

## **2018 COMMISSION SUPPORT GRANTS**

### **APPLICATION INSTRUCTIONS**

#### **HOW TO APPLY FOR**

#### **State Service Commission Support Grants**

**OMB Approval Number 3045-0099**

**Expiration Date 8/31/2020**

#### **IMPORTANT NOTICE**

These application instructions conform to the Corporation for National and Community Service's (CNCS) online grant application system, eGrants. The eGrants system is designed to serve CNCS's applicants and grantees. All CNCS funding announcements are posted on our website [www.NationalService.gov](http://www.NationalService.gov) and at [http://www.grants.gov/applicants/find\\_grant\\_opportunities.jsp](http://www.grants.gov/applicants/find_grant_opportunities.jsp).

**Public Burden Statement:** The Paperwork Reduction Act of 1995 requires CNCS to inform all potential persons who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 CFR 1320.5(b)(2)(i))

**Time Burden:** The time required to complete this collection of information is estimated to average 37 hours per applicant, including the time to review instructions; search existing data resources; gather the data needed; and complete and review the information collection.

**Use of Information:** The information collected constitutes an application to CNCS for grant funding. CNCS evaluates the application and makes funding decisions through the CNCS's grant review and selection process.

**Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow CNCS to assess the applicant's request for funding. Therefore it would not be possible to consider granting funds to the applicant.

**Privacy Act:** 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 who 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 necessary for the assistance. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the CNCS website as part of ongoing efforts to increase transparency in grantmaking. The information will not otherwise be disclosed to entities outside of AmeriCorps and CNCS without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

**Public Comments:** Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Mr. James Stone, 250 E Street, SW, Washington, DC 20525.

**STATE COMMISSION SUPPORT GRANT APPLICATION INSTRUCTIONS**

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**Changes in the 2018 Instructions:**

1. Changed application deadline, page 4.
2. Made clarifying revisions to the eGrants Performance Measure Instructions, Appendix IV
3. Incorporated eGrants Indirect Cost Rate (IDCR) User Guidance, Appendix V

## COMMISSION SUPPORT GRANT APPLICATION INSTRUCTIONS

### I. PURPOSE

State Commission Support grants support the operation of State Commissions and Alternative Administrative Entities (AAEs) in implementing their duties as required by the National and Community Service Act of 1990 (NCSA), as amended. (See 42 U.S.C. § 12638)

A State Commission is a bipartisan or nonpartisan State entity, approved by the Corporation for National and Community Service (CNCS), consisting of 15-25 members appointed by the chief executive officer of the State. The State Commission is responsible for developing a comprehensive national service plan, assembling applications for funding and national service positions, and administering CNCS grants in the State.

An AAE is a State or non-State entity approved by CNCS to perform the duties of a State Commission, including developing a State Service Plan, preparing applications to CNCS for funding and national service positions, and administering CNCS grants.

### II. DEADLINE

The deadline to apply for Commission Support grants is **Thursday, November 9, 2017**. We will consider an extension to the application deadline only for extenuating circumstances clearly beyond your control. Submit your request for an extension stating the rationale to CommissionFormula@cns.gov via email or letter submitted via courier service; the request must be received on or before the grant due date.

### III. USING EGRANTS

To submit your application, access eGrants (<https://egrants.cns.gov/espan/main/login.jsp>), CNCS's integrated, secure, web-based system for applications. The Notice of Funding Availability (NOFA) is:

- Commission Support Grants FY 2018

If you are applying for your first request for funds in a given year, select the "Continuation/Renewal" option when setting up your application. If you are applying for a subsequent round of funding in a given year, select the "Amend" option and specify the type of amendment. Your previous year's application and budget will be imported, and available for you to edit.

In addition:

- We suggest you first prepare and save your application as a word processing document, then copy and paste the document into eGrants.
- **Use only UPPERCASE letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants.**
- If your narrative exceeds **32,000** characters (approximately 10 single-spaced pages), enter the remaining information in the "Program Narrative Continued" text box. Characters include all the letters, punctuation, and spaces in your document. Your word

processing software can provide a character count. eGrants will not alert you if you exceed the character limits until you review and submit. Check character limits in your word processing document before you copy and paste into eGrants.

- Please be advised that by submitting your application, you consent to the publication of the executive summary section on the CNCS website.

#### **IV. COLLABORATION**

CNCS expects all national service programs to collaborate at the local level. State Commissions are expected to communicate and coordinate with AmeriCorps multi-state parent organizations and sites in your state, as well as Senior Corps sites, SIF grantees, the CNCS State Office, NCCC Campuses, State Education Agency, state networks of volunteer centers, and/or other voluntary service organizations within the state as appropriate. Multi-state parent organizations include recipients of any AmeriCorps program grant, including Indian Tribe grants.

- Likewise, AmeriCorps multi-state parent organizations and Senior Corps programs are expected to communicate and coordinate with Commissions in the states where they operate and to share resources as appropriate.

As a State Commission, you are expected to:

- Review information from multi-state AmeriCorps applicants submitting applications to operate in your state.
- Develop a process to solicit the needs of all national service programs in your annual needs assessment, training and disability inclusion plan development activities, and in the development of your State Service Plan.
- Add appropriate personnel from all national service programs in your state to your mailing list and invite them to appropriate training and other events.

#### **V. COMMISSION SUPPORT GRANT FUNDS**

##### **A. Allowable Uses of Commission Support Grant Funds**

The activities proposed must be consistent with the National and Community Service Act of 1990, as amended, AmeriCorps Regulations 45 CFR § 2550.80, these Instructions, General Grant Terms and Conditions, the Commission Support Grant Terms and Conditions, and with your State Service Plan.

##### **B. Available Resources**

Each State Commission is eligible for an annual allocation of Commission Support Grant funding if and when funds are available. You will receive guidance on submission deadline, the amount of unexpended funds you may carry over into a new program year and the level of funding up to which you may request. A basic appropriated level allocation chart is prepared each fiscal year after CNCS's appropriation is enacted. If the basic appropriated allocation chart is not available before the application is due, use the prior fiscal year allocation amount to complete your budget. **DO NOT include any carryover or supplemental funding received when preparing your budget if it is based on the prior year basic allocation.** The basic allocation is restricted to the amount allocated to a Commission in a given year, not the amount

budgeted for activities in that year that included supplemental funds or prior year unexpended funds.

When CNCS's appropriation is enacted and you receive the basic appropriated funds allocation chart, if you are in a continuation year, you may include the unexpended funds you intend to carry over from the previous year in an amended budget up to the CNCS allowed limit.

### **C. Supplemental Commission Support Grant Funds**

After all base allocations have been awarded, CNCS will reallocate any unrequested Commission Support Grant funds to eligible Commissions that have submitted requests for supplemental funds. No Commission's basic plus supplemental funding award may exceed \$850,000.

Supplemental funds are available to Commissions that:

- Request their full allocations and any allowable unexpended funds,
- Demonstrate the capacity to use the additional funds before the start of the next grant year and meet the additional match requirement,
- Have submitted all required documents within submission deadlines and to the correct email address (CommissionFormula@cns.gov),
- Do not have unexpended funds from the immediate prior-year allocation higher than allowed by CNCS (i.e., not more than 25 percent of the 2017 basic allocation),
- Are not on the commission alternative match schedule,
- Are free of outstanding compliance or audit issues,
- Qualify for at least a \$2,000 allocation of supplemental funds based on the supplemental Commission Support Grant allocation methodology, and
- Meet all other Commission Support Grant funding requirements including submission deadlines.

Commission requests will not be accepted if the Commission has not submitted required financial reports or closeout documents for a grant, closeout actions are overdue for any Commission grant, the Commission fails to meet its match requirements, the Commission's CCR registration is not current, the Commission has significant FAPIIS issues, the Commission is delinquent on a Federal debt and/or is on the "Do Not Pay" list; the Commission has outstanding Single Audit or OIG audit issues; and/or the Commission has other outstanding compliance issues..

CNCS will consider supplemental fund requests from states that received a decreased allocation from their immediate prior year allocation first and will make any remaining supplemental funds available to other states that apply and qualify for them.

Instructions to request supplemental funds will be sent after the CNCS appropriation is enacted. **DO NOT include supplemental funding requests in your initial Commission Support narrative or budget request. All supplemental awards will be incorporated in an amended application once the supplemental allocation has been determined.**

Commissions desiring to request supplemental funding must submit their requests via email to [CommissionFormula@cns.gov](mailto:CommissionFormula@cns.gov) once they have been notified of the basic appropriated allocation amount. Commissions will be notified of the submission deadline at the time they are notified of their basic allocation.

#### **D. Match Requirements**

As provided in the NCSA (42 U.S.C. § 12576), costs you incur in the context of your Commission Support Grant require a 50 percent match.

The NCSA allows CNCS to “permit a State that demonstrates hardship or a new State Commission to meet alternative matching requirements.” The law allows an alternative schedule in hardship cases as follows:

- First \$100,000 of CNCS Funds – no match required
- \$101,000-\$250,000 of CNCS Funds – \$1 match for every \$2 CNCS grants
- Over \$250,000 of CNCS Funds – \$1 match for every \$1 CNCS grants

See Appendix II for additional information, the indicators that CNCS considers in determining if a state is experiencing hardship, and instructions for submitting a request for the Alternative Match Schedule. Only submit a request after reading Appendix II and only if you think your Commission qualifies for a lesser matching schedule. CNCS requires at least 60 days to review a request. If approved, your Grant Officer will help you to submit your budget under the Alternative schedule.

Please note that the threshold for approving the Alternative Schedule is high. The burden is on the Commission to demonstrate unusual hardship that has led to a decrease in support and inability to meet the 50-50 matching requirement. CNCS will take decreased capacity into consideration in making funding decisions for other grant applications, including, but not limited to, State Competitive funds and Education Award grants.

#### **E. Capacity, Accomplishment, and Performance Measurement**

State Commission performance is a factor in considering the capacity of the Commission to manage a competitive subgrant portfolio.

CNCS will assess State Commission performance based on multiple factors, including:

- Progress toward objectives outlined in the State Service Plan
- Progress toward meeting targets of an aligned capacity building national performance measure
- Monitoring and oversight execution
- Commission budget planning and execution
- Statewide member enrollment rates
- Statewide member retention rates
- Progress of programs towards meeting performance measures

## VI. APPLICATION INSTRUCTIONS

Applications consist of the following components. Please make sure to complete each one. CNCS staff will review completed applications to determine technical assistance needs for State Commissions. CNCS will also review your application for compliance with grant terms and conditions and applicable federal laws and regulations.

- Applicant Info
- Application Info
- Narratives
- Performance Measures
- Documents
- Budget
- Funding/Demographics
- Review, Authorize, and Submit
- Survey on Ensuring Equal Opportunity for Applicants (Optional)

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

- Start a “Continuation/Renewal” Grant Application
- Select a Program Area: AmeriCorps
- Select a NOFA: FY 2018 Commission Support Grant

### A. Applicant Info

In eGrants, complete the Applicant Info Section. This section is particularly important for CNCS data collection and evaluation. Please take the time to complete this section carefully.

- In the Applicant Info/Applying Type Section, select **Continuation/Renewal** unless you are applying for the first time. If you are a new Commission applying for the first time, select **New**.
- If you are a new program, enter your contact information into the fields that appear.

### B. Application Info

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

In the Application Info Section enter:

- Areas affected by your program.
- Requested project period start and end dates. The project period is one year (January 1, 2018 – December 31, 2018).
- Subject to Review by State Executive Order 12372: This is pre-filled as “No, this is not applicable.” Please do not change the pre-filled statement in this section.
- If you are delinquent on any federal debt.



### **C. Narratives**

**Executive Summary:** The Executive Summary will be displayed on the CNCS website. The information provided should capture the essence of Commission operations and objectives for the state. Use the text below and fill in the blanks to guide the composition of your Executive Summary:

[Name of Commission], the [State] Commission, administers [number of AmeriCorps programs] that address the State's needs in the areas of [focus areas of the AmeriCorps portfolio]. In addition, the Commission [brief list of other Commission activities].

**Program Narrative:** Your program narrative consists of your responses to the following questions. Respond to each question with your plan for 2018.

Each Commission must complete a Theory of Change Logic Model (see Appendix III) that outlines the Commission's theory of change. **Commissions are required to submit a copy of their state service plan upon request by CNCS.**

#### AMERICORPS GRANT OUTREACH AND SELECTION

- What are your strategies or approaches for outreach to eligible organizations that may be interested in operating an AmeriCorps program?
- What is your process for receiving, reviewing, and deciding what applications are submitted for the competitive and formula process? Is the competitive process separate from the formula process or is it interrelated?
- What process does the Commission engage in either directly with its applicants or independently to ensure the competitive applications that are submitted to CNCS have a strong theory of change, high quality performance measures, allowable AmeriCorps member activities, and are responsive to the NOFO?
- What processes have you established to assess an organization's capacity to manage Federal grant funds and raise the additional funds necessary to operate an AmeriCorps program?
- How do you assess potential grantees' financial systems before you approve the applicant for funding? If risks are identified, how do you take those risks into consideration when making funding decisions?
- What pre-award review process have you established to assess whether organizations will meet the needs expressed in their proposals and manage a high quality AmeriCorps program?

#### COMPLIANCE AND PERFORMANCE

- How do you plan to train and monitor subgrantees for full compliance with the applicable Federal Regulations, including the Uniform Guidance and Audit Requirements for Federal Awards, and the Grant Terms and Conditions?
- What support will you provide to subgrantees to ensure a thorough understanding of performance measurement and the ability to demonstrate outcomes?
- Describe your performance and continuous improvement strategies for statewide member enrollment and retention rates.

- How do you develop and execute your Commission budget in order to fully and properly use all awarded funds? How do you ensure accurate and timely reporting of CNCS and match expenditures?
- How will you ensure the Commission meet the outcomes outlined in the theory of change (logic model) and in your State Service Plan?

#### COLLABORATION AND SUSTAINABILITY

- What are your ongoing efforts or special initiatives that involve convening of and/or collaborating with the CNCS State Offices, multi-state AmeriCorps programs, AmeriCorps VISTA, AmeriCorps NCCC, Senior Corps, State Education Agencies, state networks of volunteer centers, and/or other volunteer service organizations within the state to determine the needs/problems included in the state service plan? What are the major needs/problems the Commission identified and included in the state service plan?
- Describe how you leverage community and private sector resources in support of the goals identified in the State Service Plan.
- How do you ensure the sustainability of your national service and volunteerism efforts?
- Please include information on financial resources, continuity of operations and staff succession planning, and bi-partisan political support.

Your narrative is not limited to responses to the points listed above, and may also include other elements that you and your service partners find useful.

#### **D. Performance Measures**

The role of State Commissions includes building the capacity of national service programs and other organizations in the state. In order to track performance in capacity building, Commissions must select from Capacity Building National Performance Measures (at the following link) to create at least one aligned performance measure.

<https://www.nationalservice.gov/documents/2017/2018-ameri-corps-state-and-national-performance-measures-instructions>

See Appendix IV of these Application Instructions for specific information on entering performance measures in eGrants.

#### **E. Documents**

**All required documents** must be submitted to [CommissionFormula@cns.gov](mailto:CommissionFormula@cns.gov) by the submission deadline. Indirect Cost Rate information must also be entered in eGrants per guidance provided in Appendix V.

**Theory of Change Logic Model.** Complete the chart with your major Commission activities and submit via email to [CommissionFormula@cns.gov](mailto:CommissionFormula@cns.gov) on or before the application deadline.

**Indirect Cost Rate.** If you are a State Commission using a federally approved indirect cost rate, you must enter your current approved indirect cost rate information into eGrants on or before

the application deadline. Additional guidance on how to enter indirect cost rate information can be found in Appendix V.

**Commission Board Composition.** You are required to create a separate word processing or spreadsheet document that includes information about each Commissioner, based on format in the example below. Submit this document via email to [CommissionFormula@cns.gov](mailto:CommissionFormula@cns.gov) on or before the application deadline. CNCS will use this information to determine State Commission compliance with the State Commission composition regulation (45 CFR § 2550.50). Commissions not compliant with board composition requirements will be asked to provide a corrective action plan.

<b>Information</b>	<b>Example</b>
Prefix, First, Middle, Last, Suffix	Ms. Jane Commissioner
Title (Commissioner, Chair, Vice Chair, Treasurer, etc.)	Commissioner
Term Expiration Date and Voting Status (Voting, Non-Voting, Ex-Officio)	12/31/17 (Voting)
Organizational Affiliation <b>(See examples below. Do NOT enter the name of the organization where the Commissioner works; enter the type of organization).</b> Community-based Agency, State Education Agency, Local Government, Local Labor Organization, Business, Youth, National Service Program, Education/Training, Older Adults in Service, Higher Education, Local Education Agency	Community-based Agency
Services Expert, Education Expert Environmental Expert, Public Safety Expert, Indian Tribes, Out of School Program, DVSA Program, State Agency, Volunteer Sector	
Street Address, City, State, ZIP and if the Commissioner is a State Government Employee	Community Foundation 12 My Street Name My Town, My State 12345

Verify that all required documents have been submitted to [CommissionFormula@cns.gov](mailto:CommissionFormula@cns.gov) before the application deadline.

**F. Funding/Demographics**

There are two questions under the demographics tab to determine if Commission board composition complies with 42 U.S.C. 12638 (d)1 membership balance, that not more than 50 percent of the voting members of a State Commission, plus one additional member, may be from the same political party.

- Enter the number of voting Commission board members for the first question.
- Enter the number of Commission board members that form the largest contingent from one political party for the second question.



100 percent on federal grants.

- **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, Workers’ 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 amount is over 30 percent of total salary, please list each benefit 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.

- **Travel:** Describe the purpose for which staff will travel. Provide a calculation to include 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. For example: Two staff members will attend the ACSN Grantee Symposium 2 staff x (\$750 airfare + \$50 ground transportation + (1 day) x \$200 lodging + \$75 per diem) = \$2,150. Reimbursement should not exceed the federal mileage rate unless a result of the commission’s policy and justified in the budget narrative. Only domestic travel is allowable; other travel is allowable only if specifically identified and approved as a condition of a grant award.

Travel for subgrantee monitoring and CNCS-sponsored meetings should be budgeted or a justification why it is not included should be provided.

- **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 Section E - Supplies below. Purchases of equipment are limited to 10 percent 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.
- **Supplies:** Supplies include any equipment that costs less than \$5,000 per unit. You must include any individual supply cost of more than \$1,000 in a separate line item.
- **Contractual and Consultant Services:** Indicate the daily rate for consultants you are proposing to use and their contractual services. Indicate the daily rate, number of days, and total cost and justification in the narrative. There is not a maximum daily rate.
- **Other Support Costs:** Include costs that may not fit into the other categories, such as newsletters. You must fully explain any costs in this category. Provide the rate calculation for ASC dues and explain how the rate or amount was determined. Explain and justify any professional development costs. If food is included in the cost for an

event, please justify and itemize the cost separately. If mini-grants are included in the budget, identify the number of grants and the approximate amount of each grant. If you have VISTA members, clarify the use of Commission Support Grant funds to support them. If recognition events are part of the budget, clarify the purpose if food is provided. The type, number, and value of recognition items should be described and the type of intended beneficiary identified.

- **Indirect Costs:** You may use your negotiated indirect cost rate for your Commission Support Grant budget, if you have one. Specify the Type of rate for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Indicate the approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). If you choose to claim a lower rate, please indicate this.
- **Source of Funds:** Enter match source information by clicking “Enter Source of Matching Funds” (Budget Section I: Support Expenses). Indicate whether your State Commission share is cash or in-kind and the sources that provide the match. The amount of match noted in the source of funds section must equal the amount indicated in the budget.

**APPENDIX I: GRANT TERMS AND CONDITIONS**

By accepting funds, you agree to comply with the General Grants Terms and Conditions and the Commission Support Grant Terms and Conditions that apply to these funds and all applicable federal statutes, regulations, and guidelines and any amendments thereto. You agree to administer the grant in accordance with your approved application and budget, supporting documents, and other representations made in support of the approved application.

All applicable Terms and Conditions of the grant, including regulations and Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards that are incorporated by reference shall apply to any grantee, subgrantee, or other organization carrying out activities under this award.

**APPENDIX II: COMMISSION ALTERNATIVE MATCH SCHEDULE**

**Instructions for Requesting  
the Commission Alternative  
Matching Schedule**

**Background.** The National and Community Service Act (NCSA) allows CNCS to approve an alternate match schedule for Commissions that successfully demonstrate hardship in meeting the 50 percent required grantee share in the current economic climate. The NCSA allows an alternative schedule in hardship cases as follows:

- First \$100,000 of CNCS Funds - \$0 match required
- \$101,000-\$250,000 of CNCS Funds – \$1 match for every \$2 CNCS
- Over \$250,000 of CNCS Funds – \$1 match for every \$1 CNCS

**Example:** The table below demonstrates how the alternative schedule applies to a \$300,000 state allocation from CNCS. Calculating the aggregate required match for the overall budget results in a Commission share of 29.4 percent (\$125,000 of a total budget of \$425,000).

<b>Amount</b>	<b>CNCS Share</b>	<b>Commission Share</b>	<b>Total Budget</b>
0 - \$100,000 (no grantee share)	\$100,000	\$0	\$100,000
\$100,000 - \$250,000 (\$1 for \$2)	150,000	75,000	\$225,000
\$251,000 - \$300,000 (\$1 for \$1)	50,000	50,000	\$100,000
<b>Total Budget</b>	<b>\$300,000</b>	<b>\$125,000</b>	<b>\$425,000</b>

The NCSA legislation did not identify specific indicators that Commissions must use to demonstrate hardship. In developing these guidelines, CNCS reviewed fiscal data available through a variety of sources and considered several different criteria as measures of hardship, including data available from the National Association of State Budget Officers, the National Council of State Legislators, and Standard and Poor’s.

State budget data are difficult to compare because a budget shortfall may manifest itself more at the county and city level than the state level, making a state budget deficit appear less severe. In addition, a state’s budget situation does not necessarily affect the Commission’s situation. Therefore, CNCS has not identified specific budget or deficit information the Commission must provide to demonstrate hardship. The burden of proof is on the Commission to clearly demonstrate that it is experiencing a period of unusual hardship that is having a serious impact on the federal-state partnership expected under the national service laws.

If you think you can demonstrate hardship for your Commission to qualify for an alternative match schedule on your Commission Support grant, submit your request to the email address below. CNCS will make decisions within 60 days of receipt of request. Your Program and Grants Officer will assess the requests and prepare recommendations for Office of Grants Management Director approval. If approved, your Grants Officer will instruct you to revise your budget to meet the new matching schedule.



**State and Commission Hardship Indicators.** Commissions seeking the alternative match schedule should provide all data available that illustrate hardship for the Commission, such as:

- Overview of state fiscal health and its effect on the Commission,
- Decreases in state and non-state support of the Commission over the previous two years of
- Commission operation, and
- The effect of such decreases on Commission operations and its capacity to meet its national service goals.

**Other Considerations.** A Commission’s ability to meet its statutory match requirements and support national service in the state will decrease with the loss of matching funds. CNCS may take the decreased capacity into consideration in making funding decisions for other grant applications, including but not limited to, State Competitive Funds, Education Award grants, and supplemental Commission Support Grant funding.

**Submit Applications to:** [StateAdminMatch@cns.gov](mailto:StateAdminMatch@cns.gov)  
(CNCS will not consider requests submitted to any other email address.)

**E-mail subject line is:** [State Name] Commission Support Grant Alternative Match Request

**Specific Instructions:** You must make the strongest case possible that the Commission cannot continue to match at the required 50 percent grantee share of the total budget. The threshold remains high for approval. You must respond to each question below. Please include both the question and your response in your request:

**1. Statement of Request:**

Submit your request by completing the chart below. A) Include the dollar amounts of the request (CNCS Share) and the matching funds the Commission can raise (Grantee Share). B) Indicate the time frame for which the alternative match schedule is requested (number of program years). An alternative match schedule is generally approved for one program year at a time.

Amount	CNCS Share	Commission Share	Total Budget
0 - \$100,000 (no grantee share)	\$	\$0	\$
\$100,000 - \$250,000 (\$1 for \$2)	\$	\$	\$
\$251,000 - \$300,000 (\$1 for \$1)	\$	\$	\$
<b>Total Budget:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Program Year(s) for the AMS is Sought:</b>			

**2. State and Commission Hardship:**

- a. Describe the state’s overall financial situation, including decreases in state revenues from taxes and other sources, increased budget needs, and the reasons for such decreases and increases.
- b. Describe the affect that state hardship is having on the Commission.

- c. Complete the following chart indicating the dollar amounts of state and non-state support the Commission received for the previous fiscal year and the current fiscal year.

<b>Funding Type</b>	<b>Funding Amount</b>	<b>Funding Amount (Previous FY)</b>	<b>Funding Amount (Current FY)</b>
<b>Total State Support</b>	\$	\$	\$
	<b>% Change Between Years</b>	%	%
<b>Total Non-State Support</b>	\$	\$	\$
	<b>% Change Between Years</b>	%	%

- d. Explain the reasons for the changes in levels of support from year to year.

**3. Fundraising:**

- a. Complete the following chart indicating the amounts of matching funds that were raised for the current grant year, that have been raised to date for the grant year of the request, and that are anticipated to be raised for the grant year(s) for which the alternative match schedule is requested.

<b>Source</b>	<b>Amount Raised for the Current Grant Year</b>	<b>Amount Raised to Date for Grant Year of Request</b>	<b>Amount Anticipated to be Raised for Grant Year of Request</b>
<b>State Source</b>			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
<b>Non-State Source</b>			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$

- b. Describe your efforts and plan to raise match funds and meet the statutory match requirement in the future. If an alternative match schedule is requested for more than one grant year, explain the reasons why the Commission cannot meet its matching requirements in those additional grant year(s), i.e. what are your reasons for believing state hardship will continue?

**4. Impact:**

- a. If approved for an alternative match schedule, the Commission's match requirement and total overall budget will decrease. Describe how the Commission will continue to meet its responsibilities and the challenges it will face with a decreased overall budget if CNCS approves the request for the alternative match schedule.
  - b. If CNCS determines you have not made a sufficient argument for state hardship, what level of matching funds will you be able to raise to meet the full 50-50 requirement?
5. **Other:** Provide any other justification and information for your request that is not presented in the responses to the above.

**APPENDIX III: THEORY OF CHANGE LOGIC MODEL**

Complete this chart with information summarized from the Commission’s three-year State Service Plan. Submit the chart as an email attachment to [CommissionFormula@cns.gov](mailto:CommissionFormula@cns.gov) on or before the Commission Support Grant due date. The subject line of the email and file name of the attachment should be “[State Abbreviation] [Year] Commission Logic Model”. Commissions are required to submit a copy of the State Service Plan to CNCS only upon request.

NEED	INTERVENTION			RESULT
PROBLEM	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Community needs identified in the State Service Plan	The human, financial, organizational, and community resources the Commission has available for conducting the activities related to the stated need.	Commission strategies described in the State Service Plan	Products resulting from Commission activities	Resulting change (knowledge, attitude, behavior, or condition) from Commission activities (Note: Outcomes are the goals identified in the State Service Plan)

## **APPENDIX IV: EGRANTS PERFORMANCE MEASURES INSTRUCTIONS**

Commissions must select at least one set of aligned (output + outcome) Capacity Building National Performance Measures. Commissions using the CSG Applicant Determined Performance Measure Guidance may create an aligned applicant-determined capacity building measure in lieu of selecting a National Performance Measure. Commissions may also select additional aligned applicant-determined performance measures in the Capacity Building Focus Area, if appropriate. 2018 Performance Measure Instructions can be found at the link below (Capacity Building Performance Measure Instructions begin on page 6):

<https://www.nationalservice.gov/documents/2017/2018-ameriacorps-state-and-national-performance-measures-instructions>

### **CNCS Performance Measures Home Page Tab**

Welcome to the CNCS Performance Measures Module (PMM).

In this module, you will:

- Provide information about your program’s connection to the CNCS focus areas and objectives,
- Show how you plan to allocate resources to meet your program’s objectives, and
- Create one or more performance measures, setting targets and describing data collection plans.

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

As you proceed through the module, the PMM Home Page will summarize your work. The Home Page contains links that will allow you to edit or delete previously completed performance measures. You may also navigate to other sections of the module using the tab feature at the top of each page or the “Next” button at the bottom of the page.

Once you start using the module, you may return to your eGrants application at any time. Click the “Save” button at the bottom of the screen to save your data before exiting the PMM. When you reenter the PMM, click the “Continue Working” button to return to the tab that you were on when you last closed the module.

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

### **CNCS Performance Measures Objective Tab**

On the Objective tab, you will see an expandable list of the CNCS focus areas available to you (i.e., Capacity Building or Other). When you click on a focus area, a list of corresponding objectives appears for that focus area.

To select your objectives:

- Click on a focus area,
- Select all objectives that are part of your program design,
- Click the “Refresh My Selections” button to view a list of selected objectives, and
- Repeat these actions for each applicable focus area.

For Commission Support Grant applications, all objectives selected should be within the Capacity Building focus area.

Select your program’s primary focus area from the drop-down list at the bottom of the screen. Your choices for a primary focus area will be limited based on your selected objectives (Capacity Building).

If appropriate, select a secondary focus area from the drop-down list at the bottom of the screen. Your choices for a secondary focus area will be limited based on your selected objectives (Capacity Building).

Click the “Delete All Selections” button if you would like to erase all previously selected objectives and restart selecting your objectives.

Click “Next” to proceed to the Resource Allocation tab. You will not enter resources; click “next” to proceed to the Performance Measure tab.

### **CNCS Performance Measure Tab**

On the Performance Measure tab, you will develop performance measures for each grant activity that you intend to measure. Each performance measure will correspond to a previously selected objective. Service activities/interventions, outputs, and outcomes may be CNCS-defined or user- defined.

**Note:** Please consult the application instructions for any performance measure requirements that are specific to your grant solicitation. Commissions must select a Capacity Building Performance Measure.

To create a new performance measure, first select an objective. The list of objectives is limited to those that you selected on the Objective tab.

**Title:** Enter a short, descriptive title for your performance measure.

**Problem Statement:** Enter a brief description of the problem your program will address in this performance measure.

Select the service activities/interventions that your program will deliver. For aligned performance measures, select only the service activities/interventions that will lead to the outcomes of this performance measure. You may add an applicant-determined service

activity/intervention by selecting "Other".

Enter a brief description for each selected service activity/intervention. Your description should include information about the design and dosage (frequency, intensity, duration) of the service activity/intervention.

Uncheck the box next the service activity/intervention name and click "Save" to remove a previously selected service activity/intervention.

Select output(s). The output list includes only the CNCS-defined outputs which correspond to your selected objective. If you do not wish to select a CNCS measure, or none are listed, you may create an applicant-determined output by clicking the "Add User Defined Output" button. For each output:

- Describe the specific instrument that you will use to measure the output. Include the title of the instrument and a brief description of what it measures. Your description must explain how the instrument will be administered and any details about its reliability and validity.
- Enter your output target and the unit of measure. For applicant-determined outputs, the unit of measure must describe what you intend to count (e.g., children, miles, number of organizations, etc.). Do not enter percentages or hours as units of measure. Your target must be a whole number.

Select outcome(s), if applicable. The outcome list includes only the CNCS-defined outcomes which correspond to your selected objective. If you do not wish to select a CNCS measure, or none are listed, you may create an applicant-determined outcome by clicking the "Add User Defined Outcome" button.

- Describe the specific instrument that you will use to measure the outcome. Include the title of the instrument and a brief description of what it measures. Your description must explain how the instrument will be administered and any details about its reliability and validity.
- Enter your outcome target and the unit of measure. For applicant-determined outcomes, the unit of measure must describe what you intend to count (e.g., number of organizations, etc.). Do not enter percent or hours as units of measure. Your target must be a whole number.

For Capacity Building performance measures, you may select optional end outcomes. Complete the corresponding drop-down box for any end outcome selected.

Click "Add PM to Table" button to validate your performance measure. If any data are missing or there are errors, eGrants will return a list of errors at the top of the screen. You must address these errors before eGrants will allow you to work on the next measure. Click the "Complete PM" button to re-validate the measure. Once the measure is successfully validated, a blank performance measure entry screen will appear. You may create additional performance measure sets, repeating the instructions above.

After you complete a performance measure, a summary of the measure will appear at the top of the screen. Click the “Edit” button at the end of a row to re-open the measure for changes. Click the “Delete” button to remove a measure.

Click “Next” to proceed to the Summary tab.

**Note: You may delete one or more outputs or outcomes from a performance measure without deleting the entire measure.**

- To delete a CNCS-defined output or outcome, change the method back to “— Select Method—” and delete all text from the instrument description and target number fields. Click “Save” or “Complete PM” to remove the output/outcome from the measure.
- To delete a user-defined output or outcome, delete all text from the title field. Click “Save” or “Complete PM” to remove the output/outcome from the measure.

### **CNCS Performance Measures Summary Tab**

The Summary tab provides an overview of all the information that you have entered in this module. When you click on a measure, it will expand to display more information about that measure. You may print either details for individual measures or a summary of all your performance measures.

Click “Print All Performance Measures” to print a summary of all performance measures. Click “Print This Measure” to print information for a single performance measure.

Click “Edit Performance Measures” to return to the Performance Measure tab.

Click “Validate Performance Measures” to validate the information entered into this module. While you may exit the module and return to your application at any time, you will not be able to submit your application to CNCS until your performance measures have been validated.

Click “Back” to return to the Performance Measure tab.



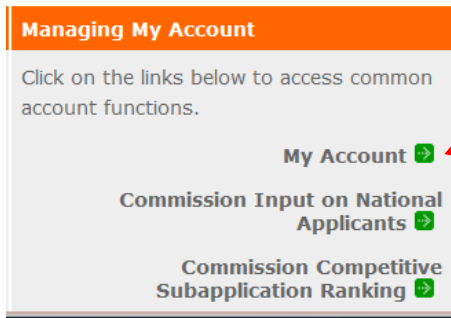
## APPENDIX V: EGRANTS INDIRECT COST RATE (IDCR) USER GUIDANCE

A new feature has been introduced to eGrants that allows users to input Indirect Cost Rate information into their eGrants account. Grantees who will be claiming indirect costs on CNCS 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:**

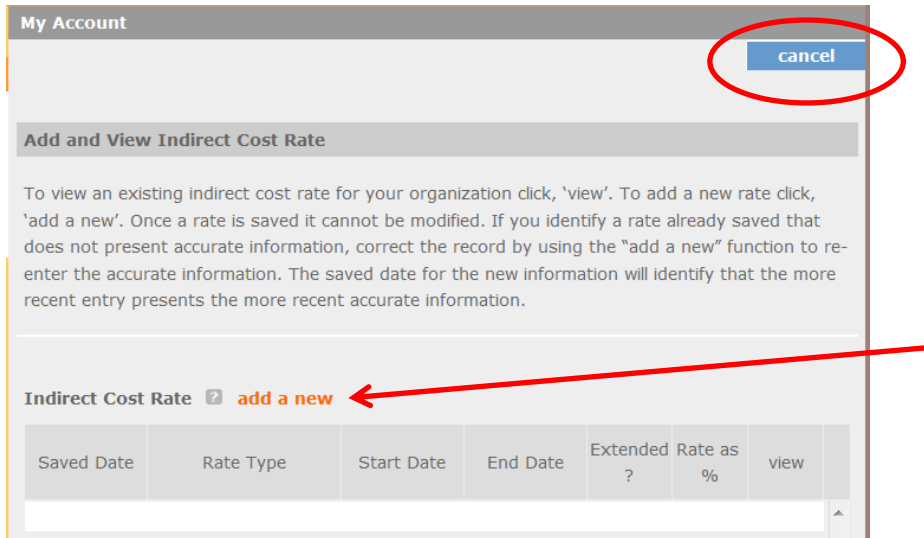
- 1) From the **eGrants Home** screen, in the lower panel under **Managing My Account**, click on **My Account**



- 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 appear:

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cancel save & close

Enter an indirect cost rate record by completing the fields shown below. Use the RoboHelp '?' button for field by field instructions.

**Indirect Cost Rate Record**

\* Do you have Indirect Cost Rate to record? Please Select

\* Rate Type: Please Select

\* Issuing Agency: Please Select

\* Acceptance Date: (mm/dd/yyyy)

\* Effective From: (mm/dd/yyyy)

\* Effective To: (mm/dd/yyyy)  No Expiration

\* Extended? Please Select

\* Rate Status: Please Select

\* Rate Percent: %

\* Rate Base:

\* Treatment of Fringe Benefits:

\* Treatment of Paid Absences:

cancel save & close

- 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 CNCS 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:** If your rate type is not one of the following options, contact your grants officer for guidance:
- **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 grants officer. 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** and notify your grants officer. 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 CNCS with a historical record which can be used to clarify indirect cost rate inquiries for monitoring, consistent record maintenance, and audits.

If you have any questions or concerns, please contact your assigned grants officer.