

Senior Corps Grant Application eGrants Step-by-Step Instructions



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

for

Competitive Applications Non-Competitive Administrative Renewals Continuation Applications

BEFORE GETTING STARTED

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

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

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

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

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

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

- A. Current or Previous Grantees: Type in your grantee user name and password. Click the "Login to eGrants" link.
 - If you cannot remember your eGrants username or password, please contact the National Service Hotline at (800) 942-2677 (M-F, 8:00A.M. – 8:00P.M. Eastern Time). If you have an existing account, please <u>do not</u> open a *new* account, but work with the Hotline to gain access to your pre-existing grantee account.
 - Skip to Instructions for Starting a New Grant Application.

LOGIN		
User Name		?
Password		2
	Remember me	
	Forgo	t your password? Get help 🕑
Do	n't have an eGrants ac	ccount?Create an account 🕑
	View	system rules of behavior 🧕
The Corporation for National and Comm activity to maintain system security, ava Any individual who intentionally accesse who alters, damages, makes unauthoriz interest computer, or exceeds authorize Act of 1986 (Public Law 99-474). Any ev laws found as a result of this monitoring enforcement. Any individual found to be punished with loss of system access, fin- acknowledge your agreement with these to such monitoring and informational ret	ilability, and to ensure ap s a Federal computer or s ed modifications to, or de d access, is in violation of idence of possible violatio may be turned over to C in violation of the system es and imprisonment. By terms and the system 's	ppropriate and legitimate usage. system without authorization, and estroys information in any Federal f the Computer Fraud and Abuse ons of proper use or applicable Corporation Management and law in proper use rules or law could be proceeding, you hereby s rules of behavior and consent int and other official purposes.
		Login to eGrants 🖻

Click here to disable the pictures

CREATE AN EGRANTS ACCOUNT Please click on one of the following links to create an appropriate eGrants account. B. Potential/New Grantees: If Become a Peer Reviewer 🕑 you do not have a grantee account in eGrants, please establish your profile. Create a Grantee account 🕑 i. Click "Don't have an eGrants account? Create an account" Already have an eGrants account? Proceed to Login 🕑 ii. Click on the "Create a Grantee account" BECOME A GRANT APPLICANT iii. Click on the "This is Please select one of the following options below. my first time. I want to create a new I have an eGrants account..... account with eGrants..." link. This is my first time. I want to create a new account with eGrants.... Already have an eGrants account? Proceed to Login 🖻

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

link.

link.

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

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

Create New Profile Menu
Login Information
Enter EIN#
Select an Organization
Organization Information
Grantee Phone Numbers
Review and Submit

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

	Login Information		
	Please enter your login information. Ente government-issued identification. All que		
Login Information:	Prefix:	select a prefix 👻	2
Complete the requested fields to move to the next section.	* First Name:		2
Click the "next" button once	Middle Name:	2	
complete.	* Last Name:		2
	Suffix:	2	
	* User Name:	rsmith2004)	(ex: rsmith,
	* New Password:		2
	* Retype New Password:		2
	* Password Question:	Choose Password Que	stion 🔻 🛿
	* Password Answer:		2
	* Email:		2
	* Retype e-mail:		2
		canc	el save next 🕅
		Conc	
Enter EIN #			
Please enter your organization's EIN#.			
Enter your EIN #	:	org mc	t er EIN #: Enter your janization's EIN # to we to the next section. ck the <i>"next"</i> button
			ce complete.
	🕼 back	next 🖸	

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

- (b) Create a new organizational profile for your EIN number.
- Click the *"next"* button once you have selected a radio button for a new organization or an existing one.

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

Select an Organization

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

List of Organizations with EIN# 012345678

• O Create a new organizational profile for EIN# 012345678. OR select an existing

org below

- C Kansas City, MO
 - Ithaca, NY
- fayetteville, NC
- O Phoenix, AZ
- 🔘 👘 San Juan, PR
- 🔘 San Juan, PR
- O Sunvalley, FL
- 🔘 i Washington, DC

🕙 back 🛛 🛛 🛛 🔂

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

Selecting an existing Organizational Profile:

If you have selected an	
account for an existing	Please review and submit your information
organization, you will be able to review the organizational information. By clicking submit, the grantee administrator for your organization (listed	Please review your information and click on the "edit" to make any changes. Organization: EIN #: DUNS #: Organization Type: Organizational Characteristics: edit
below) will be notified about your account request. The grantee administrator must grant you access before you	Username: Password Question: Answer: Email: edit
can submit an application in eGrants under the selected organization.	Daytime Phone: edit

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

Organization Information	
Please enter your organization information below. All questions marked with an asterisk (*)are required. GENERAL INFORMATION	OR
EIN #: 012345678 DUNS #: Organization's Name: Organization Type: Choose an Organization Type	Creating a New Organizational Profile:
ORGANIZATIONAL CHARACTERISTIC(S) Please enter the characteristic(s) that best describe your organization. Organizational Characteristic: add characteristic	When creating a new organizational profile under the EIN number, you will need to complete all fields (General Information, Organizational Characteristics, and Contact Information) in order to move forward in the process.
CONTACT INFORMATION * Street Address 1: Street Address 2:	Click the <i>"next"</i> button once complete.
	Note: The address field may recommend a different address, so please ensure you have entered the correct address to avoid a delay in processing your organizational profile.
Organization's Email:	

6

Grantee Phone

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

Grantee Phone Numbers

Please enter your phone/fax information b required.	elow.	All qu	estions	marked	with an as	steris	k (*)are
* Daytime Phone:				ex	t.	2	
Evening Phone:				2			
Fax:				2			
Cell:				2			
			6	back	sav	е	next

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

Organization Information	Please review and submit your information
Please review your selected organization's information. Click on the "next" button to proceed to the login information. Please return to the "Select an Organization" page to select another organization. You can also start new by entering a new EIN# in the "Enter EIN#" page.	Please review your information and click on the "edit" to make any changes. Organization: EIN #: DUNS #: Organization Type: Organizational Characteristics: edit
Organization Type National Non-Profit Address: 1201 New York Avenue, Washington, District of Columbia 20005 Phone: National Non-Profit Fax:	Username: Password Question: Answer: Email: edit
	Daytime Phone: edit
Save next 2	subr

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

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

For <u>continuation grants (year 2 or year 3)</u> please reference the Grant A and instructions from your CNCS State Office.	pplica	ations Instructions
Select a NOFA		
Please select a program area and press GO. Then select a NOFA from the list provided. If you are starting your second or third year of your grant, or if you are a Senior Corps Grantee and are beginning the first year of a 3 year grant, use the "View all application/grants" link in the MY GRANTS/APPLICATIONS Section of the Home Page to create a Continuation or a Renewal.		Click on the " <i>New"</i> link under Creating an Application
Senior Corps GD		
Select a NOFA Please select a NOFA and click on the "next" button. Please refer to the application guidelines and instructions to determine the correct NOFA for your project.		Select the program area " Senior Corps". Click the "Go" button.
 SDP 2012 Experience Corps (New) Due Date: 01/20/2012 Summary: This NOFA is to be used only by Experience Corps sponsors to apply for a new No-Corporation cost grant award. 	Ш	
 SDP 2012 (New) Due Date: 04/20/2012 Summary: This NOFA is to be used only by Senior Demonstration Sponsors to apply for a No-Corporation cost grant award. 		
 FGP Fixed Amount 2012 Quarter 4 (Year 1 of a single or multi year grant) Due Date: 04/20/2012 Summary: For FGP Fixed Amount grantees/applicants with start dates in the 4th quarter of FY 2012 (July 1, 2012 - September 30, 2012) entering year 1 of a new grant cycle. 		A from the list provided. [:] you are a Senior Corps the "View all application/gr
 FGP Component Programs-July 2012 Texas Only Due Date: 04/20/2012 Summary: This NOFA funds the FGP Statewide Component Project for Texas Only. 		je to create a Continuation
 SCP Fixed Amount 2012 Quarter 4 (Year 1 of a single or multi year grant) Due Date: 04/20/2012 Summary: For SCP Fixed Amount grantees/applicants with start dates in the 4th quarter of FY 2012 (July 1, 2012 - September 30, 2012) entering year 1 of a new grant cycle. 		
 SCP 2012 Quarter 4 (Year 1 of single or multi year grant) Due Date: 04/20/2012 Summary: For SCP grantees/applicants with start dates in the 4th quarter of FY 2012 (July 1, 2012 - September 30, 2012) entering year 1 of a new grant cycle. 		

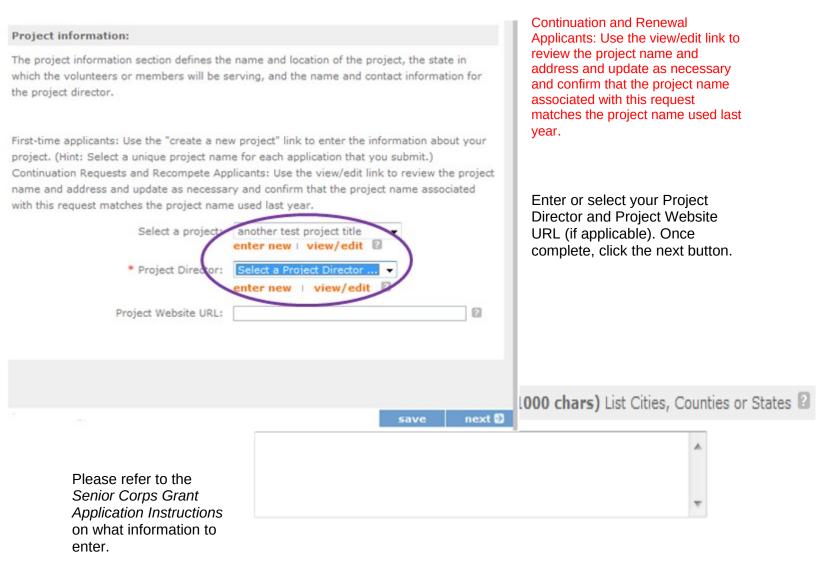
A list of NOFA options will appear. Select the appropriate NOFA and click the "next" link.

Start New	
🥺 Applicant Info	Follow the prompts entering all requested information. There are 10
Application Info	sections that will need to be completed.
Narratives	
Work Plan	
Documents	Note: Fields with a red asterisk (*) are required.
Budget Section 1	
Budget Section 2	
Funding/Demographics	9
Review	
Authorize and Submit	

Applicant Info 🔞	
Please enter/review your applicant and project information.	
NOFA information 🖾 : change to another NOFA	
Please review the NOFA you selected. If needed change your NOFA selection.	Review and verify
NOFA: Due Date: Summary:	that the NOFA you selected is the correct NOFA you are submitting an application for.
Applicant information	
Applicant/User: Test Grantee Account	
Authorized Representative:	
Project information:	
The project information section defines the name and location of the project, the state in which the volunteers or members will be serving, and the name and contact information for the project director.	
Enter/Edit a Project	
Please enter/edit your project information. All questions marked with an asterisk (*)are required.	Near the bottom of the screen, click on the "create a new project" link.
* Project Title:	
* Project State: Choose Your State	
* Street Address 1:	D
Street Address 2:	
* City:	First-time applicants: Use the "create a new project"
* State: Choose Your State	link to enter the information about your
* Zipcode:	project. (Hint: Select a unique project name for
* Phone: ext	each application that you
Fax:	submit.)
Email:	

cancel save & close

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



roject Start and End Dates		
-		
Proposed Start Date:	Month 🕶 / Day 👻 / 2012 🔍	2
Proposed End Date:	Month 👻 / Day 👻 / 2012 🔍	2

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

Other	Here is where you would indicate
The Application is Subject to Review by State Executive Order 12372 Process. Yes No I If yes, please enter the date of the review. Month v / Day v / Year v Applicant is Delinquent on any federal debt. Yes No I	whether this application is subjector review by the State Executive Order 12372 Process by checking the box. Please review the Grant Application Instructions for clarification on the Executive Order.
If yes, please explain. (Max. 240 chars)	Check the appropriate box that applies to the applicant organization. Please review the Grant Application Instructions on what federal debt would include.

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

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

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

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

Section A. Executive Summary

Please enter the Executive Summary

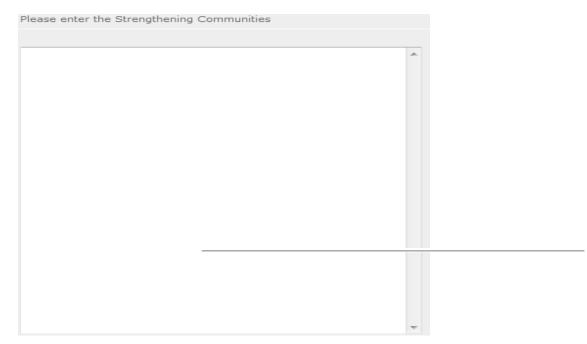
		*
		-

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

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

Section B. Strengthening Communities

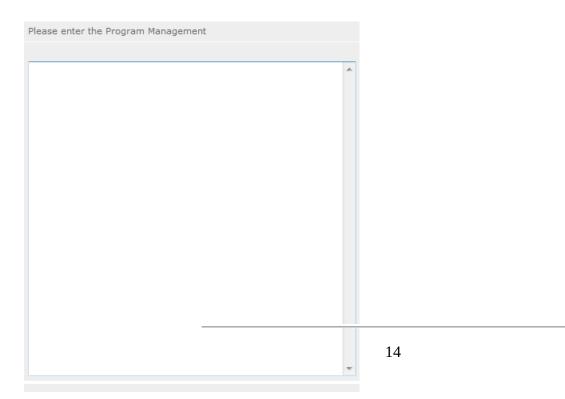
Competitive RSVP grants and Renewal FGP & SCP grants must align with the Performance Measures Requirements. The requirements are listed in the eGrants Application Instructions and the Appendices. The unit of measure for performance measures requirements is "unduplicated [RSVP, FGP, or SCP] volunteers".



Section C. Recruitment and Development

Please enter the Recruitment and Development

Section D. Program Management



Section E. Organizational Capability



Section F. Other NOFA Requirements – Reference ONLY

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

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

For <u>RSVP Competitive applicants and FGP & SCP Renewals</u>, this section must be completed.

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

Please refer to the Senior Corps Grant Application Instructions as you complete the Work Plans.

A: For RSVP applicants

Click to enter the work plan Performance Measure Module.

Welcome Test	Start a New Grant Application
Start New	🕤 back save next 🖸
Applicant Info	
Application Info	
Narratives	
🖸 Work Plan	
Documents	Cick here to enter work plan
Budget Section 1	
Budget Section 2	
Funding/Demographics	
Review	
Authorize and Submit	

Click Begin to start entering work plans.

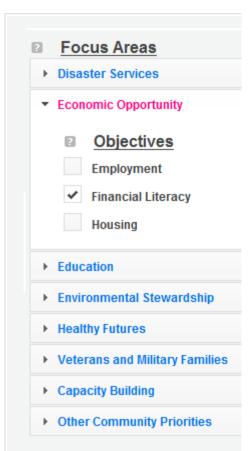
Screen Instructions 4 ×	Add New P	erfor	nance Meas	ires							
Welcome to The Performance Measures Module. Please click on the										В	legin
"Begin" button to start the	Edit Volunt	eer Al	location								
Performance Measures. The applicant will be										Edit Volum	teer Allocation
completing the following tasks in the specified order:	Delete or E	dit Pe	rformance M	leasures Cr	eated						
Selecting Objectives	Objective	ID	Category Title	Service Activity	Output	Output Target	Outcome	Outcome Target	# of Unduplicated Vols	# of Total Vols Contributing	# of Vol Stations
Allocating Volunteers to each Objective.	There are o	current	ly no performa	ance measure	e created for	r this applic	ation.				
Creating one or more Performance Measures for each Objective.											once ideosures
Provide "anticipated" data for each of the Performance Measures.											

The Objectives tab displays the options for work plan development. The six CNCS Focus Areas are displayed: Disaster Services, Economic Opportunity, Education, Environmental Stewardship, Healthy Futures, and Veterans and Military Families. In addition, Capacity Building and Other Community Priorities may also be selected for work plan development.

Home Page Objective Per	formance Measure Target Summary
Screen Instructions () On this screen you will select all objectives for your project. You must choose a primary focus area.	 Focus Areas Disaster Services Economic Opportunity Education Environmental Stewardship Healthy Futures Veterans and Military Families Capacity Building Other Community Priorities Select Primary Focus Area Economic Opportunity

Clicking on each Focus Area will show specific objectives available for that Focus Area. Check the boxes next to each objective to create work plans in that particular objective. The objective option for Disaster Services is Disaster Assistance Provided.

2	Focus Areas
•	Disaster Services
	 Objectives Disaster Assistance Provided
Þ	Economic Opportunity
Þ	Education
Þ	Environmental Stewardship
Þ	Healthy Futures
F	Veterans and Military Families
Þ	Capacity Building
F	Other Community Priorities



 Focus Areas Disaster Services Economic Opportunity Education Objectives K-12 Success School Readiness 	The objective options for Educat Success, School Readiness, and Education.	d Other
Other Education Environmental Stewardship Healthy Futures Veterans and Military Families Capacity Building Other Community Priorities		 Focus Areas Disaster Services Economic Opportunity Education Environmental Stewardship Objectives At-Risk Ecosystems
	19	 Healthy Futures Veterans and Military Families Capacity Building

Other Community Priorities

The objective options for Economic Opportunity are Employment, Financial Literacy, and Housing.

The objective option for Environmental Stewardship is At-Risk Ecosystems.

	Focus Areas							
-	Disaster services							
►	Economic Opportunity							
•	Education							
•	Environmental Stewardship							
-	Healthy Futures							
	 Objectives Access to Care Aging in Place Obesity and Food 	The objective options for Healthy Futures a Access to Care, Aging in Place, and Obesi and Food.						
•	Veterans and Military Families							
•	Capacity Building							
•	Other Community Priorities		Focus Areas					
			Disaster Services					
			Economic Opportunity					
			Education					
			Environmental Stewardship					
			Healthy Futures					
			 Veterans and Military Families 					
			Objectives					
		20	Veterans & Families Served					
			Capacity Building					

• Other Community Priorities

The objective option for Veterans and Military Families is Veterans & Families Served.

Focus Areas 2 Disaster Services Economic Opportunity The objective option for Capacity Building is Capacity Building & Leverage. Education Environmental Stewardship **Focus Areas** 2 Healthy Futures Disaster Services Veterans and Military Families Economic Opportunity Capacity Building Education Objectives 2 Environmental Stewardship Capacity Building & Leverage Healthy Futures Other Community Priorities Veterans and Military Families Capacity Building Other Community Priorities Objectives 2 The objective option for Other Community Priorities is Other. Other

When all necessary objectives have been selected, choose a Primary Focus Area from the drop down list at the bottom. Only the Focus Areas that are part of the objectives that were previously selected will show up on this list. Then click Next or the Performance Measures tab to move to the Performance Measures tab.

Focus Areas		= =
Disaster Services		e
Economic Opportunity		
Education		2
Environmental Stewardship		
 Healthy Futures 		
Veterans and Military Familie	s	2
Capacity Building		
Other Community Priorities		
Select Primary Focus Area	Economic Opportunity	2
	Select Focus Area Disaster Services	
	Economic Opportunity	
	Environmental Stewardship	
	Healthy Futures Veterans and Military Families	2

The Performance Measure tab allows you to create sets of aligned performance measures for all the grant activities you will measure. The work plans you will develop are for the objectives that were previously selected. Begin by selecting a Category Title from the drop down options.

is tab allows you to create Performance Measures ts of aligned performance						
neasures for all the grant activities you will measure.	Select Category Title	RSVP Primary Focus Area	*			
	Select Objective	RSVP Primary Focus Area				
 Begin by selecting a category title. 		RSVP Other Focus Area				
 Begin by selecting an objective for your aligned performance measure. 	Enter Community Need	RSVP Community Priorities				
Provide a brief description of the need	Select Output	-Select Output-	Select Instrument	Select Instruments	Ŧ	
your project will address in this performance		Enter Instrument Description				8
measure. Select the output you	Select Outcome	Select Outcome	Select Instrument	Select Instruments	v	
wish to measure in this set of workplans.		Enter Instrument Description				0
 Select the outcome you 	Select Service Activities	Service Activities				
wish to measure in this set of workplans.	Activities	No records found.				

Select an objective for your aligned Performance Measure. The objectives dropdown list will generate based on the category title selected.

	Performa	ance Measures	
Select Category Title	Other Focus Areas	•	
Select Objective	Veterans & Families Served	•	
Enter Community Need	Select Objective Access to Care At-Risk Ecosystems Capacity Building & Leverage Disaster Assistance Provided	<	•
Select Output	K-12 Success Veterans & Families Served	s that received CNCS-supported assistance	e 🗸
Select Instrument	Select Instruments	Enter Instrument Description	A. T
Select Outcome	No Outcome selected		-
Select Instrument	-Select Instruments	Enter Instrument Description	*
Select Service Activities	Service Activities	Description	
	Assist with access to state and		

Provide a brief description of the need your project will address in this Performance Measure.

Enter Community Need		*	٦
		Ŧ	
Select Output	(PRIORTY) v9. Number of active military service members that received CNUS-supported assistance		-
Select Instrument	Select Instruments	*	

Select the output you wish to measure in this set of work plans. The output dropdown list will generate based on the objective selected.

Select Category Title	Other Focus Areas	•	
Select Objective	Veterans & Families Served	-	
Enter Community Need			
Solect Output	(PPIORITY) V9: Number of active military s	rvice members that received CNCS-su	pported assistance
	Select Output		
	(PRIORITY) V9: Number of active military se (PRIORITY) V1: Number of veterans receivi		pported assistance
	V3: Number of veterans assisted in pursuir (PRIORITY) V7: Military families receiving C		
	(PRIORITY) V8: Number of veterans family		ssistance
t		Description	
Select Service Activities	Service Activities	Description	
	Assist with access to state and federal benefits		

Select the instrument you plan to use to measure the output. The instrument dropdown list will generate based on the output selected. Enter an instrument

description. Give the name of the instrument and briefly describe who will collect the data from whom, and when it will be collected.

Select Category Title	Other Focus Areas	▼	
Select Objective	Veterans & Families Served	•	
Enter Community Need			*
Select Output	(PRIORITY) V9: Number of active military se	ervice members that received CNCS-supported assistance	· · · · · · · · · · · · · · · · · · ·
Select Instrument	Select Instruments	Enter Instrument Description	
Select Outcome	Select Instruments Activity Log Attendance Log		Į
Select Instrument	Tracking System Other	Enter Instrument Description	*
Select Service Activities	Service Activities	Description	
	Assist with access to state and federal benefits		

Select the outcome you wish to measure in this set of work plans. The outcome dropdown list will generate based on the output selected. If the output does not have corresponding outcomes available, outcome options will not be available in the dropdown list. If you do not plan to measure outcomes for the output selected, do not select an outcome from the dropdown list. Instead, skip ahead to select service activities.

	Select Category Title	Other Focus Areas	
	Select Objective	K-12 Success	
	Enter Community Need		*
			~
	Select Output	(PRIORITY) ED2: Number of students who completed K-12 education programs	
	Select Instrument	-Select Instruments	*
	Select Outcome	No Outcome selected	•
	Select Instrument	No Outcome selected (PRIORITY) ED6: Number of youth in mentoring/tutoring programs with improved school attendance ED26: Number of students acquiring a GED.	
	Select Service Activities	(PRIORITY) ED27: Number of students acquiring a GED. (PRIORITY) ED27: Number of students in mentoring/tutoring programs with improved academic engag (PRIORITY) ED5: Number of students with improved academic performance in literacy and/or math	gement
		Tutoring-Faith-Based School	
1	· · · · · · · · · · · · · · · · · · ·		

Select the instrument you plan to use to measure the outcome. The instrument dropdown list will generate based on the outcome selected. Enter an instrument description. Give the name of the instrument and briefly describe who will collect the data from whom, and when it will be collected.

Select Category Title	Other Focus Areas 👻	
Select Objective	K-12 Success -	
Enter Community Need		*
Select Output	(PRIORITY) ED2: Number of students who completed K-12 education programs	•
Select Instrument	Select Instruments Enter Instrument Description	A.
Select Outcome	(PRIORITY) ED6: Number of youth in mentoring/ utoring programs with improved school at	ttendance -
Select Instrument	- Select Instruments Enter Instrument - Select Instruments Description	
Select Service Activities	Other Description	
	Tutoring-Faith-Based School	

Select all the service activities that apply. The service activities that appear are generated based on the objective selected. Each service activity selected will create a new work plan. Enter a description of the service activity in the corresponding text box. The service activity description should explain what the RSVP volunteers are doing in a way that shows how they will achieve the outcome or output. Say who the beneficiaries are, and what the volunteers will be doing with the beneficiaries. Say how often volunteers will provide the service and for how long. Say where the service will take place.

Select Service Activities	 Service Activities Tutoring-Faith-Based School Tutoring-Other Tutoring-Public School 	Description
Res	set Complete PM Back Next	Click Complete PM after completing the information for each objective.

As work plans are completed for each objective, the objectives will appear at the top of the screen.

Objective	ID	Category Title	Service Activities	Output	Outcome	Complete	Delete	Edit	
Financial Literacy	1	Primary Focus Area	Assisting VITA,	01		Yes	Delete	Edit	ſ
K-12 Success	2	Other Focus Areas	Tutoring-Faith-Based School	ED2	ED27	Yes	Delete	Edit	
Disaster Assistance Provided	3	Other Focus Areas	Other	D1		Yes	Delete	Edit	
Veterans & Families Served	4	Other Focus Areas		V9		No	Delete	Edit	

After all Work Plans have been completed, click Next or the Target tab to move to the Target tab. The Target tab allows Targets to be set for each work plan. First, enter the project's total number of unduplicated volunteers in the volunteer calculator.

Total # of Unduplicated Volunteers My project's total # of unduplicated volunteers is: 10 . N	Primary Focus Areas linimum # I must place: 3.	Community Priorities Maximum # I may place: 3.
My project's total # of unduplicated volunteers is: 10 . N	linimum # I must place: 3.	Maximum #1 may place: 3.
		maximum in thirdy proton of
Total placed so far: 10.	# placed so far: 4.	# placed so far: 0.
# I still have to place: 0.	# I still have to place: 0.	# I still have available to place: 0.

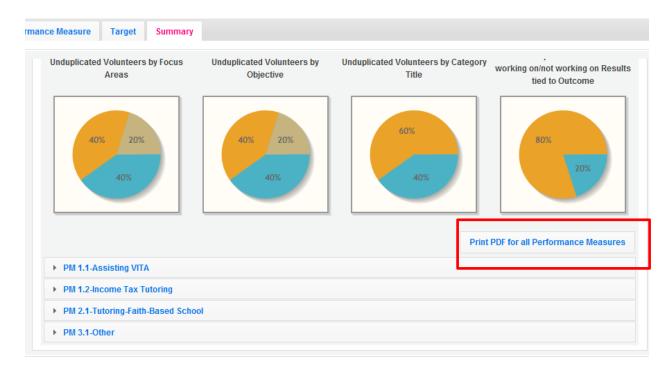
For every work plan, enter the output target, outcome target (if an outcome was selected), number of unduplicated volunteers, number of total volunteers contributing, and number of volunteer stations. Targets must be numbers, not percentages.

				V	olunteer Calculator/					
	т	otal # of Unduplicated	Volunteers		Prima	ry Focus Areas		Comr	nunity Priorities	
My	project's to	tal # of unduplicated v	olunteers is: 10		Minimum	# I must place: 3	3.	Maximu	m # I may place: 3.	
		Total placed so fa	r: 10.		# pla	iced so far: 4.		# pla	aced so far: 0.	
		# I still have to place	ce: 0.		# I still	have to place: 0.		# I still have	e available to place	e: 0.
Objective	ID	Category Title	Service Activity	Output	Output Target	Outcome	Outcome Target	# of Unduplicated Vols	# of Total Vols Contributing	# of Vol Stations
Financial Literacy	1.1	Primary Focus Area	Assisting VITA	01	2			2	1	1
Financial Literacy	1.2	Primary Focus Area	Income Tax Tutoring	01	1			2	1	1
K-12 Success	2.1	Other Focus Areas	Tutoring-Faith- Based School	ED2	2	ED27	1	2	1	1
Disaster Assistance Provided	3.1	Other Focus Areas	Other	D1	1			4	1	1
Frovided										

The Volunteer Calculator at the top of the screen will update accordingly to display the percentage of volunteers for the Performance Measure requirements. As you enter target numbers, click on Review Allocations to update the volunteer calculator. Once all Performance Measure requirements are met, the success notice will populate in the volunteer calculator.



Click Next or the Summary tab to move to the Summary tab. This page provides a summary of all the information you have entered in the module. To print the entire summary, click Print PDF for all Performance Measures.



To print one performance measure, expand the measure and click Print This Measure.

oplicant Organization: Test RSVP Grantee	od Covered					
	ting:	Ending:				
community Need to be ddressed:						
ocus Area: Economic Opportunity Obje	ective: Financia	I Literacy Stations:	1			
Project Planning						
	Assisting VITA					
Anticipated # of Unduplicated Vols: 2						
Anticipated # of Total Vols Contributing: 1						
Anticipated Output: 01: Number of ed	O1: Number of econ disadv individuals receiving financial literacy services.					
Target: 2	How Measured:	Activity Log				
Anticipated Outcome:						

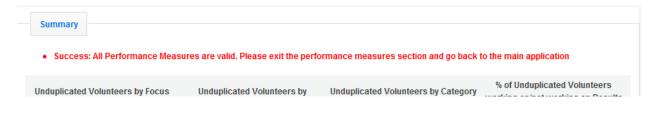
Click Edit Performance Measures to return to the Performance Measure tab.

					L	Print PDF for all Perfor	mance Me
PM 1.1-Assisting VITA							
Applicant Organization:	Test RSVP Grantee		Period Covered Starting:			Ending:	
Community Need to be Addressed:	gsfgsf sfgsfgsgf						
Focus Area:	Economic Opportunit	y	Objective:	Financia	I Literacy	Number of Volunteer Stations:	1
Project Planning							
Service Activity:		Assisting Vi	TA				
Anticipated # of Unduplic	ated Vols:	2					
Anticipated # of Total Vol	s Contributing:	1					
Anticipated Output:		O1: Number	r of econ disadv indi	viduals re	ceiving finar	ncial literacy services.	
Target:		2	How Meas	ured:	Activity Log		
Anticipated Outcome:							
Target:			How Meas	ured:			
		[Edit Performance	Measure	s Edit	Targets Print This	Measure

Click Validate Performance Measures to validate the module prior to submitting your application.

community Need to be ddressed: gsfgsf sfgsfgsgf ocus Area: Economic Opportunity Objective: Financial Literacy Number of Volunteer Stations: 1	
Objective: Financial Literacy Stations: 1 Project Planning	
Constant Andrichter Andrichter Andrichter 1077	
Service Activity: Assisting VITA	
Anticipated # of Unduplicated Vols: 2	
Anticipated # of Total Vols Contributing: 1	
Anticipated Output: 01: Number of econ disadv individuals receiving financial literacy services.	
Target: 2 How Measured: Activity Log	
Anticipated Outcome:	
Target: How Measured:	

If all Performance Measures are validated successfully, the following message will appear.



Click Back to eGrants Application to return to the rest of the application and exit the Performance Measure module.

		home	back to eGrants application	iny account	help
	Grant application ID	:13SR143017		J	
	NOFA	RSVP 2013	Competition Appendix A Part 2 Fund	ling Opportunities	
	Туре	New Applicat	tion		
	Status	Grantee Initi	ial Entry		
sures	Submitted	l:			
Sures	Legal Applicant Name	Test RSVP G	irantee		

For Foster Grandparent Program Applicants

 Welcome Test
 Start a New Grant Application

 Start New
 Image: Contrast of the start of the sta

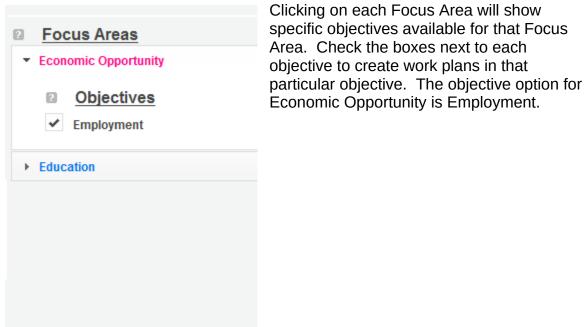
Click to enter the work plan Performance Measure Module.

Click Begin to start entering work plans.

Screen Instructions 4 ×	Add New Perfo	rmance Meas	ures								_
Welcome to The									P	legin	
Performance Measures Module, Please click on the										regin.	
"Begin" button to start the	Edit Volunteer	Allocation									
process of creating Performance Measures.									Collection (1999)		
The applicant will be									Eur vorum		
completing the following	Delete or Edit	Performance I	Measures Cr	reated							
tasks in the specified order:								# of			
Selecting Objectives	Objective ID	Category Title	Service	Output	Output Target	Outcome	Outcome Target	Unduplicated Vols	# of Total Vols Contributing	# of Vol Stations	
Allocating Volunteers to each Objective.	There are curre	ently no perform	ance measure	e created for	r this applic	ation.					
each objective.											
Creating one or more											
Performance Measures for each Objective.											
Provide "anticipated" data for each of the Performance											
Measures.											

The Objectives tab displays the options for work plan development. The CNCS Focus Areas for FGP are displayed: Economic Opportunity and Education.

Home Page Objective Perfe	formance Measure Target Summary
Screen Instructions • × On this screen you will select all objectives for your project.	Focus Areas Economic Opportunity
	► Education



 Focus Areas Economic Opportunity 	The objective options for Education are K-12 Success, School Readiness, and Other Education.
 Education 	
 Objectives K-12 Success School Readiness Other Education 	

When all necessary objectives have been selected, click Next or the Performance Measures tab to move to the Performance Measures tab.

Home Page Objective Perf	ormance Measure Target Summary
Screen Instructions	Focus Areas Economic Opportunity Education Objectives K-12 Success School Readiness Other Education
Save	Next

The Performance Measure tab allows you to create sets of aligned performance measures for all the grant activities you will measure. The work plans you will develop are for the objectives that were previously selected. Begin by selecting a Category Title from the drop down options.

	Performa	nce measures		
	Agency-wide Education Outcome 75% Agency-wide Education Outcome 75% Other	•		*
Select Output	Select Output			•
Select Instrument	-Select Instruments-	Enter Instrument Description		*
Select Outcome	No Outcome selected			*
Select Instrument	-Select Instruments-	Enter Instrument Description		*
Select Service Activities	Service Activities	Description		
			No records found.	
		m		•
			Res	et Add
				Back N

Select an objective for your aligned Performance Measure. The objectives dropdown list will generate based on the category title selected.

		Performanc	e measures			-
Select Category Title	Agency-wide Education Outcom	e 75%	•			
Select Objective	Select Objective		 ▼ 			
Enter Community Need	Select Objective School Readiness					*
Select Output	Select Output					•
Select Instrument	Select Instruments		Enter Instrument			
			Description			~
Select Outcome	No Outcome selected					-
Select Instrument	Select Instruments	-	Enter Instrument			*
			Description			*
Select Service Activities	Service Activities		Description			
				No records found.		
		r	11			+
					Reset	Add Pl
					Back	Nex

Provide a brief description of the need your project will address in this Performance Measure.

Enter Community Need		*	П
		*	
Select Output	(PRIORITY) V9. Number of active military service members that received CNCS-supported assistance	•	-
Select Instrument	Select Instruments	*	

Select the output you wish to measure in this set of work plans. The output dropdown list will generate based on the objective selected.

Select Category Title	Agency-wide Education Outcome 7	5% 🗸		
Select Objective	School Readiness	-		
Enter Community Need				
Select Output	Select Output			
Select Instrument	(PRIORITY) ED21: Number of child	ren who completed early childhood educa	tion programs	
	No Outcome selected			
Select Outcome				
Select Instrument	-Select Instruments	 Enter Instrument Description 		

Select the instrument you plan to use to measure the output. The instrument dropdown list will generate based on the output selected. Enter an instrument description. Give the name of the instrument and briefly describe who will collect the data from whom, and when it will be collected.

Select Category Title	Other Focus Areas	-	
Select Objective	Veterans & Families Served	•	
Enter Community Need			
Select Output	(PRIORITY) VO: Number of active military e	anies members that received CNOC supported assistance	
Select Instrument	-Select Instruments-	Enter Instrument	
	Select Instruments Activity Log	Description	
Select Outcome	Attendance Log		8
Select Instrument	Tracking System Other	Enter Instrument Description	
Select Service Activities	Service Activities	Description	
	Assist with access to state and federal benefits		

Select the outcome you wish to measure in this set of work plans. The outcome dropdown list will generate based on the output selected. If the output does not have corresponding outcomes available, outcome options will not be available in the dropdown list. If you do not plan to measure outcomes for the output selected, do not select an outcome from the dropdown list. Instead, skip ahead to select service activities.

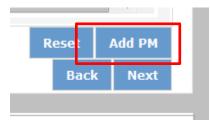
ы	Select Objective	School Readiness	-			
	Enter Community Need					
						-
2	Select Output	(PRIORITY) ED21: Number of children	who completed early childhood educ	ation programs		•
2	Select Instrument	Activity Log	Enter Instrument			1
			Description			-
2	Select Outcome	No Outcome selected				-
		No Outcome selected				
2	Select Instrument	(PRIORITY) ED23: Number of children of (PRIORITY) ED24: Number of children of (PRIORITY) ED24: Number of children of childre	lemonstrating gains in literacy skills			
2		(PRIORITY) ED23: Number of children of (PRIORITY) ED24: Number of children of (PRIORITY) ED25: Number of children of	lemonstrating gains in literacy skills			
2		PRIORITY) ED23: Number of children of PRIORITY) ED24: Number of children of PRIORITY) ED25: Number of children of	lemonstrating gains in literacy skills lemonstrating gains in numeracy (ma			
2		PRIORITY) ED23: Number of children of PRIORITY) ED24: Number of children of PRIORITY) ED25: Number of children of Service Reunico	lemonstrating gains in literacy skills lemonstrating gains in numeracy (ma]	
2		PRIORITY) ED23: Number of children of PRIORITY) ED24: Number of children of PRIORITY) ED24: Number of children of Service Automatics Assisting in classroom Assisting in classroom-Head	lemonstrating gains in literacy skills lemonstrating gains in numeracy (ma			
2		PRIORITY) ED23: Number of children of PRIORITY) ED24: Number of children of PRIORITY) ED24: Number of children of Service Automatics Assisting in classroom Assisting in classroom-Head	lemonstrating gains in literacy skills lemonstrating gains in numeracy (m:		Reset	A

Select the instrument you plan to use to measure the outcome. The instrument dropdown list will generate based on the outcome selected. Enter an instrument description. Give the name of the instrument and briefly describe who will collect the data from whom, and when it will be collected.

Select Category Title	Other Focus Areas 👻	
Select Objective	K-12 Success 👻	
Enter Community Need		*
		*
Select Output	(PRIORITY) ED2: Number of students who completed K-12 education programs	•
Select Instrument	Select Instruments Enter Instrument Description	* *
Select Outcome	(PRIORITY) ED6: Number of youth in mentoring/utoring programs with improved school atten	dance -
Select Instrument	Select Instruments Select Instruments Enter Instrument Decemption	
Select Service Activities	Other Description	
	Tutoring-Faith-Based School	

Select all the service activities that apply. The service activities that appear are generated based on the objective selected. Each service activity selected will create a new work plan. Enter a description of the service activity in the corresponding text box. The service activity description should explain what the volunteers are doing in a way that shows how they will achieve the outcome or output. Say who the beneficiaries are, and what the volunteers will be doing with the beneficiaries. Say how often volunteers will provide the service and for how long. Say where the service will take place.

Select Service Activities	Service Activities	Description
	 ✓ Tutoring-Faith-Based School ✓ Tutoring-Other ✓ Tutoring-Public School 	



Click Add PM after completing the information for each objective.

As work plans are completed for each objective, the objectives will appear at the top of the screen.

Home	Page Objective Performat	nce M							
			Si	ummary of Performance Meas	ures				
	Objective	ID	Category Title	Service Activities	Output	Outcome	Complete	Delete	Edit
>	School Readiness	1	Agency-wide Education Outcome 75%	Assisting in classroom	ED21	ED23	Yes	Delete	Edit

After all Work Plans have been completed, click Next or the Target tab to move to the Target tab. The Target tab allows Targets to be set for each work plan. First, enter the project's total number of unduplicated volunteers in the volunteer calculator.

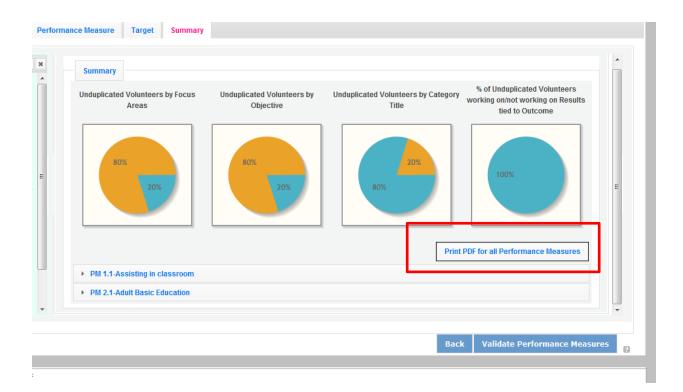
Perform	mance Measure Target Summary	
ж	Volunteer Cal	culator
te be	Total # of Unduplicated Volunteer	75% Agency-wide Education Outcome
, and	My project's total # of unduplicated volunteers is: 0 .	# I must place: 0.
our	Total placed so far: 0.	# placed so far: 0.
	# I still have to place: 0.	# I still have to place: 0.
s,		
	Summary of Performan	ce Measures

For every work plan, enter the output target, outcome target (if an outcome was selected), number of unduplicated volunteers, number of total volunteers contributing, and number of volunteer stations. Targets must be numbers, not percentages.

ou will indicate target for your	My projecť	Total # of Unduplic s total # of unduplica		: 0 .				wide Education O	utcome		
vorking in each work plan, and ou will indicate target for your	My project'	-	ated volunteers is:	. 0 .							
ou will indicate target for your outputs and outcomes.		Total algoest			#I must place: 0.						
outputs and outcomes.	Total placed so far: 0.						# placed so far: 0.				
		# I still have t	to place: 0.				# I sti	II have to place: 0			
Targets must be numbers,											
not percents.				Summary o	f Performance	e Measures					
Obje	jective ID	Category Title	Service Activity	Output	Output Target	Outcome	Outcome Target	# of Unduplicated Vols	# of Total Vols Contributing	# of Vol Stations	
Sch Rea	hool 1.1 adiness	Agency-wide Education Outcome 75%	Assisting in classroom	ED21	0	ED23	0	0	0	0	
Emp	ployment 2.1	Other	Adult Basic Education	02	0	010	0	0	0	0	

The Volunteer Calculator at the top of the screen will update accordingly to display the percentage of volunteers for the Performance Measure requirements. As you enter target numbers, click on Review Allocations to update the volunteer calculator. Once all Performance Measure requirements are met, the success notice will populate in the volunteer calculator.

Click Next or the Summary tab to move to the Summary tab. This page provides a summary of all the information you have entered in the module. To print the entire summary, click Print PDF for all Performance Measures.



To print one performance measure, expand the measure and click Print This Measure.

Applicant Organization: Test RSVP Grantee		e	Period Covered Starting:		Ending:	
Community Need to be Addressed:	test					
Focus Area:	Education		Objective:	School Readiness	Number of Volunteer Stations:	1
Project Planning						
Service Activity:		Assisting in	classroom			
Anticipated # of Undup	licated Vols:	40				
Anticipated # of Total	/ols Contributing:	40				
Anticipated Output:		(PRIORITY) programs	ED21: Number of c	hildren who complete	ed early childhood educatio	on
Target:		40	How Meas	ured: Activity Lo	g	
Anticipated Outcome:		(PRIORITY) developmen		hildren demonstratin	g gains in social and/or er	notional
Target:		40	How Meas	ured: Observati	on Tool	

Click Edit Performance Measures to return to the Performance Measure tab.

Applicant Organization: Test RSVP Grantee Community Need to be Addressed: test		е	Period Covered Starting:		Ending:	
Focus Area:	Education		Objective:	School Read	iness Number of Volunteer 1 Stations:	
Project Planning						
Service Activity:		Assisting in	classroom			
Anticipated # of Undup	icated Vols:	40				
Anticipated # of Total V	ols Contributing:	40				
Anticipated Output:		(PRIORITY) programs	ED21: Number of o	children who co	mpleted early childhood education	
Target:		40	How Meas	sured: Activ	vity Log	
Anticipated Outcome:		(PRIORITY) developmer		children demon	strating gains in social and/or emotional	
Target:		40	How Meas	sured: Obs	ervation Tool	

Click Validate Performance Measures to validate the module prior to submitting your application.

Applicant Organization: Test RSVP Grantee		e	Period Covered Starting:			Ending:	
Community Need to be Addressed:	test						
Focus Area:	Education		Objective:	School F	Readiness	Number of Volunteer Stations:	1
Project Planning							
Service Activity:		Assisting in	classroom				
Anticipated # of Undupli	icated Vols:	40					
Anticipated # of Total V	ols Contributing:	40	40				
Anticipated Output:		(PRIORITY) programs	ED21: Number of c	hildren wh	o complete	d early childhood educatio	n
Target:		40	How Meas	sured:	Activity Log		
Anticipated Outcome:		(PRIORITY) developmen		hildren de	monstrating	gains in social and/or em	otional
Target:		40	How Meas	sured:	Observatio	n Tool	
			Edit Performance		-	Targets Print This N	

If all Performance Measures are validated successfully, the following message will appear.

Summary			
Success: All Performance	Measures are valid. Please exit the perfe	ormance measures section and go back t	to the main application
Unduplicated Volunteers by Foc	us Unduplicated Volunteers by	Unduplicated Volunteers by Category	% of Unduplicated Volunteers

Click Back to eGrants Application to return to the rest of the application and exit the Performance Measure module.

home	back to eGrants application	my account	help	logout
Grant application ID: 13SF14676		J		
NOFA: FGP 2013 Q	uarter 3 (Year 1 of single or multi ye	ear grant)		
Type: New Applica	tion			
Status: Grantee Init	ial Entry			
Submitted:				
Legal Applicant Name: Test RSVP (Grantee			

For Senior Companion Program Applicants

Click to enter the work plan Performance Measure Module.

Welcome Test	Start a New Grant Application
Start New	G back save next
Applicant Info	
Application Info	
Narratives	
🖸 Work Plan	
Documents	Cick here to enter work plan
Budget Section 1	
Budget Section 2	
Funding/Demographics	
Review	

Click Begin to start entering work plans.

Screen Instructions	Add New Pe	rformance Meas	ures						_	
Welcome to The Performance Measures									E	legin
Module. Please click on the "Begin" button to start the	Edit Volunte	er Allocation								
process of creating Performance Measures. The applicant will be									Edit Volun	teer Allocation
completing the following	Delete or Ed	it Performance	Measures Cr	reated						
tasks in the specified order: ■ • Selecting Objectives	Objective	ID Category Title	Service Activity	Output	Output Target	Outcome	Outcome Target	# of Unduplicated Vols	# of Total Vols Contributing	# of Vol Stations
Allocating Volunteers to each Objective.	There are cu	rrently no perform	ance measur	e created fo	r this applic	ation.				
Creating one or more										once pleasures
Performance Measures for each Objective.										
Provide "anticipated" data for each of the Performance Measures.										

The Performance Measure tab allows you to create sets of aligned performance measures for all the grant activities you will measure. Begin by selecting a Category Title from the drop down options.

		Summary of Performance Me	asures					
Objective	ID Category Title	Service Activities	Output	Outcome	Complete	Delete	Edit	
	There a	re currently no Performance measures o	reated for this applica	tion.				
Screen Instructions 4 ×		Perform	ance Measures					-
his tab allows you to create			unce measures					
ets of aligned performance	Select Category Title	Independent Living and Respite Care		•				
neasures for all the grant	Select Objective	Independent Living and Respite Care Other						
ctivities you will measure.	Enter Community Need	Other						
Begin by selecting a category								
le.								
E							Ŧ	E
Select an objective for your	Select Output	OT2: Number of other older adults and in	dividuals with disabilitie	es served.			•	
ligned performance measure.	Select Instrument	Other	Enter Instrum	ent			*	
Provide a brief description of			Description				Ψ.	
te need your project will	Select Outcome	No Outcome selected					*	
ddress in this performance	Select Instrument	-Select Instruments-	Enter Instrum	ent				
neasure.			Description				-	
	Select Service Activities							
Select the output you wish to neasure in this set of		Service Activities	Description					
orkplans.		Serving Non-Veterans						-
and the second	e	berring non-reterand						

Select an objective for your aligned Performance Measure. The objectives dropdown list will generate based on the category title selected.

		Summary of Performance Meas	ires				
Objective	ID Category Title	Service Activities	Output	Outcome	Complete I	Delete E	Edit
	There a	re currently no Performance measures crea	ted for this applicati	on.			
Screen Instructions		Performan	ce Measures				-
'his tab allows you to create 🛛 📩							_
sets of aligned performance	Select Category Title	Independent Living and Respite Care	-				
neasures for all the grant activities you will measure.	Select Objective	Aging in Place					
activities you will measure.	Enter Community Need	Select Objective Aging in Place					~
Begin by selecting a category		Aging in Flace					
itle.							-
Select an objective for your	Select Output	Select Output					
aligned performance measure.	Select Instrument	-Select Instruments-	Enter Instrume	nt			_
	B Select instrument	-Select Instruments	Description	in.			<u>î</u>
Provide a brief description of							
he need your project will	Select Outcome	No Outcome selected					· ·
address in this performance	Select Instrument	Select Instruments v	Enter Instrume	nt			~
measure.			Description				
Select the output you wish to	Select Service Activities	Service Activities	Description				
neasure in this set of					No records found.		

Provide a brief description of the need your project will address in this Performance Measure.

Enter Community Nee	4		
Select Output	Select Output		0
Select Instrument	-Select Instruments *	Enter Instrument	
		Description	
Select Outcome	No Outcome selected		
Select Instrument	-Select Instruments +	Enter Instrument	
		Description	

Select the output you wish to measure in this set of work plans. The output dropdown list will generate based on the objective selected.

	5 A				
	Select Category Title	Independent Living and Respite Care	•		
L	Select Objective	Aging in Place	•		
L	Enter Community Need				*
E					~
1.000	Select Output	Select Output			-
	Select Instrument	- Celeci Culput			
		H13: Caregivers of homebound or older adu (PRIORITY) H8: Number of individuals received		ceiving respite service	
	Select Outcome	No Outcome selected			÷
_	Select Instrument	Select Instruments	Enter Instrument		
			Description		π.
	Select Service Activities	Service Activities	Description		
				No records found.	
-	•		III		Þ

Select the instrument you plan to use to measure the output. The instrument dropdown list will generate based on the output selected. Enter an instrument description. Give the name of the instrument and briefly describe who will collect the data from whom, and when it will be collected.

4	×		Performance Measures	Â
te ;e		Select Category TitleSelect Objective	Independent Living and Respite Care Aging in Place	
gory	Ш	Enter Community Need		E
ır		Select Output	His. Caregivers of nomeocomo or order addits individuals with disabilities receiving respite service	
sure.		Select Instrument	Select Instruments Enter InstrumentSelect Instruments Description	
:e		Select OutcomeSelect Instrument	Activity Logs Client Tracking Database Other Decrements and the second s	
n to		Select Service Activities		
	Ŧ	•	Companionship III F	-
			Reset Add	РМ
			Back N	lext

Select the outcome you wish to measure in this set of work plans. The outcome dropdown list will generate based on the output selected. If the output does not have corresponding outcomes available, outcome options will not be available in the dropdown list. If you do not plan to measure outcomes for the output selected, do not select an outcome from the dropdown list. Instead, skip ahead to select service activities.

			Performance Measures			<u> </u>
	Select Category Title	Independent Living and Respite	Care -			
L	Select Objective	Aging in Place	•			
	Enter Community Need	test			516	Е
	Select Output	H13: Caregivers of homebound	or older adults/individuals wi	th disabilities receiving respite servic	e 👻	
	Select Instrument	Client Tracking Database	Enter Instr Description	lest	*	
	Select Outcome	No Outcome selected			•	
	Select Instrument	No Outcome selected H14: Number of caregivers who	reported having increased so	ocial ties/perceived social support	T	
	Select Service Activities	Service Activities	Description			
	•	Companionship				-
					Reset Add Back No	PM ext

Select the instrument you plan to use to measure the outcome. The instrument dropdown list will generate based on the outcome selected. Enter an instrument description. Give the name of the instrument and briefly describe who will collect the data from whom, and when it will be collected.

4 8		Performa	nce <mark>Measures</mark>			Â.
	Select Category Title	Independent Living and Respite Care	•			
	Select Objective	Aging in Place	•			
	Enter Community Need	test				*
ory						=
=						Ŧ
	Select Output	H13: Caregivers of homebound or older ad	ults/individuals with disab	lities receiving respite service		•
ure.	Select Instrument	ect Instrument Client Tracking Database Enter Instrument Description test ect Outcome H14: Number of caregivers who reported having increased social ties/perceived social support	*			
of						Ŧ
	Select Outcome	H14: Number of caregivers who reported ha	wing increased social ties	/perceived social support		<u> </u>
	Select Instrument	Select Instruments	Enter Instrument			^
		Select Instruments Survey	Description			Ŧ
to	Select Service Activities	Service Activities	Description			_
		Companionship				-
-	•		III			•
					Reset	Add PM
					Back	Next

Select all the service activities that apply. The service activities that appear are generated based on the objective selected. Each service activity selected will create a new work plan. Enter a description of the service activity in the corresponding text box. The service activity description should explain what the SCP volunteers are doing in a way that shows how they will achieve the outcome or output. Say who the beneficiaries are, and what the volunteers will be doing with the beneficiaries. Say how often volunteers will provide the service and for how long. Say where the service will take place.

					Ŧ
Select Output	H13: Caregivers of homebound or older ad	ults/individuals with disabil	lities receiving respite service		•
Select Instrument	Client Tracking Database 🗸	Enter Instrument Description	test		*
Select Outcome	H14: Number of caregivers who reported ha	aving increased social ties/	/perceived social support		•
Select Instrument	Survey 💌	Enter Instrument Description	test		*
Select Service Activities	Service Activities Companionship Companionship-Dept. of Veterans Affairs Preventing Elder Abuse	Description			E
	Transportation	m			•
				Reset	Add PM
				Back	Next

		•	
Reset	1	Add PM	
Ba	ck	Next	

Click Add PM after completing the information for each objective.

As work plans are completed for each objective, the objectives will appear at the top of the screen.

	Summary of Performance Measures								
	Objective	ID	Category Title	Service Activities	Output	Outcome	Complete	Delete	Edit
\rightarrow	Aging in Place	1	Independent Living and Respite Care	Companionship,	H13	H14	Yes	Delete	Edit
	Other Healthy Futures	2	Other	Serving Non-Veterans	OT2		Yes	Delete	Edit

After all Work Plans have been completed, click Next or the Target tab to move to the Target tab. The Target tab allows Targets to be set for each work plan. First, enter the project's total number of unduplicated volunteers in the volunteer calculator.

isure	get Summary	
	Volunteer Calculator	
	Total # of Unduplicated Volunteers	
	My project's total # of unduplicated voluntee s is: 100 .	
	Total placed so far: 0.	
	# I still have to place: 100.	

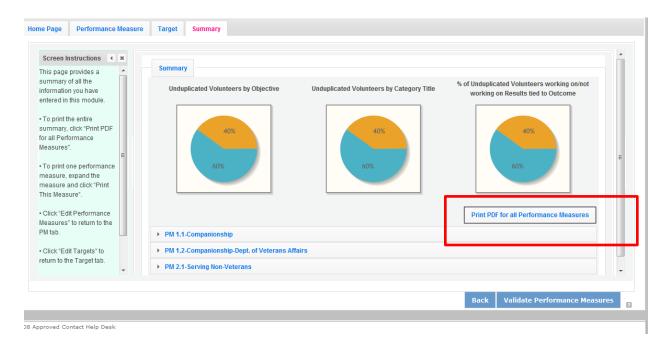
For every work plan, enter the output target, outcome target (if an outcome was selected), number of unduplicated volunteers, number of total volunteers contributing, and number of volunteer stations. Targets must be numbers, not percentages.

Screen Instructions					Mal	unteer Calcula						^
On this tab, you will indicate												
ow many volunteers will be						Unduplicated \						
orking in each work plan, and				My project's	s total # of u	nduplicated v	olunteers is:	100 .				=
u will indicate target for your utputs and outcomes.					Tota	placed so far	: 100.					
ilpuis and outcomes.					#1s	till have to place	ce: 0.					
argets must be numbers,												Ψ.
ot percents.					Summary o	f Performance	e Measures					-
	Objective	ID	Category Title	Service Activity	Output	Output Target	Outcome	Outcome Target	# of Unduplicated Vols	# of Total Vols Contributing	# of Vol Stations	
	Aging in Place	1.1	Independent Living and Respite Care	Companionship	H13	50	H14	40	20	70	2	н
	Aging in Place	1.2	Independent Living and Respite Care	Companionship- Dept. of Veterans Affairs	H13	100	H14	150	40	55	5	
	Other Healthy	21	Other	Serving Non-	012	10			40	40	4	-

The Volunteer Calculator at the top of the screen will update accordingly to display the volunteers left to place for the Performance Measure requirements. As you enter target numbers, click on Review Allocations to update the volunteer calculator. Once all Performance Measure requirements are met, the success notice will populate in the volunteer calculator.

Success: All allocation rules satisfied	
	Volunteer Calculator
Total # of Unduplicated Volunteers	Primary Focus Areas

Click Next or the Summary tab to move to the Summary tab. This page provides a summary of all the information you have entered in the module. To print the entire summary, click Print PDF for all Performance Measures.



To print one performance measure, expand the measure and click Print This Measure.

Applicant Organization:	Test RSVP Grante	e	Period Startin	Covered g:		Ending:			
Community Need to be Addressed:	test								
Focus Area:	Healthy Futures		Object	ive: Agin	g in Place	e Number of Stations:	of Volunteer	2	
Project Planning									
Service Activity:		Companior	nship						
Anticipated # of Undup	licated Vols:	20							
Anticipated # of Total	/ols Contributing:	70							
Anticipated Output:		H13: Careg respite ser		omebound or old	ler adults	s/individuals with di	sabilities rece	eiving	
Target:		50		How Measured:	Clie	ent Tracking Databa	racking Database		
Anticipated Outcome:		H14: Numb support	ber of care	egivers who repo	ted havin	ng increased social	ties/perceive	d social	
Target:		40		How Measured:	Surv	vey			
			Edit Pe	erformance Mea	sures	Edit Targets	Print This	Measure	

Click Edit Performance Measures to return to the Performance Measure tab.

Applicant Organization:	Test RSVP Grante	е	Period Covered Starting:		Ending:	
Community Need to be Addressed:	test					
Focus Area:	Healthy Futures		Objective:	Aging in Place	Number of Volunteer 2 Stations:	
Project Planning						
Service Activity:		Companion	iship			
Anticipated # of Undupl	icated Vols:	20				
Anticipated # of Total V	ols Contributing:	70				
Anticipated Output:		H13: Careg respite serv		or older adults/indiv	viduals with disabilities receiving	
Target:		50	How Meas	ured: Client Tra	acking Database	
Anticipated Outcome:		H14: Numb support	er of caregivers who	reported having inc	reased social ties/perceived social	
Target:		40	How Meas	ured: Survey		
			Edit Performance	Measures	lit Targets Print This Measure	

Click Validate Performance Measures to validate the module prior to submitting your application.

Applicant Organization:	Test RSVP Grantee)	Period Covered Starting:		Endin	ig:		
Community Need to be Addressed:	test							
Focus Area:	Healthy Futures		Objective:	Aging in I	Place Numl Static	ber of Volunteer	2	
Project Planning								
Service Activity:		Companion	ship					
Anticipated # of Undupl	icated Vols:	20						
Anticipated # of Total V	ols Contributing:	70						
Anticipated Output:		H13: Caregi respite servi	ivers of homebound ice	or older a	dults/individuals wit	th disabilities rec	eiving	
Target:		50	How Meas	ured:	Client Tracking Database			
Anticipated Outcome:		H14: Numbe support	er of caregivers who	reported I	having increased so	ocial ties/perceive	d social	
Target:		40	How Meas	ured:	Survey			
			Edit Performance	Measure	s Edit Targets	Print This	Measure	

If all Performance Measures are validated successfully, the following message will appear.

Summary			
Summary			
Success: All Performance Measu	res are valid. Please exit the perfo	rmance measures section and go back t	o the main application
Unduplicated Volunteers by Focus	Unduplicated Volunteers by	Unduplicated Volunteers by Category	% of Unduplicated Volunteers

Click Back to eGrants Application to return to the rest of the application and exit the Performance Measure module.

	home		back to eGrants application	my account	help	logout
	Grant application ID: 13SC148	188				
	NOFA: SCP 2013	3 Qi	uarter 4 (Year 1 of single or multi y	ear grant)		
	Type: New Appli	icat	ion			
	Status: Grantee I	initi	al Entry			
•	Submitted:					
P	Legal Applicant Name: Test RSVI	ΡG	rantee			

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

Document Status List: 😰 add a new		
🗹 s	tatus entered 🛛 😕 status not	entered
Document Name	Document Status	delete
Aggregate Dollar Amounts of funding	Not Sent 🗸	
Board of Directors	Not Sent 👻	
Community Advisory Group Names and Addresses	Not Sent -	
Direct Deposit (SF-1199)	Not Sent 🗸	
Federal Financial Report User Form	Not Sent 👻	
Financial Management Survey	Not Sent 👻	
Financial Statement Audit or SF-990	Not Sent 👻	
IRS Certification of Non-Profit Status	Not Sent 👻	
Negotiated Indirect Cost Agreement	Not Sent 👻	
Organizational Chart	Not Sent 👻	
Project Director's Job Description	Not Sent 👻	
Recipient Contact Form	Not Sent 👻	
Roster of Volunteer Stations	Not Sent 👻	
Statement of Audit Status	Not Sent 👻	

Document Statuses

Sent: means you have sent the document to CNCS

Not Sent: means you intend to send the document to CNCS, but have not yet done so. If Not Sent is selected, the application cannot be submitted in eGrants.

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

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

PART V. – BUDGET Instructions: eGrants Budget Sections

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

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

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

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

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

Source of Matching Funds

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

Budget Section I. Volunteer Support Expenses Enter Source of matching funds	
Please enter the necessary budget information for your project.	of
lease enter the source of matching funds in the textbox below.	in
Source of Matching Funds (Max. 1000 chars)	
	~
	-

Project Personnel Expenses

List the title of each	Project Perso	onnel	Expense	ses 🤕	dd a new	/ budge	et item	?		del
staff position charged	Position/Title	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
	Subtotal									

to the project. List all positions/titles that are either funded by CNCS, grantee share, or excess resources.

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

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

Budget - Project Personnel Expenses			
		cancel	save & close
Please enter the necessary budget information	for your project.		
* Position/Title:			
* Qty:			
* Annual Salary:	\$		
* % Time:	%		
Total Amount:	\$0.00		
* CNCS Share:	\$		
* Grantee Share:	\$		
* Excess Amount:	\$		

Personnel Fringe Benefits

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

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

	Description:	\$0	.00		Once you have clicked the 'edit' or 'add a new budget' link under Personnel Fringe Benefits, you will be able to enter a short description of the calculations of the benefits.								
	* CNCS Share:	\$0	.00										
*	Grantee Share:	\$0	.00			Local Travel							
*	Excess Amount:	\$0	0.00										
		Local Tra	vel <mark>c add a r</mark>	new budg	jet iten								
		Purpose	Calculation	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit		del			
		Subtotal	(
Enter local travel costs, as appropriate in the budget. Briefly list the purpose of anticipated local travel and the basis for calculations.					* p	mation for y urpose:	our project.		cost				
	avel is travel service area.		* Total Amount: \$0.00										
For	r Local Trave	el →	* CNCS Share: \$ * Grantee Share: \$										
					* Excess Amount: \$								

Long Distance Travel

Enter long distance travel costs, as	Long Distance Travel add a new budget item											
appropriate, in the budget. Briefly list the purpose of	Purpose	Destination		Meals/ Lodging				Grantee Share	Excess Amount	edit	del	
anticipated long distance travel	Subtotal											
Please enter the necessary budget information for your project.												
	* Purpo	ose:				and the basis for cost calculations.						
Destination:												
	* Trans. Amo	unt: \$										
	* Meals/ Lodg	ing: \$										
* Other Travel: \$												
Total Amount: \$0.00												
* CNCS Share: \$												
* Grantee Share: \$												
	* Excess Amo	unt: \$										

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

← For Long Distance Travel

Equipment

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

	Equipment add a new budget item 3										
	Item/Purpo	ose Qty	Unit T Cost A	otal mount			e Excess Amount	edit	del		
	Subtotal										
	Please enter the necessary budget information for your project.										
	* Item/Purpose:										
							* Qty:				
Supp	olies			* Unit Cost: \$							
			Total Amount: \$0.00								
						* CN	CS Share:	\$			
By cli	cking here					* Gran	tee Share:	\$			
	_	_		_		* Even	Amounti	*			
	Supplies	add a n	ew budge	et item	>					you will	
be	Item/ Purpose	Calculat	on Total Amou	CNC unt Sha	7.00	antee Ex are Ar	ccess mount	edit	del	able to li your	
	Subtotal									supplies	

Please enter the necessary budget information for your project.

Enter your items to be purchased, the	* Item/ Purpose:	
quantity of each, with their	Calculation:	
respective costs, and explain how	* Total Amount: \$0,00	
each item will be	* CNCS Share: \$	
used in the project. Itemize large items.	* Grantee Share: \$	
norm20 range normer	* Excess Amount: \$	

Contractual and Consultant Services

	_	Contractual and Consultant Service: add a new budget item 2									
contracts consultants appropriate.	and as	Purpose	Calculation	Total Amount		Grantee Share	Excess Amount	edit	del		
		Subtotal									

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

Include here all services documented in a contract, such as clerical support, training consultants, equipment repair and maintenance, or bookkeeping services. Please enter the necessary budget information for your project.

ter the neededary budget mermation	ion your projecti
* Purpose:	
Calculation:	۸ ۳
* Total Amount:	\$0.00
* CNCS Share:	\$
* Grantee Share:	\$
* Excess Amount:	\$

Other Volunteer Support Costs

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

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

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

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

For any additional Volunteer Support Costs, click on the 'add a new budget item' and complete the appropriate fields. Please enter the necessary budget information for your project.

* Item:	Criminal Background Check
* Total Amount:	\$0.00
* CNCS Share:	\$0.00
* Grantee Share:	\$ 0 .00
* Excess Amount:	\$0.00
Please enter the necessary budget information for your pro	oject.

* Item:

* Total Amount: \$0

* CNCS Share: \$

* Grantee Share: \$

* Excess Amount: \$

fields.			

Indirect Costs

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

Indirect C	Indirect Costs : add a new budget item 2											
Rate Type	Cost Basis	Calculation	Rate	Claimed	Total Amount		Grantee Share	Excess Amount	edit	del		
Subtotal												
Please enter the necessary budget information for your project.												
							Type: 3	Select a Cost Type 🔻				
							Basis:	Select a Basis 🔹				
In this section to describe (provisional)	the	type of ra	ate	Calculation:								*
final, or fixe					Rate:		%					
the budget amount of		-			aimed:		%					
the indirect							Total Ar	mount: \$	0	.00		
and total inc				* CNCS Share: \$								
				* Grantee Share: \$								
				* Excess Amount: \$								

Section II: Volunteer Expenses (for RSVP applicants)

Source of Matching Funds

By clicking the 'Enter Source of matching funds', you will be asked to provide any source(s) of matching funds Budget Section II. Volunteer Expenses Enter Source of matching funds?

Please enter the necessary budget information for your project.

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

Source of Matching Funds (Max. 1000 chars)

Other Volunteer Costs (for RSVP)

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

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

RSVP allowable costs and reimbursable expenses include: Volunteer Travel, Recognition, Meals. and Volunteers may Insurance. also be reimbursed for costs incurred while performing assignments including _ transportation, equipment, supplies, etc. - provided such costs are described in the Memorandum of Understanding negotiated with the volunteer station where the volunteer is assigned and there are sufficient funds available to cover these expenses and meet all other requirements of the NGA.

	Please enter the necessary budg	Please enter the necessary budget information for your project.					
		* Item:					
'Add a new budget item' →		Description:					
Add a new budget item 7	* Total Amount: \$0.00						
		* CNCS Share: \$					
	* (* Grantee Share: \$					
	* E	xcess Amount: \$					
Please enter the necessary budget information for yo	our project.						
* Item: Meals	S						
Description:	۸ ٣	\leftarrow 'Edit' the categories applicable to your					
* Total Amount: \$0	.00	organization.					
* CNCS Share: \$0	.00						
* Grantee Share: \$0	.00						
* Excess Amount: \$0	.00						

Su	h	t	o	t:	al	-

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

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

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



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

Source of Matching Funds

(for FGP and SCP)

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

Budget Section II.	Volunteer	ExpensesEnter	Source of	matching	funds	22.

Please enter the necessary budget information for your project.

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

Source of Matching Funds (Max. 1000 chars)

Stipends (for FGP and SCP)

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

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

Please enter the necessary budget information for your project.
* Item: Non-Corporation Funded
* #:
* Annual Stipend: \$2767
Total Amount: \$0.00
* CNCS Share: \$0.00
* Grantee Share: \$0.00
* Excess Amount: \$0.00

Other Volunteer Costs (for FGP and SCP)

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

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

	Please enter the necessary budget information for your project.				
	* Item:				
'Add a new budget item' →	Description:	4 7			
Aud a new budget item 7	* Total Amount:	\$0.00			
	* CNCS Share:	\$			
	* Grantee Share:	\$			
	* Excess Amount:	\$			

Please enter the necessary budget information for your project.

* Item:	Physical Examinations	
Description:	A 7	
* Total Amount:	\$0.00	\leftarrow 'Edit' the categories applicable to
* CNCS Share:	\$0.00	your organization.
* Grantee Share:	\$0.00	
* Excess Amount:	\$0.00	

Subtotal:				This section provides the subtotals of the
Total Amount	CNCS Share	Grantee Share	Excess Amount	CNCS share, Grantee share and any excess
\$0	\$0	\$0	\$0	amount that you have
	0%	0%	0%	entered in your Budget.

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

Validate this budget

PART VI – FUNDING Instructions: Estimated Funding

Estimated Funding (for RSVP, FGP, and SCP)

	Estimated Funding							
	Total	Total						
	Total Amount	\$0.00						
To complete the budget section, you	Federal Share							
will be required to	Amount \$0.00							
provide the applicant share breakdown for	Applicant Share							
the application.	Amount	\$0.00						
Please refer to the Grant Application	Applicant Share Breakdown							
Instructions for further instructions.	Please breakdown the applicant share into the amounts must add up to \$0.00.	e following sources. The sum of the source						
	Local:	\$0.00						
	State:	\$0.00						
	Other:	\$0.00						
	Income:	\$0.00						
	Please check the box if your organization	is funded by CNCS						

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

Under the "Review" and "Authorize and Submit" sections, you should review each section of your application. We <u>strongly</u> <u>encourage</u> you to print out your application prior to final submission to ensure is it not over the 25 page limit. This limit does not include the budget and performance measures.

NOFA Information

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

View/Print your application

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

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

Applicant Info: edit

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

Application Info: edit

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

Narratives: edit

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

Documents: edit

Aggregate Dollar Amounts of funding - Not Sent Articles of Incorporation - Not Sent Board of Directors - Not Sent CPA Certification - Not Sent Certification of non-profit status - Not Sent Community Advisory Group names and addresses - Not Sent List of the names of any Funding Organizations/Sources - Not Sent Negotiated Indirect Cost Agreement - Not Sent Organizational Chart - Not Sent Project Director's Job Description - Not Sent Roster of Volunteer Stations - Not Sent Statement of date of last Al 33 audit - Not Sent							
Statement of whether app	plicant is subject to A13	3 audit - Not Sent					
Budget Section 1 Subtot	al: edit						
Total Amount	CNCS Share	Grantee Share	Excess Amount				
\$0	\$0	\$0	\$0				
	0%	0%	0%				
Budget Section 2 Subtot	al: edit						
Total Amount	CNCS Share	Grantee Share	Excess Amount				
\$0	\$O	\$O	\$0				
	0%	0%	0%				
Budget Total: Validate this budget 🔋							
Total Amount	CNCS Share	Grantee Share	Excess Amount				
\$0	\$0	\$0	\$0				
	0%	0%	0%				
			🕼 back 🛛 🛛 next 🕑				

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

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

Authorize and Submit

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

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

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

Authorization:

To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

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

I Agree

Assurances: view/print certification

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

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

I Agree

Certifications: view/print certification

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

Authorized Certifying Official:

I Agree

Verify this Grant Application:

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



Available actions for this Grant Application:

