### 2020 AmeriCorps State Grant Application Checklist

**Instructions:** A “complete” AmeriCorps application consists of **one original of items #1-17** and **five copies of items #1-7** **in the order** as stated in the checklist below. **Electronic submission** of items #1-17 via email to Funding@cv.ca.gov must be received by the submission deadline. 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 hardcopy application.***

Legal Applicant Organization Name:

AmeriCorps Program Name:

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

Signature of Authorized Applicant Representative Date

Print Name Title of Person Signing

|  |  |
| --- | --- |
| ­­**√ or NA** | **Preliminary Application Items** |
| **Original**(#1-17) | **Copies** (#1-7) | **Electronic**(#1-17) |
|  |  |  | 1. **Application Checklist**
 |
|  |  |  | 1. **Program Summary Form**
 |
|  |  |  | 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 12 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. **California Performance Measurement Worksheets** [PMWs]—must include PMW Summary, Primary Needs & Service, Common Member Development, & Common Strengthening Communities
 |
|  |  |  | 1. **Budget Form & Budget Narrative**
 |
|  |  |  | 1. **Data Collection Plan/Evaluation 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. **AmeriCorps Organizational Self-Assessment** –must be signed and dated
 |
|  |  |  | 1. **Assurances and Certification**--must be signed & dated by authorized agent
 |
|  |  |  | 1. **Financial Management Survey**—any supporting documents must be submitted by email
 |
|  |  |  | 1. **Evaluation Report** [if applicable]
 |
|  |  |  | 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]
 |
|  |  |  | 1. **Requests to Waive Requirements** [if applicable, must not exceed 1 page for each item]
	1. **Request to Waive Minimum Program Size**
	2. **Request to Waive Minimum Number of Members per Service Site**
 |