**2015 AmeriCorps RFA**

**Application Forms**

**Applications due November 24, 2014**



**CaliforniaVolunteers**

1400 10th Street, Second Floor ■ Sacramento, CA 95814

(916) 323-7646 phone ■ (916) 445-8317 fax

[www.CaliforniaVolunteers.org](http://www.CaliforniaVolunteers.org)

**Important Notice To Applicants**: The following seven documents are necessary to complete a 2015-16 application for AmeriCorps funding. All can be found on the CaliforniaVolunteers website, [www.californiavolunteers.org/index.php/Grants/americorps/](http://www.californiavolunteers.org/index.php/Grants/americorps/).

(1) 2015 AmeriCorps Request for Applications (RFA),
(2) 2015 AmeriCorps Application Instructions,
(3) 2015 AmeriCorps Application Forms,
(4) Budget Form and Budget Narrative,

(5) Fixed Amount Grant Budget Worksheet
(6) AmeriCorps Program Title Page and Partnership Forms

(7) 2015 CNCS Performance Measures Instructions

**Note:** If you are currently funded by CaliforniaVolunteers (CV) and need to apply for year two or three of continuation funding, this RFA does **not** apply to you. Instructions will be e-mailed directly to you by CV at a later time.

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### Notice of Intent to Apply

Submission of this Notice of Intent to Apply Form is required to be eligible for this competition and is due on **Monday, November 3, 2014 at 5:00 P.M. PST**.Please email your completed Notice of Intent to Apply form to CaliforniaVolunteers at funding@CaliforniaVolunteers.ca.gov.

|  |
| --- |
| 1**. LEGAL APPLICANT (LA) INFORMATION** |
| Organization Name: |  |
| Contact Person Name: |  |
| Contact Person Title: |  |
| Address: |  |
| City: |  |
| State: |  |
| Zip Code |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| **2. APPLICANT TYPE** | **3. FOCUS AREAS** | **4. LA ORGANIZATION TYPE**  |
| [ ]  New[ ]  Recompeting[ ]  Previously Funded | *Check all that apply*[ ]  Education[ ]  Environmental Stewardship[ ]  Healthy Futures[ ]  Veterans & Military Families[ ]  Economic Opportunity[ ]  Disaster Services[ ]  Capacity-Building | *Check all that apply*[ ]  Intermediary[ ]  Nonprofit[ ]  National Direct[ ]  Government[ ]  Faith-Based[ ]  Other: |
| **5. GRANT TYPE** | **6. TYPE OF PROGRAM SERVICE** |
| [ ]  Cost-Reimbursement [ ]  Fixed-Amount (non EAP)[ ]  Education Award Program[ ]  Professional Corps Fixed[ ]  Professional Corps Non-Fixed | *Check all that apply*[ ]  Community & Economic Dev. | [ ]  Education |
| [ ]  Disaster Preparedness/Relief | [ ]  Public Safety |
| [ ]  Health & Nutrition | [ ]  Human Needs |
| [ ]  Youth Development | [ ]  Capacity-Building |
| [ ]  Disaster Services  | [ ]  Other: |

### Application Checklist

**Instructions:** A “complete” AmeriCorps application consists of **one original of items #1-20** and **five copies of items #1-13** **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** | **Application Items** |
| **Original**(#1-20) | **5 Copies** (#1-13 |
|  |  | 1. **Application Checklist**
 |
|  |  | 1. **AmeriCorps Program Title Page** --must be submitted to CV electronically and included as a hardcopy with application original and copies
 |
|  |  | 1. **AmeriCorps Partnership Form**-submitted electronically by deadline. DO NOT include with paper application.
 |
|  |  | 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 for non- Multi-Focus Intermediaries applicants□ no more than 21 double-spaced, single-sided, pages for Multi-Focus Intermediary applicants□ 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
 |
|  |  | 1. **Budget Form**
 |
|  |  | 1. **Budget Narrative**
 |
|  |  | 1. **Program Evaluation Plan**--required for recompeting applicants; 10 double-spaced pages maximum
 |
|  |  | 1. **Organizational Self-Assessment** --must be signed and dated by appropriate agent
 |
|  |  | 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. **Assurances and Certification**--must be signed & dated by authorized agent
 |
|  |  | 1. **Budget Narrative Analysis Verification**--must be signed and dated by appropriate agent
 |
|  | 1. **Financial Audit/Information**--if an A-133 is not included, must include a written explanation
 |
|  | 1. **Program Evaluation Report** [if applicable]--must be a “complete” report of a completed evaluation, NOT a summary
 |
|  | 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.
 |
|  | 1. **Request for Alternative Match** [if applicable, 4 double-spaced pages maximum]
 |
|  | 1. **Indirect Cost Rate Agreement** [if applicable]
 |
|  | 1. **New Applicant Certification Form** [if applicable]
 |

**AmeriCorps Program Title Page**

The **AmeriCorps Program Title Page** is an online form that must be submitted electronically to CV. In addition, you must include a printout copy of your completed AmeriCorps Program Title Page with your paper submission. To complete this form, please go to <https://govnews.ca.gov/cvrfa1>. Refer to the Application Instructions document for assistance on how to complete this form.

### Partnership Form

The Partnership Form is an online form that must be submitted electronically to CV at <https://govnews.ca.gov/cvrfa1>. To access this form, you must first complete the AmeriCorps Program Title Page. See Application Instructions.

 **[Program Name] Logic Model**

**3 pages maximum**

|  |
| --- |
| Community Problem/Need: |
| **Project Resources** | **Core Project Components** | **Evidence of Project Implementation & Participation** | **Evidence of Change** |
| **INPUTS***What we invest****—***includethe number of sites, number of member positions, and other human, financial, organizational, and community resources available for carrying out a program’s activities | **ACTIVITIES***What we do****—***the processes, tools, events, and actions that are used to bring about a program’s intended changes or results. Include (Row 5):* Duration of the intervention
* Dosage of the intervention
* Target population
 | **OUTPUTS***Direct products from program activities.* Include Row 8, Outputs | **OUTCOME** |
| **Short-Term***Changes in knowledge, skills, attitudes, opinions* Include Row 8, Outcomes | **Medium-Term***Changes in behavior or action that result from participants’ new knowledge*Include Row 8, Outcomes | **Long-Term***Meaningful changes, often in their condition or status in life*Include Long-Term Outcome Result from Primary PMW |
|  |  |  |  |  |  |

**California Performance Measurement Worksheet** (PMW)

**PMW Summary**

(See Sample on pages 11-13)

Table 1: Grant Characteristics—place a check next to each grant characteristic that describes your program

|  |  |  |  |
| --- | --- | --- | --- |
| √ | Grant Characteristic | √ | Grant Characteristic |
|  | 1. AmeriCorps Member Population - Communities of Color
 |  | 10. Geographic Focus - Rural |
|  | 1. AmeriCorps Member Population – Low-income Individuals
 |  | 11. Geographic Focus - Urban |
|  | 1. AmeriCorps Member Population – Native Americans
 |  | 12. Encore Program |
|  | 1. AmeriCorps Member Population – New Americans
 |  | 13. Under-resourced Communities  |
|  | 1. AmeriCorps Member Population – Older Americans
 |  | 14. Faith-based Organizations |
|  | 1. AmeriCorps Member Population – People with Disabilities
 |  | 15. 21st Century Service Corps |
|  | 1. AmeriCorps Member Population – Economically Disadvantaged Young Adults/Opportunity Youth
 |  | 16. SIG/Priority School |
|  | 1. AmeriCorps Member Population – Veterans, Active Military, or their Families
 |  | 17. Other Initiative |
|  | 1. AmeriCorps Member Population – Rural Residents
 |  | 18. Intermediaries |

Table 2: Program Information--complete for the entire program

|  |  |
| --- | --- |
| Program Name:  |  |
| Total Number of MSY: |  |
| Total Number of Slots: |  |
| Member Hours Per Slot Type for PROGRAM: | **1700 x \_\_\_ = \_\_\_; 900 x \_\_\_ = \_\_\_; 675 x \_\_\_ = \_\_\_; 450 x \_\_\_ = \_\_\_; 300 x \_\_\_ = \_\_\_** |
| Total Member Hours for the PROGRAM: |  |
| Will Member perform ANY fundraising activities? | [ ]  **YES** and a Fundraising PMW is included. [ ]   **NO,** members will not do any fundraising activities |

Table 3: PMW by MSY, Focus Area, Strategic Plan Objective & Performance Measure (PM) Type –complete for each PMW

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PMW Title | # of MSY | Focus Area[[1]](#footnote-1) | CNCS Strategic Plan Objective[[2]](#footnote-2)  | PM Type AP[[3]](#footnote-3) and/or NPM[[4]](#footnote-4) | NPM Selected[[5]](#footnote-5) [if applicable] |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

California Performance Measurement Worksheet (PMW) --DO NOT change the format of PMW

Needs and Service PMW

|  |  |
| --- | --- |
| **Answer for THIS Performance Measure (PM)** |  |
| **Performance Measure Title:** |  |
| **Performance Measure Type:** *check all that apply* | [ ]  Applicant-Determined Measure (APM) [ ]  National Performance Measure (NPM) [ ]  PRIMARY PMW—where members spend most of their hours [ ]  Non-primary PMW |
| **Number of MSYs and Slots Dedicated to This PM:** | # of MSYs: | # of Slots: |
| **Long-Term Outcome Result** (i.e. after 3 years)**:** |  |

**\*\*See directions included in the RFA Instructions for more detailed guidance on how to complete this PMW\*\***

|  |  |  |
| --- | --- | --- |
| **PMW Elements** | **OUTPUT** | **OUTCOME** |
| 1 | **Community Problem/Need**  |  |
| 2 | **Result** |  |  |
| 3 | **Indicator** | The number of…  | The number of…  |
| 4 | **Inputs**(member-related) | a. # of Members: \_\_\_\_\_\_\_\_ b. Hours per day: \_\_\_\_\_\_\_\_ c. # of days per week: \_\_\_\_\_\_\_\_ d. Duration [in weeks]: \_\_\_\_\_\_\_\_ e. Total estimated member hours for this activity: \_\_\_\_\_\_\_\_  |
| 5 | **Activities/ Intervention** | **Target Population for the Intervention:**a. Describe the high need target population:b. # of direct high need beneficiaries: c. Describe the high need beneficiary ***selection*** process:  |
| **Core Activities:**  Describe the *core activities* that define the intervention or program model that members will implement or deliver, including the *duration* (e.g., total number of hours, weeks, sessions or months of the intervention) and the *dosage* of the intervention (e.g. the number of hours per session or sessions per week, including length of each session). |
| 6 | **Measurement** | 1. [Name of Instrument] to collect data on:\_\_\_\_\_\_\_
2. Completed by:
3. Frequency:
 | 1. [Name of Instrument] to collect data on: \_\_\_\_\_\_\_\_
2. Completed by:
3. Frequency:
 |
| 7 | **Targets** | ***Output*** *Targets are simple tallies* | ***Outcome*** *targets must have four components:* * + - 1. *# of people/things that changed*
			2. *What changed*
			3. *Amount of the change*
			4. *Dosage*
 |
| 8 | **Prior Data** | **FILL THIS IN** with relevant prior data! | **FILL THIS IN** with relevant prior data! |

CALIFORNIA PERFORMANCE MEASUREMENT WORKSHEET

**[REQUIRED] Common Strengthening Communities**

**Answer for THIS Performance Measure**

|  |  |
| --- | --- |
| **Performance Measure Title:** | **Volunteer Recruitment** |
| **Performance Measure Type:** *check all that apply* | [ ]  Self-nominated or applicant-determined [ ]  National performance measure [ ]  PRIMARY PMW—where members spend most of their hours [ ]  Non-primary PMW |

|  |  |  |
| --- | --- | --- |
| **PMW Directions** | **OUTPUT—***mandatory* | **OUTCOME--***optional* |
| 1 | **Community Problem/Need** |  |
| 2 | **Result**  |  |  |
| 3 | **Indicator** | [1] The number of volunteers recruited for on-going activities[2] The number of volunteers recruited for one-time activities[3] The number of on-going volunteer hours served[4] The number of one-time volunteer hours served |  |
| 4 | **Inputs**(member-specific)Note: No member service hours may be earned from home without written CV approval. | **a.** # of Members: \_\_\_\_\_\_\_\_ **b.** Hrs. per day: \_\_\_\_\_\_\_ **c.** # days per week: \_\_\_\_\_\_\_\_**d.** Duration [in weeks]: \_\_\_\_\_\_\_**e.** Total estimated member hours for this activity: \_\_\_\_\_\_\_\_  |
| 5 | **Activities** | 1. Describe the Target Population to recruit (e.g. *Baby boomers, seniors, etc.)*:
2. Describe how members will recruit volunteers, & if applicable, any other activities:
 |
| 6 | **Measurement**  | [1] Volunteer Log to collect data on # of volunteers recruited for on-going activities.[2] Volunteer Log to collect data on # of volunteers recruited for one-time activities.[3] Volunteer Log to collect data on # of volunteer hours for on-going activities.[4] Volunteer Log to collect data on # of volunteer hours for one-time activities. |  |
| 7 | **Targets**  | [1] \_\_\_\_\_\_\_\_volunteers recruited for on-going activities[2] \_\_\_\_\_\_\_\_ volunteers recruited for one-time activities[3] \_\_\_\_\_\_\_\_ volunteer hours for on-going activities[4] \_\_\_\_\_\_\_\_ volunteer hours for one-time activities |  |
| 8 | **Prior Data** | **FILL THIS IN** with relevant prior data**!** | **FILL THIS IN** with relevant prior data! |

**CALIFORNIA PERFORMANCE MEASUREMENT WORKSHEET**

**[REQUIRED] Common Member Development PMW**

|  |  |
| --- | --- |
| **Performance Measure Title:** | **Member Development**  |
| **PMW Directions** | **OUTPUT** | **OUTCOME** |
| 1 | **Member Need** | *Members deserve to be appropriately trained to perform the services assigned, to increase both professional skills and community development skills, and to enhance their esprit de corps experience.*  |
| 2 | **Result**  | *Members receive the training to provide quality service to the community and …[add as needed for program]* | *Members increase knowledge & skills, gain insight into the community, experience the power of national service, and…[add as needed for program]* |
| 3 | **Indicator** | *The number of members trained in program’s Core Training* | *The percent of members who increase their knowledge and skills and…* |
| 4 | **Inputs** | a. Orientation: [# of members \_\_\_\_\_\_\_] x [# of hours \_\_\_\_\_\_\_\_] = \_\_\_\_\_\_\_\_\_\_\_b. Ongoing Hours: [# of members \_\_\_\_\_\_\_] x [# of hours \_\_\_\_\_\_\_\_] = \_\_\_\_\_\_\_\_\_\_\_c. National Service: [# of members \_\_\_\_\_\_\_] x [# of hours \_\_\_\_\_\_\_\_] = \_\_\_\_\_\_\_\_\_\_\_d. Other: [# of members \_\_\_\_\_\_\_] x [# of hours \_\_\_\_\_\_\_\_] = \_\_\_\_\_\_\_\_\_\_\_e. Total Member Training Hours [add a., b., c., and d.] \_\_\_\_\_\_\_\_\_\_\_\_ |
| 5 | **Activities / Intervention** | **Member Information:**a. # of FT Members [1700 hrs.]: \_\_\_\_\_\_\_\_ d. # of QT Members [450 hrs.]: \_\_\_\_\_\_\_\_b. # of HT Members [900 hrs.]: \_\_\_\_\_\_\_\_ e. # of MT Members [300 hrs.]: \_\_\_\_\_\_\_\_c. # of RHT Members [675 hrs.]: \_\_\_\_\_\_\_\_ f. # MSY \_\_\_\_\_\_\_\_ |
| Describe how your program will achieve the result by briefly highlighting the training and development your programwill provide to members. Define your **Core Training**--it must include mandated AC training (e.g. prohibited activities, member rights and responsibilities, code of conduct, suspension and termination rules, etc.), training members need to deliver program services (i.e.. child abuse reporting, working with families, etc.), and any training your partnership considers mandatory. Not all training must fall into Core Training. Include frequency/number of hours*.* *Note: Member development is about what* ***the program*** *provides to the members--* ***not*** *about development members seek on their own (e.g., degrees, job skills programs, certification, etc.).*  |
| 7 | **Measurement** | Training Log to collect data on member names, specific topic, and # of hours | 1. Member Performance Review to collect data on member skill increases.
2. Administered by Member Supervisor
3. Frequency: Two times per year (minimum)
 |
| 8 | **Targets**  | XX members will complete Core Training.  | XX% [#] of members will increase skills by XX%. |
| 9 | **Prior Data** | **FILL THIS IN** with relevant prior year data**!** | **FILL THIS IN** with relevant prior year data**!** |

\*\*\*\*SAMPLE\*\*\*\*DO NOT Include with Application

This is a sample PMW and is NOT representative of an entire AmeriCorps program. This document is only provided as an example and is not a realistic AmeriCorps program PMW. The purpose of this example is to demonstrate the types of things to consider when creating your PMWs.

**CALIFORNIA PERFORMANCE MEASUREMENT WORKSHEET**

PMW Summary

Table 2: Program Information--complete for the entire program

|  |  |
| --- | --- |
| Program Name:  | *Clay AmeriCorps* |
| Total Number of MSY: | *31* |
| Total Number of Slots: | *33* |
| Member Hours Per Slot Type for PROGRAM: | **1700 x** *30*  = *51,000*; **900 x** *2* = *1,800***; 675 x \_\_\_ = \_\_\_; 450 x \_\_\_ = \_\_\_; 300 x \_\_\_ = \_\_\_** |
| Total Member Hours for the PROGRAM: | *52,800* |
| Will Member perform ANY fundraising activities? | [ ]  **YES** and a Fundraising PMW is included. [x]   **NO,** members will not do any fundraising activities |

Table 3: PMW by MSY, Focus Area, Strategic Plan Objective & Performance Measure (PM) Type –complete for each PMW

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PMW Title | # of MSY | Focus Areas | CNCS Strategic Plan Objective | PM TypeAP[[6]](#footnote-6) and/or NPM[[7]](#footnote-7) | NPM Output and Outcome Selected |
| *Mentoring* | *30* | *Education* | *K-12 Success* | *NPM* | *ED3A: Number of disadvantaged youth/mentor matches that are commenced by the CNCS-supported education program**ED4A: Number of disadvantaged youth/mentor matches that were sustained by the CNCS-supported program for at least the required time period**ED27B: Number of students in grades K-12 that participated in the mentoring program who demonstrated improved academic engagement (behaviors).* |

Needs & Service

|  |  |
| --- | --- |
| **Answer for THIS Performance Measure** |  |
| **Performance Measure Title:** | ***Mentoring*** |
| **Performance Measure Type:** *Check all that apply* | [ ]  Self-nominated or applicant-determined; and/or [x]  National performance measure [x]  PRIMARY PMW—where members spend most of their hours [ ]  Non-primary PMW |
| **Long-Term Outcome Result** (i.e. after 3 years)**:** | *Increase number of students graduating from high school*  |

|  |  |  |
| --- | --- | --- |
| **PMW Elements** | **OUTPUT** | **INTERMEDIATE OUTCOME** |
| 1 | **Community Problem/Need**  | *Clay Middle School has experienced a 15% increase in disciplinary referrals in the 2010-11 year—referrals for chronic truancy, fighting, threatening behavior to students/staff, substance abuse, or other delinquent behaviors. During 2008, the principal organized a group of parents, teachers, and district staff to research best practices, design activities, and implement after school activities and awareness sessions to reverse the trend. To implement the program, the school needs to have trained people who can act as mentors in the school.*  |
| 2 | **Result**  | *Youth will participate in mentoring.*  | *Youth will decrease disciplinary actions.*  |
| 3 | **Indicator** | [1] The number of *youth matched to a mentor.*[2] The number of *youth who complete mentor program.* | The number of *youth with decreased disciplinary actions.*  |
| 4 | **Inputs**(member-related) | a. # of Members: *30* b.Hours per day: *5* c.# of days per week: *5* d.Duration [in weeks]: *38*e. Total estimated member hours for this activity: *28,500*   |
| 5 | **Activities / Intervention**  | **Target Population for the Intervention:**a. Describe high need target population: *6 – 8th grade students who meet the Corporation’s “disadvantaged” criteria [defined below], and have received a minimum of two disciplinary actions [defined below] and/or suspension in the past year.**Disadvantaged Youth includes those youth who are economically disadvantaged and one or more of the following:**(A) Who are out-of-school youth, including out-of-school youth who are unemployed**(B) Who are in or aging out of foster care**(C) Who have limited English proficiency**(D) Who are homeless or who have run away from home**(E) Who are at-risk to leave secondary school without a diploma**(F) Who are former juvenile offenders or at risk of delinquency**(G) Who are individuals with disabilities**Disciplinary Action: Serious disciplinary actions may include referrals to the principal’s office, referrals to alternative schools or programs, referrals to the juvenile justice system, in-school or out-of-school suspensions or expulsions.**AND are eligible for Free or Reduced Lunch*b. # of direct high need beneficiaries: *360*c. Describe the beneficiary ***selection*** process: *A school or program administrator will use our referral form to refer participants for a member-mentor. The Referral Form includes all of the criteria above, as well as the school report on the base-line number of disciplinary actions and suspensions in the past year. Referrals will be screened and matched with a mentor as appropriate. Mentees will be accepted until all slots are filled.* |
| **Core Activities:** *Each member will mentor 12 youth—this may include both in and out-of school, depending upon the mentee’s needs. Members are assigned to mentees--not classrooms, teachers, or afterschool programs. Members will work with mentees to identify challenging behaviors and design activities to improve these areas. Members will plan, implement, and report on a these activities which may include: anger management and prevention; leadership skills; social skills; study skills; meeting with parents, guardians, social workers, probation officers, etc. Members will also include small group activities [1:3] for building peer relationships, trust, and communication skills. These are structured and planned activities. Members will use appropriate opportunities to model desired behavior. Members will meet with mentees 1:1 at least one hour per week and 1:2-3 an additional one hour per week for at least six months of the school year.*  |
| 6 | **Measurement** | 1. *Mentor L*og to collect data on *youth matched to a mentor, number, and duration of mentoring sessions*
2. Completed by: *Member/Mentor.*
3. Frequency: *Daily, supervisors will tally progress monthly*
 | 1. *Student Tracking Log* to collect data on *disciplinary actions, suspensions, and expulsions, to be obtained from school*
2. Completed by: *Program Supervisor*
3. Frequency: *3 x per year*.
 |
| 7 | **Targets**  | *ED3A:360 disadvantaged youth/mentor matches will commence.* *ED4A: 340 of 360 disadvantaged youth/mentor matches will receive 70 hours [of both 1:1 and 1:1-3] mentoring for a sustained period of 9 months.*  | *ED27B: 272 of 340 of mentees who have received 70 hours of mentoring will demonstrate increased academic engagement defined as reducing disciplinary referrals or suspensions by 40%.* ***NOTE to APPLICANTS****: The base # of 340 [in the Target above] reflects those mentees who received the required amount of mentoring [70 hours-38 weeks]. No matter what your focus area, you should use the number of people or things that received the amount of service you define in Row 8 “Outputs” and explain in Row 6. The assumption is that beneficiaries will need a certain amount of your services to achieve the target in Row 8.*  |

**Budget Form and Budget Narrative**

**All applicants are required to submit a detailed budget using the CV AmeriCorps Budget Template in Excel format**. In addition to the detailed budget, Fixed-amount grant applicants must also submit a Fixed-amount Budget Worksheet. These required budget documents are available on the CV website at <http://www.californiavolunteers.org/index.php/Grants/americorps/>.

**Note:** The Budget Form is included as a tab within the CV AmeriCorps Budget Template and will automatically populate as information is entered on the Budget Narrative tab. Be sure to include a copy of both the completed Budget Form and Budget Narrative as part of your application.

### Program Evaluation Plan

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

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

**Instructions:** All“recompeting” applicants must include an evaluation plan as part of their application. The Evaluation Plan does not count towards the page limit of the application; however, it must not exceed 10 double-spaced pages in Word.

Evaluation plans must include the following:

* A description of the theory of change, or why the proposed intervention is expected to produce the proposed results;
* Clear and measurable outcomes that are aligned with the theory of change and will be assessed during the evaluation;
* Concrete research questions (or hypotheses) that are clearly connected to the outcomes;
* A proposed research design for the evaluation;
* Qualifications needed for the evaluator; and
* The estimated budget.

### Organizational Self-Assessment

Applicant Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. Applicant has a written Policies and Procedures Manual that governs fiscal and programmatic activities.
 |  |  |
| 1. Applicant has systems for general financial management tasks which include: bank reconciliations, process for review of budget to actual, and monitoring sub-grantees (if applicable).
 |  |  |
| 1. Applicant has a plan or system to ensure they will comply with all AmeriCorps Provisions and CV Requirements upon receipt of grant.
 |  |  |
| 1. Your organization has a process to keep the policies and procedures current to reflect changes or updates in laws, regulations, guidance, and funding requirements associated with managing an AmeriCorps grant.
 |  |  |
| 1. Applicant has policy for maintaining supporting documentation for all expenditures to ensure a clear audit trail.
 |  |  |
| 1. Applicant has dedicated fiscal staff who are qualified and capable of supporting this grant.
 |  |  |
| 1. Applicant has functional timesheets (timesheets capture staff/member time on split-funded projects) that are signed by both the staff/member and the supervisor.
 |  |  |
| 1. Applicant understands that this is a reimbursement-based grant and has the ability to manage cash flow. (Applicants are advised they need to ensure they have funds available to cover start-up costs prior to the receipt of the first invoice payment.)
 |  |  |
| 1. Applicant has the ability to track matching funds as both revenue and expenditures in their accounting system.
 |  |  |
| 1. Applicant has a system or plan to ensure that members are eligible to serve.
 |  |  |
| 1. Applicant has a system or plan to ensure that staff will receive adequate training to perform their duties.
 |  |  |
| 1. Applicant understands that this grant is subject to the requirements of applicable OMB Circulars A-21 (2 CFR 220), A-87 (2 CFR 225), A-102 (45 CFR 2541), A-110 (45 CFR 2543), A-122 (2 CFR 230), and A133) and can meet the requirements of these circulars as they apply to your organization.
 |  |  |

Below are questions regarding your current/future policies and procedures and necessary fiscal procedures for managing an AmeriCorps Grant. Please answer each question to the best of your knowledge by marking “YES” or “NO.” If you have additional information, please provide it in the designated space below.

Additional information or clarification of any of the above responses (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge. I understand that any material misrepresentation may be grounds for rejection of this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Position/Title (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

### Labor Organization Certification

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

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

*Instructions*:Carefully consider the three options on the Labor Organization Form and check all the boxes that apply to your program. An applicant must check at least one box. The form must be signed by an authorized applicant representative and include the required supporting documentation.

Definitions:

*Service Sponsor*:According toSEC. 101(25) [42 USC 12511(25)], the term “service sponsor” means an organization, or other entity, that has been selected to provide a placement for a participant.

*Program Applicant*: For the purposes of this section, the Corporation’s definition for “program applicant” includes any applicant to the Corporation or a State Commission, as well as any entity applying for assistance or approved national service positions through a Corporation grantee or subgrantee.

[ ]  **[1]** **Labor Organization Concurrence Required and Obtained.** The program applicant is serving as the service sponsor, and has obtained the written concurrence of any local labor organization representing employees of the service sponsor who are engaged in the same or substantially similar work as that proposed to be carried out. Concurrence(s) are submitted with this certification.(42 U.S.C. § 12582(f)(1).) Written concurrence can be in the form of a letter or email from the local union leadership.

[ ]  **[2]** **Labor Organization Consultation Required.** Prior to the placement of participants, program applicant has consulted with the appropriate local labor organizations, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by such program to ensure compliance with the federal nondisplacement requirements, as set forth at 42 U.S.C. section 12637. (42 U.S.C. § 12583(c)(2).) Documentation showing such consultation is kept on file with program applicant and is available for review upon request.

Written description must be submitted with this certification describing how the applicant will ensure that:

1. AmeriCorps members won’t be placed in positions that were recently occupied by paid staff; and
2. No AmeriCorps member will be placed 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.

[ ]  **[3]** **Neither** **Labor Organization Concurrence Nor Labor Organization Consultation Required.** The program applicant is not required to obtain labor organization concurrence, because there are no local labor organizations representing employees of the service sponsor who are engaged in the same or substantially similar work as that proposed to be carried out *and* the program applicant is also not required to consult with labor organizations, because there are no appropriate local labor organizations representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by the program applicant. Written justification is submitted with this certification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Legal Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title of Person Signing

**Assurance and Certification (Signature Page)**

*Please complete this form and include in the application.*

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

**assurance SIGNATURE:**

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title of Authorized Applicant Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**cERTIFICATION signature:**

By signing this certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

* Certification: Debarment, Suspension and Other Responsibility Matters
* Certification: Drug-Free Workplace
* Certification: Lobbying Activities

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title of Authorized Applicant Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

### Budget Analysis and Verification Form

This checklist helps you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. Please complete and include with your application.

***I am authorized by the legal applicant agency to verify that the statements in this application are true, complete, and correct to the best of my knowledge. I understand that any material misrepresentation may be grounds for rejection of this application.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Position/Title (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

| **Compliant?** | **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 that 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 is 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 \_\_ | Brief position descriptions are provided for each staff member listed on the grant? |
| 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%, please list separately. 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 \_\_ | 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 staff travel to CV and CNCS sponsored meetings in the budget narrative? |
| Yes \_\_ No \_\_ | Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget? |
| 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 $5,000 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? |
| Yes \_\_ No \_\_ | You only charged to the federal share of the budget member service gear, with the exception of safety equipment, that includes the AmeriCorps logo? |
| Yes \_\_ No \_\_ | Are all consultant services budgeted below the maximum federal daily rate of $750/day? Is the daily rate noted in all sections of the budget narrative where consultants are proposed? |
| Yes \_\_ No \_\_ | Does the budget reflect adequate budgeted costs for project evaluation? |
| Yes \_\_ No \_\_ | Have you provided budgeted costs for state criminal registry and FBI background checks of members and grant-funded staff in accordance with AmeriCorps requirements? |
| Yes \_\_ No \_\_ | Are all items in the budget narrative itemized and the purpose of the funds justified? |

|  |  |
| --- | --- |
| **Compliant?** | **Section II. Member Costs** |
| Yes \_\_ No \_\_ | Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance as indicated in the chart in the budget instructions.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.  |
| 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 need to 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 half-time serving for a sustained full-time period of time such as summer service)? If your project chooses to provide health care to other half-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.  |

|  |  |
| --- | --- |
| **Compliant** | **Section III. Administrative/Indirect Costs** |
| Yes \_\_ No \_\_ | Applicant has chosen Option A – Corporation 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 Option A – Corporation fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?  |
| Yes \_\_ No \_\_ | Applicant has chosen Option B – federally approved indirect cost rate method and documentation on file? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project. |
| Yes \_\_ No \_\_ | Applicant has chosen Option B – The maximum grantee share is at 10% or less of total budgeted funds, less the 5% CNCS share?  |

|  |  |
| --- | --- |
| **Compliant** | **Section IV. Match** |
| Yes \_\_ No \_\_ | Is the overall match being met at the required level, based on the year of funding? |
| Yes \_\_ No \_\_ | For all matching funds, the source(s) [private, state and local, and federal], the type of contribution (cash or in-kind), and the amount (or an estimate) of match, are clearly identified in the narrative?  |

### Request for Alternative Match Schedule

**Legal Applicant Organization:**

**Program Name:**

**Instructions**: You must respond to each question below on this form. Please include both the question and your response in your request. Please limit your response to 4 double-spaced pages maximum.

1. **Basis of Request**
2. Identify the basis for your request as either a rural county or a severely economically distressed community as described above.
3. Describe where your program operates and include the address of the legal applicant.
4. **Rural Counties**
5. Describe the economic conditions.
6. Confirm that your county has a Beale code of 6, 7, 8, or 9.
7. **Economically Distressed Counties**
8. Provide your level of county per-capita income and poverty and unemployment levels.
9. Demonstrate that the income levels are above or below the national averages. Identify the data source(s) used to make your determination.
10. Provide any other statistics you deem relevant to demonstrate your county is economically distressed.
11. **Program Location**

If you believe the location of your program should not be based on the address of the legal applicant, describe your justification for requesting an alternative location(s).

1. **Other**

Provide any other justification and information for your request that is not presented in the responses to the above.

# New Applicant Certification

**Purpose:** This form is used to understand a new applicant’s level of experience with AmeriCorps grants and to determine whether applicants that classify themselves as “new” meet CVs’ definition of “New Applicant.”

**Instruction:** Place a check next to each statement that is true by double clicking on the chosen box. Under the “Default Value” section, select “Checked.”

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

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

|  |  |
| --- | --- |
| **√** | **Statement** |
| [ ]  | * + 1. The applicant organization has operated an AmeriCorps program funded by CV in the last five years.
 |
| [ ]  | * + 1. The applicant has operated an AmeriCorps program funded by another state commission in the last five years.
 |
| [ ]  | * + 1. The legal applicant has operated an AmeriCorps program funded directly by CNCS in California and/or another state.
 |
| [ ]  | * + 1. Individuals and/or partners involved in developing the proposed application have operated an AmeriCorps program in the last five years.
 |
| [ ]  | * + 1. Individuals involved in developing the proposed application have been employed as a core program staff of a funded program, National Direct organization staff, state commission staff, or CNCS staff in the last five years.
 |
| [ ]  | * + 1. The applicant organization has served as an operating and/or placement site for AmeriCorps members.
 |
| [ ]  | * + 1. One or more partners involved in developing the proposed application have served as an operating and/or placement site for AmeriCorps members.
 |
| [ ]  | * + 1. The applicant organization worked with a consultant and/or grant writer who has developed a successful AmeriCorps grant application funded.
 |
| [ ]  | * + 1. The proposed application stems from an AmeriCorps planning grant funded by CV.
 |

On behalf of [LEGAL APPLICANT ORGANIZATION NAME] I have reviewed and verified that the above answers are true for the [PROPOSED PROGRAM NAME].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Authorized Applicant Agent Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Authorized Applicant Agent Date

CV Use Only

New Applicant Status Approved: \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Print Authorized CV Agent Signature Date

1. See current year RFA [↑](#footnote-ref-1)
2. See current year CNCS Performance Measures Instruction [↑](#footnote-ref-2)
3. An Applicant-Determined Measure is a performance measure determined by the applicant that is not included in the CNCS National Performance Measures Instructions. [↑](#footnote-ref-3)
4. National Performance Measure [↑](#footnote-ref-4)
5. See CNCS Performance Measures Instructions [↑](#footnote-ref-5)
6. An Applicant-Determined Measure is a performance measure determined by the applicant that is not included in the CNCS National Performance Measures Instructions. [↑](#footnote-ref-6)
7. National Performance Measure [↑](#footnote-ref-7)