



APPLICATION INSTRUCTIONS

State Formula Planning Grant

As applicable to the Notice of Funding Opportunity or Notice of Funding Availability

OMB Control #: 3045-0047 | Expiration Date: 09/30/2023

Nevada Volunteers is the Governor's Commission on Service and is charged with reviewing, selecting, and administering AmeriCorps State funds and programs throughout Nevada.

AmeriCorps, a program of the Corporation for National and Community Service (CNCS), engages more than 80,000 members annually, at more than 2,000 nonprofits, public agencies, and community organizations, in intensive service to meet the most pressing community needs.

IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service's online grant application system, [eGrants](#). All competitive funding announcements by the Corporation for National and Community Service, dba as AmeriCorps, are posted on [www.americorps.gov](#) and [www.grants.gov](#).

Public Burden Statement: Public reporting burden for this collection of information is estimated to average 80 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to AmeriCorps, Attn: Arminda Pappas, 250 E Street, SW, Suite 300, Washington, DC 20525. AmeriCorps informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one are current and valid. (See 5 CFR 1320.5(b)(2)(i).)

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C. §§ 12581 - 12585 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. § 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. Please see the Notice of Funding Opportunity for AmeriCorps' transparency in grantmaking information.. The information will not otherwise be disclosed to entities outside of AmeriCorps without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

Federal Funding Accountability and Transparency Act: Grant recipients will be required to report at [www.FSRS.gov](#) on all subawards over \$30,000 and may be required to report on executive compensation for recipients and subrecipients. Recipients must have the necessary systems in place to collect and report this information. See 2 CFR Part 170 for more information and to determine how these requirements apply.

Indirect Cost Rates: AmeriCorps allows applicants to include indirect costs in application budgets. Based on qualifying factors, applicants have the option of using a federally approved indirect cost rate, a 10% *de minimis* rate of modified total direct costs, or may claim certain costs directly as outlined in 2 CFR § 200.413 Direct costs. Applicants who hold a federal negotiated indirect cost rate must use that rate in lieu of the AmeriCorps 5/10% allocation of administrative costs or the 10% *de minimis* rate.

Applicants who hold a state or federal negotiated indirect cost rate or will be using the 10% *de minimis* rate must enter that information in the Organization section in eGrants (**See [Instructions](#)**).

Universal Identifier: Applicants must include a Unique Entity Identifier (UEI). Applicants must obtain their UEI and register their entity through the System for Award Management (SAM.gov). All grant recipients are required to maintain a valid SAM.gov registration, which must be renewed annually.

TABLE OF CONTENTS

Important Notice.....	2
Application Resources	4
Submitting Your Application in eGrants	4
I. Applicant Info	5
II. Application Info	5
III. Narratives	5
IV. Logic Model	7
V. Performance Measures.....	7
VI. Program Information	7
VII. Documents.....	7
VIII. Budget Instructions.....	8
IX. Funding/Demographics.....	9
X. Operation Sites	9
XI. Review, Authorize, and Submit	9

Tables

Table 1: Requirements in the AmeriCorps Regulations.....	4
Table 2: Match Requirements in the AmeriCorps Regulations.....	7

ATTACHMENTS

These attachments are worksheets only. All information must be entered in eGrants.

A. Performance Measure Instructions (eGrants Performance Measures Section).....	11
B. Detailed Budget Instructions for Cost Reimbursement Grants	14
C. Budget Worksheet.....	18
F. Budget Checklist.....	22
G. Alternative Match and Match Waiver Request Instructions	25
H. Beale Codes and County-Level Economic Data.....	26

APPLICATION RESOURCES

Please use these application instructions if you are a planning grant applicant to Nevada Volunteers.

Use these instructions in conjunction with the *Notice of Federal Funding Opportunity (Notice)* and the AmeriCorps Regulations, 45 CFR §§ 2520-2550. **The Notice includes deadlines, eligibility requirements, submission requirements, and other information that is specific to the grant competition.**

The AmeriCorps regulations include pertinent information (see Table 1, below). The full regulations are available online on the [Code of Federal Regulations website](#).

Table 1: Requirements in the AmeriCorps Regulations

Topics	Citation in the AmeriCorps Regulations
Member Service Activities	§2520.20 - §2520.55
Prohibited Activities	§2520.65
Tutoring Programs	§2522.900-2522.950
Matching Funds	§2521.35-2521.90
Member Benefits	§2522.240-2522.250
Calculating Cost Per Member Service Year (MSY)	§2522.485
Performance Measures	§2522.500-2522.650
Evaluation	§2522.500-2522.540 and §2522.700-2522.740
Selection Criteria and Selection Process	§2522.400-2522.475

If there is any inconsistency between the AmeriCorps Regulations, the *Notice*, and the Application Instructions, the order of precedence is as follows:

1. AmeriCorps Regulations [45 CFR §§ 2520-2550](#) take precedence over the
2. *Notice of Federal Funding Opportunity/Notice of Federal Funding Availability*, which takes precedence over the
3. Application Instructions.

SUBMITTING YOUR LETTER OF INTENT

Planning Grant Applicants

Letters of Intent should be submitted to Nevada Volunteers at this link by 2/14/2023:

<https://nevadavolunteers.wufoo.com/forms/z18l60ck0nccnh2/>.

Please note that work cannot be saved in this form.

In the link you will need to:

- Enter information about your organization and its mission as requested
- Enter information about your potential AmeriCorps program including:
- Attach a one-page summary of your proposed project

SUBMITTING YOUR APPLICATION IN EGRANTS

Planning Grant Applicants

New applicants need to establish an eGrants account by accessing the [eGrants website](#): <https://egrants.cns.gov/espan/main/login.jsp> and selecting "Don't have an eGrants account? Create an account."

In eGrants, before Starting Section I, you will need to:

- Start a new Grant Application
- Select a Program Area (AmeriCorps)

- Select the 2023 AmeriCorps State and Territory Commissions (New and Continuation) NOFO

Your application consists of the following components. Make sure to complete each section.

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Logic Model (not required for planning grants)
- V. Performance Measures
- VI. Program Information
- VII. Documents
- VIII. Budget
- IX. Funding/Demographics
- X. Review
- XI. Authorize, and Submit

I. Applicant Info

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet.

- Select New

Enter or update the requested information in the fields that appear. The contact person needs to be the person who can answer questions about the application.

II. Application Info

In the Application Info Section enter:

- Areas affected by your proposed program. Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two-letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
- Requested project period start and end dates. The length of the project period is specified in the *Notice*.
- The Application is Subject to Review by State Executive Order 12372 Process: This is pre-filled as "No, this is not applicable."
- Indicate Yes or No if you are delinquent on any federal debt. If Yes, provide an explanation.
- State Application Identifier: Enter N/A.

III. Narratives

The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria as outlined in the *Notice*. Below are some general recommendations to help you present your project in a way the reviewers will find compelling and persuasive.

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit funding priorities and special considerations articulated in the regulations or the *Notice*.
- **Be clear and succinct.** Do not use jargon, boilerplate, rhetoric, or exaggeration. Describe clearly what you intend to do and how your project responds to the selection criteria.
- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.

- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from AmeriCorps in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections by criterion.

In eGrants, you will enter text for

- Executive Summary
- Rationale and Approach (Program Design)
- Organizational Capability
- Cost Effectiveness and Budget Adequacy

Note: The Narratives Section also includes fields for Evaluation Summary or Plan, Clarification Summary, Amendment Justification, and Continuation Changes. **Please enter N/A in these fields. The latter three fields will be used at a later date to enter information for clarification following review, to request amendments once a grant is awarded, and to enter changes in the narrative in continuation requests.**

Reviewers will assess your application against the selection criteria. To best respond to the criteria listed in the *Notice* and Application Instructions, we suggest that you include a brief discussion of each bullet if it pertains to your application.

A. Executive Summary

Please complete the executive summary per the instructions in the *Notice*.

B. Selection Criteria

Each application must clearly describe a project that will effectively deploy AmeriCorps members to solve a significant community problem. Specifics about the selection criteria are published in the *Notice*.

1. Program Design (50 percent)

In assessing Rationale and Approach/Program Design, reviewers will examine the degree to which the applicant demonstrates how AmeriCorps members and the proposed intervention are particularly well-suited to addressing the identified community problem.

2. Organizational Capability (25 percent)

Reviewers will assess the extent to which the applicant demonstrates organizational background and staffing and structures, including compliance and accountability, to support the proposed program.

3. Cost Effectiveness and Budget Adequacy (25 percent)

In assessing Cost Effectiveness and Budget Adequacy, reviewers will examine the degree to which the budget is cost effective and appropriate for the program being proposed. Enter N/A in the narrative as the assessment will be of the budget.

C. Evaluation Summary or Plan

Enter N/A. This field is for operational grants only.

D. Amendment Justification

Enter N/A. This field will be used if you are awarded a grant and need to amend it.

E. Clarification Information

Enter N/A. This field may be used to enter information that requires clarification in the post-notification period. Please clearly label new information added during clarification with the date.

F. Continuation Changes

Enter N/A.

IV. Logic Model

Planning grant applicants do not need to submit a logic model. Logic models are a deliverable of the planning grant process. This section can be left blank.

V. Performance Measures

All applicants must submit performance measures with their application. Planning grant applicants should select the Performance Measures they expect to operate under in the future. These measures can be changed during the planning grant year if the program design changes. Planning grant applicants should enter 0's for output and outcome values.

VI. Program Information

In the Program Information Section, applicants must check the relevant boxes that align with the proposed program design. Applicants should only check the boxes for those characteristics that represent a significant part of the program.

AmeriCorps Funding Priorities

Check any priority area(s) that apply to the proposed program. Only select priorities that represent a significant part of the program focus and intended outcomes.

Grant Characteristics

Check any grant characteristics that are a significant part of the proposed program.

VII. Documents

In addition to the application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary - see B., below), other required documents listed in the *Notice* (if applicable), and an explanation of federal debt delinquency (if applicable) as part of your application. After you have submitted the documents via the instructions in the *Notice*, change the status in eGrants from the default "Not Sent" to the applicable status "Sent," "Not Applicable," or "Already on File at AmeriCorps."

VIII. Budget Instructions

A. Match Requirements

Program requirements, including requirements on match, are located in the AmeriCorps Regulations and summarized below.

Table 2: Match Requirements in the AmeriCorps Regulations

Grant Type	Match Requirement
Cost Reimbursement Planning Grant	Minimum grantee share is 24% of program costs for the first three years.

- Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as you maintain the minimum match of 24% for the first three years and the increasing minimums in years thereafter. See 45 CFR §§ 2521.35-2521.90 for the specific regulations.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are re-competing, please see 45 CFR §§ 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal, state, local, and/or private sector funds in accordance with applicable AmeriCorps requirements.
- In the "Source of Funds" field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your **entire match**. (The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used. See **Attachment G** for instructions for applying for the Alternative Match Schedule and/or a match waiver. Cost reimbursement applicants, please refer to the Detailed Budget Instructions in Attachment B for instructions for requesting match replacement, if match replacement is included in *the Notice*.

Note: AmeriCorps legislation permits the use of non-AmeriCorps federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that grantees who use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to AmeriCorps. If you use other federal funds as match, you must ensure you can meet the requirements and purpose of both grants. Grantees who use federal funds as match will be required to report the sources and amounts on the Federal Financial Report (FFR).

B. Preparing Your Budget

Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative. Reviewers will consider the information you provide in this section in their assessment of the Cost-Effectiveness and Budget Adequacy selection criterion.

Follow the detailed budget instructions in the Attachments to prepare your budget. We recommend that you prepare your budget in the same order as indicated in the Budget Worksheets in the Attachments. Nevada Volunteers has developed an [Excel budget worksheet](#) to aid in budget development.

As you enter your detailed budget information, eGrants will automatically populate a budget summary and budget narrative report. Prior to submission be sure to review the budget checklist (Attachment) to ensure your budget is compliant. In addition, eGrants will perform a limited compliance check to validate the budget. If eGrants finds any compliance issues, you will receive a warning and/or error messages. You must resolve all errors before you can submit your budget.

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Itemize each cost and present the basis for all calculations in the form of an equation.
- Do not include unallowable expenses, e.g. entertainment costs (which include food and beverage costs), unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

- Budget for staff to attend one technical assistance conference sponsored by America’s Service Commissions each grant year.
- **Please add the costs associated with the National Service Criminal History Checks. These include the National Sex Offender Public Website (NSOPW), state check, and FBI check for criminal history checks for each covered position in the budget.**

Programs must comply with all applicable federal laws, regulations, and the requirements of the Uniform Guidance. Please refer to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200) for allowable, allocable, and reasonable cost information, as well as audit requirements, including the need to provide audits to the Clearinghouse if expending over \$750,000 in federal funds. The Uniform Guidance is [online](#).

IX. Funding/Demographics

In the Funding/Demographics Section, enter the information requested which could include:

- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not identified on the application budget as CNCS share or grantee share (match). Note: Programs should not enter the total operating budget for their organization unless the entire operating budget supports the AmeriCorps program. Programs that have additional revenue sources not included in the matching funds section of the budget should provide the amount of this additional revenue that supports the program. This amount should not include the CNCS or grantee share amounts in the budget. Fixed amount grantees should enter all non-CNCS funds that support the program in this field. All fixed amount grants will have other revenue.
- Number of Volunteers Generated by AmeriCorps members. Please enter the number of volunteers participating in one-day service projects or ongoing volunteer commitments that the proposed AmeriCorps members will generate.

X. Operating Sites (for multi-state applicants only)

In the Multi-State Operating Section enter N/A.

XI. Review, Authorize, and Submit

Applicants must submit common federal government-wide Representations and Certifications through SAM.gov. Entities creating new registrations in SAM.gov and existing entities completing their annual registration renewals in SAM.gov are required to review financial assistance representations and certifications before their registration can be activated. As entities renew and re-register their accounts, the data collected make SAM.gov the federal repository for the government-wide information.

eGrants requires that you review and verify your entire application before submitting, by completing the following sections in eGrants:

- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

Read the Authorization, [Assurances](#), and [Certifications](#) carefully. The person who authorizes the application must be the applicant’s Authorized Representative or their designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. You

must have a copy of the governing body's authorization for this official representative to sign on file in the applicant's office.

Be sure to check your entire application to ensure that there are no errors before submitting it. When you verify the application, eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission. If someone else is acting in the role of the applicant's Authorized Representative, that person must log into their eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, their name will override any previous signatory who may appear and show on the application as the Authorized Representative.

Note: Anyone within your organization who will be entering information in the application at any point during application preparation and submission in the eGrants system must have their own eGrants account. Individuals may establish an eGrants account by accessing the [eGrants webpage](#) and selecting "Don't have an eGrants account? Create an account."

ATTACHMENT A: Performance Measures Instructions

These attachments are worksheets only. All information must be submitted in eGrants.

(eGrants Performance Measures Section)

eGrants Performance Measures Module Instructions

About the Performance Measures Module

In the performance measures module, you will:

- Provide information about your program's connection to AmeriCorps focus areas and objectives.
- Show MSY and member allocations.
- Create the required performance measure(s) as specified in the Performance Measure Instructions
- Set targets and describe data collection instruments and strategies for your performance measures.

Home Page

To start the module, click the "Begin" button on the Home Page.

As you proceed through the module, the Home Page will summarize your work and provide links to edit the parts of the module you have completed. You may also navigate sections of the module using the tab feature at the top of each page. Do not use the back and forward buttons on your internet browser.

Once you have started the module, click "Continue Working" to return to the tab you were on when you last closed the module.

To edit the interventions, objectives, MSY, and member allocations for your application, click the "Edit Objectives/MSYs/Members" button.

After you have created at least one performance measure, the Home Page will display a chart summarizing your measures. To edit a performance measure, click the "Edit" button. To delete a measure, click "Delete." To create a new performance measure, click the "Add New Performance Measure" button.

Objectives Tab

On the Objectives tab, applicants will account for the full range of their program activity. Applicants are not expected to create performance measures for every focus area, objective, or intervention they select on this tab.

An expandable list of AmeriCorps focus areas appears on this tab. When you click on a focus area, a list of objectives appears. A list of common interventions appears under each objective.

First click on a focus area. Then click on an objective. Only the performance measures that correspond to the objectives you select on this tab will be available for selection as you continue through this module. To see which performance measures correspond to which objective, refer to the Performance Measure Instructions.

Next, select all interventions that are part of your program design. Interventions are the activities that members and/or volunteers will carry out to address the problem(s) identified in the application. Select "other" if one of your program's interventions does not appear on the list. Repeat these actions for

each of your program's focus areas. Select "other" for your focus area and/or objective if your program activities do not fall within one of the AmeriCorps focus areas or objectives.

Choose your program's primary focus area from the drop-down list. Only the focus areas that correspond to the objectives you selected above appear in the list. Next, select the primary intervention within your primary focus area. You will be required to create an aligned performance measure (output paired with outcome) that contains your primary intervention. Note that your primary intervention and the performance measure associated with your primary intervention must be focused on the community impact of the program, not on AmeriCorps member development.

You may select a secondary focus area and a secondary intervention. The primary and secondary focus areas may be the same if you have more than one intervention within the focus areas.

MSYs/Members Tab

In this section you will be asked to enter information about the allocation of MSY's and members across the focus areas and objectives you have selected. You should enter zeros for all MSY allocations.

Performance Measure Tab

This tab allows you to create performance measures for all the grant activities you intend to measure. Begin by creating the aligned performance measure for your primary intervention. After creating your required performance measure, you will be able to create additional performance measures if desired.

To create a performance measure, begin by selecting an objective. The list of objectives includes those you selected on the Objectives tab. Note that programs may not create performance measures for the Find Opportunity, Teacher Corps, Green Jobs, or Access & Attract objectives since these are member-focused objectives. Member-focused outputs and outcomes related to these objectives may be reported as Performance Data Elements on grantee progress reports.

Provide a short, descriptive title for your performance measure.

Briefly describe the problem your program will address in this performance measure.

Select the intervention(s) to be delivered by members and/or member-supported volunteers. The list of interventions includes the ones you selected previously for this objective. Select only the interventions that will lead to the outputs (plus outcomes, if applicable) of the performance measure and that are applicable to all beneficiaries counted under the measure. If you selected "other" as an intervention and wish to include an applicant-determined intervention in your aligned performance measure, click "add user intervention" and enter a one or two word description of the intervention. Do not add an applicant-determined intervention that duplicates an intervention already available in the system.

Select output(s) for your performance measure. The output list includes only the National Performance Measure outputs that correspond to the objectives you have selected.

Select outcome(s). If you have selected a National Performance Measures output that has corresponding National Performance Measures outcome(s), these outcomes will be available to select.

Click "next" to proceed to the data collection tab.

Data Collection Tab

Expand each output and outcome and enter the following information:

- Method: Select "other."
- Instrument Description: Enter "NA"
- Target: Enter "1"
- Unit of Measure: Enter "NA"

After entering data collection information for all outputs and outcomes, click "Mark Complete." You will return to the Performance Measure tab. To continue to the next step of the module, click "Next."

Summary Tab

The Summary tab shows all of the information you have entered in the module.

To print a summary of all performance measures, click "Print PDF for all Performance Measures."

To print one performance measure, expand the measure and click "Print This Measure."

Click "Edit Performance Measure" to return to the Performance Measure tab.

Click "Edit Data Collection" to return to the Data Collection tab.

Click "Validate Performance Measures" to validate this module prior to submitting your application. You should also use the Performance Measures Checklist in Appendix B of the Performance Measure Instructions to self-assess your measure(s) prior to submission.

ATTACHMENT B: Detailed Budget Instructions for Cost Reimbursement Grants (eGrants Budget Section)

Fixed Amount Grants refer to Attachment D.

Section I. Program Operating Costs

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the "Total Amount column in the budget," "CNCS Share column in the budget," and "Grantee Share column in the budget" for Parts A-I, for year one of the grant, as follows below. CNCS = AmeriCorps.

A. Personnel Expenses

Under "Position/Title Description," list each staff position separately and provide salary and percentage of effort as percentage of FTE devoted to this award. Each staff person's role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either CNCS or Grantee share. Nevada Volunteers requires that all programs have a full-time program director included in this section of the budget. Because the purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff and AmeriCorps members.

B. Personnel Fringe Benefits

Under "Purpose/Description," identify the types of fringe benefits you will cover and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include Federal Insurance Contribution Act (FICA), Worker's Compensation, Retirement, State Unemployment Tax Act (SUTA), Health and Life Insurance, Individual Retirement Account (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 a fringe benefit amount is over 30%, please list covered items separately and justify the high cost. 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.

C. 1. Staff Travel

Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the [federal mileage rate](https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates) (https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates) unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

Nevada Volunteers requires that applicants include funds in this line item for travel for at least one staff member to attend one technical assistance meeting sponsored by America's Service Commissions each year. Current GSA rates for location of previous years conferences should be used. GY21-22's meeting was held in Albuquerque, NM.

C. 2. Member Travel

There will be no member travel for planning grant applicants.

D. Equipment

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **\$5,000 or more per unit** (including accessories, attachments,

and modifications). You should enter any items that do not meet this definition in E. Supplies below. Purchases of equipment are limited to 10% of the total CNCS funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

E. Supplies

Include the amount of funds to purchase consumable supplies and materials. You must individually list any single item costing \$1,000 or more.

F. Contractual and Consultant Services

Include costs for consultants related to the project's operations, except training or evaluation consultants, who will be listed in Sections G. and H., below. Itemize each contract or consultant and provide a brief justification of the need for each. The cost calculation should provide a basis for determining the cost, such as a daily or hourly rate. Note that there is no maximum daily rate.

G. 1. Staff Training

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate. There is not a maximum daily rate.

G. 2. Member Training

There will be no member training for planning grant applicants.

H. Evaluation

Evaluation costs are not required for planning grant applicants.

I. Other Program Operating Costs

Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Please include the cost of the NSOPW, state check, and FBI check for criminal history checks for all covered positions. If you do not budget funds, you must note an explanation in the budget for how you will cover the costs.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If you budget space and it is shared with other projects or activities, you must equitably pro-rate and allocate the costs between the activities or projects.
- Utilities, telephone, internet, postage, copying, and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization's indirect cost allocation pool. If you budget and share such expenses with other projects or activities, you must equitably pro-rate and allocate the costs between the activities or projects.

Section II. Member Costs

There will be no member costs for planning grant applicants.

Section III. Administrative/Indirect Costs

Definitions

Administrative costs are general or centralized expenses of the overall administration of an organization that receives AmeriCorps funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's

indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Uniform Guidance.

Options for Calculating Administrative/Indirect Costs (choose A, B, OR C)

Applicants choose one of three methods to calculate allowable administrative costs - a CNCS-fixed percentage rate method, a federally approved indirect cost rate method, or a *de minimis* method. Regardless of the option chosen, the CNCS share of administrative costs is limited to 5% of the total CNCS funds **actually expended** under this grant. Do not create additional lines in this category.

While the Application Instructions present three options for budgeting indirect costs, there are only two places to enter those details in eGrants. Applicants who chose to use the Corporation Fixed Percentage will enter the line item details in Section III.A. Applicants who have a Federally Approved Indirect Cost Rate or are using a De Minimis Rate will enter the line item details in Section III.B. Additionally, applicants using a Federally Approved Indirect Cost Rate or a De Minimis Rate must enter the details of their indirect cost rate in eGrants, following these [Instructions](#).

A. CNCS-Fixed Percentage Method Five/Ten Percent Fixed Administrative Costs Option

The CNCS-fixed percentage rate method allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the CNCS-fixed percentage rate method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the CNCS funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures. Please note that Nevada Volunteers elects to retain a share of 30 percent of the five percent of the federal funds available to programs for administrative costs (1.5 percent of the overall CNCS share).

1. To determine the maximum CNCS share for Section III: Multiply the sum of the CNCS funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. The factor 0.0526 is used to calculate the 5% maximum amount of federal funds that may be budgeted for administrative (indirect) costs, rather than 0.0500, as a way to mathematically compensate for determining Section III costs when the total budget (Sections I + II + III) is not yet established. Enter this amount as the CNCS share for Section III A.

2. To determine the Grantee share for Section III: Multiply the total (both CNCS and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.

3. Enter the sum of the CNCS and grantee shares under Total Amount.

Nevada Volunteers elects to retain a share of the 5% of federal funds available to programs for administrative costs of 1.5%, that decision is identified within each subgrant's budget. To calculate these fractional shares, within Section III of the subgrant budget, **30% of the federal dollars budgeted for administrative costs is allocated to the commission's share and 70% of the federal dollars budgeted for administrative costs are allocated to the program's share. The allocation between commission and program shares would be calculated as follows:**

$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.30) = \text{Commission Share}$

$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.70) = \text{Subgrantee Share}$

B. Federally Approved Indirect Cost Rate

If you have a federally approved indirect cost rate, this method must be used, and the rate will constitute documentation of your administrative costs, not to exceed the 5% maximum federal share

payable by AmeriCorps. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost (IDC) rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). AmeriCorps does not restrict the overall indirect cost rate claimed. It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the CNCS and Grantee shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.

2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect costs.

If a Commission elects to retain a share of the 5% of federal funds available, please note the percentage or amount in the text. There is no separate line item to show this calculation.

3. To determine the Grantee share: Subtract the amount calculated in step 2 (the CNCS share) from the amount calculated in step 1 (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

C. De Minimis Rate of 10% of Modified Total Direct Costs

Organizations who do not currently have a federally negotiated indirect cost rate (except for those non-federal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph (d)(1)(B)) and who receive less than \$35 million in direct federal funding may indefinitely use a *de minimus* rate of 10% of modified total direct costs (MTDC). Additional information regarding what is included in MTDC and use of this option can be found at 2 CFR 200.414(f) and 200.68. If you elect to use this option, you must use it consistently across all federal awards.

Source of Funds

In the "Source of Funds" field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your **entire match**. (The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used. The total amount of Source of Match should equal the Grantee Share amount.

If you are requesting match replacement funding in response to a *Notice* that includes this as an option, do not include the funds in the budget. The total CNCS share of funds requested will not include match replacement. If requesting match replacement funding, enter the total amount in the Source of Funds section and identify the type of funds as federal and secured.

Note: the value of the Segal Education Awards that members earn for their service is not identified in the budget. Also, the childcare reimbursements provided to eligible members are not included in the budget.

ATTACHMENT C: Budget Worksheet (eGrants Budget Section)

Section I. Program Operating Costs

Nevada Volunteers has developed an Excel [budget worksheet](#) to aid in budget development.

A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Totals						

B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C.2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
Totals					

E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.1. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.2. Member Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section I:	Total Amount	CNCS Share	Grantee Share

Section II. Member Costs

A. Living Allowance

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full-time (1700 hrs)						
Three quarter-time (1200 hrs)						
Half-time (900 hrs)						
Reduced Half-time (675 hrs)						
Quarter-time (450 hrs)						
Minimum-time (300 hrs)						
Abbreviated-time (100 hrs)						
Totals						

B. Member Support Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section II:	Total Amount	CNCS Share	Grantee Share
Subtotal Sections I + II:			

Section III. Administrative/Indirect Costs

A. Corporation Fixed Percentage

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

B. Federally Approved Indirect Cost Rate Or *De Minimis* Rate of 10% of Modified Total Direct

Costs

Cost Type	Cost Basis	Calculation	Rate	Rate Claimed	Total Amount	CNCS Share	Grantee Share

Total Sections I + II + III:	Total Amount	CNCS Share	Grantee Share

Budget Total: Validate this budget Required Match Percentages:	Total Amount	CNCS Share	Grantee Share

Source of Funds

Match Description (Note whether Secured or Proposed)	Amount	Match Classification (Cash or In Kind)	Match Source (Federal, State/Local, Private)

ATTACHMENT F: Budget Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. **Note:** This checklist does not apply to Fixed Amount grants.

In Compliance?	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 who 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 are 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 ___	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%, the benefits are listed separately?
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 State Commission and National Direct staff travel to the AmeriCorps Symposium in the budget narrative under Staff Travel?
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 \$5000 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 \$1000 per unit are specifically listed and explained in the budget narrative?
Yes ___ No ___	Cost of items with the AmeriCorps logo that will be worn daily is included for all AmeriCorps members? Or if not, there is an explanation of how the program will be providing the AmeriCorps logo item to AmeriCorps members using funds other than AmeriCorps grant funds?
Yes ___ No ___	You only charged to the federal share of the budget member service gear that includes the AmeriCorps logo and noted that the gear will have the AmeriCorps logo, with the exception of safety equipment?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Have you budgeted the cost of the NSOPW, FBI, and state check in the CNCS share for criminal history checks of each member and grant-funded staff that are in covered positions per 45 CFR 2522.205? If not, have you provided an explanation of how the costs will be covered?
Yes ___ No ___	Are all items in the budget narrative itemized and the purpose of the funds justified?

In Compliance?	Section II. Member Costs
Yes ___ No ___	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance. 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. If exempted from paying FICA, is the exemption noted in the budget narrative?
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 will 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 part-time serving in a full-time capacity)? If your project chooses to provide health care to other part-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.
Yes ___ No ___	Unemployment insurance is only budgeted if state law requires it?

In Compliance?	Section III. Administrative/Indirect Costs
Yes ___ No ___	Applicant does not have a current federally approved indirect cost rate and has chosen to use the CNCS-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 to use CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?
Yes ___ No ___	Applicant has a current approved indirect cost rate - The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS share?
Yes ___ No ___	Applicant has a current approved indirect cost rate-the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified?

Yes ___ No ___	Applicant is directly applying to CNCS and the approved indirect cost rate information has been entered into eGrants to support the costs budgeted?
Yes ___ No ___	Applicant does not have a current federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate of 10% of modified total direct costs?

In Compliance?	Source of Funds (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, proposed vs secured, the source(s) [private, state, local, and/or federal], the type of contribution (cash or in-kind), and the amount of match, are clearly identified in the narrative and in the Source of Funds field in eGrants?
Yes ___ No ___	The amount of match is for the entire amount in the budget narrative? (The total amount of match equals the amount in the budget exactly?)
Yes ___ No ___	Match replacement funding is included only in the Source of Funds section? In addition to the amount of match replacement funding, the funds are identified as federal and secured?

ATTACHMENT G: Alternative Match Schedule and Match Waiver Request Instructions

Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as you maintain the minimum match of 24% for the first three years and the increasing minimums in years thereafter. See 45 CFR §§ 2521.35-2521.90 for the specific regulations.

Special Circumstances for an Alternative Match Schedule: Under certain circumstances, applicants may qualify to meet alternative matching requirements that increase over the years to 35% instead of 50% as specified in the regulations at §2521.60(b). To qualify, you must demonstrate that your program is either located in a rural county or in a severely economically distressed community as defined below.

A. Rural County: In determining whether a program is rural, AmeriCorps will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 4, 5, 6, 7, 8, or 9 is eligible to apply for the alternative match requirement. See Attachment H for the Table of Beale codes.

B. Severely Economically Distressed County: In determining whether a program is located in a severely economically distressed county, AmeriCorps will consider the following list of county-level characteristics. See Attachment H for a list of website addresses where this publicly available information can be found.

- The county-level per capita income is less than or equal to 75% of the national average for all counties using the most recent census data or Bureau of Economic Analysis data;
- The county-level poverty rate is equal to or greater than 125% of the national average for all counties using the most recent census data; and
- The county-level unemployment is above the national average for all counties for the previous 12 months using the most recently available Bureau of Labor Statistics data.
- The areas served by the program lack basic infrastructure such as water or electricity.

C. Program Location: Except when approved otherwise, AmeriCorps will determine the location of your program based on the legal applicant's address. If you believe the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about your program location in your request. AmeriCorps will, in its sole discretion, determine whether some other address is more appropriate for determining a program's location.

If your program is located in one of these areas, see the instructions below for applying for this alternative match schedule. You must submit your request to the alternative schedule per the information contained in the *Notice*. AmeriCorps will review your request and notify Nevada Volunteers within 30 days if you qualify for the alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

If approved for the alternative schedules, programs will base their budget in the upcoming application on the approved alternative match. The alternative match requirement will be in effect for whatever portion of the three-year project period remains or, if applying as a new grantee, for the upcoming three-year grant cycle.

D. Instructions for the Alternative Match Schedule: Programs operating in one state must send their requests to the State Commission for review and approval. The Commission will then submit the approved request to AmeriCorps for consideration. Information on how to submit a request is on the [AmeriCorps Manage your grant webpage](#).

ATTACHMENT H: Beale Codes and County-Level Economic Data for Alternative Match Requests

Rural Community

The U.S. Department of Agriculture publishes **Beale codes**, which are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

2003 Beale Codes		
Code#	Metropolitan Type	Description
1	Metropolitan	Counties in metro areas of 1 million population or more
2	Metropolitan	Counties in metro areas of 250,000 to 1 million
3	Metropolitan	Counties in metro areas of fewer than 250,000
4	Non-metro	Urban population of 20,000 or more, adjacent to a metropolitan area
5	Non-metro	Urban population of 20,000 or more, not adjacent to a metropolitan area
6	Non-metro	Urban population of 2,500 to 19,999, adjacent to a metropolitan area
7	Non-metro	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area
8	Non-metro	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area
9	Non-metro	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area

Any program located in a county with a Beale code of 4,5, 6, 7, 8, or 9 is eligible to apply for the alternative match.

Severely Economically Distressed Community

The following table provides the website addresses where you can find the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels.

WEBSITE ADDRESS	EXPLANATION
http://www.bea.gov/regional/	Bureau of Economic Analysis' Regional Economic Information System (REIS): Provides data on <i>per capita</i> income by county for all states except Puerto Rico.
https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml	Census Bureau's American Fact-finder: Provides census data including estimates on poverty, per capita income, and unemployment by counties, states, and metro areas, including Puerto Rico.
www.bls.gov	Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS): Provides data on annual and monthly employment and unemployment by counties for all states, including Puerto Rico.
http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/	US Department of Agriculture's Rural-Urban Continuum Codes: Provides urban rural code for all counties in US.

MATCH WAIVERS:

In accordance with 45 CFR §§ 2521.70, applicants may request a full or partial waiver of match requirements. Information on how to submit a match waiver request is on the [AmeriCorps Manage your grant webpage](#).