



**AmeriCorps**  
New Jersey

**Application Instructions:  
FORMULA CONTINUATION REQUESTS for  
FY '2021/2022**

The following instructions for submitting a continuation request apply only to operating programs that are currently in their first or second year of operations. These include:

- Asbury Park School District
- CFS Promise Corps
- MSU New Jersey Covid Corps
- NORWESCAP
- Rutgers University Cornwall Center
- Teach For America NJ
- United Advocacy Group
- Zufall Health Organization

All other programs are either in their final year of a three-year cycle or are planning grants which would need to apply as either re-competes or new programs.

**Cost Per MSY:** Continuation programs are expected to use the same Cost Per MSY as in their Year One approved budget or last year's approved budget, whichever is higher. The Commission will consider negotiating this rate to the 2021/22 budget year for those programs that fully utilized all of their slots during the FY 2019/20 program year (the last completed year) and that retained at least 85% of their recruited members.

**Living Allowance:**

Continuation programs must provide full-time members with a living allowance that is between \$15,100 (minimum) and \$30,200 (maximum). Although AmeriCorps does not require a living allowance for members who serve in less than full-time capacity, the NJ Commission does require a minimum for members who are less than full-time as demonstrated in the chart below based on the formula **#of hours/1700 x \$15,100**. Programs that propose less than the recommended amount for less than full-time members must contact the Commission prior to submission for possible consideration of a lower amount. There will be no exceptions for the full-time stipend amount. Programs may also propose member positions of 100 hours (abbreviated time slots) for stipend amounts indicated below.

**Number of MSY's (full-time equivalents)**

Programs must apply for no less than 8 and no more than 20 MSY's. Please use the chart below in calculating the total number of MSY's for all slot types.

Term of Service	Minimum Number of Hours	Minimum Living Allowance	Maximum Living Allowance	MSY
Full-time	1700	\$15,100	\$30,200	1.00
Three Quarter Time	1200	\$ 10,659	\$21,318	0.700
Half-time	900	\$ 7,994	\$15,988	0.500
Reduced HT	675	\$ 5,996	\$11,991	0.381
Quarter-Time	450	\$ 3,997	\$ 7,994	0.265
Minimum-Time	300	\$ 2,665	\$ 5,329	0.212
Abbreviated-Time	100	\$ 888	\$ 1,776	0.056

**Regulatory Match for 2021/22:**

AmeriCorps has waived the match for the 2021/22 Budget Year. However, in order to effectively run an AmeriCorps program, most host agencies will need to add a local match. All costs associated with the operations of AmeriCorps need to be reflected either as a direct cost or match. Please refer to the chart to identify your respective program's overall required match for 2017/18. Subsequent years of the grant will continue to follow the statutory match continuum, unless waived by AmeriCorps.

	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<i>Min Overall Share</i>	26%	30%	34%	38%	42%	46%	50%

**Usage of AmeriCorps Slots and Unexpended Funds:**

In the next weeks and prior to our submission to AmeriCorps in June, the Commission will be reviewing the utilization of sub-recipient slots and funds. Programs that have not fully utilized their slots and have large amounts of unexpended funds may see a reduction in the size of their program.

**Expansion Requests:**

The NJ Commission will not entertain expansion requests at this time. Programs are requested to submit budgets within the same amount that was previously approved in eGrants. However, programs that seek to expand their program may submit their request to the Commission in the event of unallocated Formula funds and slots.

**Commission 1% & 2% Administrative Costs:**

Due to the ongoing COVID-19 period, the NJ Commission will reduce by half the amount it usually retains for administrative costs. The following chart will prevail for the 2021/22 program year. Please be sure to reflect this in your budget for the Commission share:

10 – 12 MSY’s	0% retained
13 – 17 MSY’s	.05% retained
18 plus MSY’s	1% retained

**When to Submit Your Continuation Request:**

Sub-prime applications are due to the NJ Commission’s prime application in eGrants no later than 4:00 pm on Thursday, April 15, 2021.

Current Formula Operating Grants will be creating their sub-prime application in the Commission’s Formula Prime by selecting the Continuation Link on the Home page of eGrants and choosing the following NOFO:

[FY 2021 AmeriCorps State and Territory Commission \(New and Continuations\)](#)

Due Date: 01/06/2021

Summary: This application is for new, recompeting, or continuation state commission applicants, including territories with commissions, applying for cost reimbursement grants.

The Formula Operating Grant Application Number will be **21AC234767**.

Current Formula Fixed Grant sub-recipients will be creating their sub-prime application in the Commission’s Formula Prime by selecting the Continuation Link on the Home page of eGrants and choosing the following NOFO:

[FY 2021 AmeriCorps State and Terr Comm Fixed Amount, EAP \(New and Continuation\)](#)

Due Date: 01/06/2021

Summary: This application is for new, recompeting, or continuation commission applicants, including Territories with commissions, applying for fixed amount grants (including EAP).

The Formula Fixed Grant Application Number will be **21ES234766**

The system will copy the most recently awarded application.

- Edit continuation applications as directed in the continuation request instructions below. When you have completed your work complete all of the certifications and assurances, verify and click the **SUBMIT** button.

If you have questions about the content of your continuation request, please contact the NJ Commission staff, Ivette Ramos at [ivette.ramos@sos.nj.gov](mailto:ivette.ramos@sos.nj.gov).

**If you experience problems using eGrants, contact the National Service Hotline at (800) 942-2677.**

## **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.**

CNCS 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. CNCS expects that most continuation applications will not be requesting changes.**

Evaluation plans are approved by CNCS 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 [AmeriCorpsNJ@os.nj.gov](mailto:AmeriCorpsNJ@os.nj.gov). The NJ Commission will notify you if the changes are approved.

### **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, high quality program design, and 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 CNCS increases, such as an increase to the member living allowance, into your budget. **Continuation applicants may apply for expansions – dollars, MSY, and/or members.**

### **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 should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used.

### **Multi-Year Funded Grantees**

Multi-year funded grantees may request up to the dollar and MSY amounts they were granted for the continuation year for which they are applying. Multi-year funded grantees may not request funds or MSY in excess of the amounts they were awarded for each year (year two or year three) of their multi-year funded grants.

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

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 AmeriCorps 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 (<https://espan.cns.gov/cnsmisc/ECERTS.HTM>, and <https://espan.cns.gov/cnsmisc/EASSUR.HTM>). The person who authorizes the application must be the applicant's Authorized Representative or his/her designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Be sure to check your entire application 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 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 his/her eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, his/her name will override any previous signatory that may appear and show on the application as the Authorized Representative.

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

# **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 CNCS 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.

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

To edit the interventions, objectives, MSYs, 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 CNCS focus areas appears on this tab. When you click on a focus area, a list of objectives from the CNCS strategic plan 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 CNCS 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 CNCS 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 area may be the same if you have more than one intervention within the focus area.

### **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 who will be assigned 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 National 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 a user-defined 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 Measures 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 it will be administered, 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 percents.

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 percents 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,” “CNCS Share,” and “Grantee Share” for Parts A-I, for Year 1 of the grant, as follows:

#### **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 of staff and AmeriCorps members.

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

Under “Purpose/Description,” identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker’s Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe benefit amount is over 30%, please list 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 unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

**We expect all State Commissions and National Direct applicants to include funds in this line item for travel for staff and site staff to attend CNCS-sponsored technical assistance meetings. There are two to three such opportunities per year.** Travel funds should be budgeted for at least one staff member, especially new staff, to attend the annual AmeriCorps Symposium as well as Symposium pre-conference events (if applicable).

Please itemize the costs. For example: Two staff members will attend the annual AmeriCorps Symposium in Washington, DC.

2 staff X \$750 airfare + \$50 ground transportation + (1 day) X \$400 lodging + \$35 per diem = \$2,470 for Annual AmeriCorps Symposium.

#### **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 **\$5,000 or more per unit** (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered 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 that 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. There is not a 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 not a 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 not a 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/or FBI check for criminal history checks for all covered positions. If funds are not budgeted, an explanation for how the costs will be covered must be noted in the budget.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated 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 such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated 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.

## Section II. Member Costs

Member Costs are identified as “Living Allowance” and “Member Support Costs.” Your required match can be federal, state, local, or private sector funds.

### 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) and the amount of living allowance they will receive, allocating appropriate portions between the CNCS share (CNCS Share) and grantee share (match).

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 CNCS 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 CNCS funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the cost cannot be included 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. CNCS will not pay for dependent coverage. If health care is not budgeted 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 CNCS 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 either A, B, OR C)

Applicants choose one of three methods to calculate allowable administrative costs – a CNCS-fixed percentage rate method, 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.

### A. CNCS-Fixed Percentage Method

#### Five/Ten Percent Fixed Administrative Costs Option

The CNCS-fixed percentage rate method allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the CNCS-fixed percentage rate method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the CNCS funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

1. To determine the maximum CNCS share for Section III: Multiply the sum of the CNCS funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. The factor 0.0526 is used to calculate the 5% maximum amount of federal funds that may be budgeted for administrative (indirect) costs, rather than 0.0500, as a way to mathematically compensate for determining Section III costs when the total budget (Sections I + II + III) is not yet established. Enter this amount as the CNCS share for Section III A.
2. To determine the Grantee share for Section III: Multiply the total (both CNCS and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.
3. Enter the sum of the CNCS and grantee shares under Total Amount.

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 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 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

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 CNCS. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional,

Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). CNCS 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, please note the percentage or amount in the text. There is no separate line item to show this calculation.

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

### **C. De Minimis Rate of 10% of Modified Total Direct Costs**

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

### **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 should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used. The total amount of Source of Match should equal the Grantee Share amount.

**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 is 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					

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

**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 10% 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). Do not use if you are a Professional Corps applicant.*

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 Stipended 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 **#w/o Allow** (without CNCS-funded living allowance.) **Leave all other columns blank.**

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:

**B. Fixed Award** Display your calculation in the following format:

<b>Member Positions</b>	<b>Calculation</b>	<b>MSY</b>
_____ 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 0.07054674)	= _____
<b>Total MSY</b>		_____

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 Stipended Fixed Amount grant):

<b>Purpose</b>	<b>Calculation</b>	<b>Total Amount</b>	<b>CNCS Share</b>	<b>Grantee Share</b>		
<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**

<b>Match Description</b>	<b>Description</b>

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

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

**Member Positions**

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share	Intee are		
Program Grant Request							
Subtotal							
Half-time (900 hrs)							
Reduced Half-time (675 hrs)							
Quarter-time (450 hrs)							
Minimum-time (300 hrs)							
Abbreviated-time (100 hrs)							
Subtotal						MSY	Cost/MSY

**Source of Funds**

Match	Description

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## 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.

In Compliance?	Section I. Program Operating Costs
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 State Commission and National Direct staff travel to CNCS-sponsored meetings in the budget narrative 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 \$5000 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 \$1000 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 CNCS 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?
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 ___	Applicant does not have a current federally approved indirect cost rate and has chosen to use the CNCS-fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes ___ No ___	Applicant has chosen to use CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?
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 has never had a federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate of 10% of modified total direct costs?

<b>In Compliance?</b>	<b>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?)