

SERVE **OHIO**



**2022-2023  
OHIO AMERICORPS  
APPLICATION INSTRUCTIONS**  
State New, Renewal and Continuation Applicants

**Application Deadline**  
**April 6, 2022 by 5:00 pm EST**

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

OMB Control #: 3045-0047

Expiration Date: 09/30/2023

## IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service's online grant application system, [eGrants](#). All funding announcements by the Corporation for National and Community Service (AmeriCorps) are posted on [www.nationalservice.gov](http://www.nationalservice.gov) and [www.grants.gov](http://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 the Corporation for National and Community Service, 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. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the AmeriCorps website as part of ongoing efforts to increase transparency in grantmaking. This is described in more detail in the *Notice of Federal Funding Opportunity*. 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](http://www.FSRS.gov) on all subawards over \$25,000 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.

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 Attachment J**).

**Universal Identifier:** Applicants must include a Dun and Bradstreet Data Universal Numbering System (DUNS) number and/or a Unique Entity Identifier (UEI) depending on which field(s) are required in eGrants at the time of submission. 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 registration, which must be renewed annually.

## TABLE OF CONTENTS

Important Notice.....	2
<b>Application Resources.....</b>	<b>4</b>
<b>Submitting Your Application in eGrants .....</b>	<b>4</b>
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.....	10
X. Review, Authorize and Submit.....	10
XI. <b>Continuation Requests .....</b>	<b>11</b>

### Tables

Table 1: Requirements in the AmeriCorps Regulations .....	4
Table 2: Match Requirements in the AmeriCorps Regulations .....	8

### ATTACHMENTS

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

A. Performance Measure Instructions (eGrants Performance Measures Section) .....	15
B. Detailed Budget Instructions for Cost Reimbursement Grants .....	19
C. Budget Worksheet.....	26
D. Detailed Budget Instructions for Fixed Amount Grants.....	30
E. Fixed-Amount Budget Worksheet.....	32
F. Budget Checklist .....	33
G. Alternative Match Instructions .....	35
H. Beale Codes and County-Level Economic Data.....	36
I. eGrants Indirect Cost Rate User Instructions.....	37

## APPLICATION RESOURCES

Please use these application instructions if you are submitting a New, Recompete or Continuation Ohio AmeriCorps operational grant request. Planning grant applications should use the [2022 Ohio AmeriCorps Planning Grant Notice of Funding Opportunity](#).

If you are submitting an Ohio AmeriCorps continuation request, please see the [Continuation Instructions](#) in this document.

Use these instructions in conjunction with the [2022 Ohio AmeriCorps Notice of Federal Funding Opportunity \(Notice\)](#), and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. **The Notice includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),<sup>1</sup> and other information that is specific to the grant competition.**

The AmeriCorps regulations include pertinent information (see Table 1, below). The *Notice* can be found on the [ServeOhio website](#).

The full regulations are available online at:

<https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>

**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 APPLICATION IN EGRANTS

### New and Recompeting Applicants

New applicants need to establish an eGrants account by accessing this link:

<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 a NOFA – *Ignore the January 5, 2022 due date*
  - o **Cost Reimbursement Grants: FY 2022 AmeriCorps State and Territory Commission (New and Continuations).**
  - o **Fixed Amount Grants: FY 2022 AmeriCorps State and Terr Comm Fixed Amount, EAP (New and Continuation)**

---

<sup>1</sup> One MSY is equivalent to at least 1700 service hours, a full-time AmeriCorps position. The AmeriCorps cost per MSY is determined by dividing the grant share of budgeted grant costs by the number of MSYs requested in the application. It does not include childcare or the cost of the education award.

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

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Logic Model
- 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.

- If you are recompeting (in the final year 3 of a funding cycle and applying for a new grant cycle), select **Continuation/Renewal**
- If you are not a current grantee, but have received an AmeriCorps grant in the past five years, select **Continuation/Renewal**
- If you are applying for the first time or are a former grantee whose last AmeriCorps grant was received more than five years ago, select **New**.
- If you are a current planning grantee applying for an operational grant, 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.

Reviewers will assess your application against the selection criteria as outlined in the [2022 Ohio AmeriCorps Notice of Funding Opportunity](#). 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.

**Required Narrative Sections - See the *Notice* for details on what to include in each of the Narrative sections.**

#### **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 criteria are published in the *Notice*.

##### **1. Program Design**

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**

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**

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. If you have previously received three or more years of funding for the same project proposed in your application (see the Mandatory Supplemental Information for the AmeriCorps definition of “same project”), you will be required to submit an evaluation plan, if selected for funding. Please use the evaluation plan template available on the [ServeOhio website](#).

#### **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 or the amount of Match Replacement requested. See the *Notice* E.1.g Clarification Information or below in the Continuation Requests section for details about Match Replacement.

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

#### **F. Continuation Changes**

Enter N/A unless the application is a Continuation Request then see guidance starting on page 12.

#### **IV. Logic Model**

Complete the logic model using the instructions provided in the *Notice*.

To begin entering your logic model, from your eGrants application page select “Logic Model” in the left side navigation menu.

In the first blank row of the logic model, click “edit.” Clicking this link will open a pop-up screen with fields for each column of the logic model. Complete any fields that are applicable; there are no required fields in this screen. When you are finished, click “save and close.”

You may add an unlimited number of rows to the logic model by clicking “add a new row.” However, please be mindful of any page limits specified elsewhere in the Application Instructions or *Notice*.

You may edit or delete an existing row by clicking “edit” or “delete” in the last column of the logic model.

#### **V. Performance Measures**

All applicants must submit at least one performance measure with their application. See Attachment A for instructions for entering performance measures, and see the [Performance Measure Instructions](#) for details about the options and selections for performance measures.

#### **VI. Program Information**

In the Program Information Section, applicants must check the relevant boxes in order to be considered for AmeriCorps’ assessment of the strategic considerations and Special Initiatives. 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.” Additional documents are sent by email to [mary.cannon@serveohio.gov](mailto:mary.cannon@serveohio.gov). See the [2022 Ohio AmeriCorps Notice of Funding Opportunity](#) for a list of required additional documents.

##### **A. Evaluation**

Submit any completed report as described in F., below. Select Evaluation and select “Sent” once you have submitted a completed evaluation report. If an evaluation is required, you must submit a copy at the time of application even if AmeriCorps or ServeOhio may already have it on file.

##### **B. Labor Union Concurrence**

- 1) If a program applicant—
  - a) Proposes to serve as the placement site for AmeriCorps members; and
  - b) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
  - c) Those employees are represented by a local labor organization

--then the application must include the written concurrence of the local labor organization representing those employees. Written concurrence can be in the form of a letter or e-mail from the local union leadership.

- 2) If a program applicant:
  - a) Proposes to place AmeriCorps members at sites where they will be engaged in the same or substantially similar work as employees represented by a local labor organization, then the applicant must submit a written description of how it will ensure that:
    - i) AmeriCorps members will not be placed in positions that were recently occupied by paid staff.
    - ii) 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.

For the purposes of this section, “program applicant” includes any applicant to AmeriCorps or ServeOhio, as well as any entity applying for assistance or approved national service positions through an AmeriCorps grantee or subgrantee.

**C. Federally-approved Indirect Cost Agreement**

Applicants that include a federally approved indirect cost rate amount in their budget must enter the current approved indirect cost rate agreement information into eGrants at the same time they submit their application. See **Attachment J**.

**D. Other Documents**

Provide other required documents list in the *Notice* (if applicable) via the e-mail listed in the *Notice*, as part of your application.

**E. Delinquent on Federal Debt**

Any applicant who checks Yes to the question on federal debt delinquency must submit a complete explanation to [mary.cannon@serveohio.gov](mailto:mary.cannon@serveohio.gov) at the time of application submission.

**F. Submission Instructions for Evaluations, Labor Union Concurrence, Other Required Documents, and Explanation of Federal Debt Delinquency, as applicable.**

Please submit the required documents to the e-mail listed in the *Notice* using the naming convention and other instructions found there. This information must be received by ServeOhio by the deadline in the *Notice*.

**VIII. Budget Instructions**

**For Fixed Amount grants, including EAPs: Use the Budget Instructions for Fixed Amount applicants (Attachment E) to prepare your budget.**

**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**

<b>Grant Type</b>	<b>Match Requirement</b>
Cost Reimbursement including States and Territories without Commissions, Indian Tribes	Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in Year 4 to 50% by the tenth year of funding and any year thereafter.
EAP Fixed Amount Grants	There are no specific match requirements for fixed amount grants. Grantees pay all program costs over the cost in the <i>Notice</i> provided by AmeriCorps.
Professional Corps Fixed Amount Grants	There are no specific match requirements for fixed amount grants. Grantees pay all program costs over the cost in the <i>Notice</i> provided by AmeriCorps.



Stipended Fixed Amount Grants	There are no specific match requirements for full-cost fixed amount grants. Grantees pay all program costs over the maximum cost in the <i>Notice</i> provided by AmeriCorps.
-------------------------------	---

- 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 the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.
- If you are applying for the first time, you must match with cash and 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 recompeting, please see 45 CFR §§ 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal (see *Note* below), 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.

*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.

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 include calculations in the form of an equation in each line item.
- 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).
- **Please add the cost of the NSOPW, state check and/or FBI check for criminal history checks for each covered position in the budget. If funds are not budgeted, an explanation for how the costs will be covered must be noted 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 OMB Uniform Guidance can be found on-line at [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

### **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 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. 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 (<https://espan.cns.gov/cnsmisc/ECERTS.HTM>, and <https://espan.cns.gov/cnsmisc/EASSUR.HTM>). The person who authorizes the application must be the applicant's Authorized Representative or his/her 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. A copy of the governing body's authorization for this official representative to sign must be 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 his/her eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, his/her 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 this link: <https://egrants.cns.gov/espan/main/login.jsp> and selecting "Don't have an eGrants account? Create an account."

## XI. CONTINUATION REQUESTS

The following instructions for submitting a continuation request apply only to programs that are **currently in their first or second year of operation within a grant cycle**. If your program is currently in the final year of its grant cycle, you must apply using the application instructions for New and Renewal applications and include the required information listed in the *Notice*. In addition, if you are in year two or three of a cost reimbursement grant cycle, you need to submit a new application to participate as a fixed amount grant; you cannot continue your existing project period and switch from cost reimbursement to fixed amount. ServeOhio reserves the right to consider your continuation request if your fixed amount application is not funded.

### When to Submit Your Continuation Request:

The application deadline is April 6, 2022 by 5:00pm EST.

### How to Submit Your Continuation Request:

- Click **Continuation/Renewal** on your eGrants home page. You will be shown a list of grants that are eligible to be continued. Select the grant you wish to continue. **Make sure you select the correct one. Do not start a new application.** The system will copy your most recently awarded application.
- Edit your continuation application as directed in the continuation request instructions below. When you have completed your work, click the **SUBMIT** button.
- Be sure you also review the *Notice* when preparing your request.

### What to Include in Your Continuation Request:

#### I. Applicant Info and Application Info

Update the Applicant Info and Application Info Sections in eGrants, if necessary.

If changes are made, note in the Continuation Changes field that you have updated the Applicant Info or Application Info Section(s).

#### II. Narrative (Narratives Section)

**DO NOT modify the original narrative fields except for the Executive Summary and Continuation sections.**

Your original application will appear in the Executive Summary and in the narrative sections Rationale and Approach/Program Design, Organizational Capability, Cost-Effectiveness and Budget Adequacy, Evaluation Summary or Plan, Amendment Justification, Clarification Information, and Continuation Changes, as appropriate.

ServeOhio expects that programs will maintain a consistent program design for the duration of the three-year project period; however, we recognize that, on occasion, some programmatic changes are necessary. As a result, continuation applicants may request the changes listed below during the continuation process.

At the **top** of the **Continuation Changes** section, enter the heading, **“2022 CONTINUATION CHANGES,”** and provide the following information:

- Project Start and End Dates
- Member Start and End Dates
- Amount of Match Replacement, if applicable
- Changes in Operating Sites
- Significant Changes in Program Scope or Design
- Changes to Performance Measures
- Significant Changes to Monitoring Structures or Staffing
- Budget revisions (detail provided in section VI).

### Match Replacement Requests

The amount of **match replacement** must be equal to or less than the amount of cash match listed as Proposed in the Budget Narrative Source of Funds AND cannot result in your program being above the maximum cost per MSY when the match replacement amount is added to the total Grant Share.

For this calculation, determine the cost per MSY by adding the total grant share to the match replacement amount divided by total MSY requested in the grant. See the Table on page 15 for the maximum cost per MSY by grant type. For most programs, the maximum cost per MSY is **\$28,800**

Fixed amount grants are not eligible for match replacement.

The page limit for the Continuation Changes field is six pages, as the pages print out from eGrants.

**Any continuation applicant not requesting changes that fit within the above categories should enter “N/A” in Continuation Changes.**

Evaluation plans are approved when applicants re-compete for funding. If you wish to make changes to your evaluation plan, do NOT change the text of the Evaluation Summary or Plan field in your application. Instead, send a revised version of the evaluation plan (with the proposed changes in track-changes mode) as an attachment to [mary.cannon@serveohio.gov](mailto:mary.cannon@serveohio.gov) by the application deadline.

### III. Logic Model

Continuation applicants do not need to enter content into these fields.

### IV. Performance Measures (Performance Measures Section)

Your performance measures are copied from your previous year’s application into your continuation request. If you made changes to your program, such as adding or changing grant-funded activities, or requesting additional slots or MSYs, you may need to revise your performance measures. Continuation applicants whose measures do not align with the current-year Performance Measure Instructions must also revise their measures to conform with the current instructions. To revise performance measures, “View/Edit” the performance measures that copy over from your original application, or add new performance measures (see Attachments).

Note in the Continuation Changes field that you have updated your performance measures. If you are proposing to significantly increase or decrease output or outcome targets for existing performance measures, provide a justification for this change.

The FY 2022 Performance Measures instructions are on the [ServeOhio website](#).

### V. Program Information

In the Program Information Section, review and make selections as appropriate. Applicants should only select priorities and 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 and outcomes.

#### Grant Characteristics

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

### VI. Budget (Budget Section)

Your budget from the previous year’s application is copied into your continuation request so you can **make the necessary adjustments**. Revise your detailed budget for the upcoming year. Incorporate any required AmeriCorps increases, such as an increase to the member living allowance, into your budget.

**Continuation applicants may apply for expansions – dollars, MSY, and/or members.**

**Source of Funds (Match)**

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.

**Multi-Year Funded Grantees**

Multi-year funded grantees may request up to the dollar and MSY amounts they were granted for the continuation year for which they are applying. Multi-year funded grantees may not request funds or MSY in excess of the amounts they were awarded for each year (year two or year three) of their multi-year funded grants.

**VII. Increasing Grantee Overall Share of Total Budgeted Costs**

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 the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.

See Attachment G for instructions for applying for the Alternative Match Schedule.

In the Funding/Demographics Section enter the requested information:

- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not AmeriCorps share or match.
- 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.

**VIII. Operating Sites (for multi-state applicants only)**

In the Multi-State Operating Section (for applicants who are operating in more than one state):

- Make any changes to operating sites being requested as part of Continuation Changes.

**IX. 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 (<https://espan.cns.gov/cnsmisc/ECERTS.HTM>, and <https://espan.cns.gov/cnsmisc/EASSUR.HTM>). The person who authorizes the application must be the applicant’s Authorized Representative or his/her 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. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Be sure to check your entire application prior to submission to ensure that there are no errors. 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 his/her eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, his/her name will override any previous signatory that 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 this link: <https://egrants.cns.gov/espan/main/login.jsp> and selecting "Don't have an eGrants account? Create an account."

## **ATTACHMENT A: Performance Measures Instructions**

### **(eGrants Performance Measures Section)**

---

See the [2022 Performance Measures Instructions](#) for Output and Outcome selection rules and options

#### **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.

Once you have started the module, clicking “Continue Working” will return you to the tab you were on when you last closed the module.

To edit the interventions, objectives, MSYs, 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 area may be the same if you have more than one intervention within the focus area.

### **MSYs/Members Tab**

On this tab, you will enter information about the allocation of MSYs and members across the focus areas and objectives you have selected. You must allocate 100% of your program's MSYs to focus areas and objectives. When you create your performance measures, you will be asked to allocate MSYs to each performance measure; however, you will not be required to assign 100% of your total MSYs to performance measures.

Begin by entering the total MSYs for your program. This must match the total MSYs in your budget. Please double-check your budget to make sure that the total MSY values match.

Next, enter the number of MSYs your program will allocate to each objective. Only the objectives that were selected on the previous tab appear in the MSY chart. If some of your program's objectives are not represented in the chart, return to the previous tab and select additional objectives. The MSY chart must show how all your program's resources are allocated. If the only activity in an objective that you have selected is focused on AmeriCorps member development rather than beneficiary impact, enter 0 MSYs for that objective.

As you enter MSYs into the MSY column of the chart, the corresponding percentage of MSYs will calculate automatically. When you have finished entering your MSYs, the total percentage of MSYs in the chart must be 100%. The total number of MSYs in the chart must equal the number of MSYs in your budget.

In the members column, enter the number of members who will be assigned to each objective. Some members may perform services across more than one objective. If this is the case, allocate these members to all applicable objectives. For example, if one member performs service in both school readiness and K-12 success, allocate one member to each of these objectives. It is acceptable for the total number of members in this table to exceed total slots requested in the application due to counting members' service across multiple objectives. If the only activity in an objective that you have selected is focused on AmeriCorps member development rather than beneficiary impact, enter 0 members for that objective.

To ensure that information is entered accurately, please refer to additional instructions in Appendix A of the Performance Measure Instructions on calculating and entering MSY and member 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 a user-defined 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. If you do not wish to select National Performance Measures, and if the objective you have selected permits applicant-determined outputs, you may create an applicant-determined output by clicking in the checkbox next to the empty output text box and entering the text of your output indicator. You may create additional applicant-determined outputs for the performance measure by clicking “Add User Output.” (Note: you are not permitted to create an applicant-determined output that duplicates a National Performance Measure output. If you do not see the National Performance Measure output that you wish to use, check the Selection Rules in the Performance Measure Instructions to make sure you selected the correct objective associated with that National Performance Measure output.)

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. If you do not wish to select a National Performance Measure outcome, you may create an applicant-determined outcome by clicking in the checkbox next to the empty outcome text box and entering the text of your outcome indicator. If you do not wish to select any outcome for your National Performance Measure output, click in the checkbox next to the empty outcome text box and enter “NA” in the outcome indicator text box.

If you have not selected a National Performance Measure output, or if there is no corresponding National Performance Measure outcome, create an applicant-determined outcome by clicking “Add User Outcome.” All applicant-determined outputs must be paired with an applicant-determined outcome.

Enter the number of MSYs and members your program will allocate to achieving the outcomes and/or outputs you have selected in this performance measure. Since programs are not required to measure all grant activities, the number you enter does not have to correspond to the MSY chart you created on the MSY/Members tab; however, the total number of MSYs across all performance measures within a single objective cannot exceed the total number of MSYs previously allocated to that objective. Members may be double-counted across performance measures, but MSYs may not.

Click “next” to proceed to the data collection tab. Later you can return to this tab to create additional performance measures.

### **Data Collection Tab**

On this tab, you will provide additional information about your interventions, instruments, and plan for data collection.

Describe the design and dosage (frequency, intensity, duration) of the interventions you have selected. Frequency refers to how often an intervention occurs (for example, number of sessions per week); intensity refers to the length of time devoted to the intervention (for example, number of minutes per session); and duration refers to the period of time over which the intervention occurs (for example, how many total weeks of sessions).

Expand each output and outcome and enter data collection information.

Select the data collection method you will use to measure the output or outcome. To select more than one method, click the “Add new method” button. To de-select a method, click the first (blank) line in the method drop-down.

Describe the specific instrument(s) you will use to measure the output or outcome. 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. For outcomes, specify how much improvement in knowledge, attitude, behavior or condition is required to be counted as having improved and clearly explain how the instrument measures this.

Enter the target number for your output or outcome. Targets must be numbers, not percents.

For applicant-determined outputs and outcomes, enter the unit of measure for your target. The unit of measure should describe the beneficiary population you intend to count (children, miles, etc.). Do not enter percents or

member service hours as units of measure. In most cases, the unit of measure should be the same for the outputs and outcomes in an aligned performance measure.

For output-only performance measures, eGrants will require text in the outcome data collection fields. If you do not wish to have an outcome for your National Performance Measure output, enter the following:

- 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. If you wish to create another performance measure, repeat the process. If you would like 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.

---

- **Budgets are submitted with one year of program costs.**
- **Provide calculations, individual costs and equations for ALL costs.**
- **For example: Two staff members will attend the annual National Service Regional Training.**
  - **2 staff X \$750 airfare + \$50 ground transportation + (1 day) X \$400 lodging + \$35 per diem = \$2,470 for Regional Training**

### **Section I. Program Operating Costs**

Complete Section I, Program Operating Costs, by entering the “Total Amount,” “CNCS Share,” and “Grantee Share” for Parts A-I, for Year 1 of the grant, as follows:

#### **A. Personnel Expenses**

Under “Position/Title Description,” list each staff position separately and **provide a brief (five or six words) position description, salary and percentage of effort as percentage of FTE devoted to this project.**

**ServeOhio expects at least .5 FTE staff person** allocated to the grant to oversee and manage the program. If less than the expected FTE is included in the budget, a rationale to support this decision is needed in the Organizational Capability narrative section.

If any position is **100% on the grant (match and/or share)**, confirm the position does not conduct fundraising activities or writing grants which includes the AmeriCorps grant.

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. 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 to be covered and the costs of benefit(s) for each staff position. 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 a fringe benefit amount is over 30%,** you must list covered items separately. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates, but are absorbed into the personnel expenses (salary) budget line item.

#### **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 unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

#### **Ohio AmeriCorps applicants must include the following costs:**

- At least one program staff person to attend the 2022 Ohio Conference on Service and Volunteerism
  - Mileage and reimbursements for one-day conference in the fall in Columbus, Ohio
  - Overnight accommodations may be included if needed.
  - Include registration costs in G.1

- At least one program staff person to attend the regional 2023 National Service Regional Training conference in the spring of 2023. The conference is generally three days and two nights and requires registration.
  - Costs may be determined by using the previous location of Milwaukee, WI
  - Include registration costs in G.1
- At least one program staff person to attend (3) three required program director meetings in Columbus, Ohio. Mileage, reimbursements and accommodations may be included as needed. Meals are not provided and there are no registration costs.
  - July 2022 – Three days for new program orientation/ two days for returning staff
  - October 2022 - One day for fall meeting
  - January 2023 – One day for winter training

**Please itemize all costs.**

For example: Two staff members will attend the annual National Service Regional Training.

2 staff X \$750 airfare + \$50 ground transportation + (1 day) X \$400 lodging + \$35 per diem = \$2,470 for Regional Training

**C. 2. Member Travel**

Describe the purpose for which members will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

**Ohio AmeriCorps applicants must include the following costs:**

- At least one member to attend the Ohio Conference on Service and Volunteerism in the fall in Columbus, Ohio.
  - Mileage and reimbursements for one-day conference in the fall in Columbus, Ohio
  - Overnight accommodations may be included if needed.
  - Include registration costs in G.1
- At least one member to participate in the LeaderCorps Initiative with a budget up to \$500. Each program selects one member to participate in LeaderCorps for one year to assist with National Day of Service projects, volunteer engagement, program outreach and attendance at two, one-day trainings in Columbus, Ohio. Budget items may include:
  - Travel reimbursements
  - Overnight accommodations
  - Project supplies

**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). Any items that do not meet this definition should be entered 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**

**AmeriCorps members must wear an AmeriCorps logo on a daily basis – preferably clothing with the AmeriCorps logo.** The item with the AmeriCorps logo is a required budget expense.

Please include the cost of the item with the AmeriCorps logo in your budget or explain how your program will be providing the item to AmeriCorps members without using grant funds. Grantees may add the AmeriCorps logo to their own local program uniform items using federal funds. In the description, confirm each gear item will have the AmeriCorps logo. Gear can include shirts, lanyards, badges, pins, etc.

Include the amount of funds to purchase consumable supplies and materials, including member service gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. Except for safety equipment, grantees may only charge the cost of member service gear to the federal share if it includes the AmeriCorps logo. All safety gear may be charged to the federal share, regardless of whether it includes the AmeriCorps logo. All other service gear must be purchased with non-CNCS funds.

If **purchasing technology**, confirm the supply will be utilized 100% only for grant activities or pro-rate based on program usage.

#### **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. There is not a 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.

##### **Ohio AmeriCorps applicants must include the following costs:**

- From C.1. above, staff registration costs to attend the 2022 Ohio Conference on Service and Volunteerism at \$100 per staff person.
- From C.1. above, staff registration costs to attend the 2023 National Service Regional Training Conference at \$300 per staff person.

##### **G. 2. Member Training**

Include the costs associated with member training listed in C.2. above including the required training and additional training to support them in carrying out their service activities. You may also use this section to request funds to support training in Life after AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate. There is not a maximum daily rate.

##### **Ohio AmeriCorps applicants must include the following costs:**

- From C.2. above, member registration costs to attend the 2022 Ohio conference on Service and Volunteerism at \$100 per member.

#### **H. Evaluation**

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not budgeted in Section A Personnel Expenses. This cost does not include the daily/weekly gathering of data to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

#### **I. Other Program Operating Costs**

Required and allowable costs in this budget category should include when applicable:

- **REQUIRED:** 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/or FBI check for criminal history checks for all covered positions. If funds are not budgeted, an explanation for how the costs will be covered must be noted in the budget. Costs can range from \$50-\$100 per member
- **REQUIRED:** Ohio AmeriCorps programs must also budget \$18.00 per SLOT (not MSY) per year to cover the cost of using the online reporting system, OnCorps Reports. For example, 20 HT slots = 10MSY, 20 slots\*\$18/slot = \$360.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated 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 such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Recognition costs for members at no more than \$30 total for each member. List each item and individual costs. Gifts and/or food in an entertainment/event setting are not allowable costs.

**Section II. Member Costs**

Member Costs are identified as “Living Allowance” and “Member Support Costs.” Your required match can be federal, state, local, or private sector funds.

New applicant organizations may request as few as **5 Member Service Years (MSY) annually** in their first three-year grant cycle. However, ServeOhio strongly encourages new applicants to request a minimum of 10 MSY.

Recompeting and continuation applicants requesting less than 10 Member Service Years (MSY), without prior authorization from ServeOhio, will be deemed noncompliant and may not be reviewed.

**A. Living Allowance**

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, three-quarter-time, half-time, reduced-half-time, quarter-time, minimum-time) and the amount of living allowance they will receive, allocating appropriate portions between the AmeriCorps share (CNCS Share) and grantee share (match).

<b>Service Term</b>	<b>Minimum # of Hours</b>	<b>Minimum Living Allowance*</b>	<b>Maximum Total Living Allowance</b>
Full-time (1.0 MSY)	1,700	\$16,502	\$33,004
Three Quarter-time (.7 MSY)	1,200	\$11,648	\$23,103
Half-time (.5 MSY)	900	\$8,736	\$16,502
Reduced Half-time (.381 MSY)	675	\$6,552	\$12,542
Quarter-time (.265 MSY)	450	\$4,368	\$8,581
Minimum-time (.212 MSY)	300	\$2,912	\$6,931
Abbreviated-time (.056 MSY)	100	\$971	\$1,980

*\*AmeriCorps programs are not required to provide a living allowance to members serving in less than full-time capacity. However, ServeOhio recommends programs provide at least the minimum living allowance listed in the table above.*

In eGrants, enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. In addition, enter the number of members for whom you are not requesting funds for a living allowance, but for whom you are requesting education awards.

**B. Member Support Costs**

Consistent with the laws of the states where your members serve, you must provide members with the benefits described below.

- **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when AmeriCorps does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below, you may not pay health care benefits to less-than-full-time members with AmeriCorps funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the cost cannot be included in the budget. Less-than-full-

time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. If you budget health insurance for less-than-full-time members serving in a full-time capacity, indicate in the budget narrative. In your budget narrative, indicate the number of members who will receive health care benefits. AmeriCorps will not pay for dependent coverage. If health care is not budgeted for all full-time members, please confirm all full-time members will have access to coverage.

- **Worker’s Compensation.** The State of Ohio requires Worker’s Compensation coverage for AmeriCorps members. You must check with State Departments of Labor or State Commissions where members serve to determine if you are required to pay worker’s compensation and if so at what level. If you are not required to pay worker’s compensation, you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or accidents.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member supports costs here. **The Ohio Department of Job and Family Services has determined Ohio AmeriCorps members are not eligible for unemployment coverage.** You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies.

### 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 either **A or 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.

#### ServeOhio 2% Commission Administration

**Regardless of the method used to calculate administrative costs, two percent (2%) must be included within the Corporation share of Administrative Costs to be used by the Commission for expenses related to grant administration. A separate line (Commission Fixed Amount) is provided on the budget form for this amount.**

\*Note: Fixed Amount Grants disregard the above instructions; if funded, ServeOhio’s 2% will be calculated on each payment request. Guidance and instructions may be found on [ServeOhio’s website under Financial Management Resources for AmeriCorps Program Directors.](#)

ServeOhio will retain a share of the 5% of federal funds available to programs for administrative costs. within Section III of the budget, **two-fifths (40%) of the federal dollars budgeted for administrative costs is allocated to the commission’s share and three-fifths (60%) 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:**

$$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.40) = \text{Commission Share}$$

$$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.60) = \text{Subgrantee Share}$$

### **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.

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.

ServeOhio elects to retain a share of the 5% of federal funds available. See **ServeOhio 2% Commission Administration** above.

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.

### **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 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.

ServeOhio elects to retain a share of the 5% of federal funds available. Please note the percentage or amount in the text since there is no separate line item to show this calculation in this section. See **ServeOhio 2% Commission Administration** above.

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 have **never**, at any point in time, held 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 this option is elected, it must be used consistently across all federal awards.*

**Source of Funds**

In the “Source of Funds” field that appears at the **TOP 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.**

AmeriCorps Funding Match Requirements

AmeriCorps Funding Year	1, 2, 3	4	5	6	7	8	9	10+
Grantee Share Requirements	24%	26%	30%	34%	38%	42%	46%	50%

**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 is not included in the budget.

**ATTACHMENT C: Budget Worksheet (eGrants Budget Section)**

**Section I. Program Operating Costs**

**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					

<b>Subtotal Section I:</b>	<b>Total Amount</b>	<b>CNCS Share</b>	<b>Grantee Share</b>

**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 D: Detailed Budget Instructions for Fixed Amount Grants (eGrants Budget Section)** *These instructions apply only to applicants for fixed amount grants, including education award programs (EAPs). Do not use if you are a Professional Corps applicant.*

EAP and Fixed Amount grant applicants may only request a fixed amount of funding per MSY. Therefore, Fixed Amount applicants are not required to complete a detailed budget or complete the grantee share column. However, you must complete the source of match chart to identify the sources of the additional revenue you need to operate the program. If you are applying for a full-cost fixed amount grant, you must pay at least the minimum living allowance listed in the *Notice* for each type of position you are proposing.

**Budget Section II. AmeriCorps Member Positions Member Positions**

Identify the number of members you are requesting by category (i.e. full-time, three quarter-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#Mbrs w/o Allow** (without AmeriCorps-funded living allowance.) In the **Allowance Rate** field, enter the average amount of the living allowance for each type of member. Enter zero in the column labeled **#Mbrs w/ Allow**. **Leave all other columns blank**. See example below (applies to a Full-Cost Fixed Amount grant):

Member Positions ?						
Item	# Mbrs w/ Allow	Allowance Rate	# Mbrs w/o Allow	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)	0	\$16,502	5	\$0	\$0	\$0
Three Quarter Time (1200 hours)	0	\$14,000	7	\$0	\$0	\$0

The total number of member service years (MSY) will **automatically calculate** at the bottom of the Member Positions chart. The MSY are calculated as follows:

**B. Fixed Award** Display your calculation in the following format:

Member Positions	Calculation	MSY
_____ Full-time (1700 hours)	(_____ members x 1.000)	= _____
_____ Three quarter-time (1200 hours)	(_____ members x 0.70000000)	= _____
_____ Half-time (900 hours)	(_____ members x 0.500)	= _____
_____ Reduced half-time (675 hours)	(_____ members x 0.3809524)	= _____
_____ Quarter-time (450 hours)	(_____ members x 0.26455027)	= _____
_____ Minimum-time (300 hours)	(_____ members x 0.21164022)	= _____
_____ Abbreviated-time (100 hours)	(_____ members x 0.07054674)	= _____
	<b>Total MSY</b>	_____

Total # of MSYs \_\_\_\_\_ x MSY amount (See *Notice* for amounts) \_\_\_\_\_ = Total Grant Request \$ \_\_\_\_\_

Type the total amount requested in the “Total Amount” and “CNCS Share” columns. Leave the “Grantee Share” blank. See example below (applies to a Full-Cost Fixed Amount grant):

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share		
Program Grant Request	47.5 MSY	\$451,250	\$451,250	\$0		
	X \$9,500/MSY					
Subtotal		\$451,250	\$451,250	\$0		

**Source of Funds**

Match Description	Description

**ATTACHMENT E: Budget Worksheet for Fixed Amount Grants (eGrants Budget Section)**

---

Complete the fields for the # w/o Allowance and Allowance Rate only.

**Member Positions**

Item	# Mbrs	Allowance Rate	# w/o Allow	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)								
<b>Subtotal</b>							<b>MSY</b>	<b>Cost/MSY</b>

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Program Grant Request				
<b>Subtotal</b>				

**Source of Funds**

Match	Description



## 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 AmeriCorps - sponsored meetings 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?

<b>In Compliance?</b>	<b>Section II. Member Costs</b>
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?

<b>In Compliance?</b>	<b>Section III. Administrative/Indirect Costs</b>
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 has never had a federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate of 10% of modified total direct costs?

<b>In Compliance?</b>	<b>Match</b>
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?)

## **ATTACHMENT G: Alternative Match 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 the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. 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 percent 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 percent 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 and ServeOhio will review your request and notify you 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:** Ohio AmeriCorps applicants must send their request to [mary.cannon@serveohio.gov](mailto:mary.cannon@serveohio.gov) for review and approval at the time of application submission. If approved, the request will be forwarded to AmeriCorps for consideration. Applications should include the required minimum match for your project's year of funding. If selected for funding and the alternative match schedule is approved by AmeriCorps and ServeOhio, the budget will be made available for revisions.

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

---

### Rural Community

**Beale codes** are published by the U.S. Department of Agriculture and 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 the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels can be found.

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

## ATTACHMENT I: eGrants Indirect Cost Rate (IDCR) User Instructions

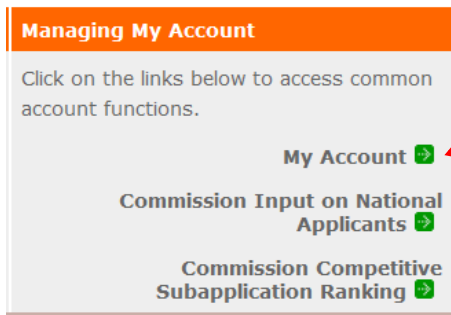
### eGrants Indirect Cost Rate (IDCR) User Instructions

A new feature has been introduced to eGrants which allows users to input Indirect Cost Rate information into their eGrants account. Grantees who will be claiming indirect costs on AmeriCorps awards are required to enter the following indirect cost rates in eGrants: federally negotiated rates, state negotiated rates, and the use of *de minimis* rate of 10% of modified total direct costs (MTDC). Recipients of AmeriCorps State and National awards may only charge 5% of their negotiated rate to the federal share of the award, with the remaining balance being charged to match (See [45 CFR §§ 2521.95](#) and [2540.110](#)).

**Once a rate is entered and saved in eGrants, it cannot be edited.** If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

**Entry for the IDCR screen can be accessed using the following steps:**

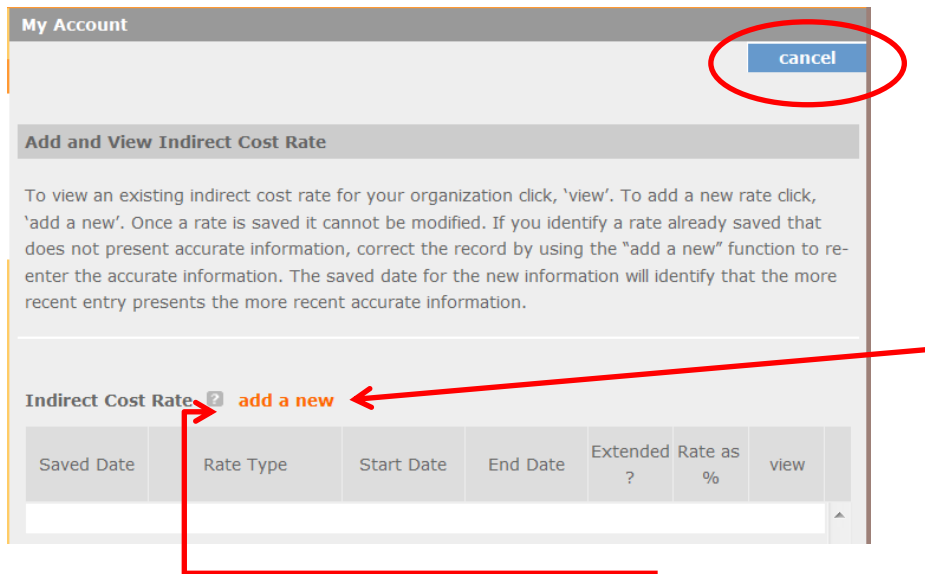
- 1) From the **eGrants Home** screen, in the lower panel under **Managing My Account**, click on **My Account**



- 2) From the **My Account** screen, under **Edit My Organization Info**, click on **Add and View Indirect Cost Rate**



- 3) From the **Add and View Indirect Cost Rate** screen, select **add a new** to add a rate or **cancel** to back out of the screen.



Field by field instructions can be found by clicking the “?” located next to Indirect Cost Rate or Indirect Cost Rate Record.

If **add a new** is selected, the screen below will pop up.

- 4) **Do you have an Indirect Cost Rate to record?** Respond Yes or No. If **NO** is selected, users cannot go any further and nothing will be recorded. If **Yes** is selected, users can continue.

If your organization will be claiming a current, approved indirect cost rate on any AmeriCorps award, it must be reported on this page. The rate information you record will be used in all award negotiation and reviews until it is superseded by a new approved rate, or expires. Applicants will have the opportunity to identify, in application submissions, if they elect to use a lesser percentage of an approved rate.

- 5) **Rate Type:**
- **Federally Negotiated** – select if your rate has been negotiated by your cognizant federal agency. Cognizance is determined by the agency which provides the highest amount of direct federal funding;
  - **State Negotiated** – select if your rate has been negotiated by a state agency or other pass through entity; or
  - **10% of MTDC** – select if your organization qualifies for and elects to use the 10% *de minimus* rate of Modified Total Direct Costs (MTDC). Organizations qualify for this rate if they have NEVER had a federally negotiated rate. State entities must also not receive more than \$35 million in direct federal funding.

**Rates must be used consistently across ALL federal awards.**

- 6) **Issuing Agency.** Respond by selecting the federal agency that approved your rate, or if the federal agency who issued your rate is not listed, select **Other**, or if your rate is issued by a state agency select **Other**.

Identify federal agencies using the drop-down list. If your rate is approved by a federal agency other than the ones listed, notify your portfolio manager. Other federal agencies may be added as needed.

- 7) **Acceptance Date.** Enter a valid date.  
The acceptance date is usually identified where the rate was signed by the issuing state or federal agency.
- 8) **Rate Status.** Select one of the following options: **Final, Provisional, Predetermined, Fixed, Other,** or **Other – 10%.**  
Rates issued by federal agencies will almost always be final or provisional. However, if your organization has formally notified a federal or state agency of your eligibility and intent to use the 10-percent of MTDC rate, select **Other – 10%.** If your organization has a **predetermined** or **fixed rate**, select those options accordingly. If a state rate indicates a term that is not listed here select **Other.** Additional rate status options may be added as needed.
- 9) **Effective From.** Enter a valid date.  
The effective from date is found on your indirect cost rate document. If using the 10-percent of MTDC rate, enter today's date or the date your organization formally started charging costs under the 10-percent of MTDC rate.
- 10) **Effective To.** Enter a valid date.  
The effective to date is found on your indirect cost rate document. If your organization has received approval to extend your rate, enter the end date of the extension.
- 11) **No Expiration.** Check or leave unchecked.  
If your rate does not have an expiration date, as is the case with the use of the 10 percent of MTDC rate, check this box, otherwise, leave unchecked.
- 12) **Extended?** Respond Yes or No.  
If the rate "effective to" date has been extended with approval of the federal cognizant agency under authority of the 2014 Omni Circular, respond **Yes.** If it is not an extended rate effective to date, respond **No.**
- 13) **Rate Base.** Enter up to 500 characters including spaces.  
Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the rate base used to determine the indirect cost pool as stated on your indirect cost rate approval document or "State Rate N/A." If you need more than 500 characters, indicate "Summary" and record the most important content.
- 14) **Treatment of Fringe Benefits.** Enter up to 500 characters including spaces.  
Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the how fringe benefits were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or "State Rate N/A." If you need more than 500 characters, indicate "Summary" and record the most important content.
- 15) **Treatment of Paid Absences.** Enter up to 500 characters including spaces.  
Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the how paid absences were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or "State Rate N/A." If you need more than 500 characters, indicate "Summary" and record the most important content.



16) When you have completed all of the above entries, click the “**save & close**” button at the bottom of the page.



- If you would like to cancel your entry, click the “**cancel**” button and the entry will be cancelled. All entry information will be lost and no entry will be shown.
- **Once a rate is saved it cannot be modified.**
- If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

17) **Order of Rates** - Once an entry is saved, users will be able to see the rates they have entered. Rates will display in the order of entry. Entry of rates will provide users and AmeriCorps with a historical record which can be used to clarify indirect cost rate inquiries for monitoring, consistent record maintenance, and audits.