**2016 AmeriCorps**

**Application Forms**



**Applications due July 14, 2015**

**Notice of Intent to Apply due June 19, 2015**



**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 six documents are necessary to complete a 2016 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) 2016 AmeriCorps Request for Applications (RFA),   
(2) 2016 AmeriCorps Application Instructions,   
(3) 2016 AmeriCorps Application Forms

(4) Budget Form and Budget Narrative,  
(5) AmeriCorps Program Title Page and Partnership Forms

(6) National 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 **June 19, 2015 at 5:00 P.M. PDT**.Please email your completed Notice of Intent to Apply form to CaliforniaVolunteers at [funding@CaliforniaVolunteers.ca.gov](mailto: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  School District/ Office of Ed.  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: |

### Phase 1 Application Checklist

**Instructions:** A “complete” AmeriCorps application consists of **one original of items #1-14** and **five copies of items #2-9** **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**  (#1-14) | **5 Copies** (#1-9) |
|  |  | 1. **Preliminary Application Checklist** |
|  |  | 1. **AmeriCorps Program Title Page** --must be submitted to CV electronically and included as a hardcopy with application original and copies |
|  |  | 1. **Strategic Grant Characteristics** |
|  |  | 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 |
|  |  | 1. **Budget Form** |
|  |  | 1. **Budget Narrative** |
|  |  | 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. |

### Phase 2 Application Checklist

**Instructions:** A “complete” AmeriCorps application consists of **items #1-12** **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. ***Phase 2 Application will be due on November 10, 2015.***

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** | **FINAL Application Items** |
|  | 1. **Phase 2 Application Checklist** |
|  | 1. **Revised Logic Model –**must use CV format and not exceed 3 pages |
|  | 1. **Revised 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. **Revised 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. **Revised California Performance Measurement Worksheets** [PMWs]—must include PMW Summary, Primary Needs & Service, Common Member Development, & Common Strengthening Communities |
|  | 1. **Revised Budget Narrative and Budget Form** |
|  | 1. **AmeriCorps Partnership Form**-submitted electronically. DO NOT include with paper application. |
|  | 1. **Program Evaluation Plan**--required for recompeting applicants; 10 double-spaced pages maximum |
|  | 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. **Request for Alternative Match** [if applicable, 4 double-spaced pages maximum] |
|  | 1. **Indirect Cost Rate Agreement** [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.

IMPORTANT: Be sure to save a copy of your submitted AmeriCorps Program Title Page for your records. This printout includes the link and log in information to access the Partnership Forms, which you’ll need to submit with your Final Application if invited to participate in Phase 2 of the grant application process.

### 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. Upon successful submission of the AmeriCorps Program Title Page form, you’ll be provided a link and log in information to access the Partnership Form. See Application Instructions.

### Strategic Grant Characteristics

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

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

***I’ve reviewed our AmeriCorps grant application and confirm that our proposal meets the grant characteristics selected below.***

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

Signature of Authorized Applicant Representative Date

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

Print Name Title of Person Signing

**State Grant Characteristics:** Check all state grant characteristics that apply to your program and include supporting information as requested below.

This application addresses:

Unmet needs in the disaster services focus area, specifically activities relating to drought relief efforts such as services to improve water efficiency, mitigate drought-related economic hardships**,** and educate Californians on water conservation and the drought.

Unmet needs for veterans (including wounded warriors and military families).

Unmet needs for in the economic opportunity focus area.

Unmet needs in the bottom five California neighborhood clusters with the lowest American Human Development Index for California (insert name, address, and number of members dedicated to service sites in one of the following neighborhood clusters:

1. Tulare County: Visalia, Tulare, Porterville
2. Kern County: Bakersfield
3. Los Angeles County: Huntington Park, Florence-Graham and Walnut Park
4. Los Angeles County: Southeast/East Vermont (Los Angeles City)
5. Los Angeles County: South Central/Watts

|  |  |  |  |
| --- | --- | --- | --- |
| **County** | **Neighborhood Cluster** | **Name & Address of Service Site**  (Insert rows as needed to add additional sites) | **# Members Dedicated** |
|  |  |  |  |
|  |  |  |  |

Unmet needs in one or more of the following counties that currently have no AmeriCorps state members serving (insert the name, address, and number of members dedicated to each site in the following counties): Merced, Stanislaus, Lassen, Modoc, Plumas, San Joaquin, Sutter, and Ventura.

|  |  |  |
| --- | --- | --- |
| **County** | **Name & Address of Service Site**  (Insert rows as needed to add additional sites) | **# Members Dedicated** |
|  |  |  |
|  |  |  |

Other unmet community needs (not listed above).

### Strategic Grant Characteristics Cont’d

**Federal Grant Characteristics:** Check all grant characteristics that apply to your program.

|  |  |  |
| --- | --- | --- |
| **√** | **Grant Characteristics** | **Definition** |
|  | AmeriCorps Member Population - Communities of Color | American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, or Native Hawaiian or Other Pacific Islander |
|  | AmeriCorps Member Population - Low-income Individuals | People who receive or meet the income eligibility requirements to receive TANF, Food Stamps (SNAP), Medicaid, SCHIP or Section 8 housing assistance |
|  | AmeriCorps Member Population - Native Americans | People having origins in any of the indigenous peoples of the United States and who maintain tribal affiliation or community attachment. In this context, "Native American" is synonymous with "American Indian," "Alaska Native," and includes all members of federally-recognized tribes. |
|  | AmeriCorps Member Population - New Americans | People who acquired U.S. citizenship or became lawful permanent residents within the past three years |
|  | AmeriCorps Member Population - Older Americans | People ages 65 or older |
|  | AmeriCorps Member Population - People with Disabilities | People with a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment |
|  | AmeriCorps Member Population - Rural Residents | People from non-urban and non-suburban towns and communities (often defined by Beale codes 6, 7, 8 or 9) |
|  | AmeriCorps Member Population - Veterans, Active Military, or their Families | People who previously served in the active military, naval, or air service and were discharged or released therefrom under conditions other than dishonorable. National Guard members and reservists, and wounded warriors are considered in this category |
|  | AmeriCorps Member Population - economically disadvantaged young adults/opportunity youth | Young people ages 16-24 who are receiving or meet the income eligibility requirements to receive: TANF, Food Stamps (SNAP), Medicaid, SCHIP, Section 8 housing assistance. |
|  | Geographic Focus - Rural | Non-urban and non-suburban towns and communities (often defined by Beale codes 6, 7, 8 or 9) |
|  | Geographic Focus - Urban | Densely populated areas or neighborhoods within large cities |
|  | Encore Program | Programs that engage a significant number of participants age 55 or older |
|  | Community Based Organizations | Any non-profit with fewer than 5 FTE and a budget for the community-service program of $300,000 or less. |
|  | Faith Based Organizations | An organization, program, or project sponsored/hosted by a religious congregation, organization, or non-profit with a religious mission. |
|  | 21st Century Service Corps | Registered organization dedicated to completing high quality, cost effective projects on public and tribal lands and waters across the nation. |
|  | SIG/Priority School | Schools that have received awards from the US Dept. of Education under the School Improvement Grants (SIG) program and are implementing one of the SIG school intervention models. Priority school: A school identified by a state educational agency as among the lowest-performing schools in the State and that has received approval from the US Dept. of Education of its request for Elementary and Secondary Education Act flexibility. |

**[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****—***include  the 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. Must include:   * Core activities * Dosage of the intervention\*\* * Target population | **OUTPUTS**  *Direct products from program activities.*  Must include output(s) from PMW Row 8. | **OUTCOME** | | |
| **Short-Term**  *Changes in knowledge, skills, attitudes, opinions*  Must include appropriate outcome(s) from PMW Row 8. | **Medium-Term**  *Changes in behavior or action that result from participants’ new knowledge*  Must include appropriate outcome(s) from PMW Row 8. | **Long-Term**  *Meaningful changes, often in their condition or status in life* |
|  |  |  |  |  |  |

\*\*The dosage of the intervention includes a description of the:

* frequency of service (how many sessions a week)
* intensity of service ( length of each session)
* duration of service (total weeks/hours of sessions)

**California Performance Measurement Worksheet** (PMW)

**PMW Summary**

(See Sample on pages 11-13)

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 |

PMW by MSY/Slots, Focus Area, Strategic Plan Objective & Performance Measure (PM) Type –complete for each Needs & Service PMW; add rows as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PMW Title | #MSY | #Slots | Focus Area[[1]](#footnote-1) | CNCS Strategic Plan Objective[[2]](#footnote-2) | PM Type |
|  |  |  |  |  | Applicant-Determined Measure[[3]](#footnote-3)  National Performance Measure[[4]](#footnote-4) |
|  |  |  |  |  | Applicant-Determined Measure  National Performance Measure |
|  |  |  |  |  | Applicant-Determined Measure  National Performance Measure |

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

Needs and Service PMW

\*\*Must be completed using this exact PMW format. See RFA Instructions for more detailed guidance on how to complete this PMW.\*\*

|  |  |  |
| --- | --- | --- |
| **Answer for THIS Performance Measure (PM)** |  | |
| **Performance Measure Title:** |  | |
| **Performance Measure Type:** *check all that apply* | PRIMARY PMW—where members spend most of their hours  Non-primary PMW | National Performance Measure (NPM)  Applicant-Determined Measure (APM) |
| **Number of MSYs and Slots Dedicated to This PM:** | # of MSYs: | # of Slots: |

|  |  |  |
| --- | --- | --- |
| **PMW Elements** | | **PROGRAM DESIGN** |
| **1** | **Community Need**  State the community problem and the specific need addressed by the program. This is a brief summary highlighting key relevant data not to exceed 500 characters with spaces. |  |
| **2** | **Target Population:**  Answer a. through c. for the high-need target population. | 1. Describe the high need target population: 2. # of direct high need beneficiaries: 3. Describe the high need beneficiary ***selection*** process: |
| **3** | **Amount of Service**  Amount of member service hours dedicated to this intervention. Answer a. through e. for this PM. | 1. # of Members: \_\_\_\_\_\_\_\_ 2. Hours per day: \_\_\_\_\_\_\_\_ 3. # of days per week: \_\_\_\_\_\_\_\_ 4. Duration [in weeks]: \_\_\_\_\_\_\_\_ 5. Total estimated member hours for this intervention: \_\_\_\_\_\_\_\_ |
| **4** | **Intervention**  Describe the **core activities** that define the intervention members will implement or deliver. Include the ***dosage***:  a. Frequency or number of sessions per/ week; b. Intensity or length of each session; and  c. Duration or total number of hours, weeks, sessions or months of the intervention. | 1. Describe core activities: 2. Describe dosage: |

|  |  |  |  |
| --- | --- | --- | --- |
| **PMW Elements** | | **OUTPUT** | **OUTCOME** |
| 5 | **Result**  A brief statement of the desired result (i.e., Increase academic skills; or Increase recycling awareness, etc.). Reflects the result the community desires. |  |  |
| 6 | **Indicator**  The thing the community will look at to gauge progress toward the result. | The number of… | The number of… |
| 7 | **Instrument**  Describe the specific instrument(s) you will use to measure the output or outcome indicators. 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. **Each** indicator identified in Row 3 needs to have a corresponding instrument. Answer a-c for each instrument. | 1. Instrument Description (include title, the specific data it will collect, & what it will measure): 2. Completed by: 3. Frequency: | 1. Instrument Description (include title, the specific data it will collect, & what it will measure): 2. Details on the instrument’s reliability and validity: 3. Completed by: 4. Frequency: |
| 8 | **Targets**  **Output** Targets are simple tallies and counts.**Outcome** targets must have four components:   * + - 1. # of people/things that changed       2. What changed       3. Amount of the change       4. Dosage |  |  |
| 9 | **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 (PM)**

|  |  |
| --- | --- |
| **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 Elements** | | **PROGRAM DESIGN** |
| **1** | **Community Need**  State the community problem and the specific need addressed by this PM. This is a brief summary highlighting key relevant data not to exceed 500 characters with spaces. |  |
| **2** | **Target Population**  Describe the Target Population to recruit (e.g. *Baby boomers, seniors, etc.)* |  |
| **3** | **Amount of Service**  Amount of member service hours dedicated to this intervention. Answer a. through e. for this PM. | 1. # of Members: \_\_\_\_\_\_\_\_ b. Hours per day: \_\_\_\_\_\_\_\_ c. # of days per week: \_\_\_\_\_\_\_\_ d. Duration [in weeks]: \_\_\_\_\_\_\_\_ 2. Total estimated member hours for this intervention: \_\_\_\_\_\_\_\_ |
| **4** | **Intervention/Activity**  Describe how members will recruit  volunteers, & if applicable, any other activities in this PM. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PMW Elements** | | **OUTPUT--** *required* | **OUTCOME--***optional* |
| 5 | **Result**  A brief statement of the desired result Reflects the result the community desires. |  |  |
| 6 | **Indicator**  The thing the community will look at to gauge progress toward the result. | [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 | The number of… |
| 7 | **Instrument**  What **data** and **instruments** will be used to measure indicators? | [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. |  |
| 8 | **Targets**  State the **targets** that you expect to meet on this PM for each of three years. | [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 |  |
| 9 | **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**

**Answer for THIS Performance Measure (PM)**

|  |  |
| --- | --- |
| **Performance Measure Title:** | **Member Development** |
| **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 Elements** | | **PROGRAM DESIGN** |
| 1 | **Community Need**  State the community problem and the specific need addressed by this PM. A brief summary, not to exceed 500 characters with spaces | *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 | **Target Population**  Answer a-f regarding AmeriCorps members. | 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: \_\_\_\_\_\_\_\_ |
| 3 | **Amount of Training**  Enter the number of hours per member. See <http://www.nationalservice.gov/sites/default/files/upload/policy%20FAQs%207.31.14%20final.pdf> for orientation requirements. No member service hours may be earned from home without written CV approval. | 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.] \_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 | **Intervention/Activity**  Briefly outline the training and support your programwill provide to members. Include core trainings members need to deliver program services. Include frequency/number of hours. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PMW Elements** | | **OUTPUT** | **OUTCOME** |
| 5 | **Result**  A brief statement of the desired result (i.e., Increase academic skills; or Increase recycling awareness, etc.). Reflects the result the community desires. | 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]* |
| 6 | **Indicator**  The thing the community will look at to gauge progress toward the result. | *The number of members trained in program’s Core Training* | *The number of members who increase their knowledge and skills and[add as needed for program]…* |
| 7 | **Instrument**  What **data** and **instruments** will be used to measure indicators? | 1. Instrument Description: Training Log to collect data on member names, specific topic, and # of hours 2. Completed by: Member, Verified by Member Supervisor 3. Frequency: As needed for each training provided. | 1. Instrument Description: Member Performance Review to collect data on member skill increases. 2. Completed by: Member Supervisor 3. Frequency: Two times per year (minimum) |
| 8 | **Targets**  State the **targets** that you expect to meet on this PM for each of three years. | XX number members will complete XX hours of Core Training. | XX of members will increase skills by XX%. |
| 9 | **Prior Data** | **FILL THIS IN** with relevant prior data! | **FILL THIS IN** with relevant prior data! |

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\*\*\*\*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

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.  **NO,** members will not do any fundraising activities |

PMW by MSY/Slots, Focus Area, Strategic Plan Objective & Performance Measure (PM) Type –complete for each Needs & Service PMW; add rows as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PMW Title | #MSY | #Slots | Focus Area[[5]](#footnote-5) | CNCS Strategic Plan Objective[[6]](#footnote-6) | PM Type |
| *Mentoring* | *30* | *30* | *Education* | *K-12 Success* | Applicant-Determined Measure[[7]](#footnote-7)  National Performance Measure[[8]](#footnote-8) |
|  |  |  |  |  | Applicant-Determined Measure  National Performance Measure |
|  |  |  |  |  | Applicant-Determined Measure  National Performance Measure |

Needs & Service PMW EXAMPLE

Answer for THIS Performance Measure (PM)

|  |  |  |
| --- | --- | --- |
| **Performance Measure Title:** | *Clay AmeriCorps* | |
| **Performance Measure Type:** *check all that apply* | PRIMARY PMW—where members spend most of their hours  Non-primary PMW | National Performance Measure (NPM)  Applicant-Determined Measure (APM) |
| **Number of MSYs and Slots Dedicated to This PM:** | # of MSYs: | # of Slots: |

|  |  |  |
| --- | --- | --- |
| **PMW Elements** | | **PROGRAM DESIGN** |
| **1** | **Community Need**  State the community problem and the specific need addressed by the program. This is a brief summary highlighting key relevant data not to exceed 500 characters with spaces. | *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** | **Target Population:**  Answer a. through c. for the high-need target population. | 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.* |
| **3** | **Amount of Service**  Amount of member service hours dedicated to this intervention. Answer a. through e. for this PM. | 1. # of Members: 30 2. Hours per day: 5 3. # of days per week: 5 4. Duration [in weeks]: 38 5. Total estimated member hours for this intervention: 28,500 |
| **4** | **Intervention**  Describe the **core activities** that define the intervention members will implement or deliver. Include the ***dosage***:  a. *Frequency* or number of sessions per/ week; b. Intensity or length of each session; and  c. Duration or total number of hours, weeks, sessions or months of the intervention. | 1. Describe the 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.* 2. Describe the dosage: *Each mentee will receive at least 48 hours of mentoring. 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.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **PMW Elements** | | **OUTPUT** | **OUTCOME** |
| 5 | **Result**  A brief statement of the desired result (i.e., Increase academic skills; or Increase recycling awareness, etc.). Reflects the result the community desires. | *Youth will participate in mentoring.* | *Youth will decrease disciplinary actions or suspensions.* |
| 6 | **Indicator**  The thing the community will look at to gauge progress toward the result. | [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.* |
| 7 | **Instrument**  Describe the specific instrument(s) you will use to measure the output or outcome indicators. 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. **Each** indicator identified in Row 3 needs to have a corresponding instrument. Answer a-c for each instrument. | 1. Instrument Description (include title, the specific data it will collect, & what it will measure): *Mentor Log 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. Instrument Description (include title, the specific data it will collect, & what it will measure): *Student Tracking Log to collect data on disciplinary actions, suspensions, and expulsions, to be obtained from school* 2. Details on the instrument’s reliability and validity: *not applicable* 3. Completed by: *Program Supervisor* 4. Frequency: *3 x per year*. |
| 8 | **Targets**  **Output** Targets are simple tallies and counts.**Outcome** targets must have four components:   * + - 1. # of people/things that changed       2. What changed       3. Amount of the change       4. Dosage | *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%.* |
| 9 | **Prior Data** | **FILL THIS IN** with relevant prior data! | **FILL THIS IN** with relevant prior data! |

### 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

### 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 an applicant meets 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 an AmeriCorps funded program, a National Direct, state service commission, or CNCS 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. |
|  | * + 1. The applicant organization has not directly received AmeriCorps funding before. |

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 are included in the CNCS National Performance Measures Instructions. [↑](#footnote-ref-4)
5. See current year RFA [↑](#footnote-ref-5)
6. See current year CNCS Performance Measures Instruction [↑](#footnote-ref-6)
7. 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-7)
8. National Performance Measure are included in the CNCS National Performance Measures Instructions. [↑](#footnote-ref-8)