**Appendix III: Application Instructions**

**OMB Control #: 3045-0155 Expiration Date: 1/31/2017**

**IMPORTANT NOTICE**

These application instructions conform to the Corporation for National and Community Service’s online grant application system, [eGrants](https://egrants.cns.gov/espan/main/login.jsp). All funding announcements by the Corporation for National and Community Service (CNCS) are posted on [www.nationalservice.gov/](https://www.nationalservice.gov/) and [www.grants.gov/](http://www.grants.gov/).

**Public Burden Statement:** Public reporting burden for this collection of information is estimated to average 24 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 250 E St. SW, Ste. 300, Washington, D.C. 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one are current and valid. (See 5 C.F.R. § 1320.5(b)(2)(i).)

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the Social Innovation Fund Application Instructions is collected pursuant to Section 198K of the National and Community Service Act of 1990, as amended (42 U.S.C. § 1653k). Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the CNCS website as part of ongoing efforts to increase transparency in grantmaking. This is described in more detail in the *Notice of Federal Funding Opportunity/Availability*. Effects of Nondisclosure - The information requested is mandatory in order to receive funding.

**Federal Funding Accountability and Transparency Act:**  Grant recipients will be required to report at [www.FSRS.gov](http://www.fsrs.gov/) on all subawards over $25,000 and may be required to report on executive compensation for recipients and subrecipients. Recipients must have the necessary systems in place to collect and report this information. See 2 C.F.R. Part 170 for more information and to determine how these requirements apply.

**Universal Identifier:**  Applications must include a Dun and Bradstreet Data Universal Numbering System (DUNS) number and register with the Central Contractor’s Registry (CCR).  All grant recipients are required to maintain a valid registration, which must be renewed annually.

**APPLICATION RESOURCES**

Use these instructions in conjunction with the applicable Social Innovation Fund *Notice of Funding Opportunity/Availability (Notice)*. **The *Notice* includes deadlines, selection criteria, eligibility requirements, submission requirements, funding priorities and other relevant information that might change annually.**

Please also refer to the SIF Performance Measures Definitions guide for assistance in determining which performance measures to select for your organization, if required in the *Notice*.

Technical assistance resources for completing your application can be found on the CNCS website (<https://www.nationalservice.gov/>) under Funding Opportunities.

**CREATING AN EGRANTS USER OR ORGANIZATION ACCOUNT**

First-time eGrants users need to create an eGrants account by accessing this link: <https://egrants.cns.gov/espan/main/login.jsp> and selecting ***Don’t have an eGrants account? Create an account.***

If you need help establishing a new organization account or a new user account for an existing organization account, or with other aspects of eGrants, contact the National Service Hotline at 800-942-2677 or via: https://questions.nationalservice.gov/app/ask.

**If you are applying for continuation funding (years 2 and beyond) of an existing SIF grant, please skip to the ‘REQUESTING CONTINUATION FUNDING’ Section of this document.**

**NEW APPLICATIONS**

To initiate an application:

* Start a new grant application: Select ***New*** under the ***Creating an Application*** heading on your Home Page
* Select a Program Area: ***Other***
* Select a NOFA: Social Innovation Fund [*Applicable year of funding]*

Once you have initiated an application, it will be listed in the ***View My Grants/Applications*** section of your homepage. If you exit and then return to eGrants and wish to continue entering or editing your application, please open your saved version by selecting ***View My Grants/Applications***. You should not use the ***New*** button again as this will start a brand new application.

**APPLICATION CONTENT**

Your application consists of the following sections. Please complete each section.

1. Applicant Info
2. Application Info
3. Narratives
4. Performance Measures – *If required in the Notice.*
5. Documents
6. Budget
7. Review, Authorize, and Submit

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

1. **Applicant Info**
* Under ***Project Information***select ***Enter New***, create a title for the proposed project, and enter the contact information.
* ***Select a Project Initiative***: Choose the operational model which best describes your application. Please see the *Notice* for details.
* Select an individual as the ***Project Director*** by choosing a name from the pull-down menu or adding a new contact.

Please note that the ***Authorized Representative***will be filled in at the end of the application when completing the Assurances and Certifications section (Attachment A).

1. **Application Info**

**Complete this section as follows:**

* ***Areas affected by the project***: List only the largest political or municipal entities affected (e.g., counties and cities). Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two-letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
* ***Proposed project start and end dates***. See the *Notice* for details
* ***Intergovernmental Review of Federal Programs:*** Enter‘No.’This program is NOT subject to Executive Order 12372.
* ***Delinquent on any federal debt:*** 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,’ type your explanation in the text box provided.
* ***State Application Identifier***: Enter N/A.

**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 or imprisonment for not more than five (5) years, or both (18 USC § 1001).

1. **Narratives**

The application narrative has four sections.

1. **Executive Summary**
2. **Program Design**
3. **Organizational Capability**
4. **Budget and Match**

Please note:

* *Executive summaries for all applications will be made public and posted to CNCS’s website.*
* *Applicants should complete the Program Design, Organizational Capability, and Budget and Match sections by responding to the selection criteria detailed in the Notice.*

***The following narrative sections are not relevant to the application***

1. **Amendment Justification**

Enter N/A. This field is used when requesting an amendment to an awarded grant.

1. **Clarification Information**

Enter N/A. This field is used to enter information that requires clarification in the post-review period.

1. **Continuation Changes**

Enter N/A. This field is used to enter changes in your narratives in your continuation requests.

**Page Limit and Formatting**

* It is important that you preview the eGrants PDF of your application to ensure that you don’t exceed the page limit as prescribed in the *Notice*.  Reviewers will stop reading your application when they reach the page limit.
* Also, please note that bold face, bullets, underlines, charts, diagrams, and tables or other types of formatting will not copy into eGrants.
1. **Performance Measures**

If Performance Measures are required in the *Notice,* follow the instructions below.

In the Performance Measures module of eGrants you will create performance measures; set targets and describe data collection plans for your performance measures; identify interventions associated with your program; and identify performance measures for subrecipients (as applicable).

1. **Accessing the Performance Measures Home Page**

You can either access the Performance Measures Module after completing the Documents section of your application or directly by clicking on ***Performance Measures*** on the left side of your screen.

* To begin entering performance measures, click the ***Begin*** button on the Home Page.
	+ As you proceed through the module, the Home Page will summarize your work and provide links to edit the parts of the module you have completed. You may also navigate sections of the module using the tab feature at the top of each page.
	+ Once you have started the module, clicking ***Continue Working*** will return you to the tab you were on when you last closed the module.
* To edit a performance measure, click the ***Edit*** button.
* To delete a measure, click ***Delete***.
* To create a new performance measure, click the ***Add New Performance Measure*** button.
1. **Creating Performance Measures**

On the ***Performance Measures Tab***, you can create performance measures for all the grant activities you intend to measure. Please note that there are mandatory measures for which you must set targets and report. There are additional measures that you will select as they pertain to your program.

1. Select **Applicant Type:** ***Grantee***.
2. Select **Applicant Name:** Your organization’s name.
3. Enter a **Problem Statement:** In 2-3 sentences, briefly describe the problem that you propose to address through your SIF grant activities.
4. Select **Targets for Mandatory Performance Measures**
* Enter a baseline and target number for mandatory SIF performance measures.
* For each measure, select and describe the instrument(s) you will use to measure the appropriate output or outcome. Instruments are specific tools used to collect information such as a behavior checklist, attitude questionnaire, attendance sheet, or interview protocol. Include the title of the instrument(s), a brief description of what it measures and how it will be administered, and details about its reliability and validity if applicable.
1. **Add Additional Performance Measures**

Select additional measures if they are applicable to your program. Consult the SIF Performance Measures Definitions guidance to determine which performance measures are appropriate for your program.

* Select a focus area and relevant outputs and/or outcomes. Enter a baseline and target number for each measure.
* For each measure, select and describe the instrument(s) you will use to measure your output or outcome.
* To create additional measures, select ***Add Another FA End Outcome*** (FA=Focus Area) and select desired focus areas, outputs, and outcomes, as appropriate.
1. **Identify Interventions**

Select the interventions that you will carry out to address the problem identified in the application. Only interventions that correspond with the focus area(s) you selected will appear.

* Select all interventions that are a part of your program design.
* Click ***Add User Intervention*** to add and describe any intervention not listed.
1. **Saving Performance Measures**
* After entering all information, select ***Complete PM***. This will return you to the Home Page.
* If you are an existing SIF recipient and wish to create performance measures for another subrecipient, repeat the process. If you would like to continue to the ***Summary Tab*** to validate your performance measures, click ***Next***.
1. **Validating Performance Measures**

You will not be able to submit your application without first validating your performance measures. The ***Summary Tab*** allows you to review all of the measures and targets that you selected.

* You can select to print the performance measures by clicking either ***Print PDF of Table*** or ***Print All Performance Measures***.
* If you need to edit a measure, click ***Edit Performance Measure*s** which will take you back to the Performance Measures Tab.
* Once your performance measures are complete, click ***Validate Performance Measures*** to include them in your application.
1. **Documents**

In addition to the application submitted in eGrants, you are required to provide documentation of match as described in the ***Submitting Match Verification*** section of the *Notice*. After you have submitted your match verification, change the status in eGrants from the default “Not Sent” to the applicable status “Sent.”

1. **Budget**
2. **Budget Requirements**

The *Notice* specifies whether the applicant should submit a one-year budget or budgets for multiple years. If an application is selected for award, CNCS will determine the final amount of the award of federal funds, and will negotiate a final budget. Upon award, compliance with the approved budget will be a material term and condition of the cooperative agreement with the Social Innovation Fund recipient.

Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative and provide a full explanation of costs including their purpose, justification, and the basis of your calculations. Reviewers will consider the information you provide in your budget as part of their assessment of the Cost Effectiveness and Budget Adequacy criteria.

In eGrants, the preparation of a detailed budget provides the data that creates the summary budget and the budget narrative. The detailed budget should provide a full explanation of associated costs including their purpose, justification, and the basis of the calculations. eGrants will perform a limited compliance check to validate the budget. If it finds any compliance issues you will receive a warning and/or error messages. You must resolve all errors before you can submit your budget.

*As you prepare your budget:*

* All the amounts you request must be for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
* Itemize each cost and present the basis for all calculations in the form of an equation, identifying the number of persons involved with the event, the cost per person or unit, and/or the annual salary cost.
* Do not include fractional amounts (cents).
* Because of the required one-to-one match for Social Innovation Fund recipients, the budget must reflect **total** costs being distributed equally between the federal and recipient shares, but individual categories **do not** have to be equally distributed.
* The *Notice* provides specific guidance about the portion of the federal share of the budget that must be awarded to or spent on subgrantees/subrecipients/service recipients.
* If the *Notice* requires you to create multiple budgets, add additional budgets by clicking “Add Subsidiary Budget” or “Copy Subsidiary Budget.” Type “Budget Year [#]”in the “Enter Sub Budget Description” text box.

Programs must comply with all applicable federal laws, regulations, and OMB requirements for grant management under Title 2 of the Code of Federal Regulations (2 CFR Part 200 and CNCS’s implementing regulations at 2 CFR Part 2205), such as allowable costs and audit requirements, including providing audits to the Federal Audit Clearinghouse if expending over $750,000 in federal funds, as required in 2 C.F.R. § 200.501.

*Allowable Costs*

Please refer to the Uniform Cost Principles (2 CFR Subpart E).

It is important to understand that “allowable costs” under federal awards do not necessarily include all costs that the organization will incur in order to perform their awards. The cost principles reflect government-wide requirements that one must be aware of when developing a budget.

1. **Matching Funds**

The non-federal share of the budget represents the dollar-for-dollar match requirement. Any organization that receives a SIF award is responsible for securing the necessary match. Match may come from state, local, or private sources, which may include state or local government agencies, businesses, private philanthropic organizations, or individuals. Federal funds may not be used toward the match requirement.

The non-federal share of the budget must equal or exceed the federal share of the budget (this implements the dollar-for-dollar match requirement). There is no requirement that the non-federal share of the budget “mirror” or be allocated on the same basis as the federal share of the budget.

1. **Budget Line Items**

**Section I. Program Costs**

* **Project Personnel Expenses**

List each staff position separately with a brief statement of responsibilities, salary, and the percentage of staff time that will apply to the grant. Each staff person’s role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either CNCS or recipient share.

* **Personnel Fringe Benefits**

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

* **Staff Travel**

Describe the purpose for which project staff will travel. Allowable costs are transportation, lodging, subsistence, and other related expenses. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the federal mileage rate unless it is a result of applicant policy and it is justified in the budget narrative. Only domestic travel is allowable. Include costs for key staff members such as the CEO, project lead, evaluation lead, and finance lead to attend the annual SIF Grantee Convening.

Example of budget detail required: The project lead will conduct a monitoring visit: 1 person x $750 airfare + $50 ground transportation + $150 lodging + $35 per diem x two days = $1,170 for Monitoring.

* **Equipment**

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

* **Supplies**

Include the funds for the purchase of consumable supplies and materials that do not fit the definition above. Applicants must individually list any single item costing $1,000 (one thousand) or more. Applicants should provide the calculation for cost determinations.

* **Contractual and Consultant Services**

Include costs for consultants related to the project’s operations, except training or evaluation consultants who should be listed in those sections. Where applicable, indicate the daily rate for consultants.

* **Training**

Include the costs associated with training of staff working directly on the project, especially training that specifically enhances staff project implementation and professional skills. If using a consultant(s) for training, indicate the estimated daily rate.

* **Evaluation**

Include costs for project evaluation activities, such as use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity. Indicate daily rates of consultants, where applicable. If subrecipient evaluations will be paid at the subrecipient level using subaward funds, include them in section I. Other.

* **Other Costs**

*Subawards* - Please enter all subaward costs in a line titled, “Subawards.” The amount entered for the CNCS share should reflect the portion of total requested federal funds specified in the *Notice*. As with other categories, the recipient share of subaward funds does not need to equal the CNCS share.

*Criminal History Checks* - Please include a line titled “Criminal History Checks” and enter costs for criminal history background checks for all employees or other individuals who receive a salary, stipend, or similar payment from the grant (CNCS or non-CNCS share). Please note that criminal history checks are required at both the intermediary and subrecipient levels.

Other allowable costs in this section may include office space rental, utilities, and telephone and Internet expenses that directly involve program staff and are not part of the organization’s indirect cost/admin cost. If shared with other projects or activities, you must prorate the costs equitably. List each item and provide a justification in the budget.

* **Indirect Costs**

Indirect costs are those costs incurred for a common or joint purpose benefitting more than one cost objective and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. These costs may include administrative staff positions, rent, IT costs, etc.

* + If you have a federally approved indirect cost (IDC) rate you must use it unless authorized by CNCS to use another method. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate, and specify the cognizant agency for indirect costs. Supply your approved IDC rate (percentage). It is at your discretion whether or not to use your entire IDC rate to calculate indirect costs. If you choose to claim a lower rate, please include this rate under the Rate Claimed field.
	+ If you do not have an IDC, indirect costs should be entered as direct expenses.
	+ If you are a nonprofit organization or an institution of higher education and have never had an IDC, instead of entering indirect costs as direct costs, you could also enter an amount up to 10% of your modified total direct costs. Modified total direct costs are direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards and subcontracts up to the first $25,000 of each subaward or subcontract (regardless of the period of performance of the subawards and subcontracts under the award). Modified direct costs do not include costs for equipment, capital expenditures, patient care, tuition remission, etc. See 2 CFR §200.68 and §200.414(f) for more information.
	+ If you do not have an IDC, you may negotiate with your cognizant agency for indirect costs for an IDC rate. See 2 CFR §200.414(e) for information on how to submit a proposal. See 2 CFR §200.19 to find out who your cognizant agency for indirect costs is.

* **Source of Matching Funds**

Describe the recipient match contribution by entering a brief description, the amount, the match classification (Cash, In-kind, (this option is only applicable to PFS) or Not Available) and Match Source (State/Local, Private, Other, or Not Available) **for your entire match.** Define any acronyms the first time they are used. Each source should be entered as a separate line item. For example, if you receive support from two separate foundations, enter each one on a separate line.

Note: You will be prevented from validating your budget in eGrants if you do not meet the dollar-for-dollar matching requirement. You will receive an error message that states, “Grantee share must be greater than or equal to CNCS share.”

1. **Review, Authorize, and Submit**

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

* Review
* Authorize
* Assurances
* Certifications
* Verify
* Submit

Read the Assurances and Certifications carefully (Attachment A). The person who authorizes the application must be the applicant’s Authorized Representative or his/her designee and must have an active eGrants account to sign these documents electronically.

An Authorized Representative is the official representative in your organization authorized to act for the applicant and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications. The Authorized Representative must be able accept and commit funds on behalf of the organization. A copy of the governing body’s authorization for this official representative to sign a grant application must be on file in the organization’s office.

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

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

**CONTINUATION REQUESTS**

These instructions apply only to current SIF grantees programs that are requesting funding for years 2 or beyond of a current SIF grant.

* Log into eGrants.
* On your eGrants Home Page, under ***Creating a Grant Application***, select Continuation/Renewal.
* Select Continue from the options listed to the right of your SIF grant. Do not start a new application. If you have more than one grant with CNCS, be sure to select the correct one. The system will copy your most recently awarded application.
* Select Next on the screen that opens.

**APPLICATION CONTENT**

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

1. Applicant Info
2. Application Info
3. Narratives
4. Performance Measures
5. Documents
6. Budget
7. Review, Authorize, and Submit
8. **Applicant Info**

Update this section if necessary*.*

* In particular, click ***View/Edit*** under ***Project Director*** to see if the contact information is current. Make any necessary changes to the project director’s contact information.
* If the project director has changed, you must create a record for the new person by clicking ***Enter New***. DO NOT overwrite the information for an existing contact with the information for a new contact because this affects the historical record.
* Document in the ***Continuation Changes*** field any changes you have made to this section.
1. **Application Info**

Update ***Areas affected by the project*** and ***Delinquent on any federal debt*** as necessary. Do not adjust the project period dates.

1. **Narratives**

Please comply with the page limit listed in the *Notice*. Preview the eGrants PDF of your application to ensure that you don’t exceed the page limit as prescribed in the *Notice*.

* Your original application will appear in the different sections of the Narratives screen. Do not enter continuation changes in, or otherwise edit, the original narrative fields. Instead, provide the information described below in the narrative field called ***Continuation Changes***.
* If you have previously requested continuation funding, please distinguish this year’s text from previous text by labeling this year’s narrative “Year \_\_\_(2, 3, 4, etc.) Continuation Changes.”
* Please enter narrative for the following topics, clearly labeling each with a new heading:
	+ Changes to **Applicant Info** or **Application Info** screens: As applicable, note any changes you have made to the **Applicant Info** and **Application Info** screens.
	+ Changes in Staff: If applicable, describe changes in key staff positions. If any key positions are currently vacant, describe how the functions are being carried out and when the positions will be filled.
	+ Continuations review criteria outlined in the *Notice*: Provide a narrative response to the review criteria.
	+ Changes to Budget: If applicable, provide a rationale for any proposed changes to the budget.
1. **Performance Measures**

Update this section as necessary. In the ***Continuations Changes*** narrative section, identify and describe any performance measures changes made.

1. **Documents**

If the *Notice* requests documentation be submitted, after you have submitted it, change the status in eGrants from the default ***Not Sent*** to the applicable status ***Sent***.

1. **Budget**

Your budget from the previous year will be copied into your continuation request. Make any necessary adjustments to the existing budget.

1. **Review, Authorize, and Submit**

Read the Assurances and Certifications carefully (Attachment A). The person who authorizes the application must be the applicant’s Authorized Representative or his/her designee and must have an active eGrants account to sign these documents electronically.

An Authorized Representative is the official representative in your organization authorized to act for the applicant or grantee and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications. The Authorized Representative must be able accept and commit funds on behalf of the organization. A copy of the governing body’s authorization for this official representative to sign a grant application must be on file in the organization’s office.

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

**ATTACHMENT A: Assurances & Certifications**

***ASSURANCES***

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

* Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
* Will give the Corporation for National and Community Service (CNCS), the CNCS Inspector General, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
* Will initiate and complete the activities described in the application within the applicable time frame after receipt of CNCS’s approval.
* Will comply with all federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to:
1. Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et.seq*.), which prohibits federal grantees from discriminating on the basis of race, color, or national origin;
2. 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 in an educational program or activity that receives or benefits from federal financial assistance;
3. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits federal grantees from discriminating on the basis of disability;
4. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits the exclusion of any person on the basis of age from participating in any program or activity receiving federal financial assistance;
5. 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 dwellings provided in whole or in part with the aid of CNCS funding;
6. Any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended (NCSA), or the Domestic Volunteer Service Act of 1973, as amended (DVSA); and
7. The requirements of any other nondiscrimination statute(s) which may apply to the application.
* Will comply with section 543 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-2), as amended, relating to confidentiality of alcohol and drug abuse patient records.
* If a governmental entity—
1. Will comply with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. 2601 *et seq*.), which govern the treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs, and
2. Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328), which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
* Will assist CNCS 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 (16 U.S.C. 469a-l et seq.).
* Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and 2 CFR Part 200, Subpart F.
* Will, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with CNCS funds, clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
* Will not provide any CNCS funding to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.
* Will comply with all applicable requirements of all other federal laws, executive orders, regulations, application guidelines, and policies governing the program under which the application is filed.

**For Social Innovation Fund Classic Applicants**

* Will use the funds received through the award in order to make subawards to community organizations that will use the funds to replicate or expand proven initiatives, or support new initiatives, in low-income communities.
* Will consult with a diverse cross section of community representatives in making decisions about subawards for communities (including individuals from the public, nonprofit private, and for-profit private sectors).
* Will make subgrants of a sufficient size and scope to enable the community organizations to build their capacity to manage initiatives, and sustain replication or expansion of the initiatives;
* Will not make any subawards to--
	+ the parent organizations of the applicant,
	+ a subsidiary organization of the parent organization of the applicant, or,
	+ if the applicant applied for a SIF award as a partnership, any member of the partnership.
* Commits to meeting the matching cash fund requirements of section 198k(i) of the National and Community Service Act of 1990, as amended, (42 U.S.C. §12653k(i)).
* Commits to use data and evaluations to improve the applicant’s own model and to improve the initiatives funded by the applicant.
* Commits to cooperate with any evaluation activities undertaken by CNCS.

**For Social Innovation Fund Pay for Success Applicants**

* Will use the funds received through the award in order to make subgrants in cash funding or provide services to eligible entities toward the assessment and/or completion of Pay for Success projects.
* Will consult with a diverse cross section of community representatives in making decisions about selecting subrecipients or service recipients for communities (including individuals from the public, nonprofit private, and for-profit private sectors).
* Will make subgrants or provide services of a sufficient size and scope to enable the selected eligible entities to build their capacity to manage initiatives, and sustain replication or expansion of the initiatives;
* Will not make any subgrants to or select a service recipient that is--
	+ the parent organizations of the applicant,
	+ a subsidiary organization of the parent organization of the applicant, or,
	+ if the applicant applied for a SIF award as a partnership, any member of the partnership.
* Commits to meeting the matching cash fund requirements of section 198k(i) of the National and Community Service Act of 1990, as amended, (42 U.S.C. §12653k(i)).
* Commits to use data and evaluations to improve the applicant’s own model and to improve the initiatives funded by the applicant.
* Commits to cooperate with any evaluation activities undertaken by CNCS.

***CERTIFICATIONS***

***The certifications set out below are material representations upon which the Corporation for National and Community Service (CNCS) will rely when it determines to award a grant. False certification, or violation of the certification, may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 2 CFR Part 180, Subparts G and H).***

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

This certification is required by OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 CFR Part 180, Section 180.335, *What information must I provide before entering into a covered transaction with a Federal agency?*

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

* Is presently excluded or disqualified;
* Has been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against it for one of those offenses within that time period;
* Is presently indicted for, or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with, commission or any of the offenses listed in 2 CFR § 180.800(a); or
* Has had one or more public transactions (federal, state, or local) terminated within the preceding three years for cause or default.

**Certification – Drug Free Workplace**

This certification is required by section 184 of the NCSA (42 U.S.C. 12644), sections 5150-5160 of the Drug-Free Workplace Act of 1988 (41 U.S.C. 8101-8106), and CNCS’s implementing regulations at 2 CFR Part 2245, Subpart B.  Under these authorities, grantees mustcertify, prior to award, that they will make a good faith effort, on a continuing basis, to maintain a drug-free workplace.

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

A. Publishing a drug-free workplace statement that:

1. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee’s workplace;

2. Specifies the actions that the grantee will take against employees for violating that prohibition; and

3. Informs employees that, as a condition of employment under any award, each employee will abide by the terms of the statement and notify the grantee in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace within five days of the conviction;

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

C. Establishing a drug-free awareness program to inform employees about:

1. The dangers of drug abuse in the workplace;

2. The grantee’s policy of maintaining a drug-free workplace;

3. Any available drug counseling, rehabilitation, and employee assistance programs; and

4. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;

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

E. Taking one of the following actions within 30 calendar days of learning that an employee has been convicted of a drug violation in the workplace:

1. Taking appropriate personnel action against the employee, up to and including termination; or

2. Requiring that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a federal, state, or local health, law enforcement, or other appropriate agency;

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

**Certification – Lobbying Activities**

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

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

**Certification - Grant Review Process (State Commissions Only)**

I certify that in conducting our review process, we have ensured compliance with the National and Community Service Act of 1990, and all state laws and conflict of interest rules.

**Certification – Federal Tax Liability**

I certify that, if the applicant is a corporation,

1. The corporation does not have any unpaid federal tax liability—
2. That has been assessed,
3. For which all judicial and administrative remedies have been exhausted or have lapsed, and
4. That is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, or
5. A federal agency has considered suspension or debarment of the corporation based on the unpaid tax liability and has made a determination that this further action is not necessary to protect the interests of the government.

**Certification – Felony Criminal Conviction under Federal Law**

I certify that, if the applicant is a corporation,

1. The corporation has not been convicted of a felony criminal violation under any federal law within the preceding 24 months, or
2. A federal agency has considered suspension or debarment of the corporation based on that conviction and has made a determination that this further action is not necessary to protect the interests of the government

**Certifications – Subgrants and Lower Tiered Nonprocurement Transactions with Excluded or Disqualified Persons (NCSA Subtitle C and Social Innovation Fund applicants only)**

**Definitions**

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

**Assurance requirement for subgrant and other lower tier nonprocurement agreements**

You agree by submitting this proposal that, if we approve your application, in accordance with 2 CFR Part 180 Subpart C, you shall not enter into any lower tier nonprocurement covered transaction with a person without verifying that the person is not excluded or disqualified unless authorized by CNCS.

**Assurance inclusion in subgrant agreements**

You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered nonprocurement transactions and in all solicitations for lower tier covered nonprocurement transactions that the participants will comply with the provisions of 2 CFR Part 180 subparts A, B, C and I.

**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.