### Application Checklist

**Instructions:** A “complete” AmeriCorps application consists of **one original of items #1-18** and **five copies of items #1-8** **in the order** as stated in the checklist below. Place a checkmark [√] next to each item included in your original application and copies of your application submitted. Write “NA” next to each item that was not applicable to you and therefore, was not included as part of your application. ***You must include a signed copy of this checklist with your application.***

Legal Applicant Organization Name:

AmeriCorps Program Name:

*I’ve reviewed our AmeriCorps grant application submitted to CV and certify that all required documents included are complete, accurate, and in the required CV forms and format.*

Signature of Authorized Applicant Representative Date

Print Name Title of Person Signing

|  |  |
| --- | --- |
| **√ or NA** | **Preliminary Application Items** |
| **Original**(#1-17) | **5 Copies** (#1-7) |
|  |  | 1. **Application Checklist**
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|  |  | 1. **AmeriCorps Program Title Page & Partnership Forms**—complete online and include a hardcopy with application original and copies
 |
|  |  | 1. **Strategic Grant Characteristics**
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|  |  | 1. **Logic Model –**must use CV format and not exceed 3 pages
 |
|  |  | 1. **Program Diagram**—must include:

□ Member supervision & staffing structure for budgeted staff positions, titles, percentage of time on grant□ Member placement site names□ # of member slot types per site□ # of high-need beneficiaries per site |
|  |  | 1. **Program Narrative**

□ no more than 18 double-spaced, single-sided, pages□ 12 point Times New Roman font□ One-inch margins□ Use CV headings in the order provided |
|  |  | 1. **California Performance Measurement Worksheets** [PMWs]—must include PMW Summary, Primary Needs & Service, Common Member Development, & Common Strengthening Communities
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|  |  | 1. **Budget Narrative & Budget Form** – Both worksheets of the Excel budget must be printed and included
 |
|  |  | 1. **New Applicant Certification Form** [if applicable]
 |
|  | 1. **Labor Organization Certification**--must be signed and dated by authorized agent

□ If Option 1 checked, written concurrence from appropriate labor organization included□ If Option 2 checked, written response to questions “a” and “b” included point □ If Option 3 checked, written justification included |
|  | 1. **Organizational Self-Assessment** --must be signed and dated by appropriate agent
 |
|  | 1. **Assurances and Certification**--must be signed & dated by authorized agent
 |
|  | 1. **Moderate/Strong Evidence Supporting Documents**[if applicable]-applicants classifying their evidence as Moderate or Strong must submit up to two studies, evaluation reports, or peer-reviewed articles cited in Evidence Base section of Program Narrative.
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|  | 1. **Evaluation Plan –** Required for all recompeting applicants
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|  | 1. **Evaluation Report** – Required for recompeting competitive programs applying for third grant cycle or beyond
 |
|  | 1. **Financial Audit/Information**--if an A-133 is not included, must include a written explanation
 |
|  | 1. **Indirect Cost Rate Agreement** [if applicable]
 |
|  | 1. **Request for Alternative Match** [if applicable, 4 double-spaced pages maximum]
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