 of the Domestic Volunteer Service Act, as amended.

Please note that you are required to put the total cost in all line items to identify the source of funds as appropriate.

Section I: Volunteer Support Expenses (*for RSVP, FGP, and SCP applicants*)

Source of Matching Funds

By clicking the 'Enter Source of matching funds', you will be asked to provide any source(s) of matching funds in the textbox below.

Please enter the source of matching funds in the textbox below.

Source of Matching Funds (Max. 1000 chars)

Project Personnel Expenses

List the title of each staff position charged to the project. List all positions/titles that are either funded by CNCS, grantee share, or excess resources.

Project Personnel Expenses add a new budget item

Position/Title	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Subtotal									

By clicking the 'add a new budget item' you will be taken to this screen.

For this screen you will need to enter the position title, the quantity, the full-time equivalent (FTE) annual salary, the percentage of time, and the CNCS, Grantee, and Excess Amount (*refer to Figure 1 above*).

Budget - Project Personnel Expenses

cancel   save & close

Please enter the necessary budget information for your project.

* Position/Title:

* Qty:

* Annual Salary: $.

* % Time: . %

Personnel Fringe Benefits : add a new budget item

Item	Description	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
FICA		$0	$0	$0	$0	edit	
Health Insurance		$0	$0	$0	$0	edit	
Retirement		$0	$0	$0	$0	edit	
Life Insurance		$0	$0	$0	$0	edit	
Subtotal		$0	$0	$0	$0		

Personnel Fringe Benefits

Enter in the appropriate column the cost of fringe benefits to which

employees are entitled, calculated on the same percentage time indicated under line A for each individual. In the description, provide details concerning the benefits provided. (E.G., Retirement contributions for all staff working over 60% time, calculated at 5% of total annual salaries of $80,000 = $4,000).

Once you have clicked the 'edit' or 'add a new budget' link under Personnel Fringe Benefits, you will be able to enter a short description of the calculations of the benefits.

Local Travel

Enter local travel costs, as appropriate in the budget. Briefly list the purpose of anticipated local travel and the basis for calculations.

cost

Local travel is travel within project service area.

the

For Local Travel →

Long Distance Travel

Enter long distance travel costs, as appropriate, in the budget. Briefly list the purpose of anticipated long distance travel and the basis for cost calculations.

Please enter the necessary budget information for your project.

* Purpose: [_____]

Destination: [_____]

* Trans. Amount: $[____].[__]

* Meals/ Lodging: $[____].[__]

* Other Travel: $[____].[__]

Total Amount: $0.00

* CNCS Share: $[_____].[__]

* Grantee Share: $[_____].[__]

* Excess Amount: $[_____].[__]

All travel outside the service area is long distance travel. For long distance travel, show the purpose for each trip and break out for each the cost of transportation, meals and lodging, and other travel costs.

← *For Long Distance Travel*

Equipment

Enter the cost of equipment. Items costing more than $5,000 should be listed in this section.

Equipment : add a new budget item

Item/Purpose	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Subtotal								

Please enter the necessary budget information for your project.

* Item/Purpose: [_____]

* Qty: [_____]

* Unit Cost: $[_____].[__]

Total Amount: $0.00

* CNCS Share: $[_____].[__]

* Grantee Share: $[_____].[__]

* Excess Amount: $[_____].[__]

Supplies

By clicking here

Supplies : add a new budget item

Item/ Purpose	Calculation	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Subtotal							

you will able to list your supplies.

be

Enter your items to be purchased, the

Please enter the necessary budget information for your project.

* Item/ Purpose: [_____]

Calculation: [_____]

* Total Amount: $0 .00

* CNCS Share: $[_____].[__]

* Grantee Share: $[_____].[__]

* Excess Amount: $[_____].[__]

quantity of each, with their respective costs, and explain how each item will be used in the project. *Itemize large items.*

Contractual and Consultant Services

Enter the cost of contracts and consultants as appropriate.

Contractual and Consultant Services: add a new budget item							
Purpose	Calculation	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Subtotal							

In this section you will be able to itemize each contract or consultant and provide a brief justification of the need for each.

Include here all services documented in a contract, such as clerical support, training consultants, equipment repair and maintenance, or bookkeeping services.

Please enter the necessary budget information for your project.

* Purpose: [ ]

Calculation: [ ]

* Total Amount: $[0].00

* CNCS Share: $[ ].[ ]

* Grantee Share: $[ ].[ ]

* Excess Amount: $[ ].[ ]

Other Volunteer Support Costs

Describe all other allowable Volunteer Support Expenses not included in the above categories, such as criminal history background checks, training, evaluation services, and other items and briefly describe.

Other Volunteer Support Costs: add a new budget item						
Item	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Criminal Background Check	$0	$0	$0	$0	edit	
Subtotal	$0	$0	$0	$0		

For the Criminal Background check, you will have to click on the 'edit' link to add the appropriate costs to perform this action.

Criminal Background checks are for all employees or other individuals who receive a salary or similar payment from the grant (federal or non-federal share).

For any additional Volunteer Support Costs, click on the 'add a new budget item' and complete the appropriate fields.

Please enter the necessary budget information for your project.

* Item: Criminal Background Check
* Total Amount: $0 .00
* CNCS Share: $0 .00
* Grantee Share: $0 .00
* Excess Amount: $0 .00

Please enter the necessary budget information for your project.

* Item: [   ]
* Total Amount: $0 .00
* CNCS Share: $.
* Grantee Share: $.
* Excess Amount: $.

Indirect Costs

Enter indirect charges applicable to volunteer support expenses. A Negotiated Indirect Cost Rate Agreement <u>must</u> be in place with your cognizant federal agency.

Indirect Costs : add a new budget item ?

Rate Type	Cost Basis	Calculation	Rate	Claimed	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Subtotal										

In this section, you will be able to describe the type of rate (provisional, predetermined, final, or fixed) in effect during the budget period, estimated amount of the base to which the indirect rate was applied, and total indirect expense.

Please enter the necessary budget information for your project.

* Rate Type: Select a Cost Type ▼
Cost Basis: Select a Basis ▼
Calculation: [   ]
Rate: [   ].[ ] %
Claimed: [   ].[ ] %
Total Amount: $0 .00
* CNCS Share: $[   ].[ ]
* Grantee Share: $[   ].[ ]
* Excess Amount: $[   ].[ ]

Section II: Volunteer Expenses (*for RSVP applicants*)

Source of Matching Funds

By clicking the 'Enter Source of matching funds', you will be asked to provide any source(s) of matching funds

Budget Section I. Volunteer Support Expenses **Enter Source of matching funds**

Please enter the necessary budget information for your project.

Please enter the source of matching funds in the textbox below.

Source of Matching Funds (Max. 1000 chars)

Other Volunteer Costs (*for RSVP*)

In this section, you will enter in the respective categories the applicable costs and reimbursable expenses, as appropriate.

Other Volunteer Costs **add a new budget item**

Item	Description	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Meals		$0	$0	$0	$0	edit	
Uniforms		$0	$0	$0	$0	edit	
Insurance		$0	$0	$0	$0	edit	
Recognition		$0	$0	$0	$0	edit	
Volunteer Travel		$0	$0	$0	$0	edit	
Subtotal		$0	$0	$0	$0		

RSVP allowable costs and reimbursable expenses include: Volunteer Travel, Meals, Recognition, and Insurance. Volunteers may also be reimbursed for costs incurred while performing assignments – including transportation, equipment, supplies, etc. – provided such costs are described in the Memorandum of Understanding negotiated with the volunteer station where the volunteer is

assigned and there are sufficient funds available to cover these expenses and meet all other requirements of the NGA.

'Add a new budget item' →

Please enter the necessary budget information for your project.

* Item:

Description:

* Total Amount: $0 .00

* CNCS Share: $.

* Grantee Share: $.

* Excess Amount: $.

Please enter the necessary budget information for your project.

* Item: Meals

Description:

* Total Amount: $0 .00

* CNCS Share: $0 .00

* Grantee Share: $0 .00

* Excess Amount: $0 .00

← 'Edit' the categories applicable to your organization.

Subtotal:

Total Amount	CNCS Share	Grantee Share	Excess Amount
$0	$0	$0	$0
	0%	0%	0%

This section provides the subtotals of the CNCS share, Grantee share and any excess amount that you have entered under the budget.

By validating your entire Budget section, you will be able to view or edit any errors on the list that pops up. To ensure you have validated the budget, the link will turn green with a check mark.

Validate this budget ⊞

Section II: Volunteer Expenses (*for FGP and SCP applicants*)

Source of Matching Funds (*for FGP and SCP***)**

By clicking the 'Enter Source of matching funds', you will be asked to provide any source(s) of matching funds

Budget Section I. Volunteer Support Expenses Enter Source of matching funds

Please enter the necessary budget information for your project.

Please enter the source of matching funds in the textbox below.

Source of Matching Funds (Max. 1000 chars)

Stipends (*for FGP and SCP***)**

In this section, you will enter in the respective stipends for both Corporation and Non-Corporation funded volunteer service years, as appropriate.

Stipends

Item	#	Annual Stipend	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Corporation Funded		$2,767	$0	$0	$0	$0	**edit**	
Non-Corporation Funded		$2,767	$0	$0	$0	$0	**edit**	
Subtotal	0	$5,534	$0	$0	$0	$0		

Please enter the necessary budget information for your project.

* Item: Corporation Funded

* #:

* Annual Stipend: $2767

Total Amount: $0.00

* CNCS Share: $0 .00

* Grantee Share: $0 .00

* Excess Amount: $0 .00

Please enter the necessary budget information for your project.

* Item: Non-Corporation Funded

* #:

* Annual Stipend: $2767

Total Amount: $0.00

* CNCS Share: $0 .00

* Grantee Share: $0 .00

* Excess Amount: $0 .00

2

Other Volunteer Costs (*for FGP and SCP***)**

In this section, you will enter in the respective categories the applicable costs and reimbursable expenses, as appropriate.

Other Volunteer Costs	add a new budget item						
Item	Description	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Meals		$0	$0	$0	$0	edit	
Uniforms		$0	$0	$0	$0	edit	
Insurance		$0	$0	$0	$0	edit	
Recognition		$0	$0	$0	$0	edit	
Volunteer Travel		$0	$0	$0	$0	edit	
Physical Examinations		$0	$0	$0	$0	edit	
Subtotal		$0	$0	$0	$0		

'Add a new budget item' →

Please enter the necessary budget information for your project.

* Item:
Description:
* Total Amount: $ 0 .00
* CNCS Share: $.
* Grantee Share: $.
* Excess Amount: $.

Please enter the necessary budget information for your project.

* Item: Physical Examinations
Description:
* Total Amount: $ 0 .00
* CNCS Share: $ 0 .00
* Grantee Share: $ 0 .00
* Excess Amount: $ 0 .00

← 'Edit' the categories applicable to your organization.

Subtotal:			
Total Amount	CNCS Share	Grantee Share	Excess Amount
$0	$0	$0	$0
	0%	0%	0%

This section provides the subtotals of the CNCS share, Grantee share and any excess amount that you have entered in your Budget.

By validating your entire Budget section, you will be able to view or edit any errors on the list that pops up.

Validate this budget ⏩

PART VI – FUNDING Instructions: Estimated Funding

Estimated Funding (*for RSVP, FGP, and SCP***)**

To complete the budget section, you will be required to provide the applicant share breakdown for the application. Please refer to the Grant Application Instructions for further instructions.

Estimated Funding

Total

Total Amount	$0.00

Federal Share

Amount	$0.00

Applicant Share

Amount	$0.00

Applicant Share Breakdown

Please breakdown the applicant share into the following sources. The sum of the source amounts must add up to $0.00.

Local: $ 0 .00

State: $ 0 .00

Other: $ 0 .00

Income: $ 0 .00

☑ Please check the box if your organization is funded by CNCS

Review, Authorize and Submit (*for RSVP, FGP, and SCP***)**

Under the "Review" and "Authorize and Submit" sections, you should review each section of your application. We *strongly encourage* you to print out your application prior to final submission to ensure is it not over the 26 page limit. This limit does not include the budget and performance measures.

NOFA Information

- **NOFA:** RSVP New 2012 Relinquishment Funds Competition
- **Grant Application ID #:** 12SR141323
- **Due Date:** 05/15/2012
- **Summary:** For new RSVP grants to operate in geographic areas where there are no longer projects due to grant relinquishment, and for RSVP grant augmentations to existing grantees to incorporate new Veterans, including Department of Labor (DOL) Vets activities and/or other veteran's and military families programming.

View/Print your application

Please click on any of the following links to view/print a report.

- **Application for Federal Assistance: view/print report**
- **Budget: view/print report**
- **Budget Narrative: view/print report**
- **Funding Summary Chart: view/print report**
- **Notice of Grant Award: view/print report**
- **Organization/People Report: view/print report**
- **Program Summary Chart: view/print report**

Applicant Info: edit

- **Applicant/User:** Test Grantee Account
- **Authorized Representative:** Grantee Account, Test
- **Applying Type:** New
- **Applying:** Directly to CNCS

Application Info: edit

- **Areas affected by the project:**
  The entire District of Columbia (washington, dc)
- **Project Start and End Dates:** 06/01/2013 ~ 05/31/2016
- **Subject to Review by State Executive Order 12372 Process:** No
- **Delinquent on any federal debt?** No

Narratives: edit

- Executive Summary: not entered
- Strengthening Communities: not entered
- Recruitment and Development: not entered
- Program Management: not entered
- Organizational Capability: not entered
- Other: not entered
- PNS Amendment (if applicable): not entered

Documents: edit

Aggregate Dollar Amounts of funding - Not Sent
Articles of Incorporation - Not Sent
Board of Directors - Not Sent
CPA Certification - Not Sent
Certification of non-profit status - Not Sent
Community Advisory Group names and addresses - Not Sent
List of the names of any Funding Organizations/Sources - Not Sent
Negotiated Indirect Cost Agreement - Not Sent
Organizational Chart - Not Sent
Project Director's Job Description - Not Sent
Roster of Volunteer Stations - Not Sent
Statement of date of last A133 audit - Not Sent
Statement of whether applicant is subject to A133 audit - Not Sent

Budget Section 1 Subtotal: edit

Total Amount	CNCS Share	Grantee Share	Excess Amount
$0	$0	$0	$0
	0%	0%	0%

Budget Section 2 Subtotal: edit

Total Amount	CNCS Share	Grantee Share	Excess Amount
$0	$0	$0	$0
	0%	0%	0%

Budget Total: Validate this budget ➡

Total Amount	CNCS Share	Grantee Share	Excess Amount
$0	$0	$0	$0
	0%	0%	0%

◀ back   **next ▶**

Now that you have reviewed and made any necessary changes to your application, you are now ready to authorize and submit your application.

The person who submits the application must be the applicant's authorized representative. The authorized representative must be using eGrants under their own account in order to submit the application.

Authorize and Submit

Please read the authorization, assurances and certifications below. If your name appears, please click on "I Agree." You must view or print the assurances/certifications before you can click on each "I Agree" for assurance or certification.

If your name does not appear, but you are the appropriate person for that section, you may click on it anyway.

If a section has already been agreed on by someone else, you can click on it yourself to override.

Authorization:

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.

Authorized by: Grantee Account, Test
⚠ Authorized on **06/12/2012**

◯ I Agree

Assurances: view/print certification

I Will comply with relevant statutes as referenced in the assurances and will meet the requirements of the grant award and have the legal authority to apply for federal assistance.

Authorized by: Grantee Account, Test
⚠ Authorized on **06/12/2012**

◯ I Agree

Certifications: view/print certification

By selecting "I Agree", you certify that you agree to perform all actions and support all intentions in the Certification sections of this Grant Application.

Authorized Certifying Official:

◯ I Agree

Verify this Grant Application:

When an application is submitted, eGrants checks to make sure all the required information has been entered. You can optionally run this check before submitting by clicking this link. If there are errors in your application, a box will be displayed explaining each error.

Verify this Grant Application 🔗

Available actions for this Grant Application:

Submit grant application to CNCS 🔗