ServeNebraska
Nebraska Volunteer Service Commission

PO Box 98927
Lincoln, NE 68509
402-471-6212 phone
www.serve.nebraska.org

2025 AmeriCorps Formula Funding Application Instructions

AmeriCorps Nebraska

Applications due February 28, 2025

Important Notice to Applicants: The following documents are necessary to complete a 2025-2026 formula grant application for AmeriCorps funding. All can be found on the ServeNebraska website: http://www.serve.nebraska.gov

OMB Control #: 3045-0047   **Expiration Date: 09/30/2026**

Important Notice

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

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

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

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

Indirect Cost Rates: AmeriCorps allows applicants to include indirect costs in application budgets. Based on qualifying factors, applicants have the option of using the AmeriCorps-Fixed Percentage method (five/ten percent fixed administrative cost option), a federally approved indirect cost rate, a 15% 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 federally negotiated indirect cost rate must use that rate if they have one or use the 15% de minimis rate. Refer to: AmeriCorps eGrants Indirect Cost Rate (IDCR) User Instructions.

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

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Attachments

These attachments are worksheets only

APPLICATION RESOURCES

Use these instructions in conjunction with the *Notice of Federal Funding Opportunity (Notice)* and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. **The *Notice* includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),[1] 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 AmeriCorps's website.

The ServeNebraska website has all documents needed for submission.

The full regulations are available online on the Code of Federal Regulations website.

Table 1: Requirements in the AmeriCorps Regulations

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

If there is any inconsistency between the AmeriCorps Regulations, the *Notice,* and the Application Instructions, the order of precedence is as follows:
1. AmeriCorps Regulations 45 CFR §§ 2520–2550 take precedence over the
2. *Notice of Federal Funding Opportunity/Notice of Federal Funding Availability,* which takes precedence over the
3. Application Instructions.

APPLICATION INSTRUCTIONS
If you are a new or recompeting applicant to ServeNebraska, please use the application instructions below.

If you are submitting a request for continuation funding, please see the Continuation Instructions in this document.

Submitting Your Application to ServeNebraska
Applicants must submit all required documents electronically to ServeNebraska by the application deadline of **Friday, February 28, 2025, by 5:00 p.m. Central Time.**
1. Download the following documents from ServeNebraska:

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[1] One MSY is equivalent to at least 1700 service hours, which is a full-time AmeriCorps position. The CNCS cost per MSY is determined by dividing the CNCS 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.

- 2025 AmeriCorps Formula Notice of Funding Opportunity
- 2025 AmeriCorps Formula Application Instructions
- 2025 Mandatory Supplemental Guidance
- 2025 National Performance Measures Instructions
- 2025 Performance Measure Template
- 2025 Logic Model Template
- 2025 Budget Template

2. Follow the instructions included in the 2025 AmeriCorps Formula Notice of Funding Opportunity and this 2025 AmeriCorps Application Instructions document in completing and submitting an application.

3. All applications and supplemental items must be submitted electronically to the ServeNebraska email at dhhs.americorps@nebraska.gov.

4. Completed applications must include the following:
- Standard Form 424 (SF-424) Face Sheet (automatically generated in the web-based system; see NOTE on page 6)
- Narrative Sections
    - Executive Summary:
    - Program Design
    - Organizational Capability
    - Cost-Effectiveness & Budget Adequacy
    - Evaluation Summary/Plan
- Logic Model
- Performance Measures
- Standard Form 424A Budget
- Continuation Changes
- Clarification
- Authorization, Assurances, and Certifications

5. When submitting, email and attachments are to be labeled as outlined below:
- Subject Line: Your Legal Applicant Name
- Body of the email should Identify: Legal name, point of contact information and a list of documents attached, and the quantity of each document type submitted.
- Attached documents are to be individually saved as a single file with clear and appropriate labels identifying each attachment by its file type. Each file name and document heading should include:
    - The legal applicant name
    - The application ID number

Page Limits

The Narrative must be in a Word document, 10 pt. font, Calibri. Applications must not exceed 11, double-spaced pages. The Narrative includes:
- SF-424 Face Sheet (created after awarding of grant funds)
- Executive Summary

- Program Design, Organizational Capacity, and Cost-Effectiveness and Budget Adequacy narratives

The application page limit does not include:
- Evaluation Plan/Summary
- Clarification Summary
- Continuation Changes
- Budget
- Performance measures
- Any required additional documents

- Logic Model
    - The Logic Model may not exceed eight pages when printed.

Supplemental Documents
The following supplemental documents are not included in the page limits:
- Evaluation briefs, reports, studies. Please refer to the Evidence Base section of the Notice for detailed instructions by evidence tier.
- Organizational Chart
- List of all other Federal grants your organization holds
- Labor Concurrence (if applicable)
- Indirect cost rate determination letter (if applicable)

NOTE:
- Once your application has been approved by ServeNebraska, direction will be given on how to enter the application into the AmeriCorps eGrants system. At that time, you will agree to all assurances and certifications.
- The length of a document in word processing software may be different than what will print out in eGrants. Page counts are determined by the number of pages that print from the grant system. You are strongly encouraged to print out the application from the eGrants system prior to submission to ensure page limits are not exceeded. Page limits apply to both the Application and Logic Model. ServeNebraska will not consider any submitted material that exceeds the page limits in the printed report.
- Anyone within your organization who will be entering the approved application in the eGrants system must have their own account. Individuals may establish an account by accessing the eGrants webpage and selecting "Don't have an eGrants account? Create an account."

I. NARRATIVE
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. To best respond to the criteria listed in the *Notice* and Application Instructions, we suggest that you include a brief discussion of each applicable bullet. See Attachment B, [Detailed Budget Instructions](#).

A. Executive Summary

Complete the Executive Summary per the guidance in the *Notice of Funding Opportunity* (see VI. Application Review and Selection Information).

B. Selection Criteria

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

1. Program Design (50 percent)

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

2. Organizational Capability (25 percent)

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

3. Cost Effectiveness and Budget Adequacy (25 percent)

Reviewers will assess the extent to which the applicant demonstrates the degree to which there is cost effectiveness and budget adequacy to support the proposed program.

C. Evaluation Summary or Plan

If you have previously received three or more years of competitive funding for the same project proposed in your application (see the Mandatory Supplemental Information for the AmeriCorps definition of "same project"), you must submit an evaluation plan as an attachment. Please use the evaluation plan template available on the *Notice* webpage.

II. LOGIC MODEL

Complete the logic model template following the instructions provided in the *Notice*.

III. PERFORMANCE MEASURES

All applicants must submit performance measures with their application. See the [Performance Measures Instructions](#) for details about the number and type of performance measures required.

IV. PROGRAM INFORMATION

In the Program Information Section, applicants must describe the activities that align with the proposed program design. Applicants should only include those activities whose characteristics represent a significant part of the program.

AmeriCorps Funding Priorities
Include any priority area(s) that apply to the proposed program. Only include priorities that represent a significant part of the program focus and intended outcomes. See the *Notice* for the list of AmeriCorps funding priorities.

Grant Characteristics
Include any grant characteristics that are a significant part of the proposed program.

V. DOCUMENTS

In addition to the application submitted to ServeNebraska, 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.

A. Evaluation
Submit any completed report as described in the funding notice. If an evaluation is required, you must submit a copy with your application, even if ServeNebraska or AmeriCorps 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 a State Commission, as well as any entity applying for assistance or approved national service positions through an AmeriCorps grantee or subgrantee.

Additional Documents
Clarifications, corrections, and updates provided will be compared to the originally submitted documentation. Applicants will be required to explain any differences identified between the information in their application and the details outlined in the additional documentation.

How many evidence documents did you submit? (Program Evaluation Report, Studies) Do not include evaluation plan in this number.

Did you submit an evaluation plan?

How many non-evidence documents did you submit?

C. Federally approved Indirect Cost Agreement
Applicants with a federally approved indirect cost rate agreement must use the current approved rate in the budget. A copy of the agreement must be submitted with the application.

D. Other Documents
Submit other documents, as applicable, with the application by the submission deadline.
1. Organizational Chart
2. List of all other Federal grants your organization holds.
3. Evaluations

The email size limit is 35 MB. This limit is inclusive of all attachments associated with each email. Emails that are larger than 35 MB will not be received or reviewed.

E. Delinquent on Federal Debt
Any applicant who answers 'yes' to a question about federal debt delinquency must provide a complete explanation to dhhs.americorps@nebraska.gov when submitting their application.

VI. BUDGET INSTRUCTIONS

For Fixed Amount grants, including EAPs: Use the Budget Instructions for Fixed Amount Award and the [Budget Worksheet](#) 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

Grant Type	Match Requirement
Cost Reimbursement including States and Territories without Commissions, Native Nations.	Minimum grantee share is 24% of program costs for the first three years. Overall grantees share of total program costs increases gradually beginning in year four to 30% 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 *Notice* 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 *Notice* provided by AmeriCorps.
Stipend 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 *Notice* 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 you maintain the minimum match of 24% for the first three years and the increasing minimums in years thereafter. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are recompeting, please see 45 CFR §§ 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal, state, local, and/or private sector funds in accordance with applicable AmeriCorps requirements.
- In the "Source of Funds" field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your entire match. (The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used. See Attachment G for instructions for applying for the Alternative Match Schedule and/or a match waiver.

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 prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Itemize each cost and present the basis for all calculations in the form of an equation.
- Do not include unallowable expenses, e.g. entertainment costs (which include food and beverage costs), unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).
- **Please add the costs associated with the National Service Criminal History Checks.** These include the National Sex Offender Public Website (NSOPW), state check, and FBI check for criminal history checks for each covered position in the budget. If funds are not budgeted, you must note in the budget an explanation for how you will cover the costs. The individual subject to the NSCHC must not be required to cover the costs.

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 $1,000,000 in federal funds. The Uniform Guidance is online.

VII. Funding/Demographics

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

- Other Revenue funds. Provide the amount of funds that your program uses to run the program that are not identified on the application budget as CNCS share or grantee share (match).
  - NOTE: Programs should not enter the total operating budget for their organization unless the entire operating budget supports the AmeriCorps program. Programs that have additional revenue sources not included in the matching funds section of the budget should provide the amount of this additional revenue that supports the program. This amount should not include the CNCS or grantee share amounts in the budget. Fixed amount grantees should enter all non-CNCS funds that support the program in this field. All fixed amount grants will have other revenue.
- Number of Volunteers Generated by AmeriCorps members. Provide 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 that are operating in more than one state):

- Please include in the following information for your operating sites: organization name, address, city, state, zip code + 0000, proposed amount of funding going to the operating site (if applicable), and number of proposed AmeriCorps members who will be located at the site.

IX. Review and Submit

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.

Prior to submitting your application to ServeNebraska:

- Be sure to check your entire application to ensure that there are no errors before submitting it.
- The person who authorizes the application must be the applicant's Authorized Representative or their designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. You must have a copy of the governing body's authorization for this official representative to sign on file in the applicant's office.

CONTINUATION REQUESTS

Be sure you review the *Notice* when preparing your request.

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 recompeting programs. 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. ServeNebraska reserves the right to consider your continuation request if your fixed amount application is not funded.

WHEN TO SUBMIT YOUR CONTINUATION REQUEST
Applicants must submit all required documents electronically to ServeNebraska by the application deadline.

WHAT TO INCLUDE IN YOUR CONTINUATION REQUEST

I. APPLICANT INFO AND APPLICATION INFO
Update the Applicant Info and Application Info in a word document.

II. NARRATIVE (Narratives Section)
Copy your current grant application into a word document and make any changes as necessary. Ensure you highlight any changes that you are making to your grant narrative.

ServeNebraska 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.

Information to be provided in the **Continuation Phase** as relevant:
- 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)

Evaluation plans are approved by ServeNebraska when applicants re-compete for funding. If you wish to make changes to your evaluation plan, send a revised version of the evaluation plan (with the proposed changes in track-changes mode) as an attachment to dhhs.americorps@nebraska.gov.

The page limit for the Continuation Phase narrative is limited to six pages as the pages print out from eGrants (see NOTE on page 6).

III. LOGIC MODEL
Continuation applicants do not need to enter a new logic model.

IV. PERFORMANCE MEASURES (PERFORMANCE MEASURES SECTION)
Copy your performance measures 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. 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.

V. PROGRAM INFORMATION
In the Program Information Section, applicants must describe the activities that align with the proposed program design. Applicants should only include those activities whose characteristics represent a significant part of the program.

AmeriCorps Funding Priorities
Include any priority area(s) that apply to the proposed program. Only include priorities that represent a significant part of the program focus and intended outcomes.

Grant Characteristics
Include any grant characteristics that are a significant part of the proposed program.

VI. BUDGET (Budget Section)
Enter your budget from the previous year's application into your continuation request, making any necessary adjustments for the upcoming year. Incorporate any required CNCS increases, such as an increase to the member living allowance, into your budget. **Continuation applicants may apply for expansions. Expansions are increases in dollars, MSY, and/or members. Expansion requests may not exceed the cost per MSY threshold in the *Notice*.**

Source of Funds (Match)
For 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 whether the match is secured or proposed. Include the 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 must match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used.

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

See Attachment G for instructions for applying for the Alternative Match Schedule and/or Match Waiver.

In the Funding/Demographics Section enter:
- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not CNCS share or match.
- Number of Volunteers Generated by AmeriCorps members. 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 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.

Prior to submitting your application to ServeNebraska:
- Be sure to check your entire application to ensure that there are no errors before submitting it.
- The person who authorizes the application must be the applicant's Authorized Representative or their designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. You must have a copy of the governing body's authorization for this official representative to sign on file in the applicant's office.

ATTACHMENT A: Performance Measures Instructions

ABOUT THE PERFORMANCE MEASURES MODULE
In the performance measures module, you will:
- Use the Performance Measure Template
- 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.
- For more information, please refer to the Performance Measure Instructions.

OBJECTIVES
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. Refer to the *Notice* for a list of the AmeriCorps focus areas.

To see which performance measures correspond to which objective, refer to the Performance Measure Instructions.

MSYS/MEMBERS
Provide 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.

For more information, please refer to the Performance Measure Instructions.

PERFORMANCE MEASURES
You will create performance measures for all the grant activities you intend to measure.

For more information, please refer to the Performance Measure Instructions.

DATA COLLECTION
You will provide additional information about your interventions, instruments, and plan for data collection.

For more information, please refer to the Performance Measure Instructions.

ATTACHMENT B: Detailed Budget Instructions for Cost Reimbursement Grants

Fixed-Amount Grants refer to Attachment D

SECTION I. PROGRAM OPERATING COSTS

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the "Total Amount," "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 salary and percentage of effort as percentage of FTE devoted to this award. Each staff person's role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either CNCS or Grantee share. 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 "Position/Title Description," identify the types of fringe benefits you will cover and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, State Unemployment Tax Act (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%, please list covered items separately and justify the high cost. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates, but are absorbed into the personnel expenses (salary) budget line item.

C. 1. Staff Travel

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

We expect all Programs to include funds in the line item for Program Leader and Member Kick-Off events.

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. **We expect all Programs to include funds in the line item** members to **attend to the annual Member Kick-Off event**.

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 **$10,000 or more <u>per unit</u>** (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. Please note that your program will be using the AmeriCorps logo in the budget description.

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.

F. Contractual and Consultant Services

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

G. 2. Member Training

Include the costs associated with member 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 no maximum daily rate.

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

Allowable costs in this budget category should include when applicable:

- Criminal history background checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Please include the cost of the NSOPW, state check and/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.
- 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. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.
- Multi-state applicants: Indicate the number of subgrants and the average amount of subgrants. Indicate any match that you will require of your subgrants under the "grantee share" column in this category. Sub granted funds may only cover costs allowable under federal and AmeriCorps regulations and terms and conditions.
- Retention incentives/performance awards are allowed to the extent they are (1) reasonable, necessary, and allowable for program outcomes; (2) tied to the program narrative; (3) fair; (4) consistently applied; and (5) part of the organization's written policies and procedures.
- **We expect all Programs to include funds in the line item for cost associated with OnCorps AmeriCorps management system that ServeNebraska utilizes. Calculation will be as follows: # of AmeriCorps member slots applied for x $1.50 x 12 months = total cost.**

SECTION II. MEMBER COSTS

Member Costs are identified as "Living Allowance" and "Member Support Costs."

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 abbreviated-time) and the amount of living allowance they will receive, allocating appropriate portions between the CNCS Share (CNCS Share) and Grantee Share (match).

The minimum and maximum living allowance amounts are provided in the *Notice*.

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 CNCS 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.

- **Worker's Compensation.** Some states require worker's compensation 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.
- **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 CNCS funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-Ameri-Corps) 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. CNCS 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.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. 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.

  NOTE: Unemployment Insurance is not required for members serving in Nebraska.

SECTION III. ADMINISTRATIVE/INDIRECT COSTS

Definitions
Administrative costs are general or centralized expenses of the overall administration of an organization that receives CNCS 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, 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.

   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, 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.

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.

If a commission elects to retain a share of the 5% of federal funds available to programs for administrative costs up to 2%, that decision is identified within each subgrant's budget. A state commission can take up to 2% in administrative funds, provided the commission has less than 25% in prior year unexpended funds on the Commission Support Grant. If the commissions unexpended exceeds 25%, the commission can take up to 1% in administrative funds. If the commission elects to retain 1% of the administrative costs, to calculate these fractional shares, within Section III of the subgrant budget, **one-fifth (20%) of the federal dollars budgeted for administrative costs is allocated to the commission's share and four-fifths (80%) 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:**

([Section I] + [Section II] x 0.0526) x (0.20) = Commission Share

([Section I] + [Section II] x 0.0526) x (0.80) = Subgrantee Share

If a commission elects to retain a share that is less than 1% budgeted for administrative costs, adjust the calculation above, as appropriate.

If the commission elects to retain 2% of the administrative costs, to calculate these fractional shares, within Section III of the subgrant 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:**

([Section I]) + [Section II] x 0.0526) x (0.40) = Commission share

([Section I] + [Section II] x 0.0526) x (0.60) = Subgrantee Share

B. Federally Approved Indirect Cost Rate
If you have a federally approved indirect cost rate, this method must be used and the rate will constitute documentation of your administrative costs, not to exceed the 5% maximum federal share payable by CNCS. 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.). CNCS does not restrict the overall indirect cost rate claimed. It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

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

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

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

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

C. *De Minimis* Rate of 15% of Modified Total Direct Costs
Organizations who do not currently have a federally negotiated indirect cost rate (except for those non-federal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph (d)(1)(B)) and who receive less than $35 million in direct federal funding may indefinitely use a de minimis 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 in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) under Indirect (F&A) costs and Definitions. If you elect to use this option, you must use it consistently across all federal awards.

1. Determine the base amount of direct costs to which you will apply the de minimis rate, including both the CNCS and Grantee shares. MTDC includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $50,000. AmeriCorps member living allowance and other member costs are not considered "participant support costs" subject to exclusion from the MTDC. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs. Once you determine the base, multiply the appropriate costs by 15% (0.15). This will determine the total amount of costs allowable in this section.

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/administrative costs.

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

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

Source of Funds

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

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 full-time members is not included in the budget.

ATTACHMENT C: Budget Worksheet

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			

	Total Amount	CNCS Share	Grantee Share
Subtotal Section I:			

Section II.   Member Costs

A.   Living Allowance

Item	# of Mbrs	Allowance Rate	# Mbrs 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)						
			Totals			

B.   Member Support Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
		Totals			

	Total Amount	CNCS Share	Grantee Share
Subtotal Section II:			
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 15% of Modified Total Direct Costs

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

	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:			

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.

These instructions apply only to applicants for fixed amount grants, including education award programs (EAPs).

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 stipend 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 CNCS-funded living allowance.) In the **Allowance Rate** field, enter the average amount of living allowance for each type of member. Enter zero in the column labeled **#Mbrs 2/ Allow**. **Leave all other columns blank**. See example below (applies to 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:

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)	= _____
_____Abbr-time (100 hours)	(_____ members x 0.21164022)	= _____

	Total MSY

Fixed Award

Display your calculation in the following format:

Total # of MSYs_____   x MSY amount (See NOFO 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 stipend Fixed Amount grant):

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

Source of Funds

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

ATTACHMENT E: Fixed-Amount Budget Worksheet

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

Member Positions

Purpose	Calculation		Total Amount		CNCS Share	Grantee Share		
Program Grant Request								
Subtotal								
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)								
Subtotal							**MSY**	**Cost/ MSY**

Source of Funds

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

ATTACHMENT F: Budget Narrative Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. NOTE: This does <u>not</u> 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%, please list 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 staff to travel and attend mandatory participation events and meetings in the budget narrative under Staff Travel?
Yes __ No —	You have budgeted funds for staff to travel and attend other technical assistance meetings 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 $10,000 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 $1,000 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 CNCS 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

In Compliance?	Section I. Program Operating Costs
	positions per 45 CFR 2522.205? If not, have you provided an explanation of how the costs will be covered?
Yes __ No __	Are all items in the budget narrative itemized and the purpose of the funds justified?

In Compliance?	Section II. Member Costs
Yes __ No __	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance. NOTE: Programs in existence prior to September 21, 1993, may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement.
Yes __ No __	Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served.
Yes __ No __	Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance. If exempted from paying FICA, is the exemption noted in the budget narrative?
Yes __ No __	Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or State Commission to determine whether or not you are required to pay worker's compensation and at what level (i.e., rate). If you are not required to pay worker's compensation, you will provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., death and dismemberment coverage).
Yes __ No __	Health care is provided for full-time AmeriCorps members only (unless part-time serving in a full-time capacity)? If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own.
Yes __ No __	Unemployment insurance is only budgeted if state law requires it?

In Compliance?	Section III. Administrative/Indirect Costs
Yes __ No __	Applicant does not have a current federally approved indirect cost rate and has chosen to use the CNCS-fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes __ No __	Applicant has chosen to use CNCS fixed percentage method, and the maximum grantee share is at 10% or less of total budgeted funds?
Yes __ No __	Applicant has a current approved indirect cost rate – The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS share?

Yes __ No __	Applicant has budgeted for ServeNebraska 2% of the 5% share of federal dollars available and budgeted for program year administrative costs?
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 does not have a current federally approved indirect cost rate and is choosing to use a *de minimis* rate of 15% of modified total direct costs?
Yes __ No __	Applicant does not have a current federally approved indirect cost rate and is choosing to use a de minimis rate – the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted?

In Compliance?	Match
Yes __ No __	Is the overall match being met at the required level, based on the year of funding?
Yes __ No __	For all matching funds, proposed vs secured, the source(s) [private, state, local, and/or federal], the type of contribution (cash or in-kind), and the amount of match, are clearly identified in the narrative and in the Source of Funds field in the budget?
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?)

ATTACHMENT G: Alternative Match Instructions

As a result of the new match requirements, which are increased starting in the fourth year and cap at 30% by the tenth year, the Alternate Match Schedule will be phased out in FY25. However, any Alternate Match Schedules currently in place remain available for FY24 awards.

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

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

> **A. Rural County:** In determining whether a program is rural, AmeriCorps will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 4, 5, 6, 7, 8, or 9 is eligible to apply for the alternative match requirement. See Attachment H for the Table of Beale codes.
>
> **B. Severely Economically Distressed County:** In determining whether a program is located in a severely economically distressed county, AmeriCorps will consider the following list of county-level characteristics. See Attachment H for a list of website addresses where this publicly available information can be found.
> * The county-level per capita income is less than or equal to 75 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 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: Programs operating in one state must send their requests to the State Commission for review and approval. The Commission will then forward the approved request to AmeriCorps for consideration.

MATCH WAIVERS
In accordance with 45 CFR §§ 2521.70, applicants may request a full or partial waiver of match requirements. Requests for match waivers must be submitted to ServeNebraska for review and consideration.

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:

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