



## **Day of Service Grant Application Instructions**

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

## IMPORTANT NOTICES

Federal Agency Name: Corporation for National and Community Service (CNCS)  
Funding Opportunity Title: Day of Service Grants FY 2020 Catalog of Federal Domestic Assistance (CFDA) Numbers: 94.012 and 94.014

These application instructions conform to the Corporation for National and Community Service (CNCS) online grant application system, eGrants. All CNCS funding announcements are posted on our web site [nationalservice.gov](http://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 18 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the application and reporting forms. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, at: [DayOfService@cns.gov](mailto:DayOfService@cns.gov). 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 (1) are current and valid. (See 5 CFR 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 these Application Instructions is collected pursuant to 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended.

**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. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside CNCS without prior written permission.

**Effects of Nondisclosure -** The information requested is mandatory in order to receive benefits.

**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 CFR 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 System for Award Management (SAM, [www.sam.gov](http://www.sam.gov)) and maintain an active SAM registration until the application process is complete and, should a grant be made, throughout the life of the award.

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## NEW AND RECOMPETING PROGRAMS

### Application Resources

Please use the following application instructions if you are a new or re-competing applicant applying for a Day of Service Grant.

These instructions are for use in applying for Martin Luther King Jr. Day of Service activities, September 11th Day of Service and Remembrance activities, or both. If applying for both Days of Service, two separate applications will be needed in eGrants. Complete separate application narrative, budget, and budget narrative sections for Martin Luther King Jr. Day of Service and September 11th Day of Service and Remembrance if you are applying for both.

Use these instructions in conjunction with the Day of Service Grant Announcement of Federal Funding Availability or Announcement of Federal Funding Opportunity (*Notice*) for the year in which you are applying. The *Notice* includes deadlines, eligibility requirements, submission requirements, funding priorities and other relevant information that might change annually.

If you are submitting a request for continuation funding (typically in year two or three of a three -year grant period) you will open your existing application, and enter new information in the Continuation Changes field, or as directed by your Program Officer.

### Creating an eGrants User or Organization Account

First-time eGrants users need to first 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.”

In eGrants, to begin to apply you will need to:

- Start a new Grant Application
- Select a Program Area (Day of Service)
- Select one or two NOFAs: [Applicable Year of Funding] Martin Luther King Jr. Day of Service and/or [Applicable Year of Funding] September 11th Day of Service and Remembrance

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 Components

Your application consists of the following components. Please make sure to complete each section.

- I. Applicant Info
- II. Application Info
- III. Narratives
  - a. Executive Summary
  - b. Program Design

- c. Organizational Capability
- d. Cost-Effectiveness and Budget Adequacy

IV. Budget

V. Review, Authorize and Submit

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

## APPLICATION INSTRUCTIONS

### I. Applicant Info

In eGrants, complete the Applicant Info Section. This section is particularly important for data collection and evaluation. Please take the time to describe your proposed program activities accurately in this section.

- **Continuation Requests:** Select “Continuation/Renewal” if you are continuing (starting Year Two or Year Three of your grant). 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.
- **New and Recompete Applicants:** Select “New” only if you are applying for the first time or applying for a new grant when you are completing a three-year grant. If you are applying as new, enter your project information into the fields that appear.
- **Project Information:** Enter the name and location of the project, the state in which the volunteers will be serving, and the name and contact information for the project director. Then select characteristics that fit your project under Program Design, Program Location, and Program Focus.
- **Project Director:** Please enter the Executive Director or other authorizing executive who will certify the grant.
- **Program Initiative:** Leave blank.
- **Program Website:** Enter the project’s URL.

### II. Application Info

In the Application Info Section please enter:

- **Areas Affected by the Project:** 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 with the two-letter capitalized state abbreviation.
- **Project Start and End Dates:** If awarded, your CNCS Program Officer or Portfolio Manager will work with you to finalize your project start date. Your project period is up to three years.
- **Intergovernmental Review of Federal Programs:** This program is NOT subject to Executive Order 12372.
- **Delinquent on any Federal Debt:** Check the appropriate box.
- **State Application Identifier:** Enter N/A
- **Single Point of Contact:** This is pre-filled as “No, this is not applicable.”

- The “Estimated Funds Requested” box will be populated automatically after you complete the budget.
- Please note that the Authorized Representative will be filled in at the end of the application when completing the Assurances and Certifications section. The Authorized Representative will need to have his/her own account to click on the Assurances and Certifications at the end of the application.

*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).*

### **III. Narratives**

The application narrative has four separate sections.

- Executive Summary
- Program Design
- Organizational Capability
- Cost-Effectiveness and Budget Adequacy

Note: The Narratives Section also includes fields for Clarification Summary, Amendment Justification, and Continuation Changes. Please enter N/A in these fields. They will be used at a later date to enter information for clarification review, to request amendments once a grant is awarded, and to enter changes in the narrative in 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*. In the case of competitive grants, reviewers will not consider material submitted over the page limit listed in the *Notice*, 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 page limit. This limit does not include the budget pages.
- Bold face, bullets, underlines, charts, diagrams, and tables or other types of formatting will not copy into eGrants.

#### **A. Executive Summary**

Please complete the executive summary per the guidance in the *Notice*.

***Applicants should complete the Program Design, Organizational Capability, Cost-Effectiveness and Budget Adequacy narrative sections by responding to the selection criteria detailed in the Day of Service Grant Notice. Reviewers will assess your application against the selection criteria. To best respond to the criteria listed in the Notice, include a brief discussion of each bullet as it pertains to your application.***

## B. Program Design

In assessing Program Design, reviewers will examine the degree to which the applicant demonstrates that the Day(s) of Service is designed to achieve the program goals and objectives.

## C. Organizational Capability

In assessing Organizational Capability, reviewers will assess the extent to which the applicant demonstrates organizational background and staffing, compliance and accountability to carry out the proposed project and comply with federal grant requirements.

## D. Cost-Effectiveness and Budget Adequacy

In assessing Cost-Effectiveness and Budget Adequacy, reviewers will examine the degree to which the proposed project is cost effective and the budget is appropriate for the program being proposed.

## IV. Performance Measures Module (eGrants) Instructions

The eGrants system requires applicants to select, enter information, and validate a minimum of one Performance Measure in the Performance Measures Module in order to submit an application in the system. The content of the Performance Measures Module will not be reviewed, and applicants will not be responsible for the targets set in the module. Applicants will only be evaluated on performance information in the application narrative.

- 1) Select Begin.

Submitted:  
Legal Applicant Name: [Redacted]

Home Page Objective Resource Allocation Performance Measures Summary

Screen Instructions

Welcome to the Performance Measures Module (PMM). Please click the "Begin" button to start creating performance measures. In this module, you will complete the following tasks:

- Select performance objective(s)
- Select primary and/or secondary focus areas (if required)
- Allocate resources by objective
- Create one or more performance measures and set performance targets
- Validate performance measures prior to submitting the application

Click the "Help" button at the top of the screen for more information about the PMM screens.

**Add New Performance Measures**

Begin

**Edit Resource Allocation**

Edit Resource Allocation

**Delete or Edit Performance Measures Created**

ID	Objective	Title	Interventions	Outputs	Outcomes	End Outcomes	Edit/Delete
There are currently no performance measure created for this application.							

Add New Performance Measures

Next

- 2) Select Other Community Priorities focus area.



**eGRANTS Performance Measures** Submitted: Legal Applicant Name: City Year, Inc.

Home Page **Objective** Resource Allocation Performance Measure Summary

Primary/Secondary Focus Area Objectives

There are currently no Objectives selected.

Refresh My Selections

Delete All Selections

Screen Instructions

Identify the performance objectives on which you will be reporting from the expandable list of CNCS-defined focus area(s) and related objectives. Please consult your application instructions for additional guidance regarding the focus areas and objectives applicable to this grant solicitation.

Click the "Help" button at the top of the screen for more details about selecting objectives.

- Disaster Services
- Economic Opportunity
- Education
- Environmental Stewardship
- Healthy Futures
- Veterans and Military Families
- Other Community Priorities

Select Primary Focus Area: --Select Primary Focus Area--

Save Back Next

3) Then check the box to select an objective. Then select Next.

Home Page **Objective** Resource Allocation Performance Measure Summary

Primary/Secondary Focus Area Objectives

There are currently no Objectives selected.

Refresh My Selections

Delete All Selections

Screen Instructions

Identify the performance objectives on which you will be reporting from the expandable list of CNCS-defined focus area(s) and related objectives. Please consult your application instructions for additional guidance regarding the focus areas and objectives applicable to this grant solicitation.

Click the "Help" button at the top of the screen for more details about selecting objectives.

- Disaster Services
- Economic Opportunity
- Education
- Environmental Stewardship
- Healthy Futures
- Veterans and Military Families
- Other Community Priorities
  - Objectives
  - Other

Save Back Next

4) Enter 1 into the # of Volunteers and # of Project Hour fields and select Next.

Home Page Objective Resource Allocation Performance Measure Summary

Primary/Secondary	Focus Area	Objectives
1	Other Community Priorities	Other

Screen Instructions

Describe how you intend to allocate program resources across your selected focus areas and objectives. Use the "Calculate" button to refresh the total amounts as you enter or revise data on the chart. Please consult your application instructions for additional guidance on how to allocate resources.

Click the "Help" button at the top of the screen for more details about entering resources.

Focus Area	Objective	# of Volunteers	Project Hours
Other Community Priorities	Other	1	1
	Subtotal	0	0.00
	GRAND TOTAL:	0	0.00

Save Calculate Back Next

5) Select the objective Other from the dropdown list, and enter N/A into all required fields: Title, Problem Statement, and Description. Click the checkbox for the intervention. Do not select Next.

Home Page Objective Resource Allocation Performance Measure Summary

Summary of Performance Measures

ID	Objective	Title	Interventions	Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
There are currently no Performance measures created for this application.									

Performance Measures

Complete Incomplete

- Objective: Other
- Title: N/A
- Problem Statement: N/A
- Interventions:
 

Interventions	Description
<input checked="" type="checkbox"/>	Other
	N/A
- Outputs: No records found.

Add User Defined Output

Save Add PM to Table Back Next

6) On this same screen, scroll down. First select Add User Defined Output.

Home Page Objective Resource Allocation Performance Measure Summary

**Summary of Performance Measures**

ID	Objective	Title	Interventions	Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
1	Other	N/A	Other				No	Edit	Delete

Screen Instructions

On this tab, you will create one or more sets of performance measures for each grant activity that you intend to measure. Each performance measure will correspond to a previously selected objective. Service activities/interventions, outputs, and outcomes may be CNCS-defined or user-defined. Please consult your application instructions for any performance measure requirements that are specific to your grant solicitation.

Click the "Help" button at the top of the screen for more details about entering performance measures.

Interventions

Interventions	Description
<input checked="" type="checkbox"/> Other	N/A

Outputs

No records found.

[Add User Defined Output](#)

Outcomes

No records found.

[Add User Defined Outcome](#)

Enter # of Resources

# of Volunteers:  Project Hours:  \$

Save Complete PM Back Next

7) Select User Defined Output2.

Home Page Objective Resource Allocation Performance Measure Summary

**Summary of Performance Measures**

ID	Objective	Title	Interventions	Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
1	Other	N/A	Other				No	Edit	Delete

Screen Instructions

On this tab, you will create one or more sets of performance measures for each grant activity that you intend to measure. Each performance measure will correspond to a previously selected objective. Service activities/interventions, outputs, and outcomes may be CNCS-defined or user-defined. Please consult your application instructions for any performance measure requirements that are specific to your grant solicitation.

Click the "Help" button at the top of the screen for more details about entering performance measures.

Interventions

Interventions	Description
<input checked="" type="checkbox"/> Other	N/A

Outputs

[User Defined Output2](#)

[Add User Defined Output](#)

Outcomes

No records found.

[Add User Defined Outcome](#)

Enter # of Resources

# of Volunteers:  Project Hours:  \$

Save Complete PM Back Next

- 8) Enter N/A into narrative fields: Title, Instrument Description, and Unit of Measure, 1 into the Targets field, and select Other from the Select Method dropdown menu. Then select the Add User Defined Outcome button. Repeat the Output steps for the Outcome.

**Summary of Performance Measures**

ID	Objective	Title	Interventions	Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
1	Other	N/A	Other				No	Edit	Delete

**Screen Instructions**

On this tab, you will create one or more sets of performance measures for each grant activity that you intend to measure. Each performance measure will correspond to a previously selected objective. Service activities/interventions, outputs, and outcomes may be CNCS-defined or user-defined. Please consult your application instructions for any performance measure requirements that are specific to your grant solicitation.

Click the "Help" button at the top of the screen for more details about entering performance measures.

**Outputs**

**User Defined Output2**

Title	N/A
Select Method	Other
Instrument Description	N/A
Targets	1 Unit of Measure N/A

**Outcomes**

No records found.

Enter # of  
# of Volunteers      Project Hours

Buttons: Save, Complete PM, Back, Next

- 9) Add 1 to the # of Volunteers and Project Hours fields.

**Summary of Performance Measures**

ID	Objective	Title	Interventions	Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
1	Other	N/A	Other				No	Edit	Delete

**Screen Instructions**

On this tab, you will create one or more sets of performance measures for each grant activity that you intend to measure. Each performance measure will correspond to a previously selected objective. Service activities/interventions, outputs, and outcomes may be CNCS-defined or user-defined. Please consult your application instructions for any performance measure requirements that are specific to your grant solicitation.

Click the "Help" button at the top of the screen for more details about entering performance measures.

**Outcomes**

**User Defined Outcome1**

Title	N/A
Select Method	Other
Instrument Description	N/A
Targets	1 Unit of Measure N/A

Enter # of Resources  
# of Volunteers      Project Hours

Buttons: Save, Complete PM, Back, Next

10) Select

Complete PM button to populate the table under Summary of Performance Measures with your Outputs and Outcomes. Then select Next. Note: If the Add PM to Table is the option instead of Complete PM, select Save at the bottom left.

**Summary of Performance Measures**

ID	Objective	Title	Interventions	Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
1	Other	N/A	Other	OUTPT3	OUTCM4		No	Edit	Delete

**Performance Measures**

- Objective: Other
- Title: N/A
- Problem Statement: N/A
- Interventions:
  - Interventions: Other
- Outputs:
  - Outputs: N/A

Buttons: Save, Complete PM, Back, Next

11) On the Summary tab, select Validate Performance Measures.

**Summary**

Resource Hours by Focus Area: 100%

Resource Hours by Objective: 100%

Number Of Volunteers by Focus Area: 100%

Number Of Volunteers by Objective: 100%

Buttons: Back, Validate Performance Measures

12) Select Back to eGrants application.

home back to eGrants application my account help logout

Grant application ID: [REDACTED]  
 NOFA: [REDACTED]  
 Type: [REDACTED]  
 Status: [REDACTED]  
 Submitted: [REDACTED]  
 Legal Applicant Name: [REDACTED]

eGRANTS Performance Measures

Home Page Objective Resource Allocation Performance Measure Summary

Screen Instructions  
 This page provides a summary of all the information you have entered in this module.  
 Click "Validate Performance Measures" to validate the information entered into this module.  
 Click the "Help" button at the top of the screen for more details about editing and printing your performance measures.

Summary

Resource Hours by Focus Area 100%

Resource Hours by Objective 100%

Number Of Volunteers by Focus Area

Number Of Volunteers by Objective

Back Validate Performance Measures

13) To confirm your performance measures have been entered into the application, select view/print report next to Application for Federal Assistance to open a copy of your application

eGRANTS

Welcome Alyson

Start New Grant Application

back next

NOFA Information

- NOFA:
- Grant Application ID #: :
- Due Date:
- Summary: MLK grants mobilize more Americans to observe the Martin Luther King Jr. Federal holiday as a day of service, encourage those who serve on the holiday to make a commitment to community service, and bring people together to focus on service to others.

View/Print your application

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

- Application [View Revision Log](#)
- Aggregate Budget (Summary) Report: [view/print report](#)
- Aggregate Budget Narrative: [view/print report](#)
- Application for Federal Assistance: [view/print report](#)
- Funding Summary Chart: [view/print report](#)
- Notice of Grant Award: [view/print report](#)
- Organization IDCR History: [view/print report](#)
- Organization/People Report: [view/print report](#)
- Program Summary Chart: [view/print report](#)
- Subsidiary Budget Narrative: [view/print report](#)

Grant Application Info

Grant Application ID:  
 NOFA:  
 Type: New  
 Status: Grantee Initial Entry

## **V. Budget**

### **A. Budget Requirements**

Applicants must submit a proposed first-year budget that includes both federal and match funding, if required. 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. If an applicant is applying for both MLK Day of Service and September 11<sup>th</sup> Day of Service and Remembrance, two separate applications must be submitted.

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.

As you enter your detailed budget information, eGrants will automatically populate a budget summary and budget narrative report. 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 unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

#### *Allowable Costs*

Programs must comply with all applicable federal laws, regulations, and the requirements of the Uniform Guidance. Please refer to the Uniform Guidance, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200) for allowable, allocable, and reasonable cost information, as well as, audit requirements, including the need to provide audits to the Clearinghouse if expending over \$750,000 in federal funds as required in the Uniform Guidance. The Uniform Guidance can be found on-line at [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

### **B. Match Sources**

At the time of award, MLK Day of Service applicants must demonstrate either cash and/or in-kind and secured and/or commitments, or a combination thereof, to meet the required match of their first-year funds, based on the amount of Federal grant funds applied for. Matching funds may come from state, local, or private sources, which may include state or local government agencies, businesses, private philanthropic organizations, or individuals. The match requirement for MLK Day of Service is 70%.

There is **no** match requirement for September 11<sup>th</sup> Day of Service and Remembrance.

### **C. Budget Line Items**

The budget should be sufficient to perform the tasks described in the proposal narrative for the first year of the grant. Budgets for subsequent program years will be developed and submitted prior to approval of continuation grants for the second and third years. Complete Instructions for entering the budget in eGrants and descriptions of budget line items can be found in Appendix B.

## **VI. Review, Authorize and Submit**

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

- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

Read the Authorization, Assurances, and Certifications carefully (Appendix 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 person in your organization authorized to accept and commit funds on behalf of the organization. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Be sure to check your entire application for 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**

The following instructions for submitting a continuation request apply only to programs that are currently in their first or second year of operation within a grant cycle. If your program is currently in the final year of its grant cycle, you must apply using the application instructions for new and recompeting programs.

**When to Submit Your Continuation Request:** See the application deadline in the *Notice*.

How to Submit Your Continuation Request:

- Log into eGrants.



- Click Continuation/Renewal on your eGrants home page.
- You will be shown a list of grants that are eligible to be continued. Select the grant you wish to continue. Make sure you select the correct one. Do not start a new application. The system will copy your most recently awarded application into the continuation.
- Edit your continuation application as directed in the continuation request instructions below. When you have completed your work, click the SUBMIT button.

If you experience problems using eGrants, contact the eGrants Help Desk at (800) 942-2677 or online at <https://www.nationalservice.gov/about/contact-us>.

## What to Include in Your Continuation Request:

### Application Content

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

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

### I. 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 as this affects the historical record.
- Document in the Continuation Changes field any changes you have made in this section.

### II. Application Info

In the Application Info Section enter:

- Areas affected by your project. 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.
- Update the project period dates to align with those listed in the *Notice*.
- Indicate Yes or No if you are delinquent on any federal debt. If yes, send an explanation to your CNCS Program Officer.
- State Application Identifier: Enter N/A.
- The Application is Subject to Review by State Executive Order 12372 Process. This is pre-filled as "No, this is not applicable."
- Document in the Continuation Changes Narrative field if you have updated the Application Info section.

Leave the box for "Program Initiative" blank unless otherwise noted in the *Notice*.

### III. Narratives

Your original application will appear in the Executive Summary and in the narrative sections Program Design, Organizational Capability, Cost-Effectiveness and Budget Adequacy, Clarification Summary, and Continuation Changes, as appropriate.

With the exception of the Executive Summary, do not enter continuation changes in the original narrative fields. If you are not proposing changes to your continuation request, simply leave your original narrative as it is, and enter “No Changes” in the Continuation Changes field.

Provide the following information in the Continuation Changes narrative field:

1. Are you proposing a change in subgranting process (if applicable) or service locations? This includes expansion to new sites. If yes, describe these changes and provide a justification for the change.
2. Are you proposing a change in program scope or design? If yes, describe the change and provide a justification.
3. Are you proposing other changes not captured above? If yes, describe these changes and provide a justification for them. Please include any changes you have made to Applicant Info, Application Info, and Budget.

The page limit for the Continuation Changes field is 6 pages, as the pages print out from eGrants.

Executive Summary: Please update the summary of your proposed project as needed. The summary must use the following template.

Template:

The [Name of the organization] proposes to have [Number of] volunteers who will [what the volunteers will be doing] in [the locations the Day of Service activities will take place] on [Martin Luther King Jr. Day of Service or September 11th Day of Service and Remembrance]. On the [MLK or September 11] Day of Service, [# of] volunteers will be responsible for [anticipated goals of project]. This program will focus on the CNCS focus area(s) of [Focus Area(s)]. For MLK, the CNCS investment of \$[amount of request] will be matched with \$[amount of projected match], \$[amount of local, state, and federal funds] in public funding and \$[amount of non-governmental funds] in private funding.

#### IV. Budget

Your budget from the previous year’s application is copied into your continuation request so you can make the necessary adjustments. Revise your detailed budget as needed for the upcoming year. CNCS expects to make awards in the same or less amount as the prior year’s approved application. If you are requesting an increase in CNCS funding, please follow the guidance in the *Notice*.

##### A. Match Requirements

Grantees are required to meet the matching rate specified in the *Notice*. Please see Budget Instructions in Attachment B.

##### B. Preparing Your Budget

Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative.

Follow the detailed budget instructions in Attachment B to prepare your budget.

As you enter your detailed budget information, eGrants will automatically populate a budget summary and budget narrative report. 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.

All awards are subject to The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. (Uniform Administrative Guidance) (2 C.F.R. Parts 200 and 2205) Please note the A-133 audit threshold, including the need to provide audit reports to the Single Audit Clearinghouse (A-133), is now \$750,000 and above in federal expenditures.

Source of Matching Funds In the “Source of Matching Funds” field that appears in the budget, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available), Type of Match (State/Local, Federal, Private, Other), and identify if the match is proposed or secured for your entire match. Define any acronyms the first time they are used.

#### V. Review, Authorize, and Submit

Read the Assurances and Certifications carefully. 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 document electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. A copy of the governing body’s authorization for the official representative to sign, as well as the delegated authorities, if applicable must be on file in the applicant’s office.

Be sure to check your entire application to make sure there are no errors, including match calculation 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 applicants’ 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.

## **APPENDIX A: Assurances and Certifications**

### **(eGrants Review, Authorize and Submit Section)**

#### **Instructions**

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

#### **a) Inability to certify**

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

#### **b) Erroneous certification or assurance**

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

#### **c) Notice of error in certification or assurance**

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

#### **d) Definitions**

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

### ***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.

## **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 must certify, 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 – Federal Tax Liability**

I certify that, if the applicant is a corporation,

- A. The corporation does not have any unpaid federal tax liability—
1. That has been assessed,
  2. For which all judicial and administrative remedies have been exhausted or have lapsed, and
  3. That is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, or
- B. 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,

- A. The corporation has not been convicted of a felony criminal violation under any federal law within the preceding 24 months, or



B. 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.

## Assurances and Certification

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**ASSURANCE SIGNATURE:**      **NOTE: Sign this form and include in the application.**

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

**Organization Name:** \_\_\_\_\_  
\_\_\_\_\_

**Program Name:** \_\_\_\_\_  
\_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

---

**CERTIFICATION SIGNATURE:**      **NOTE: Sign this form and include in the application.**

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

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

**Legal Applicant:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPENDIX B: SF424A Budget Instructions and Worksheet

**Before You Begin:** In *eGrants*, the preparation of a detailed budget provides the data that creates the summary budget and the budget narrative. Your detailed budget must provide a full explanation of associated costs including their purpose, justification, and the basis of your calculations. 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 per person/unit cost, and/or the annual salary cost.

The budget should be sufficient to perform the tasks described in your program narrative. All of the amounts you request must be for a particular purpose. Do not include unexplained amounts, amounts for miscellaneous or contingency costs, or unallowable expenses such as entertainment costs. Costs may include travel necessary to meet grant and grantee obligations. Do not include fractional amounts (cents).

Use the Budget Worksheet as a guide as you prepare your budget.

### Section I. SUPPORT EXPENSES

- A. Project Personnel Expenses** – Include the portion of principal staff time attributed directly to the operation of the Day of Service project. List each staff position and a brief statement of responsibilities for each in the ‘Position/Title’ field. For each position, also include the annual salary, and the percentage of staff time that will apply to the grant.
- B. Personnel Fringe Benefits** – Include costs of benefit(s) for each project staff. You can identify and calculate each benefit or show cost as a percentage of all salaries. If a fringe benefit amount is over 30%, please list covered items separately.
- C. Travel** - Describe the purpose for which staff will travel. Costs allowable are transportation, lodging, subsistence, and other related expenses for local and outside the project area travel. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. The standard mileage reimbursement should not exceed the federal mileage rate unless a result of the applicant’s policy and justified in the budget narrative. Only domestic travel is allowable.
- D. 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 (five thousand) or more per unit (including accessories, attachments, and modifications). Include items that do not meet this definition in **E. Supplies** below. If applicable, show the unit cost and number of units you are requesting.
- E. Supplies** – Include the funds for the purchase of consumable supplies and materials that does not fit the definition above. You must individually list any single item costing \$1,000 (one thousand) or more.
- F. Contractual and Consultant Services** - You may include costs for consultants related to the project’s operations. Where applicable, indicate the daily rate for consultants.
- I. Other Support Costs** – These costs may include office space rental, utilities, and telephone and Internet expenses that are specifically used for participants, directly involve project staff, and are not part of the organization’s indirect cost/admin cost. In addition, these costs may include criminal history checks of staff. If costs are shared

with other projects or activities, you must prorate the costs equitably. List each item and provide a justification in the budget.

### Section III. Volunteer Expenses

#### J. Indirect Costs

##### 1. Definitions

Indirect costs are an allowable budget item in CNCS grants. IAW 2 CFR §200.414 Indirect (F&A) costs, grantees have the option of using an indirect cost rate which has been negotiated with, and approved by, their cognizant federal agency; or a non-federal entity, except those receiving more than \$35 million in direct federal funding, which has never received a federally negotiated indirect cost rate may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. Grantees may also charge certain administrative costs directly as outlined in 2 CFR §200.413 Direct costs.

##### 2. Calculating Administrative/Indirect Costs

###### Federally Approved Indirect Cost Rate Method

If you have a federally approved indirect cost this method must be used and the rate will constitute documentation of your administrative costs. Specify the Cost Type for which your organization has current documentation on file, i.e. Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved indirect cost rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). It is at your discretion whether or not to use your entire indirect cost rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

As specified in your indirect cost rate agreement, apply your rate against the direct costs in your budget, including both the CNCS and Grantee's shares (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.

###### De Minimis Rate of 10% of Modified Total Direct Costs

Organizations who have **never**, at any point in time, held a federally negotiated indirect cost rate and who receive less than \$35 million in direct federal funding, may indefinitely use a de minimis rate of 10% of modified total direct costs (MTDC). Additional information regarding what is included in the MTDC and use of this option can be found at 2 CFR 200.414 (f) and 200.68. If this option is elected, it must be used consistently across all federal awards.

#### A. Volunteer Costs

This section exists in the budget template for MLK applications, however, you should not include anything in it.

**Source of Funds** - Enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private or State/Local) for your **entire match**. (The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used.

# Budget Worksheet

## Section I. Support Expenses

### A. Project Personnel Expenses

Position/Title	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Totals						

### B. Personnel Fringe Benefits

Item	Description	Total Amount	CNCS Share	Grantee Share
Totals				

### C. Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

### D. Equipment

Item/Purpose	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
Totals					

### E. Supplies

Item	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

**F. Contractual and Consultant Services**

Purpose	Calculation (include Daily Rate)	Total Amount	CNCS Share	Grantee Share
Totals				

**I. Other Support Costs**

Item	Total Amount	CNCS Share	Grantee Share
Totals			

**J. Indirect Costs**

Description	Total Amount	CNCS Share	Grantee Share

**Source of Funds**

Source(s), Type, Amount, Secured vs. Proposed

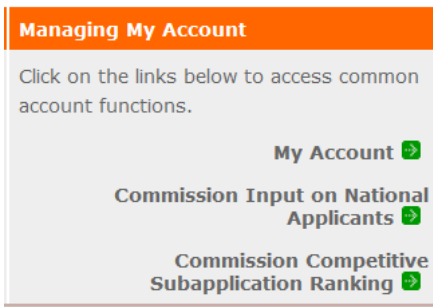
## APPENDIX C: eGrants Indirect Cost Rate (IDCR) User Instructions

A new feature has been introduced to eGrants which allows users to input Indirect Cost Rate information into their eGrants account. Recipients that will be claiming or budgeting for indirect costs on CNCS awards are required to enter the following indirect cost rates in eGrants: federally negotiated rates, state negotiated rates, and the use of de minimis rate of 10% of modified total direct costs (MTDC). Recipients of AmeriCorps State and National awards may only charge 5% of their negotiated rate to the federal share of the award, with the remaining balance being charged to match (See 45 CFR §§ 2521.95 and 2540.110).

**Once a rate is entered & saved in eGrants, it cannot be edited.** If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

**Entry for the IDCR screen can be accessed using the following steps:**

- 1) From the **eGrants Home** screen, in the lower panel under **Managing My Account**, click on **My Account**



- 2) From the **My Account** screen, under **Edit My Organization Info**, click on **Add and View Indirect Cost Rate**



- 3) From the **Add and View Indirect Cost Rate** screen, select **add a new** to add a rate or **cancel** to back out of the screen.

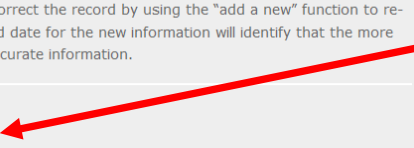
**My Account** cancel

---

**Add and View Indirect Cost Rate**

To view an existing indirect cost rate for your organization click, 'view'. To add a new rate click, 'add a new'. Once a rate is saved it cannot be modified. If you identify a rate already saved that does not present accurate information, correct the record by using the "add a new" function to re-enter the accurate information. The saved date for the new information will identify that the more recent entry presents the more recent accurate information.



---

Indirect Cost Rate ? add a new 

Saved Date	Rate Type	Start Date	End Date	Extended ?	Rate as %	view

Field by field instructions can be found by clicking the “?” located next to Indirect Cost Rate or Indirect Cost Rate Record.

If **add a new** is selected, the screen below will pop up.







---

cancel save & close

Enter an indirect cost rate record by completing the fields shown below. Use the RoboHelp '?' button for field by field instructions.

**Indirect Cost Rate Record ?**

- \* Do you have Indirect Cost Rate to record? Please Select
- \* Rate Type: Please Select
- \* Issuing Agency: Please Select
- \* Acceptance Date:   (mm/dd/yyyy)
- \* Effective From:   (mm/dd/yyyy)
- \* Effective To:   (mm/dd/yyyy)  No Expiration
- \* Extended? Please Select
- \* Rate Status: Please Select
- \* Rate Percent:  .  %
- \* Rate Base:
- \* Treatment of Fringe Benefits:
- \* Treatment of Paid Absences:

cancel save & close



4) **Do you have an Indirect Cost Rate to record?** Respond Yes or No. If **NO** is selected, users cannot go any further & nothing will be recorded. If **Yes** is selected, users can continue on.

If your organization will be claiming or budgeting with a current, approved indirect cost rate on any CNCS awards, it must be reported on this page. The rate information you record will be used in all award negotiation and reviews until it is superseded by a new approved rate, or expires. Applicants will have an opportunity to identify, in applications, if they will be using a lesser percentage of an approved rate, if you so choose.

5) **Rate Type:** If your rate type is not one of the following options, contact your Grants Officer or Portfolio Manager for guidance:

**Federally Negotiated** – select if your rate has been negotiated by your cognizant federal agency.

Cognizance is typically determined by the agency which provides the highest amount of direct federal funding (see Uniform Guidance Appendices III, IV, V, and VII);

**State Negotiated** – select if your rate has been negotiated by a state agency or other pass through entity; or **10% of MTDC** – select if your organization qualifies for & elects to use the 10% de minimis rate of Modified Total Direct Costs (MTDC). Organizations qualify for this rate if they have NEVER had a federally negotiated rate. State entities must also not receive more than \$35 million in direct federal funding.

**Rates must be used consistently across ALL federal awards.**

6) **Issuing Agency.** Respond by selecting the federal agency that approved your rate, or if the federal agency who issued your rate is not listed, select **Other**, or if your rate is issued by a state agency select **Other**.

Identify federal agencies using the drop down list. If your rate is approved by a federal agency other than the ones listed, notify your Grants Officer or Portfolio Manager. Other federal agencies may be added as needed.

7) **Acceptance Date.** Enter a valid date.

The acceptance date is usually identified where the rate was signed by the issuing state or federal agency.

8) **Rate Status.** Select one of the following options: **Final, Provisional, Predetermined, Fixed, Other, or Other – 10%.**

Rates issued by federal agencies will almost always be final or provisional. However, if your organization has formally notified a federal or state agency of your eligibility and intent to use the 10-percent of MTDC rate, select **Other – 10%**. If your organization has a **predetermined** or **fixed rate**, select those options accordingly. If a state rate indicates a term that is not listed here select **Other** and notify your Grants Officer or Portfolio Manager. Additional rate status options may be added as needed.

9) **Effective From.** Enter a valid date.

The effective from date is found on your indirect cost rate document. If using the 10-percent of MTDC rate, enter today's date or the date your organization formally started charging costs under the 10-percent of MTDC rate.

10) **Effective To.** Enter a valid date.

The effective to date is found on your indirect cost rate document. If your organization has received approval to extend your rate, enter the end date of the extension. March 3, 2015 - FINAL Page 3

11) **No Expiration.** Check or leave unchecked.

If your rate does not have an expiration date, as is the case with the use of the 10-percent of MTDC rate, check this box, otherwise, leave unchecked.

12) **Extended?** Respond Yes or No.

If the rate “effective to” date has been extended with approval of the federal cognizant agency under authority of the Uniform Guidance, respond **Yes**. If it is not an extended rate effective to date, respond **No**.

13) **Rate Base.** Enter up to 500 characters including spaces.

Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the rate base used to determine the indirect cost pool as stated on your indirect cost rate approval document or “State Rate N/A.” If you need more than 500 characters, indicate “Summary” and record the most important content.

14) **Treatment of Fringe Benefits.** Enter up to 500 characters including spaces.

Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either how fringe benefits were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or “State Rate N/A.” If you need more than 500 characters, indicate “Summary” and record the most important content.

15) **Treatment of Paid Absences.** Enter up to 500 characters including spaces.

Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either how paid absences were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or “State Rate N/A.” If you need more than 500 characters, indicate “Summary” and record the most important content.

16) When you have completed all of the above entries, click the “**save & close**” button at the bottom of the page.



- If you would like to cancel your entry, click the “**cancel**” button and the entry will be cancelled. All entry information will be lost & no entry will be shown.
- **Once a rate is saved it cannot be modified.**
- If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

17) **Order of Rates** - Once an entry is saved, users will be able to see the rates they have entered. Rates will display in the order of entry. Entry of rates will provide users and CNCS with a historical record which can be used to clarify indirect cost rate inquiries for monitoring, consistent record maintenance, & audits.

If you have any questions or concerns, please contact [DayofService@cns.gov](mailto:DayofService@cns.gov).