

# **APPLICATION INSTRUCTIONS**

## **State and National Competitive New and Continuation**

**As applicable to the Notice of Funding Opportunity or Notice of Funding Availability**

**OMB Control #: 3045-0047**

**Expiration Date: 09/30/2026**

## IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service's online grant application system, [eGrants](#). All competitive funding announcements by the Corporation for National and Community Service, dba as AmeriCorps, are posted on [www.americorps.gov](http://www.americorps.gov) and [www.grants.gov](http://www.grants.gov).

**Public Burden Statement:** Public reporting burden for this collection of information is estimated to average 80 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to AmeriCorps, Attn: Arminda Pappas, 250 E Street, SW, Suite 300, Washington, DC 20525. AmeriCorps informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one are current and valid. (See 5 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 the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C. §§ 12581 - 12585 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. Please see the Notice of Funding Opportunity for AmeriCorps' transparency in grantmaking information. The information will not otherwise be disclosed to entities outside of AmeriCorps 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 that equal or exceed \$30,000 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.

**Indirect Cost Rates:** AmeriCorps allows applicants to include indirect costs in application budgets. Based on qualifying factors, applicants have the option of using a federally approved indirect cost rate, a 15% *de minimis* rate of modified total direct costs, or may claim certain costs directly as outlined in 2 CFR § 200.413 Direct costs. Applicants who hold a federally negotiated indirect cost rate must use that rate if they have one or use the 15% *de minimis* rate. Refer to: [AmeriCorps eGrants Indirect Cost Rate \(IDCR\) User Instructions](#).

**Universal Identifier:** Applicants must include a Unique Entity Identifier (UEI). Applicants must obtain their UEI and register their entity through the System for Award Management (SAM.gov). All grant recipients are required to maintain a valid SAM.gov registration, which must be renewed annually. The Grantee Administrator role in eGrants is the only user that can add the UEI to eGrants. The UEI is added to the organizational attributes page, and then will automatically populate onto all of the applications that are tied to the organization.

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***These attachments are worksheets only. All information must be entered in eGrants.***

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## APPLICATION RESOURCES

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Please use these application instructions if you are a new or re-competing applicant to AmeriCorps.

If you are submitting a request for continuation to AmeriCorps, please see the Continuation Instructions in this document.

Use these instructions in conjunction with the *Notice of Federal Funding Opportunity (Notice)* and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. **The Notice includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),<sup>1</sup> and other information that is specific to the grant competition.**

The AmeriCorps regulations include pertinent information (see Table 1, below). The *Notice* can be found on website.

The full regulations are available online at:

<https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>

**Table 1: Requirements in the AmeriCorps Regulations**

Topics	Citation in the AmeriCorps Regulations
Member Service Activities	<a href="#">§2520.20 - §2520.55</a>
Prohibited Activities	<a href="#">§2520.65</a>
Tutoring Programs	§2522.900-2522.950
Matching Funds	§2521.35-2521.90
Member Benefits	§2522.240-2522.250
Calculating Cost Per Member Service Year (MSY)	§2522.485
Performance Measures	§2522.500-2522.650
Evaluation	§2522.500-2522.540 and §2522.700-2522.740
Selection Criteria and Selection Process	§2522.400-2522.475

If there is any inconsistency between the AmeriCorps Regulations, the *Notice*, and the Application Instructions, the order of precedence is as follows:

1. AmeriCorps Regulations [45 CFR §§ 2520–2550](#) take precedence over the
2. *Notice of Federal Funding Opportunity/Notice of Federal Funding Availability*, which takes precedence over the
3. Application Instructions.

### SUBMITTING YOUR APPLICATION IN EGRANTS

#### New and Re-competing Applicants

New applicants need to establish an eGrants account by accessing the [eGrants website](#):

<https://egrants.cns.gov/espan/main/login.jsp> and selecting "Don't have an eGrants account? Create an account."

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

- Start a new Grant Application

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<sup>1</sup> One Member Service Year (MSY) is equivalent to at least 1700 service hours, which is a full-time AmeriCorps position. The CNCS cost per MSY is determined by dividing the CNCS share of budgeted grant costs by the number of MSYs requested in the application. It does not include childcare or the cost of the education award.

- Select a Program Area (AmeriCorps)
- Select the correct NOFA that corresponds to your application type and year specified on the *Notice* (see the *Notice* for a listing)

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

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Logic Model
- V. Performance Measures
- VI. Program Information
- VII. Documents
- VIII. Budget
- IX. Funding/Demographics
- X. Review
- XI. Authorize, and Submit

### I. Applicant Info

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet. **If you can only submit your application in hard copy, please follow the instructions in the Notice of Funding Opportunity.**

- If you are recompeting (in the final year of a competitive funding cycle and applying for a new grant cycle), select **Continuation/Renewal**.
- If you are not a current grantee but have received a competitive AmeriCorps grant in the past five years, select **Continuation/Renewal**.
- If you are applying for the first time, have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, select **New. (Note: previous competitive funding history for the same project, even if more than five years ago, may still affect some application requirements; see the Notice of Funding Opportunity for more details)**
- If you are a current planning grantee applying for an implementation grant, select **New**.

Enter or update the requested information in the fields that appear. The contact person needs to be the person who can answer questions about the application.

### II. Application Info

In the Application Info Section enter:

- Areas affected by your proposed program. 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.
- Requested project period start and end dates. The length of the project period is specified in the *Notice*.
- The Application is Subject to Review by State Executive Order 12372 Process: This is pre-filled as "No, this is not applicable."
- Indicate Yes or No if you are delinquent on any federal debt. If Yes, provide an explanation.
- State Application Identifier: Enter N/A.

### III. Narratives

The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria as outlined in the *Notice*. Below are some general recommendations to help you present your project in a way the reviewers will find compelling and persuasive.

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit funding priorities and special considerations articulated in the regulations or the *Notice*.
- **Be clear and succinct.** Do not use jargon, boilerplate, rhetoric, or exaggeration. Describe clearly what you intend to do and how your project responds to the selection criteria.
- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from AmeriCorps in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections by criterion.

In eGrants, you will enter text for

- Executive Summary
- Rationale and Approach (Program Design)
- Organizational Capability
- Cost Effectiveness and Budget Adequacy

Note: The Narratives Section also includes fields for Evaluation Summary or Plan, Clarification Summary, Amendment Justification, and Continuation Changes. **Please enter N/A in these fields. The latter three fields may be used at a later date to enter information for clarification following review, to request amendments once a grant is awarded, and to enter changes in the narrative in continuation requests.**

Reviewers will assess your application against the selection criteria. To best respond to the criteria listed in the *Notice* and Application Instructions, we suggest that you include a brief discussion of each bullet if it pertains to your application.

#### A. Executive Summary

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

#### B. Selection Criteria

Each application must clearly describe a project that will effectively deploy AmeriCorps members to solve a significant community problem. Specifics about the selection criteria are published in the *Notice*.

##### 1. Program Design (50 percent)

In assessing Rationale and Approach/Program Design, reviewers will examine the degree to which the applicant demonstrates how AmeriCorps members and the proposed intervention are particularly well-suited to addressing the identified community problem.

## **2. Organizational Capability (25 percent)**

Reviewers will assess the extent to which the applicant demonstrates organizational background and staffing and structures, including compliance and accountability, to support the proposed program.

## **3. Cost Effectiveness and Budget Adequacy (25 percent)**

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

### **C. Evaluation Summary or Plan**

Enter N/A. If you have previously received three or more years of competitive funding for the same project proposed in your application (see the Mandatory Supplemental Information for the AmeriCorps definition of "same project"), you must submit an evaluation plan as an attachment. Please use the evaluation plan template available on the Notice webpage.

### **D. Amendment Justification**

Enter N/A. This field will be used if you are awarded a grant and need to amend it.

### **E. Clarification Information**

Enter N/A. This field may be used to enter information that requires clarification in the post-notification period. Please clearly label new information added during clarification with the date.

### **F. Continuation Changes**

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

## **IV. Logic Model**

Complete the logic model using the instructions provided in the *Notice*.

To begin entering your logic model from your eGrants application page, select "Logic Model" in the left side navigation menu.

In the first blank row of the logic model, click "edit." Clicking this link will open a pop-up screen with fields for each column of the logic model. Complete any fields that are applicable; there are no required fields in this screen. When you are finished, click "save and close."

You may add an unlimited number of rows to the logic model by clicking "add a new row." However, please be mindful of any page limits specified elsewhere in the Application Instructions or *Notice*.

You may edit or delete an existing row by clicking "edit" or "delete" in the last column of the logic model.

## **V. Performance Measures**

All applicants must submit performance measures with their application. See Attachments for instructions for entering performance measures and see the Performance Measure Instructions for details about the number and type of performance measures required.

## **VI. Program Information**

In the Program Information Section, applicants must check the relevant boxes that align with the proposed program design. Applicants should only check the boxes for those characteristics that represent a significant part of the program.

## **AmeriCorps Funding Priorities**

Check any priority area(s) that apply to the proposed program. Only select priorities that represent a significant part of the program focus and intended outcomes.

### **Grant Characteristics**

Check any grant characteristics that are a significant part of the proposed program.

### **Additional Documents**

For the additional documents section, the information provided will be compared to the information received through [AdditionalDocuments@AmeriCorps.gov](mailto:AdditionalDocuments@AmeriCorps.gov). Applicants will be asked to explain any differences between this information provided in the application compared with the information in the email.

How many evidence documents did you submit? (Program Evaluation Report, Studies) Do not include evaluation plan in number.

Did you submit an evaluation plan?

How many non-evidence documents did you submit?

Applicants that do not have any documents to submit must send an email to [AdditionalDocuments@AmeriCorps.gov](mailto:AdditionalDocuments@AmeriCorps.gov) indicating that they are not submitting any additional documents.

## **VII. Documents**

In addition to the application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary - see B., below), other required documents listed in the *Notice* (if applicable), and an explanation of federal debt delinquency (if applicable) as part of your application. After you have submitted the documents via the instructions in the *Notice*, change the status in eGrants from the default "Not Sent" to the applicable status "Sent," "Not Applicable," or "Already on File at AmeriCorps."

### **A. Evaluation**

Submit any completed report as described in F., below. Select Evaluation, then select "Sent" once you have submitted a completed evaluation report. If an evaluation is required, you must submit a copy at the time of application even if AmeriCorps may already have it on file.

### **B. Labor Union Concurrence**

- 1) If a program applicant–
  - a) Proposes to serve as the placement site for AmeriCorps members; and
  - b) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
  - c) Those employees are represented by a local labor organization  
--then the application must include the written concurrence of the local labor organization representing those employees. Written concurrence can be in the form of a letter or e-mail from the local union leadership.
  
- 2) If a program applicant:
  - a) Proposes to place AmeriCorps members at sites where they will be engaged in the same or substantially similar work as employees represented by a local labor organization, then the applicant must submit a written description of how it will ensure that:
    - i) They will not place AmeriCorps members in positions that were recently occupied by paid staff.



- ii) They will not place any AmeriCorps member into a position for which a recently resigned or discharged employee has recall rights as a result of a collective bargaining agreement, from which a recently resigned or discharged employee was removed as a result of a reduction in force, or from which a recently resigned/discharged employee is on leave or strike.

For the purposes of this section, “program applicant” includes any applicant to AmeriCorps or a State Commission, as well as any entity applying for assistance or approved national service positions through an AmeriCorps grantee or subgrantee.

**C. Federally Approved Indirect Cost Agreement**

Applicants applying directly to AmeriCorps that include a federally approved indirect cost rate amount in their budget or using a de minimis rate must enter the current approved indirect cost rate agreement information into eGrants at the same time they submit their application. See [AmeriCorps eGrants Indirect Cost Rate \(IDCR\) User Instructions](#).

**D. Other Documents**

Provide other required documents listed in the *Notice* (if applicable) via the email listed in the *Notice* as part of your application. For example: Evaluations, Labor Union Concurrence, Other Required Documents, and Explanation of Federal Debt Delinquency, as applicable. The email size limit is 35 MB. This limit is inclusive of all attachments associated with each email. Emails that are larger than 35 MB will not be received or reviewed.

**E. Delinquent on Federal Debt**

Any applicant who checks Yes to the question on federal debt delinquency must submit a complete explanation to [AdditionalDocuments@americorps.gov](mailto:AdditionalDocuments@americorps.gov) at the same time they submit their application.

**VIII. Budget Instructions**

**For Fixed Amount grants, including EAPs: Use the Budget Instructions for Fixed Amount applicants (Attachment) and the Budget Worksheet (Attachment) to prepare your budget.**

**A. Match Requirements**

Program requirements, including requirements on match, are located in the AmeriCorps Regulations and summarized below.

**Table 2: Match Requirements in the AmeriCorps Regulations**

<b>Grant Type</b>	<b>Match Requirement</b>
Cost Reimbursement including States and Territories without Commissions, Native Nations. <b>(Note:</b> Public Health AmeriCorps grantees are exempt from the match requirements)	Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in year four to 30%* by the tenth year of funding and any year thereafter.  <i>*This new match level is part of the new ASN Rule Change (See: <a href="#">Federal Register : AmeriCorps State and National Updates</a>). All New/Recompete and Continuation awards will be affected for FY 2025.</i>
EAP Fixed Amount Grants	There are no specific match requirements for fixed amount grants. Grantees pay all program costs over the cost in the <i>Notice</i> provided by AmeriCorps.

Professional Corps Fixed Amount Grants	There are no specific match requirements for fixed amount grants. Grantees pay all program costs over the cost in the <i>Notice</i> provided by AmeriCorps.
Stipended Fixed Amount Grants	There are no specific match requirements for full-cost fixed amount grants. Grantees pay all program costs over the maximum cost in the <i>Notice</i> provided by AmeriCorps.

- Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as you maintain the minimum match of 24% for the first three years and the increasing minimums in years thereafter. See 45 CFR §§ 2521.35-2521.90 for the specific regulations.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project’s total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are re-competing, please see 45 CFR §§ 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal, state, local, and/or private sector funds in accordance with applicable AmeriCorps requirements.
- In the “Source of Funds” field that appears at the end of Budget Section III, 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, State/Local, or Federal) 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. See **Attachment G** for instructions for applying for the Alternative Match Schedule and/or a match waiver.

*Note:* AmeriCorps legislation permits the use of non-AmeriCorps federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that grantees who use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to AmeriCorps. If you use other federal funds as match, you must ensure you can meet the requirements and purpose of both grants. Grantees who use federal funds as match will be required to report the sources and amounts on the Federal Financial Report (FFR).

## **B. Preparing Your Budget**

Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative. Reviewers will consider the information you provide in this section in their assessment of the Cost-Effectiveness and Budget Adequacy selection criterion.

Follow the detailed budget instructions in the Attachments to prepare your budget. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheets in the Attachments.

As you enter your detailed budget information, eGrants will automatically populate a budget summary and budget narrative report. Prior to submission be sure to review the budget checklist (Attachment) to ensure your budget is compliant. In addition, eGrants will perform a limited compliance check to validate the budget. If eGrants 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 defined 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.

- 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).
- **Please add the costs associated with the National Service Criminal History Checks. These include the National Sex Offender Public Website (NSOPW), state check, and FBI check for criminal history checks for each covered position in the budget. If funds are not budgeted, you must note in the budget an explanation for how you will cover the costs.**

Programs must comply with all applicable federal laws, regulations, and the requirements of the Uniform Guidance. Please refer to the Uniform Administrative Requirements, 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 \$1,000,000 in federal funds. The Uniform Guidance is [online](#).

### **IX. Funding/Demographics**

In the Funding/Demographics Section, enter the information requested which could include:

- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not identified on the application budget as CNCS share or grantee share (match). Note: Programs should not enter the total operating budget for their organization unless the entire operating budget supports the AmeriCorps program. Programs that have additional revenue sources not included in the matching funds section of the budget should provide the amount of this additional revenue that supports the program. This amount should not include the CNCS or grantee share amounts in the budget. Fixed amount grantees should enter all non-CNCS funds that support the program in this field. All fixed amount grants will have other revenue.
- Number of Volunteers Generated by AmeriCorps members. Please enter the number of volunteers participating in one-day service projects or ongoing volunteer commitments that the proposed AmeriCorps members will generate.

### **X. Operating Sites (for multi-state applicants only)**

In the Multi-State Operating Section (for applicants that are operating in more than one state):

- Please fill in the following information for your operating sites: organization name, address, city, state, zip code + 0000 (eGrants will correct the last four digits to the correct numbers), proposed amount of funding going to the operating site (if applicable), and number of proposed AmeriCorps members who will be located at the site.

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

Applicants must submit common federal government-wide Representations and Certifications through SAM.gov. Entities creating new registrations in SAM.gov and existing entities completing their annual registration renewals in SAM.gov are required to review financial assistance representations and certifications before their registration can be activated. As entities renew and re-register their accounts, the data collected make SAM.gov the federal repository for the government-wide information.

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. The person who authorizes the application must be the applicant's Authorized Representative or their 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. You must have a copy of the governing body's authorization for this official representative to sign on file in the applicant's office.

Be sure to check your entire application to ensure that there are no errors before submitting it. When you verify the application, eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission. If someone else is acting in the role of the applicant's Authorized Representative, that person must log into their eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, their name will override any previous signatory who 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 the [eGrants webpage](#) 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 re-competing programs. In addition, if you are in year two or three of a cost reimbursement grant cycle, you must submit a “new” application to participate as a fixed amount grant; you cannot continue your existing project and switch from cost reimbursement to fixed amount. AmeriCorps reserves the right to consider your continuation request if your fixed amount application is not funded.

### When to Submit Your Continuation Request:

See the *Notice* for application deadlines.

### How to Submit Your Continuation Request:

- Click **Continuation/Renewal** on your eGrants home page. eGrants will show a list of grants that are eligible for continuation. 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.
- Edit your continuation application as directed in the continuation request instructions below. When you have completed your work, click the **SUBMIT** button.

Be sure you also review the *Notice* when preparing your request. If you have questions about the content of your continuation request, please contact your Portfolio Manager.

### What to Include in Your Continuation Request:

#### I. Applicant Info and Application Info

Update the Applicant Info and Application Info Sections in eGrants if necessary. Note in the Continuation Changes field that you have updated the Applicant Info or Application Info Section(s).

#### II. Narrative (Narratives Section)

Your original application will appear in the Executive Summary and in the narrative sections Rationale and Approach/Program Design, Organizational Capability, Cost-Effectiveness and Budget Adequacy, Evaluation Summary or Plan, Amendment Justification, Clarification Information, and Continuation Changes, as appropriate. **Do not modify these original narrative fields.**

AmeriCorps expects that programs will maintain a consistent program design for the duration of the three-year project period; however, we recognize that, on occasion, some programmatic changes are necessary. As a result, continuation applicants may request the changes listed below during the continuation process.

Information should be provided in the **Continuation Changes** narrative field as relevant.

- Changes in Operating Sites
- Significant Changes in Program Scope or Design
- Changes to Performance Measures
- Significant Changes to Monitoring Structures or Staffing
- Budget revisions (detail provided in section VI).

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

**Any continuation applicant not requesting changes that fit within the above categories should enter “N/A” in Continuation Changes. AmeriCorps expects that most continuation applications will not be requesting changes.**

Evaluation plans are approved by AmeriCorps when applicants re-compete for funding. If you wish to make changes to your evaluation plan, do NOT change the text of the Evaluation Summary or Plan field in your application. Instead, send a revised version of the evaluation plan (with the proposed changes in track-changes mode) as an attachment to [EvaluationPlans@americorps.gov](mailto:EvaluationPlans@americorps.gov). AmeriCorps will notify you if it approves the changes.

### **III. Logic Model**

Continuation applicants do not need to enter content into these fields.

### **IV. Performance Measures (Performance Measures Section)**

Your performance measures are copied from your previous year's application into your continuation request. If you made changes to your program, such as adding or changing grant-funded activities, or requesting additional slots or MSYs, you may need to revise your performance measures. Continuation applicants whose measures do not align with the current-year Performance Measure Instructions must also revise their measures to conform with the current instructions. To revise performance measures, "View/Edit" the performance measures that copy over from your original application or add new performance measures (see Attachments). Note in the Continuation Changes field that you have updated your performance measures. If you are proposing to significantly increase or decrease output or outcome targets for existing performance measures, provide a justification for this change.

### **V. Program Information**

In the Program Information Section, review and make selections as appropriate. Applicants should only select priorities and characteristics that represent a significant part of the program.

#### **AmeriCorps Funding Priorities**

Check any priority area(s) that apply to the proposed program. Only select Priorities that represent a significant part of the program focus and intended outcomes.

#### **Grant Characteristics**

Check any grant characteristics that are a significant part of the proposed program.

### **VI. Budget (Budget Section)**

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 for the upcoming year. Incorporate any required AmeriCorps increases, such as an increase to the member living allowance, into your budget.

**Continuation applicants may apply for expansions. Expansions are increases in dollars, MSY, and/or members. Expansion requests may not exceed the cost/MSY threshold in the Notice.**

#### **Source of Funds (Match)**

In the "Source of Funds" field that appears at the end of Budget Section III, 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, State/Local, or Federal) for your **entire match**. (The total amount in the Source of Funds field must match the total amount in the budget narrative **exactly**.) Define all acronyms the first time they are used.

#### **Carry Forward Funding**

AmeriCorps will allow you to use prior year unexpended grant funds for continuation competitive grants to enhance program activities, referred to as carry forward. AmeriCorps will allow you to carry forward unexpended competitive funds to support the next program year. Funds may only be carried forward if the prime grant is a continuation grant in the next program year; we cannot transfer funds to

a new or recompete grant. Prior year unexpended competitive grant funds may be added to the FY 2025 budget, not to exceed the cost/MSY maximum amount specified in the *Notice*.

State commission grantees are permitted to carry forward funding at the program level, not at the prime level. Unexpended information will be collected at the prime level; however, the expectation is that the awarded funds will stay with the designated sub. If a subgrantee was awarded competitive funding in a prior program year and is not competitively funded in the current year, unexpended funds will not revert to the prime grantee for use by other subgrantees and will be deobligated at the time of the prime grant closeout. Carry forward information will be collected, as applicable, for cost reimbursement and fixed amount grants. Unexpended funds cannot be transferred between grant types.

To help determine the level of unexpended funds you can carry forward into the next program year, submit a completed unexpended funds worksheet electronically to provide the estimated amount of unexpended funds you will have by the end of previous for any competitive grants that will carry forward funds. The unexpended worksheet is on the [AmeriCorps Manage your grant webpage](#). You will include the amount of carry forward in your application budget.

If carry forward is not requested during the application process, prime grantees may request it post-award. Guidance for State Commissions and Direct Grantees to request carry forward post-award is on the [AmeriCorps Manage your grant webpage](#).

### **Fully Funded Grantees**

Fully funded grantees, previously known as multi-year funded grantees, are grantees that received program year two and/or program year three funds in a previous grant year. Fully funded grantees may request up to the dollar and MSY amounts they were granted for the continuation year for which they are applying. Fully funded grantees may not request funds or MSYs in excess of the amounts they were awarded for each year (year two or year three) of their fully funded grants.

### **VII. Increasing Grantee Overall Share of Total Budgeted Costs**

AmeriCorps requires grantees to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as you maintain the minimum match of 24% for the first three years and the increasing minimums in years thereafter. See 45 CFR §§ 2521.35-2521.90 for the specific regulations.

See Attachment G for instructions for applying for the Alternative Match Schedule and/or a match waiver.

In the Funding/Demographics Section, enter the requested information:

- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not CNCS share or match.
- Number of Volunteers Generated by AmeriCorps members. Please enter the number of volunteers participating in one-day service projects or ongoing volunteer commitments that the proposed AmeriCorps members will generate.

### **VIII. Operating Sites (for multi-state applicants only)**

In the Multi-State Operating Section (for applicants who are operating in more than one state):

- Make any changes to operating sites being requested as part of Continuation Changes.

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

Applicants must submit common federal government-wide Representations and Certifications through SAM.gov. Entities creating new registrations in SAM.gov and existing entities completing their annual registration renewals in SAM.gov are required to review financial assistance representations and

certifications before their registration can be activated. As entities renew and re-register their accounts, the data collected make SAM.gov the federal repository for the government-wide information.

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. The person who authorizes the application must be the applicant's Authorized Representative or their 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. You must have a copy of the governing body's authorization for this official representative to sign on file in the applicant's office.

Be sure to check your entire application prior to submission to ensure that there are no errors. When you verify the application, eGrants will also generate a list of errors if there are sections that you need to correct prior to submission. If someone else is acting in the role of the applicant's Authorized Representative, that person must log into their eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, their 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 the [eGrants website](#) and selecting "Don't have an eGrants account? Create an account."



## **ATTACHMENT A: Performance Measures Instructions**

### **(eGrants Performance Measures Section)**

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#### **eGrants Performance Measures Module Instructions**

##### **About the Performance Measures Module**

In the performance measures module, you will:

- Provide information about your program's connection to AmeriCorps focus areas and objectives.
- Show MSY and member allocations.
- Create the required performance measure(s) as specified in the Performance Measure Instructions
- Set targets and describe data collection instruments and strategies for your performance measures.

##### **Home Page**

To start the module, click the "Begin" button on the Home Page.

As you proceed through the module, the Home Page will summarize your work and provide links to edit the parts of the module you have completed. You may also navigate sections of the module using the tab feature at the top of each page. Do not use the back and forward buttons on your internet browser.

Once you have started the module, click "Continue Working" to return to the tab you were on when you last closed the module.

To edit the interventions, objectives, MSY, and member allocations for your application, click the "Edit Objectives/MSYs/Members" button.

After you have created at least one performance measure, the Home Page will display a chart summarizing your measures. To edit a performance measure, click the "Edit" button. To delete a measure, click "Delete." To create a new performance measure, click the "Add New Performance Measure" button.

##### **Objectives Tab**

On the Objectives tab, applicants will account for the full range of their program activity. Applicants are not expected to create performance measures for every focus area, objective, or intervention they select on this tab.

An expandable list of AmeriCorps focus areas appears on this tab. When you click on a focus area, a list of objectives appears. A list of common interventions appears under each objective.

First click on a focus area. Then click on an objective. Only the performance measures that correspond to the objectives you select on this tab will be available for selection as you continue through this module. To see which performance measures correspond to which objective, refer to the Performance Measure Instructions.

Next, select all interventions that are part of your program design. Interventions are the activities that members and/or volunteers will carry out to address the problem(s) identified in the application. Select "other" if one of your program's interventions does not appear on the list. Repeat these actions for each of your program's focus areas. Select "other" for your focus area and/or objective if your program activities do not fall within one of the AmeriCorps focus areas or objectives.

Choose your program's primary focus area from the drop-down list. Only the focus areas that correspond to the objectives you selected above appear in the list. Next, select the primary intervention within your primary focus area. You will be required to create an aligned performance measure (output paired with outcome) that contains your primary intervention. Note that your primary intervention and the performance measure associated with your primary intervention must be focused on the community impact of the program, not on AmeriCorps member development.

You may select a secondary focus area and a secondary intervention. The primary and secondary focus areas may be the same if you have more than one intervention within the focus areas.

### **MSYs/Members Tab**

On this tab, you will enter information about the allocation of MSYs and members across the focus areas and objectives you have selected. You must allocate 100% of your program's MSYs to focus areas and objectives. When you create your performance measures, you will be asked to allocate MSYs to each performance measure; however, you will not be required to assign 100% of your total MSYs to performance measures.

Begin by entering the total MSYs for your program. This must match the total MSYs in your budget. Please double-check your budget to make sure that the total MSY values match.

Next, enter the number of MSYs your program will allocate to each objective. Only the objectives that were selected on the previous tab appear in the MSY chart. If some of your program's objectives are not represented in the chart, return to the previous tab and select additional objectives. The MSY chart must show how all your program's resources are allocated. If the only activity in an objective that you have selected is focused on AmeriCorps member development rather than beneficiary impact, enter 0 MSYs for that objective.

As you enter MSYs into the MSY column of the chart, the corresponding percentage of MSYs will calculate automatically. When you have finished entering your MSYs, the total percentage of MSYs in the chart must be 100%. The total number of MSYs in the chart must equal the number of MSYs in your budget.

In the members column, enter the number of members you will assign to each objective. Some members may perform services across more than one objective. If this is the case, allocate these members to all applicable objectives. For example, if one member performs service in both school readiness and K-12 success, allocate one member to each of these objectives. It is acceptable for the total number of members in this table to exceed total slots requested in the application due to counting members' service across multiple objectives. If the only activity in an objective that you have selected is focused on AmeriCorps member development rather than beneficiary impact, enter 0 members for that objective.

To ensure that information is entered accurately, please refer to additional instructions in Appendix A of the Performance Measure Instructions on calculating and entering MSY and member allocations.

### **Performance Measure Tab**

This tab allows you to create performance measures for all the grant activities you intend to measure.

Begin by creating the aligned performance measure for your primary intervention. After creating your required performance measure, you will be able to create additional performance measures if desired.

To create a performance measure, begin by selecting an objective. The list of objectives includes those you selected on the Objectives tab. Note that programs may not create performance measures for the

Find Opportunity, Teacher Corps, Green Jobs, or Access & Attract objectives since these are member-focused objectives. Member-focused outputs and outcomes related to these objectives may be reported as Performance Data Elements on grantee progress reports.

Provide a short, descriptive title for your performance measure.

Briefly describe the problem your program will address in this performance measure.

Select the intervention(s) to be delivered by members and/or member-supported volunteers. The list of interventions includes the ones you selected previously for this objective. Select only the interventions that will lead to the outputs (plus outcomes, if applicable) of the performance measure and that are applicable to all beneficiaries counted under the measure. If you selected "other" as an intervention and wish to include an applicant-determined intervention in your aligned performance measure, click "add user intervention" and enter a one or two word description of the intervention. Do not add an applicant-determined intervention that duplicates an intervention already available in the system.

Select output(s) for your performance measure. The output list includes only the National Performance Measure outputs that correspond to the objectives you have selected. If you do not wish to select National Performance Measures and if the objective you have selected permits applicant-determined outputs, you may create an applicant-determined output by clicking in the checkbox next to the empty output text box and entering the text of your output indicator. You may create additional applicant-determined outputs for the performance measure by clicking "Add User Output." (Note: you are not permitted to create an applicant-determined output that duplicates a National Performance Measure output. If you do not see the National Performance Measure output that you wish to use, check the Selection Rules in the Performance Measure Instructions to make sure you selected the correct objective associated with that National Performance Measure output.)

Select outcome(s). If you have selected a National Performance Measures output that has corresponding National Performance Measures outcome(s), these outcomes will be available to select. If you do not wish to select a National Performance Measure outcome, you may create an applicant-determined outcome by clicking in the checkbox next to the empty outcome text box and entering the text of your outcome indicator. If you do not wish to select any outcome for your National Performance Measure output, click in the checkbox next to the empty outcome text box and enter "NA" in the outcome indicator text box.

If you have not selected a National Performance Measure output or if there is no corresponding National Performance Measure outcome, create an applicant-determined outcome by clicking "Add User Outcome." All applicant-determined outputs must be paired with an applicant-determined outcome.

Enter the number of MSYs and members your program will allocate to achieving the outcomes and/or outputs you have selected in this performance measure. Since programs are not required to measure all grant activities, the number you enter does not have to correspond to the MSY chart you created on the MSY/Members tab; however, the total number of MSYs across all performance measures within a single objective cannot exceed the total number of MSYs previously allocated to that objective. Members may be double-counted across performance measures, but MSYs may not.

Click "next" to proceed to the data collection tab. Later you can return to this tab to create additional performance measures.

## **Data Collection Tab**

On this tab, you will provide additional information about your interventions, instruments, and plan for data collection.

Describe the design and dosage (frequency, intensity, duration) of the interventions you have selected. Frequency refers to how often an intervention occurs (for example, number of sessions per week), intensity refers to the length of time devoted to the intervention (for example, number of minutes per session), and duration refers to the period of time over which the intervention occurs (for example, how many total weeks of sessions).

Expand each output and outcome and enter data collection information.

Select the data collection method you will use to measure the output or outcome. To select more than one method, click the "Add new method" button. To de-select a method, click the first (blank) line in the method drop-down.

Describe the specific instrument(s) you will use to measure the output or outcome. Include the title of the instrument(s), a brief description of what it measures and how you will administer the instrument, and details about its reliability and validity if applicable. For outcomes, specify how much improvement in knowledge, attitude, behavior or condition is required to be counted as having improved and clearly explain how the instrument measures this.

Enter the target number for your output or outcome. Targets must be numbers, not percentages.

For applicant-determined outputs and outcomes, enter the unit of measure for your target. The unit of measure should describe the beneficiary population you intend to count (children, miles, etc.). Do not enter percentages or member service hours as units of measure. In most cases, the unit of measure should be the same for the outputs and outcomes in an aligned performance measure.

For output-only performance measures, eGrants will require text in the outcome data collection fields. If you do not wish to have an outcome for your National Performance Measure output, enter the following:

- Method: Select "other"
- Instrument Description: Enter "NA"
- Target: Enter "1"
- Unit of Measure: Enter "NA"

After entering data collection information for all outputs and outcomes, click "Mark Complete." You will return to the Performance Measure tab. If you wish to create another performance measure, repeat the process. If you would like to continue to the next step of the module, click "Next."

### **Summary Tab**

The Summary tab shows all of the information you have entered in the module.

To print a summary of all performance measures, click "Print PDF for all Performance Measures."

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

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

Click "Edit Data Collection" to return to the Data Collection tab.

Click "Validate Performance Measures" to validate this module prior to submitting your application. You should also use the Performance Measures Checklist in Appendix B of the Performance Measure Instructions to self-assess your measure(s) prior to submission.

## **ATTACHMENT B: Detailed Budget Instructions for Cost Reimbursement Grants (eGrants Budget Section)**

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Fixed Amount Grants refer to Attachment D.

### **Section I. Program Operating Costs**

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the "Total Amount column in the budget," "CNCS Share column in the budget," and "Grantee Share column in the budget" for Parts A-I, for year one of the grant, as follows below. (Note: CNCS = AmeriCorps)

#### **A. Personnel Expenses**

Under "Position/Title Description," list each staff position separately and provide salary and percentage of effort as percentage of FTE devoted to this award. Each staff person's role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either CNCS or Grantee share. Because the purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training staff and AmeriCorps members.

#### **B. Personnel Fringe Benefits**

Under "Purpose/Description," identify the types of fringe benefits you will cover and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include Federal Insurance Contribution Act (FICA), Worker's Compensation, Retirement, State Unemployment Tax Act (SUTA), Health and Life Insurance, Individual Retirement Account (IRA), and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe benefit amount is over 30%, please list covered items separately and justify the high cost. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item.

#### **C. 1. Staff Travel**

Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the [federal mileage rate](https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates) (https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates) unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

**We expect all National Direct applicants to include travel funds in this for staff and site staff to attend the AmeriCorps-sponsored annual Symposium.** You should budget travel funds for at least one staff member, especially new staff, to attend the Symposium as well as Symposium pre-conference events (if applicable). State Commission subapplicants should not budget funds for this event.

**State Commission subapplicants and National Direct applicants should also include travel funds in this section for staff and site staff to attend other technical assistance meetings as required.**

Please itemize all costs.

For example:

Per diem - \$79/day x 4 days (@ 75% on first and last days); lodging - \$258 x 3 nights; round trip airfare - \$303.50; local transportation - \$50 (estimated)] x 2 staff.

### **C. 2. Member Travel**

Describe the purpose for which members will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

### **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 **\$10,000 or more per unit** (including accessories, attachments, and modifications). You should enter any items that do not meet this definition in E. Supplies below. Purchases of equipment are limited to 10% of the total CNCS funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

### **E. Supplies**

AmeriCorps members must wear an AmeriCorps logo on a daily basis - preferably clothing with the AmeriCorps logo. The item with the AmeriCorps logo is a required budget expense. Please include the cost of the item with the AmeriCorps logo in your budget or explain how your program will be providing the item to AmeriCorps members without using grant funds. Grantees may add the AmeriCorps logo to their own local program uniform items using federal funds. Please note your program will be using the AmeriCorps logo in the budget description.

Include the amount of funds to purchase consumable supplies and materials, including member service gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. Except for safety equipment, grantees may only charge the cost of member service gear to the federal share if it includes the AmeriCorps logo. All safety gear may be charged to the federal share regardless of whether it includes the AmeriCorps logo. All other service gear must be purchased with non-CNCS funds.

### **F. Contractual and Consultant Services**

Include costs for consultants related to the project's operations, except training or evaluation consultants, who will be listed in Sections G. and H., below. Itemize each contract or consultant and provide a brief justification of the need for each. The cost calculation should provide a basis for determining the cost, such as a daily or hourly rate. Note that there is no maximum daily rate.

#### **G. 1. Staff Training**

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate. There is no maximum daily rate.

#### **G. 2. Member Training**

Include the costs associated with member training to support them in carrying out their service activities. You may also use this section to request funds to support training in Life after AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate. There is no maximum daily rate.

### **H. Evaluation**

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not

budgeted in Section A Personnel Expenses. This cost does not include the daily/weekly gathering of data to assess progress toward meeting performance measures but is a larger assessment of the impact your project is having on the community as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

### **I. Other Program Operating Costs**

Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Please include the cost of the NSOPW, state check, and FBI check for criminal history checks for all covered positions. If you do not budget funds, you must note an explanation in the budget for how you will cover the costs.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If you budget space and it is shared with other projects or activities, you must equitably pro-rate and allocate the costs between the activities or projects.
- Utilities, telephone, internet, postage, copying, and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization's indirect cost allocation pool. If you budget and share such expenses with other projects or activities, you must equitably pro-rate and allocate the costs between the activities or projects.
- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.
- Multi-state applicants: Indicate the number of subgrants and the average amount of subgrants. Indicate any match that you will require of your subgrants under the "grantee share" column in this category. Subgranted funds may only cover costs allowable under federal and AmeriCorps regulations and terms and conditions.
- Retention incentives/performance awards are allowable to the extent they are 1) reasonable, necessary, and allowable for program outcomes; 2) tied to the program narrative; 3) fair; 4) consistently applied; and 5) part of the organization's written policies and procedures.

### **Section II. Member Costs**

Member Costs are identified as "Living Allowance" and "Member Support Costs."

#### **A. Living Allowance**

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, three-quarter-time, half-time, reduced-half-time, quarter-time, minimum-time, abbreviated time) and the amount of living allowance they will receive, allocating appropriate portions between the CNCS Share column in the budget and grantee share column in the budget (match). Please do not select the 2-Year Half Time (1<sup>st</sup> Year) and 2-Year Half Time (2<sup>nd</sup> Year) slot types.

The minimum and maximum living allowance amounts are provided in the *Notice*.

In eGrants, enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. In addition, enter the number of members for whom you are not requesting funds for a living allowance but for whom you are requesting education awards.

#### **B. Member Support Costs**

Consistent with the laws of the states where your members serve, you must provide members with the benefits described below.

- **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when AmeriCorps does not supply the living allowance. If exempted, please note



in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.

- **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with AmeriCorps funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-AmeriCorps sources) but you cannot include the cost in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. If you budget health insurance for less-than-full-time members serving in a full-time capacity, indicate in the budget narrative. In your budget narrative, indicate the number of members who will receive health care benefits. AmeriCorps will not pay for dependent coverage. If you do not budget health care for all full-time members, please confirm all full-time members will have access to coverage.
- **Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with State Departments of Labor or State Commissions where members serve to determine if you are required to pay worker's compensation, and if so, at what level. If you are not required to pay worker's compensation, you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or accidents.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies.

### Section III. Administrative/Indirect Costs

#### Definitions

Administrative costs are general or centralized expenses of the overall administration of an organization that receives AmeriCorps funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Uniform Guidance.

#### Options for Calculating Administrative/Indirect Costs (choose B.1. or B.2. or B)

Applicants choose one of two methods to calculate allowable administrative costs – a federally approved indirect cost rate method or a *de minimis* method. Regardless of the option chosen, the CNCS share of administrative costs is limited to 5% of the total CNCS funds **actually expended** under this grant. Do not create additional lines in this category.

Applicants who have a Federally Approved Indirect Cost Rate or are using a De Minimis Rate will enter the line item details in Section III.B.1 or Section III.B.2. respectively Applicants using a federally approved indirect cost rate or a de minimis rate must enter the details of their indirect cost rate in eGrants, following the instructions. Please see the [AmeriCorps eGrants Indirect Cost Rate \(IDCR\) User Instructions](#). Applicants should not submit documentation addressing the indirect cost rate agreement via email.

**A. Corporation Fixed Percentage (State Commission Subapplicants Only: include funds in this section if your state commission chooses to retain a portion of the CNCS share of indirect costs.)State Commission Share**

If a Commission elects to retain a share of the 5% of federal funds available to programs for administrative costs up to 2%, that decision is identified within each subgrant's budget. A State Commission can take up to 2% in administrative funds, provided the Commission has less than 25% in prior year unexpended funds on the Commission Support Grant. If the Commission's unexpended exceeds 25%, the Commission can take up to 1% in administrative funds. If the Commission elects to retain 1% of the administrative costs, to calculate these fractional shares, within Section III of the subgrant budget, **one-fifth (20%) of the federal dollars budgeted for administrative costs is allocated to the Commission's share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program's share. The allocation between Commission and subgrantee/program shares would be calculated as follows:**

**$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.20) = \text{Commission Share}$**

**$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.80) = \text{Subgrantee Share}$**

If a Commission elects to retain a share that is less than 1% budgeted for administrative costs, adjust the calculation above, as appropriate.

If the Commission elects to retain 2% of the administrative costs, to calculate these fractional shares, within Section III of the subgrant budget, **two-fifths (40%) of the federal dollars budgeted for administrative costs is allocated to the Commission's share and three-fifths (60%) of the federal dollars budgeted for administrative costs are allocated to the program's share. The allocation between Commission and subgrantee/program shares would be calculated as follows:**

$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.40) = \text{Commission share}$

$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.60) = \text{Subgrantee Share}$

## **B. Federally Approved Indirect Cost Rate or *De Minimis* Rate of 15% of Modified Total Direct Costs**

### **Option .1. Federally Approved Indirect Cost Rate**

If you have a federally approved indirect cost rate, this method must be used, and the rate will constitute documentation of your administrative costs, not to exceed the 5% maximum federal share payable by AmeriCorps. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost (IDC) rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). AmeriCorps does not restrict the overall indirect cost rate claimed. It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the CNCS and Grantee shares, as prescribed by your established rate agreement (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.

2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect costs.

If a Commission elects to retain a share of the 5% of federal funds available, enter that calculation in Section III.A. and subtract that from what is entered in Section III.B.1, CNCS share.3. To determine the Grantee share: Subtract the amount calculated in step 2 (the CNCS share) from the amount calculated

in step 1 (the total Indirect Costs allowed). This is the amount the applicant can claim as grantee share for administrative costs.

### **Option B.2. De Minimis Rate of 15% of Modified Total Direct Costs**

Organizations who do not currently have a federally negotiated indirect cost rate (except for those non-federal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph (d)(1)(B)) and who receive less than \$35 million in direct federal funding may indefinitely use a *de minimis* rate of 15% of modified total direct costs (MTDC).

Additional information regarding what is included in MTDC and use of this option can be found in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) under Indirect (F&A) costs and Definitions. If you elect to use this option, you must use it consistently across all federal awards.

1. Determine the base amount of direct costs to which you will apply the *de minimis* rate, including both the CNCS and Grantee shares. MTDC includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs. Once you determine the base, multiply the appropriate costs by 0.10. This will determine the total amount of costs allowable in this section.

2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect/administrative costs.

If a Commission elects to retain a share of the 5% of federal funds available, enter that calculation in Section III.A. and subtract that from what is entered in Section III.B.2, CNCS share.

3. To determine the Grantee share: Subtract the amount calculated in step 2 (the CNCS share) from the amount calculated in step 1 (the total Indirect Costs allowed). This is the amount the applicant can claim as grantee share for indirect/administrative costs.

### **Source of Funds**

In the "Source of Funds" field that appears at the end of Budget Section III, 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, State/Local, or Federal) for your **entire match**. The total amount in the Source of Funds field must match the total amount in the budget narrative **exactly**. Define all acronyms the first time they are used.

**Note:** The value of the Segal Education Awards that members earn for their service is not identified in the budget. Also, the childcare reimbursements provided to eligible members are not included in the budget.

**ATTACHMENT C: Budget Worksheet (eGrants Budget Section)**

**Section I. Program Operating Costs**

**A. Personnel Expenses**

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

**B. Personnel Fringe Benefits**

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

**C.1. Staff Travel**

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

**C. 2. Member Travel**

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

**D. Equipment**

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

**E. Supplies**

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

**F. Contractual and Consultant Services**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**G.1. Staff Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**G.2. Member Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**H. Evaluation**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**I. Other Program Operating Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section I:			Total Amount	CNCS Share	Grantee Share

**Section II. Member Costs**

**A. Living Allowance**

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full-time (1700 hrs)						
Three quarter-time (1200 hrs)						
Half-time (900 hrs)						
Reduced Half-time (675 hrs)						
Quarter-time (450 hrs)						
Minimum-time (300 hrs)						
Abbreviated-time (100 hrs)						
Totals						

**B. Member Support Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

<b>Subtotal Section II:</b>	<b>Total Amount</b>	<b>CNCS Share</b>	<b>Grantee Share</b>
<b>Subtotal Sections I + II:</b>			

**Section III. Administrative/Indirect Costs**

**A. Corporation Fixed Percentage**

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

**B. Federally Approved Indirect Cost Rate or *De Minimis* Rate of 15% of Modified Total**

**Direct Costs**

Cost Type	Cost Basis	Calculation	Rate	Rate Claimed	Total Amount	CNCS Share	Grantee Share

Total Sections I + II + III:	Total Amount	CNCS Share	Grantee Share

Budget Total: Validate this budget Required Match Percentages:	Total Amount	CNCS Share	Grantee Share

**Source of Funds**

Match Description (Note whether Secured or Proposed)	Amount	Match Classification (Cash or In Kind)	Match Source (Federal, State/Local, Private)

**ATTACHMENT D: Detailed Budget Instructions for Fixed Amount Grants (eGrants Budget Section) These instructions apply only to applicants for Fixed Amount grants, including education award programs (EAPs).**

EAP and Fixed Amount grant applicants may only request a fixed amount of funding per MSY. Therefore, Fixed Amount applicants are not required to complete a detailed budget or complete the grantee share column. However, you must complete the source of match chart to identify the sources of the additional revenue you need to operate the program. If you are applying for a full-cost fixed amount grant, you must pay at least the minimum living allowance listed in the Notice for each type of position you are proposing.

**Budget Section II. AmeriCorps Member Positions  
Member Positions**

Identify the number of members you are requesting by category (i.e. full-time, three quarter-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#Mbrs w/o Allow** (without AmeriCorps-funded living allowance.) In the **Allowance Rate** field, enter the average amount of the living allowance for each type of member. Enter zero in the column labeled **#Mbrs w/ Allow**. **Leave all other columns blank**. See example below (applies to a Full-Cost Fixed Amount grant):

Member Positions ?						
Item	# Mbrs w/ Allow	Allowance Rate	# Mbrs w/o Allow	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)	0	\$16,502	5	\$0	\$0	\$0
Three Quarter Time (1200 hours)	0	\$14,000	7	\$0	\$0	\$0

The total number of member service years (MSY) will **automatically calculate** at the bottom of the Member Positions chart. The MSY are calculated as follows:

Member Positions	Calculation	MSY
____ Full-time (1700 hours)	(____ members x 1.000)	= _____
____ Three quarter-time (1200 hours)	(____ members x 0.70000000)	= _____
____ Half-time (900 hours)	(____ members x 0.500)	= _____
____ Reduced half-time (675 hours)	(____ members x 0.3809524)	= _____
____ Quarter-time (450 hours)	(____ members x 0.26455027)	= _____
____ Minimum-time (300 hours)	(____ members x 0.21164022)	= _____
____ Abbreviated-time (100 hours)	(____ members x 0.05627705)	= _____



**Total MSY** \_\_\_\_\_

**B. Fixed Award**

Display your calculation in the following format:

Total # of MSYs \_\_\_\_\_ x MSY amount (See Notice for amounts) \_\_\_\_\_ = Total Grant Request \$ \_\_\_\_\_

Type the total amount requested in the "Total Amount" and "CNCS Share" columns. Leave the "Grantee Share" blank. See example below (applies to a Full-Cost Fixed Amount grant):

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share		
<b>Program Grant Request</b>	47.5 MSY X \$9,500/MSY	\$451,250	\$451,250	\$0		
<b>Subtotal</b>		\$451,250	\$451,250	\$0		

**Source of Funds**

Match Description	Description

## ATTACHMENT E: Budget Worksheet for Fixed Amount Grants (eGrants Budget Section)

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Complete the fields for the # w/o Allowance and Allowance Rate only.

### Member Positions

Purpose	Calculation		Total Amount	CNCS Share		Grantee Share	Grantee Share		
	Mbrs	Rate		w/o Allo	Amount				
<b>Program Grant Request</b>									
<b>Subtotal</b>									
Three quarter-time (1200 hrs)									
Half-time (900 hrs)									
Reduced Half-time (675 hrs)									
Quarter-time (450 hrs)									
Minimum-time (300 hrs)									
Abbreviated-time (100 hrs)									
<b>Subtotal</b>								<b>MSY</b>	<b>Cost/MSY</b>

### Source of Funds

Match	Description

## ATTACHMENT F: Budget Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. **Note:** This checklist does not apply to Fixed Amount grants.

<b>In Compliance?</b>	<b>Section I. Program Operating Costs</b>
Yes ___ No ___	Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff who recruit, train, place, or supervise members as well as manage the project.
Yes ___ No ___	Staff indirectly involved in the management or operation of the applicant organization are funded through the administrative cost section (Section III) of the budget? Examples of administrative costs include central management and support functions.
Yes ___ No ___	Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes ___ No ___	The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, the benefits are listed separately?
Yes ___ No ___	Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes ___ No ___	The purpose for all staff and member travel is clearly identified?
Yes ___ No ___	You have budgeted funds for National Direct staff travel to the AmeriCorps Symposium in the budget narrative under Staff Travel?
Yes ___ No ___	You have budgeted funds for State Commission and National Direct staff travel, as required, to attend other technical assistance meetings under Staff Travel?
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$10,000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	All single supply items over \$1,000 per unit are specifically listed and explained in the budget narrative?
Yes ___ No ___	Cost of items with the AmeriCorps logo that will be worn daily is included for all AmeriCorps members? Or if not, there is an explanation of how the program will be providing the AmeriCorps logo item to AmeriCorps members using funds other than AmeriCorps grant funds?
Yes ___ No ___	You only charged to the federal share of the budget member service gear that includes the AmeriCorps logo and noted that the gear will have the AmeriCorps logo, with the exception of safety equipment?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Have you budgeted the cost of the NSOPW, FBI, and state check in the CNCS share for criminal history checks of each member and grant-funded staff that are in covered positions per 45 CFR 2522.205? If not, have you provided an explanation of how the costs will be covered?

<b>In Compliance?</b>	<b>Section I. Program Operating Costs</b>
Yes ___ No ___	Are all items in the budget narrative itemized and the purpose of the funds justified?

<b>In Compliance?</b>	<b>Section II. Member Costs</b>
Yes ___ No ___	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance. Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement.
Yes ___ No ___	Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served.
Yes ___ No ___	Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance. If exempted from paying FICA, is the exemption noted in the budget narrative?
Yes ___ No ___	Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or State Commission to determine whether or not you are required to pay worker's compensation and at what level (i.e., rate). If you are not required to pay worker's compensation, you will provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., death and dismemberment coverage).
Yes ___ No ___	Health care is provided for full-time AmeriCorps members only (unless part-time serving in a full-time capacity)? If your project chooses to provide health care to other part-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own.
Yes ___ No ___	Unemployment insurance is only budgeted if state law requires it?

<b>In Compliance?</b>	<b>Section III. Administrative/Indirect Costs</b>
Yes ___ No ___	State commission subapplicant whose commission chooses to retain a portion of the CNCS share of indirect costs has budgeted those costs in Section III.A. Corporation Fixed Percentage? This amount is subtracted from the CNCS share calculation in Section III.B1 or 2?
Yes ___ No ___	Applicant has a current approved indirect cost rate - The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS share?

Yes ___ No ___	Applicant has a current approved indirect cost rate-the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified?
Yes ___ No ___	Applicant is directly applying to CNCS and the approved indirect cost rate information has been entered into eGrants to support the costs budgeted?
Yes ___ No ___	Applicant does not have a current federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate of 15% of modified total direct costs
Yes ___ No ___	Applicant does not have a current federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate - the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted?

<b>In Compliance?</b>	<b>Source of Funds (Match)</b>
Yes ___ No ___	Is the overall match being met at the required level, based on the year of funding?
Yes ___ No ___	For all matching funds, proposed vs secured, the source(s) [private, state, local, and/or federal], the type of contribution (cash or in-kind), and the amount of match, are clearly identified in the narrative and in the Source of Funds field in eGrants?
Yes ___ No ___	The amount of match is for the entire amount in the budget narrative? (The total amount of match equals the amount in the budget exactly?)

## **ATTACHMENT G: Alternative Match Schedule and Match Waiver Request Instructions**

Given the new ASN Rule Change that will go into effect which reduces the match requirement starting in the fourth year and will top at 30% in the tenth year of the match schedule, the Alternate Match Schedule will be phased out during FY 2025. It is still available for FY 24 awards. Match Waivers have new criteria (see below) that goes into effect on 10/1/2024.

Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as you maintain the minimum match of 24% for the first three years and the increasing minimums in years thereafter. See 45 CFR §§ 2521.35-2521.90 for the specific regulations.

**Special Circumstances for an Alternative Match Schedule:** Under certain circumstances, applicants may qualify to meet alternative matching requirements that increase over the years to 35% instead of 50% as specified in the regulations at §2521.60(b). To qualify, you must demonstrate that your program is either located in a rural county or in a severely economically distressed community as defined below.

**A. Rural County:** In determining whether a program is rural, AmeriCorps will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 4, 5, 6, 7, 8, or 9 is eligible to apply for the alternative match requirement. See Attachment H for the Table of Beale codes.

**B. Severely Economically Distressed County:** In determining whether a program is located in a severely economically distressed county, AmeriCorps will consider the following list of county-level characteristics. See Attachment H for a list of website addresses where this publicly available information can be found.

- The county-level per capita income is less than or equal to 75% of the national average for all counties using the most recent census data or Bureau of Economic Analysis data;
- The county-level poverty rate is equal to or greater than 125% of the national average for all counties using the most recent census data; and
- The county-level unemployment is above the national average for all counties for the previous 12 months using the most recently available Bureau of Labor Statistics data.
- The areas served by the program lack basic infrastructure such as water or electricity.

**C. Program Location:** Except when approved otherwise, AmeriCorps will determine the location of your program based on the legal applicant's address. If you believe the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about your program location in your request. AmeriCorps will, in its sole discretion, determine whether some other address is more appropriate for determining a program's location.

If your program is located in one of these areas, see the instructions below for applying for this alternative match schedule. You must submit your request to the alternative schedule per the information contained in the *Notice*. AmeriCorps will review your request and notify you within 30 days if you qualify for the alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

If approved for the alternative schedules, programs will base their budget in the upcoming application on the approved alternative match. The alternative match requirement will be in effect for whatever portion of the three-year project period remains or, if applying as a new grantee, for the upcoming three-year grant cycle.

**D. Instructions for the Alternative Match Schedule:** Programs operating in one state must send their requests to the State Commission for review and approval. The Commission will then submit the approved request to AmeriCorps for consideration. Information on how to submit a request is on the [AmeriCorps Manage your grant webpage](#).

## ATTACHMENT H: Beale Codes and County-Level Economic Data for Alternative Match Requests

### Rural Community

The U.S. Department of Agriculture publishes **Beale codes**, which are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

2003 Beale Codes		
Code#	Metropolitan Type	Description
1	Metropolitan	Counties in metro areas of 1 million population or more
2	Metropolitan	Counties in metro areas of 250,000 to 1 million
3	Metropolitan	Counties in metro areas of fewer than 250,000
4	Non-metro	Urban population of 20,000 or more, adjacent to a metropolitan area
5	Non-metro	Urban population of 20,000 or more, not adjacent to a metropolitan area
6	Non-metro	Urban population of 2,500 to 19,999, adjacent to a metropolitan area
7	Non-metro	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area
8	Non-metro	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area
9	Non-metro	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area

Any program located in a county with a Beale code of 4,5, 6, 7, 8, or 9 is eligible to apply for the alternative match.

### Severely Economically Distressed Community

The following table provides the website addresses where you can find the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels.

WEBSITE ADDRESS	EXPLANATION
<a href="http://www.bea.gov/regional/">http://www.bea.gov/regional/</a>	<b>Bureau of Economic Analysis' Regional Economic Information System (REIS):</b> Provides data on <i>per capita</i> income by county for all states except Puerto Rico.
<a href="https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml">https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml</a>	<b>Census Bureau's American Fact-finder:</b> Provides census data including estimates on poverty, per capita income, and unemployment by counties, states, and metro areas, including Puerto Rico.
<a href="http://www.bls.gov">www.bls.gov</a>	<b>Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):</b> Provides data on annual and monthly employment and unemployment by counties for all states, including Puerto Rico.



WEBSITE ADDRESS	EXPLANATION
<a href="http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/">http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/</a>	<b>US Department of Agriculture's Rural-Urban Continuum Codes:</b> Provides urban rural code for all counties in US.

## **MATCH WAIVERS:**

In accordance with 45 CFR §§ 2521.70, applicants may request a full or partial waiver of match requirements. Information on how to submit a match waiver request is on the [AmeriCorps Manage your grant webpage](#).

While this process has continued from previous years, the criteria to be eligible for a match waiver will change beginning on October 1, 2024.

In the new criteria, grantees must demonstrate **ONE** of the following:

- Initial difficulties in developing local funding sources during the first three years of operations;
- An economic downturn, natural disaster, or similar event in the grantee's service area that severely restricts or reduces sources of local funding support;
- The unexpected discontinuation of local support from one or more sources that a project has relied on for a period of years; or
- An organizational revenue of less than \$500,000.