### AmeriCorps Place-Based Initiative Grant Application Checklist

**Instructions:** A “complete” AmeriCorps application consists of all items stated in the checklist below submitted via email to [Funding@cv.ca.gov](mailto:Funding@cv.ca.gov) by the application deadline. Place a checkmark [√] next to each item included in your submission and 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 submission.***

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

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| **√ or NA** | **Preliminary Application Items** |
|  | 1. **Application Checklist** |
|  | 1. **Program Summary Form** |
|  | 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 14 double-spaced, single-sided, pages or 16 pages for Rural Intermediaries  □ 12 point Times New Roman font  □ One-inch margins  □ Use CV headings in the order provided |
|  | 1. **Logic Model –**must use CV format and not exceed 3 pages |
|  | 1. **California Performance Measurement Worksheets** [PMWs]—must include PMW Summary, Primary Needs & Service, Common Member Development, & Common Strengthening Communities |
|  | 1. **Budget Form & Budget Narrative** |
|  | 1. **Member Training Plan** [new applicants only, must not exceed 3 pages] |
|  | 1. **Data Collection Plan** |
|  | 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. **Financial/Audit Information**--if an Uniform Administrative Guidance audit is not included, must include a written explanation |
|  | 1. **Evidence Base Supporting Documents** [if applicable] |
|  | 1. **Indirect Cost Rate Agreement** [if applicable] |
|  | 1. **Request for Alternative Match** [if applicable, 4 double-spaced pages maximum] |