



## **AmeriCorps VISTA**

# **CONCEPT PAPER INSTRUCTIONS**

**OMB Control #:**  
**Expiration Date:**

## IMPORTANT NOTICE

These Concept Paper instructions conform to the Corporation for National and Community Service's (the Corporation) online grant application system, eGrants. The eGrants system is designed to serve the Corporation's applicants and grantees. All Corporation funding announcements are posted on our web site [www.cns.gov](http://www.cns.gov) and at [www.grants.gov](http://www.grants.gov).

**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 CFR 1320.5(b)(2)(i)).

**Time Burden:** The time required to complete this collection of information is estimated to average 1.5 hours per Concept Paper submission, including the time to review instructions; search existing data resources; gather the data needed; and complete and review the information collection before submitting.

**Use of Information:** The information collected constitutes a preliminary evaluation of suitability for the use of Corporation resources. The Corporation evaluates the Concept Paper and makes a decision whether the organization would be an appropriate sponsor. An approved Concept Paper serves as the basis for a VISTA Application. Once a Concept Paper has been approved, the Corporation provides VISTA Application materials.

**Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow the Corporation to assess the request for resources. Therefore it would not be possible to consider awarding resources to the prospective sponsor.

**Privacy Act:** Information provided for this collection may be shared with federal, state, and local agencies for law enforcement purposes.

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## About AmeriCorps VISTA

AmeriCorps VISTA is the national service program designed specifically to fight poverty. VISTA supports efforts to alleviate poverty by encouraging individuals from all walks of life to engage in a year of full-time service with a sponsoring organization to create or expand programs designed to bring individuals and communities out of poverty.

Rather than providing cash grants, the VISTA program places individual VISTAs with sponsoring organizations. Resources are provided to sponsors on an annual basis. [On a limited basis and at the discretion of the Corporation State Office, cash grants may be available to support service-related travel and/or supervision in direct support of the VISTA members.](#)

VISTA provides a small living allowance and certain benefits for members. Sponsoring organizations absorb most of the costs related to project supervision and logistical support. Investment by the sponsoring organization and the community is fundamental to the VISTA program, as the VISTA resource is intended to be short-term.

## Application Process

Organizations interested in becoming a VISTA sponsor should contact the Corporation State Office in their state and visit [www.americorps.gov/vista](http://www.americorps.gov/vista). The Corporation's State Offices are federal offices staffed by federal employees in the state. They conduct public outreach and program support and are directly responsible for developing and overseeing all VISTA projects within their state. **The Corporation State Office is available to provide technical assistance.** A directory of Corporation State Offices is available at <http://www.americorps.gov/about/contact/stateoffices.asp>.

To apply for VISTA resources, organizations complete a two-step process:

### Step 1 – AmeriCorps VISTA Concept Paper

Organizations submit an AmeriCorps VISTA Concept Paper to the Corporation. The Concept Paper is a preliminary screening tool that the Corporation uses to evaluate whether the organization would be an appropriate sponsor.

### Step 2 - AmeriCorps VISTA Project Application

If the Concept Paper is approved, the organization submits an AmeriCorps VISTA Project Application. The Project Application is based on the approved Concept Paper. The Corporation provides Project Application materials following approval of a Concept Paper.

VISTA Concept Papers and Project Applications are submitted using eGrants, the Corporation's integrated, secure, web-based system for applications. Organizations must have an eGrants account to submit the Concept Paper and Project Application in eGrants. To create an account and access the eGrants system, visit <http://www.nationalservice.gov/egrants/index.asp>.

Organizations that cannot submit using eGrants may submit in paper copy. If you are submitting your Concept Paper in paper copy, you will find all the forms that you need in the Additional Information section of these instructions.

## Concept Paper Instructions

Please use the following AmeriCorps VISTA Concept Paper instructions if you are a prospective sponsor interested in applying for AmeriCorps VISTA resources or an existing sponsor seeking to create a new project that is substantially different in project scope or emphasis area from your current VISTA project.

## Submitting Your Concept Paper in eGrants

Note: To complete the Concept Paper in eGrants, you must have an eGrants account. The account is free and can be created online at <http://www.nationalservice.gov/egrants/index.asp>. Consult the Corporation State Office for more information.

Your Concept Paper consists of the following components. Please make sure to complete each one.

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Review
- V. Authorize and Submit

In eGrants, before Starting Section I, you will need to:

- Select Start a New Concept Paper
- Select the appropriate NOFA (AmeriCorps VISTA State or AmeriCorps VISTA Headquarters). Consult the Corporation State Office with questions on the correct NOFA.
- Write down the Concept Paper ID for later reference

### I. Applicant Info

In eGrants, complete the Applicant Info Section. Some information is already in the system from when the eGrants account was created. Please take the time to reflect your information accurately in this section.

- Ensure that the information under Legal Applicant Info is correct.
- Ensure that the NOFA shown is the one you selected.
- In the Project Information Section, select create a new project.
- Enter your contact information into the fields that appear.
- Enter or select a Project Director. Choose the Project Director by selecting from the dropdown menu next to corresponding field. This will open up a list of people who are current and past eGrants users for your organization. If person who will be the Project Director is not listed, click enter/new and enter the new information into the fields that appear. The new name will appear in the Project Director list.
- If the project has a website, enter the website address into the Project Website URL field.
- Enter the estimated length of your project in years or months.

## II. Application Info

Information entered in the Applicant Info and Application Info sections will populate the SF 424 Facesheet. If you are submitting your application in paper copy, you will find all the forms that you need in the Additional Information section at the end of the Concept Paper instructions.

In the Application Info Section enter:

- Areas affected by your project. [List cities, counties and state\(s\). Please indicate if area\(s\) is rural or urban if applicable.](#)
- In the Other fields, if you were a former VISTA sponsor, indicate the number of years and the number of members assigned to your organization in the past.
- If your organization has received other Corporation resources such as AmeriCorps State, AmeriCorps National, Senior Corps, Learn and Serve, etc., describe these resources and the number of members/participants supported by those resources.

## III. Narratives

The narrative section of the Concept Paper is your opportunity to demonstrate to reviewers that your proposed project would be an appropriate use of VISTA resources. The narrative section includes the following four items: Executive Summary, Need, Strengthening Communities, and Organizational Capacity. Each item has questions associated with it that you must answer.

Be sure to:

- Type, single-spaced.
- Type both the question and answer. Use the same headings and numbering provided below.
- Include activities for the entire project period for which you are requesting resources.
- Enter data for each of the four narrative fields in eGrants. To enter information into the field, click **view/edit narrative** next to the corresponding narrative item. Enter text into the fields that appear.
- Check with your Corporation State Office for any state specific guidelines regarding the length of the answers to the questions. The answers to the narrative section are commonly between 750-1000 words or 3-4 pages, single spaced.
- You may wish to first answer questions in a word processing document and then later paste them into the eGrants fields. This provides you with an offline, backup record. Avoid using special formatting or tables because eGrants does not accommodate them.

### Executive Summary

1. Provide a brief description of the proposed project, including the project goal(s) as well as an overview of the activities the requested VISTAs and Leaders will perform.
2. How many VISTAs and Leaders are you requesting?
3. What is the estimated length of time required to complete the project?
4. Briefly describe your organization's mission, history, and the beneficiaries of your organization's programs.

### Need

State in measurable and quantifiable terms the specific poverty-related need(s) identified by the community(ies) that the VISTA project will address, including the number of low-income people directly affected by the problem(s). **If your program will operate at multiple sites,** demonstrate a need in each community you propose to serve.

*Hint:*

How did you identify the need and where is it documented? Use current and local statistical data, citing the source, to substantiate the problem.

*Example:*

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

### **Strengthening Communities**

1. Describe current activities your organization and other organizations are undertaking to address the problems identified in your need statement. Describe how the proposed project will complement this work.
2. Describe how the new [or enhanced programming infrastructure or organizational capacity](#) created by your project will address the needs of the community and bring individuals and, ultimately, the community out of poverty.

*Example:*

An applicant proposing to develop a child care program for families transitioning from welfare to work might explain how the child care program will allow current and former welfare recipients to pursue education, job training and employment opportunities, resulting in financial asset development gains that move affected families out of poverty.

3. How will you involve the community to ensure the sustainability of the proposed project?

*Hint:*

One of the primary purposes of VISTA is to ensure sustainable solutions to problems facing low-income communities. Address how you will ensure that the proposed project, and its results, continues upon completion of the project and withdrawal of VISTA support.

### **Organizational Capacity**

1. Address your organization's capacity to manage the proposed project including previous experience working with community volunteers and/or national service participants. Was your organization previously assigned VISTAs? If so, specify the sponsoring organization (if different from your own), years and number of members. Briefly describe how the proposed service activity differs from what your members did previously. Also, if your agency is currently receiving other CNCS resources, specify which program and the number of members.
2. What resources are available to support the project? Identify the names of partner organizations. Is your organization able to contribute financially for all or some of costs related to VISTA(s) and Leader(s)? Please indicate if you are able to support a cost-share member (approximately \$10,000-12,000/year).
3. [If your agency is currently receiving other CNCS resources, specify which program and the number of members or national service participants. Also identify your intended plan for using the various CNCS resources to enhance the VISTA activities if applicable.](#)

#### **IV. Review**

The Review section lists the information entered for the three previous sections: Applicant Info, Application Info and Narratives. You can go back to any of these sections to review or change what you have entered, prior to submission.

You can also view and print the information as a report. The report opens as an Adobe PDF Read-only file. You may print the Concept Paper in PDF format or save a copy of it onto your computer.

Because the PDF report is a read-only file, you cannot type in the report. To make changes, you must edit in the eGrants system and run the report again for the updated version.

#### **V. Authorize and Submit**

eGrants requires that you verify your entire Concept Paper before submitting, by completing the following sections in eGrants:

- Authorization
- Certification
- Submit

Read the Authorization and Certifications carefully.

The person who authorizes the Concept Paper must be the organization's authorized representative. This is the person who has the authority to commit resources at your organization. In order to complete this section, the appropriate person should logon to eGrants and go to the Authorize and Submit section of the Concept Paper. **The Authorized Representative must have his/her own eGrants account.**

Be sure to check your entire Concept Paper 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.



## **Additional Information: Paper copy forms**

If you are submitting your application in paper copy instead of eGrants, you will find the required SF424 forms (Facesheet) in the following section. Attach these forms with your answers to the questions in each of the Narrative fields, listed on pages 6-7.

Be sure to:

- Type, single-spaced.
- Use the same headings and lettering provided below when completing your concept paper.
- Type both the question and answer.
- Submit to the appropriate Corporation for National and Community Service State Office

### **CONCEPT PAPER: FACESHEET INSTRUCTIONS**

*Item #*

1. Filled in for your convenience
2. Self-Explanatory
4. 2.b. and 4.a. are for State use only (if applicable).
5. Enter the following information:
  - a. The complete name of the organization that will be legally responsible for the project. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
  - c. Your organization’s complete address to include country and the 5 digit ZIP code
  - d. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service
7. Item 7a: Enter the appropriate letter in the box  
Item 7b: Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank.

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

8. Check "New"
9. Filled in for your convenience
10. Filled in for your convenience
11. Enter the proposed title of the project.
12. List all political entities affected (e.g., counties and cities)

If you are a former AmeriCorps\*VISTA grantee or sponsor, check the box indicating this. Enter the years you were a grantee or sponsor and the number of members/participants you enrolled at that time.

If you have received other CNCS resources please describe what these were and the number of members/participants supported by those resources.

Enter in the anticipated length of your proposed project.

17. The person who signs this form must be the applicant's legal representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

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

**CONCEPT PAPER  
FACESHEET**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		4.a. DATE RECEIVED BY CNCS													
5. APPLICANT INFORMATION																	
5 a. Legal Name:																	
5.c Address: <i>(give street address, city, count, state and zip code)</i>			5 D. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code) NAME:  TELEPHONE NUMBER: (        )        -  FAX NUMBER: (        )        -  INTERNET E-MAIL ADDRESS:  WEBSITE:														
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>															7. a TYPE OF APPLICANT: <i>(Enter appropriate letter in box:)</i> <input type="checkbox"/>		
8. TYPE OF APPLICATION (Check appropriate box):  <input type="checkbox"/> NEW			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">                 A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District             </td> <td style="width: 50%; vertical-align: top;">                 I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization             </td> </tr> </table> Other (specify) _____  7 b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District	I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization										
A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District	I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization																
9: NAME OF FEDERAL AGENCY:  <b>Corporation for National and Community Service</b>			10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  <b>94 – 013</b> TITLE (Name of Program): <b>AmeriCorps*VISTA</b>														
11. a, TITLE OF APPLICANT’S PROJECT:  <u>SERVE AMERICA ACT FOCUS AREA:</u>			12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):														
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> FORMER GRANTEE/SPONSOR</td> <td style="width: 33%;">YEARS:</td> <td style="width: 33%;">#MEMBERS/PARTICIPANTS:</td> </tr> <tr> <td><input type="checkbox"/> OTHER CNCS RESOURCES</td> <td>DESCRIBE:</td> <td>#MEMBERS/PARTICIPATNS</td> </tr> </table> ANTICIPATED LENGTH OF PROJECT:						<input type="checkbox"/> FORMER GRANTEE/SPONSOR	YEARS:	#MEMBERS/PARTICIPANTS:	<input type="checkbox"/> OTHER CNCS RESOURCES	DESCRIBE:	#MEMBERS/PARTICIPATNS						
<input type="checkbox"/> FORMER GRANTEE/SPONSOR	YEARS:	#MEMBERS/PARTICIPANTS:															
<input type="checkbox"/> OTHER CNCS RESOURCES	DESCRIBE:	#MEMBERS/PARTICIPATNS															
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:		c. TELEPHONE NUMBER:													
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:				DATE SIGNED:													