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Executive Summary

The National Urban League proposes to have 20 AmeriCorps members based at our community-based, multi-service Urban League affiliates who will provide outreach to employers, education and assistance for health insurance enrollment, and occupational and preventive health education workshops in Las Vegas, Nevada; Chicago, Illinois; Fort Wayne, Indiana; New Orleans, Louisiana; and Fort Lauderdale, Florida. At the end of the first program year, the AmeriCorps members will be responsible for having engaged 20 employers, having provided 8,000 participants with job training services, having provided 8,000 participants with health education, and having helped 800 participants enroll in health insurance.

This program will focus on the CNCS focus areas of Economic Opportunity and Healthy Futures. The CNCS investment of \$272,000 will be matched with \$524,757 in Private funding.

Rationale and Approach/Program Design

Health and work are inextricably linked; good health is essential to productive employment and attaining long-term economic security through work. Healthy workers incur fewer medical costs and are more productive, while those with chronic health issues have more absenteeism, are less productive, and incur higher costs to the healthcare system. Social and physical determinants of health, such as lack of economic security and poor work and living conditions, disproportionately affect African Americans. A disproportionately large number of African Americans lack health insurance coverage, which keeps them from obtaining medical care. According to the Kaiser Family Foundation, African-Americans are 55% more likely to be uninsured than white Americans. The lack of health insurance coverage is especially prevalent among young people ages 18-34. According to the Kaiser Family Foundation, 27% of adults 18-34 were uninsured, the highest of any demographic. According to the US Department of Health and Human Services (HHS), African Americans 18 to 35 account for nearly half of the African American eligible uninsured, but only 30% of the eligible African American population overall. Coined by the health insurance industry, the term "young invincibles" has come to describe these uninsured young adults.

Besides making access to medical care more difficult, lack of health insurance often causes financial instability and even bankruptcy. According to a 2009 study published in the American Journal of Medicine, medical expenses are contributing factor in over 62% of individual bankruptcy filings, and the number of bankruptcy filings attributing medical debt as a significant factor is increasing. In all,

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1.7 million Americans live in households that will declare bankruptcy due to their inability to pay medical bills. In late 2014, the Consumer Financial Protection Bureau released a report that found medical debt has a significant impact on consumer credit, as 43 million Americans have overdue medical debt.

The good news is that the Affordable Care Act can make a significant difference for low-income workers--if they sign up. According to a survey by health research group The Commonwealth Fund, the percentage of Americans who experienced trouble with a medical bill or medical debt in the last year declined from a high of 41 percent in 2012 to 35 percent in 2014. The tax subsidies that form part of the Affordable Care Act can make health care affordable even for low-income families. According to 2014 research from HHS, 69% of individuals selecting plans with tax credits in the federal marketplace have premiums of \$100 or less after tax credits, and nearly half have premiums of \$50 or less after tax credits. In order to get people to enroll, however, in-person assistance is necessary. Data from the first ACA open enrollment period made it clear that consumers applying for health insurance coverage want in-person assistance, and that those who receive such assistance are nearly twice as likely to enroll in coverage compared to those who do not. The need for this assistance is even more pronounced among members of the African American and Latino communities, who are 43% more likely to seek in-person assistance than their white counterparts. While every state has Navigators and community health centers that receive funding to provide enrollment assistance, there are often not enough assisters to meet consumer demand.

African Americans also face significant, costly disparities in health and health care outcomes. African Americans are 1.7 times more likely to have diabetes as non-Hispanic whites, and African American adults are nearly 1.5 times as likely to be obese compared with White adults. Likewise, African American adults are 20% more likely to report serious psychological distress than White adults. According to the State of Urban Health report, published by NUL in 2012, health disparities cost the U.S. economy \$82.2 billion in direct health care spending and lost productivity in 2009 alone. African Americans bore the majority of that cost, to the tune of \$54.9 billion, and over 90% of the medical care and lost productivity costs were in urban areas. Health disparities directly affect low-income African American workers' economic security through resulting unemployment, missed work days, and lowered productivity.

To address these issues, the National Urban League (NUL), a leader in the fight for economic security for African Americans for more than 100 years, proposes a program where AmeriCorps members (ACs) ages 18-34 address health-related aspects of economic security in ways that

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significantly improve low-income African Americans' economic prospects. Specifically, AmeriCorps members in five communities -- Las Vegas, Nevada; Chicago, Illinois; Fort Lauderdale, Florida; Ft. Wayne, Indiana; and New Orleans, Louisiana -- where these problems are prevalent will work to achieve three objectives: 1) Increase their peers' enrollment in health insurance coverage through the ACA; 2) Increase their peers' knowledge of healthy lifestyles and preventive care; and 3) Increase the awareness and adoption of workplace wellness programs and occupational health measures among employers who hire young workers.

Working in concert with existing workforce development programs operated by Urban League affiliates (affiliates) in the target communities, this intervention will help African Americans achieve long-term economic independence. ACs, certified to conduct outreach, education, and enrollment related to the ACA, will address the need for additional in-person enrollment assistance in NUL's target communities. Similarly, certified in NUL's Project Wellness health curriculum, ACs will address the need for preventive health education and employer-sponsored wellness plans to complement existing workforce development programs.

These communities are especially appropriate for AmeriCorps volunteers, as eligible uninsured African Americans are concentrated in several of NUL's five target areas. In a ASPE Issue Brief issued by HHS, Chicago, Fort Lauderdale, and New Orleans ranked numbers three, 10, and 14 of the top 20 metropolitan statistical areas by the number of eligible uninsured African Americans. Further, according to Community Health Data Profile: Health Disparities in New Orleans, a June 2013 paper from the New Orleans Department of Health, African Americans ages 18-64 in New Orleans were nearly twice as likely to be uninsured than white adults. According to advocacy group Illinois Health Matters, 24% of African Americans in Chicago are uninsured, and according to the Centers for Disease Control, 20% of African Americans in Indiana are uninsured. Approximately 29% of Nevada's non-elderly African American population is uninsured in comparison to 19% of non-elderly Whites, according to CBS Las Vegas. Similarly, health disparities are evident in the cities where NUL's proposed ACs program will operate. In Chicago, the rates of high blood pressure for African Americans are about twice as high as those for whites, while in New Orleans, African Americans were three times more likely to die of diabetes than whites. Approximately 53% of Black adults in Broward County are considered obese. Among youth, Blacks and Hispanics in Broward County are twice as likely to be overweight or obese when compared to White teens. And a report from the Indiana Minority Health Advisory Committee found continuing health disparities for health conditions including heart disease, cancer, stroke, and diabetes, among others.

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Theory of Change

By training "Young Invincibles" in low-income urban communities to educate their peers in the 18-34 age group about health issues such the importance of exercise and healthy eating, especially in relation to long-term earning potential, and help them enroll in health insurance, low-income youth in this cohort will have better health outcomes leading to increased connection to work and increased productivity. In the short term, this intervention will result in increased health insurance coverage and healthier lifestyle choices. In the long term, these interventions will result in increased economic security for these youth. Moreover, a secondary effect will occur among the AmeriCorps members, who will benefit from the year of community service, additional income, and work-related experience, improving their own employability and economic opportunity in the process.

Our AmeriCorps intervention model is as follows: during the program year, ACs provide health-related services at affiliate sites to complement the affiliates' existing, highly successful workforce development programs. ACs will work in concert with participants in affiliates' workforce development programs to ensure they receive health education and ACA information. Similarly, participants recruited through health fairs in the community will be referred to receive employment support at the affiliates if needed. Together, this cross pollination of programmatic services will be tracked and later evaluated to gauge any benefits of the integration.

ACs will ensure that participants receive job training services through one of the affiliate's workforce development programs or through the local American Job Center, of which each affiliate who operates this grant has a signed Memoranda of Understanding. ACs will focus on an area of emphasis according to what is most relevant during that time. From June to September, ACs will focus on educating consumers about the importance of health insurance and their enrollment options. From October to February, which coincides with the open enrollment period of the Affordable Care Act and HealthCare.gov, ACs will also provide enrollment assistance to community members. Throughout the year, and especially during the March through May period, members will conduct health education workshops related cardiovascular health, diabetes prevention, and nutrition and obesity, asthma, mental health, and other health issues where disparities are prevalent. They will educate their peers on how occupational safety and preventative health can affect young people's long-term earning potential. ACs will engage local employers who typically hire young invincibles, to: 1) educate employers on the importance of wellness programs, and 2) host health education workshops on-site at the employers' locations targeted at working young invincibles.

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At ACA-related events, ACs will deliver 30-minute presentations regarding the ACA and health insurance options. ACs will also hand out flyers, wallet cards, and other marketing materials. ACs will also use those events and venues to encourage attendees to come in for one-on-one enrollment sessions, and to conduct brief surveys of attendees. Events will be coordinated with organizations such as Young Invincibles, Enroll America, and other organizations dedicated to educating young adults on the importance of having health insurance. Affiliates in Broward County, Las Vegas and Chicago already have active ACA enrollment programs.

Health education workshops will be focused on topics such as heart health, the importance of physical activity and nutrition, and the importance of maintaining low blood sugar and avoiding diabetes. They will also include discussion of mental health issues. These workshops will be based on NUL's Signature Project Wellness program, with a proprietary curriculum that was developed in partnership with the Morehouse College of Medicine. Since 2007, NUL has used funding from Walgreens to support a Wellness Bus Tour in 15 cities, targeting over 200,000 uninsured, low-income individuals, for health screenings. The proposed program will build upon several of the best practices developed through this program.

Each affiliate site will host at minimum one health education workshop per week. In addition, events will be scheduled on a weekly basis at strategic venues in the community, such as churches, community centers, housing projects, and schools. Each affiliate has numerous partners in these categories who will be prime candidates for these presentations. Las Vegas Urban League, for example, will use its partnership with University of Nevada Las Vegas to reach youth, while the Fort Wayne Urban League will reach to youth through Ivy Tech. In addition, events will be held at community and recreation centers, basketball courts, and community service organizations. In addition to affiliate community partners, outreach will take place through faith-based events facilitated by local churches, the previously mentioned ACA sign-up events, and other events facilitated by a wide range of community partners. Health education will be coordinated with other public health efforts, such as HHS's A Million Hearts initiative, designed to eliminate one million heart attacks and strokes, and the National Diabetes Education Program's Power to Prevent program, a family-focused approach to diabetes prevention targeted towards African Americans. ACs will also assist in the production of promotional fliers and other communication materials regarding the workshops, and deliver promotional fliers and other communications to businesses, schools, and community organizations.

In order to reach the 18-34 demographic, a significant social media outreach strategy will be

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employed as well. Targeted social media campaigns will be created for ACA sign-up, obesity and diabetes awareness, cardiovascular health, and financial literacy topics. The campaigns will be targeted to achieve goals such as increased sign-ups and attendance at education events. They may also include online contests and other engagement strategies. Text message information campaigns will support and amplify the messages of the workshops. In addition to social networks such as Facebook, Twitter, and Instagram, campaigns will make use of "HBCU Connect," a social network for students and graduates of Historically Black Colleges and Universities.

When not conducting presentations or health workshops, ACs will be available to provide one-on-one assistance at the affiliate site. During ACA Open Enrollment, they will help consumers apply for and enroll in health coverage through marketplaces, Medicaid, and Children's Health Insurance Program, and work with consumers to help them understand their coverage. During tax season, they will make referrals to VITA sites. Throughout the year, they will refer eligible community members to partners where they can apply for public benefits. ACs will hold daily "office hours" when they are available to provide one-on-one assistance to community members on a walk-in basis. In addition, for those who are interested, ACs will provide ongoing mentoring and coaching to individuals who are learning to make healthier choices throughout the year. This mentoring will include weekly check-in calls or text messages to encourage mentees to implement the new behaviors. While the health insurance workshops will provide education and outreach, the ongoing one-on-one assistance will ensure that community members are able to act on that information to formally enroll in the ACA or get additional information about and support for healthy behaviors.

Evidence Base

There is strong evidence for NUL's proposed interventions for which we seek to achieve the following outcomes: 1) Increase their peers' enrollment in health insurance coverage through the ACA; 2) Increase their peers' knowledge of healthy lifestyles and preventive care; and 3) Increase the awareness and adoption of workplace wellness programs and occupational health measures among employers who hire young workers.

To achieve these outcomes, NUL has designed a program model with multiple evidence-based interventions. The evidence confirms that: 1) Peer-to-Peer education models are effective with changing behaviors; 2) Poor health and productivity loss (and absenteeism) have a causal relationship; and 3) Certain outreach techniques are more effective in reaching young invincibles.

1. Peer-to-Peer Education Models Are Effective With Changing Behaviors: A very similar intervention

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for improving healthcare outcomes related to diabetes, one of the health education areas targeted by NUL, was tested in Peer Mentoring and Financial Incentives to Improve Glucose Control in African American Veterans: A Randomized Trial, by Judith A. Long, MD; Erica C. Jahnle, BA; Diane M. Richardson, PhD; George Loewenstein, PhD; and Kevin G. Volpp, MD, PhD, published in *The Annals of Internal Medicine*, March 20, 2012. This six-month randomized control trial tested financial incentives versus peer mentoring in terms of lowering hemoglobin A1c (HbA1c) levels, a key factor in diabetes. According to the abstract, "A randomized, controlled trial compared two interventions, peer mentoring or a modest financial incentive, designed to help patients with poor diabetes control decrease their hemoglobin A1c levels. Patients randomly assigned to the peer mentoring group achieved a statistically significant decrease of almost 1% in their hemoglobin A1c level compared with those randomly assigned to the control group." The implication is as follows: Peer mentorship can improve glucose control. While this study is more narrowly focused than the proposed NUL intervention, it includes several salient similarities: it is focused on African Americans, it is focused on changing health behaviors, and the peer mentors came from a similar background as the community members they were working with, and it was based around weekly telephone calls.

2. Poor Health and Productivity Loss (and Absenteeism) Have a Causal Relationship: A second study, "Burden of Diabetes on the Ability to Work: A Systematic Review," by Marie-Claude Breton PHD, Line Geunette PHD, Mohamed Amine Amiche PHD, Jean Francoise Kayibanda PHD, Jean-Pierre Gregoire PHD, and Joycelyne Moisan PHD, published in *Diabetes Care*, Volume 36, March 2013 documents the effect of poor health on work productivity, which further supports NUL's proposed interventions. This study was conducted to identify the risk of lost productivity due to absenteeism, presenteeism, and early retirement among individuals with type 2 diabetes in the workforce compared with those without the disease. Patients with type 2 diabetes were compared to patients without type 2 diabetes, and the main outcome was ability to work (absenteeism, presenteeism, productivity loss and early retirement). Further supporting the casual relationship between investing in preventive care and how health education can increase workers' productivity, can be found in "Investing in employees' health to increase productivity," a 2013 study published in the *Journal of Occupation and Environmental Medicine*. In this intervention, wellness coaches provided telephone support to employees, resulting in significant reductions in missed work days, as well as increased productivity while at work. The researchers concluded that, "Workplace health promotion programs that improve employee health can lead to significant increases in productivity."

3. Certain Outreach Techniques Are More Effective in Reaching Young Invincibles: Likewise, NUL's

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methods for reaching its target demographic are also supported by strong evidence. A 2012 policy brief called *Young Invincibles: Young Adult Outreach and the ACA; Educating Young Americans*, by Amy Lin and Jennifer Misory, also examined various case studies on young adult outreach and education. These case studies highlighted effective elements of various public health interventions that are included in NUL's proposed intervention. These include: text messages emulating tone of friend and informal tone combined with mobile technology to reach youth, targeted campaigns that reach different groups of young people in their communities, targeted social media geared towards specific populations, and online contests. Finally, in relation to the ACA, the brief highlights two factors as being especially important: 1) outreach and marketing campaigns that effectively raise eligible populations awareness of the availability of new coverage options and how to access it, and 2) enrollment assistance structures that provide diverse populations with a variety of ways to get help with the application process. Both of these characteristics are also present in NUL's intervention. This further supports our proposed outreach techniques. A 2009 report from Secretary of Health and Human Services Michael O Leavitt said, "Participants in the various qualitative data collection activities consistently identified the following best practices" for outreach and education, which also align with NUL's program model: Tailor advertisements and messages to local markets (and media) and messages should be customized to reflect characteristics and preferences of the local community; Time community outreach to coincide with activities already planned for low income individuals; Provide comprehensive personalized one-on-one assistance; Provide assistance through counselors that beneficiaries trust such as local CBOs. Applying for assistance means divulging personal information about income, assets etc. and beneficiaries are more comfortable disclosing information to counselor [AmeriCorps] they know or with whom they share a common trait; and Strong reliance on CBOs (affiliates) to "do the heavy lifting" of reaching out to, educating, and providing one-on-one assistance to beneficiaries from trusted advisors. Working through CBOs is the one of the best ways to address many challenges of enrolling low-income beneficiaries.

Notice Priority

NUL's AmeriCorps program falls within two of the 2015 AmeriCorps funding priorities: 1) Economic Opportunity, and 2) Multi-Focus Intermediaries. NUL's AmeriCorps program meets all of the requirements for these Priorities, as outlined below:

Economic Opportunity: Opportunity Youth are included both as beneficiaries of services and as ACs in NUL's AmeriCorps program. Affiliates will recruit Opportunity Youth ages 18-24, who have been

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"disconnected from school or work" as defined by CNCS, from NUL's Signature Urban Youth Empowerment Program (UYEP). UYEP consists of six components: 1) mentoring, 2) job readiness workshops, 3) education and hard skills training, 4) job placement services, 5) case management support, and 6) follow-up services after placement. These services work together to allow urban youth to achieve their most important goals, namely: staying out of trouble with the law, getting a high school diploma or GED, getting the job training they need, and then getting a job and/or going to college. NUL currently operates versions of this program in more than 30 cities across the US and all selected affiliates currently operate UYEP programs. Additional community residents, ages 25-34, will be recruited by affiliates from participants in their workforce development programs, and from the broader community.

Multi-Focus Intermediary: NUL's 100+ years of experience as a national intermediary makes NUL an ideal partner to lead the coordination of an AmeriCorps program in Chicago, Ft. Wayne, Las Vegas, Fort Lauderdale, and New Orleans. Each of the five cities has poverty rates above 18%, and in the target areas served by the affiliates can range much higher. For example, the 59 Census Tracts on the South Side of Chicago that make up CUL's target area have an average poverty rate of 39%. As noted in the Need section, lack of health insurance, and health disparities affect the targeted areas. These needs will be addressed through an intervention that makes use of ACs housed at affiliates who are trusted members of the community, and highly respected among community residents.

A key part of NUL's mission is to build the capacity of local service providers to expand and improve quality of services. Thus, NUL will operate as the contract manager and provide grant oversight, technical assistance, fiscal management, and performance management to its five local affiliate partners. NUL's management model utilizes a hub-and-spoke structure, in which NUL plays a central role in leveraging and blending funding, maintaining and enhancing funder relationships, and managing contracts. This model frees up community-based partners to focus on their strengths in offering program services. NUL has developed sophisticated fiscal management, reporting, records management, and performance measurement systems to seamlessly manage the service and administrative requirements of large-scale, complex programs, such as AmeriCorps. NUL's programmatic activities are monitored by a robust repertoire of fiscal controls. NUL has extensive experience managing line-item and performance-based contracts, developing corrective action plans to address concerns or weaknesses in programs, and has in place internal control systems to ensure compliance with federal, state, and city financial reporting mandates as well as GAAP.

NUL will establish a monitoring and reporting schedule to track AmeriCorps performance at each

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affiliate. Management reports will track performance outcomes to ensure ACs are on track to reach the targets identified for each performance measure. NUL will host bi-weekly and monthly partner meetings with ACs and affiliates to provide training and technical assistance, and to allow ACs to share best practices and lessons learned across the system. NUL will monitor performance through check-in calls and site visits, and be responsible for vetting invoices from affiliates to ensure grant money has been spent effectively. Lastly, fiscal reports will be completed on an accrual basis in compliance with OMB Circular A-122 standards. The five affiliates will provide direct oversight of the ACs and supervise their services to community participants. Affiliates will conduct recruitment and training activities of ACs, while NUL will conduct background checks and provide final approval of ACs. In addition to working directly with ACs, affiliates will cultivate partnerships with employers, industry associations, community colleges, training providers, other intermediaries, American Job Centers, WIBs, and specialized service providers.

Member Training

The ACs' service year will begin with a week-long training and orientation at NUL's New York City headquarters. The training will focus on the following three areas: 1) ACA applications and ground rules; 2) health risks, prevention, and treatment; and 3) employment and economic security through greater health coverage and living healthier lives. ACs will obtain their Certified Application Counselor (CAC) certification issued by the HHS. Additionally, ACs will receive the Project Wellness credential, issued by NUL and the Morehouse College School of Medicine. The CAC certification and Project Wellness certification trainings will be delivered by Dr. Noel Manyindo, M.D., MBA, MPH, Senior Director of Community Health and Wellness at NUL. It will be based on the procedures manual produced by HHS and include information on the following procedures: preparing, completing, and updating health coverage applications; reviewing eligibility determinations for enrollment in health coverage; enrolling in health coverage; renewing health coverage eligibility and enrollment; and completing exemption and appeal requests.

The pre-service orientation will include information on the following topics, delivered by NUL's AmeriCorps Coordinator: member rights and responsibilities; standards of conduct; prohibited activities; requirement for a drug free workplace; suspension and termination; grievance policies; sexual harassment policies; other non-discrimination issues; history of service in America; ethics of service; performance measures and how to collect data; program operating procedures (timesheets, safety, travel); dress code and uniform; computer and telephone etiquette; rules of confidentiality; and

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professionalism. NUL will also review allowable versus prohibited activities with ACs. All relevant policies and information will be included in a Participant Handbook distributed to participants. Finally, at the close of the training, ACs will take the AmeriCorps Pledge.

Follow-up trainings will be provided on an ongoing basis, online and in-person. Monthly online CAC training, weekly check-in calls, and monthly training webinars devoted to various topics will ensure ACs receive updated information. These will also provide an opportunity to check in with ACs regarding any questions or issues that arise.

Program Supervision

Upon arriving at the affiliate site to begin the service year, ACs will participate in a three-day orientation session with the affiliate's AmeriCorps Coordinator. An orientation will cover the following topics: review of the Participant Handbook; review of the history of the Urban League affiliate; what it means to be a "first-year employee;" and review of the AmeriCorps Member Agreement. As a follow-up, once per week ACs will attend a team meeting and/or professional development training facilitated by the AmeriCorps Coordinator. During the year, ACs will participate in in-service training covering topics including conflict resolution, life after AmeriCorps (goal setting, resume, job search and interview skills), member recognition, and communication skills. Topical workshops that address issues related to health insurance and health education will also be conducted on a monthly basis. As the end of the service term approaches, trainings will cover the AmeriCorps education award.

To stay in touch with NUL throughout the year, ACs will participate in monthly webinars, as well as occasional discussions via Skype to compare experiences, discuss issues that arise, and get updates on relevant health and employment topics. ACs will also make use of NUL's Basecamp online collaboration portal, where they will have a dedicated space for discussions, as well a repository of important documents.

To ensure successful adherence to the program rules and policies, the affiliate's AmeriCorps Coordinator will: review and approve activity and output logs; record hours worked and amount of work for each ACs; monitor activities to ensure no prohibited activities are being performed; develop service plans to ensure each AC achieves pre-determined objectives; identify trainings and professional development opportunities for ACs; involve ACs in appropriate staff meetings, retreats, and training events; provide direct and honest feedback on both areas of strength and areas of needed growth, i.e. serve as a professional mentor; outline goals and objective; regularly review responsibilities with members; provide tasks, assignment and projects that foster and promote leadership; and

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communicate on the progress and attainment of goals.

Member Experience

In addition to improving economic stability and health outcomes in their communities, ACs will receive valuable work-related experience as well as a stipend. As a result of their training and service, ACs will gain transferable professional skills including public speaking, marketing and outreach, data management, and project management that can be utilized to secure employment after their service term is completed. ACs will also leave the program with two tangible certifications, CAC and certified Project Wellness educator, to add to their resumes. ACs interested in entering the healthcare sector can build on their CAC and Project Wellness certifications and enter a healthcare career pathway by obtaining a Certified Health Educator certificate from a community college. By becoming a Certified Insurance Counselor, ACs will also be able to build on their financial knowledge to move into finance-related career pathways. Finally, building on their one-on-one coaching experiences, members will be well-positioned to move toward case management and social services careers. Affiliate AmeriCorps Coordinators will work with members to document their accomplishments on a weekly basis and provide language to include in their resumes after the service term has ended.

In addition to work-related experience and stipends, each AC will receive benefits including: education award upon completion; health insurance; student loan deferment; professional development; childcare coverage (by CNCS); and a travel stipend. Additionally, the AmeriCorps Coordinator will host professional development trainings based on the needs and interests identified by the ACs during orientation. Hour-long Friday afternoon reflection times will allow ACs to formally reflect on their service, either verbally in small groups or in their journals. The affiliate AmeriCorps Coordinator will be available to discuss lessons learned, challenges and successes that arise through reflection, journaling, and/or professional development trainings.

During the weeklong on-site training, AmeriCorps members will meet members from the other Urban League affiliates, and have time to get to know one another. NUL's AmeriCorps Coordinator will facilitate a discussion of expectations, goals, and desires for the AmeriCorps service year experience. In addition, ACs will attend events with other AmeriCorps members in their local communities. If no events are scheduled, NUL's AmeriCorps Coordinator will schedule an event from time to time and invite other local AmeriCorps volunteers to participate. In addition, the AmeriCorps Coordinator at affiliate sites will connect members with other AmeriCorps members in the area or through online forums. ACs will be encouraged to attend the National Conference on Community Service and

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Volunteering and similar events. During the initial training, at monthly check-ins, and at the close of their service term, ACs will be encouraged to share their reflections on service and what it means, and what they are learning through doing service. During the last three monthly meetings of the service year, the affiliate AmeriCorps Coordinator will have ACs discuss how they might continue public and community service in the future.

Affiliates will recruit Opportunity Youth ages 18-24, who have been "disconnected from school or work" as defined by CNCS, from NUL's Signature UYEP. Additional community residents, ages 25-34, will be recruited by affiliates from participants in their workforce development programs. To recruit ACs, NUL will develop position descriptions and a selection process ensuring that the following requirements are met: a diversity of candidates is selected; there is evidence of fair and open nondiscriminatory selection; each AC is a legal permanent resident or US Citizen; each AC is at least 18 years of age; and each AC has a high school diploma or GED (or is willing to sign a commitment to complete their high school diploma or GED during his/her year of service). Any candidate that has committed murder or is on a state sexual offender list will be deemed ineligible to participate in the program. AmeriCorps positions will be posted by the affiliates, both via signs at the affiliate, online, and in the newspaper. Positions will also be posted on the NUL website, and the AmeriCorps web portal. The local affiliate's AmeriCorps Coordinator and other local staff will interview and select finalists, submitting them to NUL for background screening and approval. NUL will conduct a background check and screen each applicant for compliance with all guidelines. Once selected, ACs will be required to sign a commitment to national service, and to the service requirements of the program.

In addition, three of the 20 AC slots will be reserved for individuals with disabilities. Each affiliate will be required to contact a community partner serving individuals with disabilities to inform them of the program and encourage their constituents to apply to be an AC.

Commitment to AmeriCorps Identification

ACs will be referred to in all materials, including Participant Handbook, orientation materials, program materials, and on the affiliate and NUL websites, as AmeriCorps members. Each AC will receive business cards identifying him or her as an AmeriCorps member. All marketing and outreach for workshops and other services will include the language "Conducted by AmeriCorps members" as well as the CNCS AmeriCorps logo. Affiliate websites will include a page describing their participation in the AmeriCorps program, and the AmeriCorps members serving at their affiliate.

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The NUL AmeriCorps Coordinator will order uniforms, pins, and badges sufficient for each member, and distribute them to members during the on-site training in New York City. ACs will be required to wear uniforms with AmeriCorps logos at all times at the affiliate site and when representing the NUL AmeriCorps program in the community. In addition, ACs will be required to wear pins, badges, and other items with the AmeriCorps insignia as outlined by the affiliate. During site visits, NUL's AmeriCorps Coordinator will do spot checks to ensure uniforms are being worn. Uniform compliance will be one performance measure captured by affiliate staff in weekly performance reviews. ACs who do not adhere to the uniform policy daily will be unable to serve. Continued noncompliance will result in termination from NUL's AmeriCorps program.

Organizational Capability

Experience, Staffing, Structure

Established in 1910, NUL is the nation's oldest and largest community-based movement devoted to empowering African-Americans to enter the economic and social mainstream. NUL's mission is to enable African Americans and other disadvantaged urban communities to secure economic self-reliance, parity and power, and civil rights. NUL, through its 94 affiliates, provides direct services to more than two million people nationwide. Each affiliate is a multi-focus, community based organization that provides services in one or more of the following areas: health, housing, education, entrepreneurship, and workforce, in addition to a robust suite of wraparound services.

The management structure and staffing at NUL includes highly qualified individuals with many years of experience in national, state, and local organizational management, financial management, public policy, administration and operation, and training of publicly- and privately- funded initiatives and programs. These areas of expertise correlate with the statutory and regulatory requirements of the AmeriCorps program. NUL's focus on empowering those most in need of intervention, particularly low-income individuals, is consistent with AmeriCorps vision and goals. NUL is well-organized, structured and positioned to implement and manage the AmeriCorps model.

NUL's Workforce Development Division (WFDD) has implemented programs and provided oversight, management and technical assistance of multi-site projects for over 50 years. WFDD's most recent initiatives, the Senior Community Service Employment Program and UYEP, were initiated in 27 states across the country with combined budgets of \$50 million. Currently, NUL's Workforce portfolio is comprised of several ex-offender grants funded by the US Department of Labor, including a Juvenile Offenders grant, a Young Adult Training and Service Learning Program, and a Young Adult Ex-offenders and High School Dropout program. Saroya Friedman-Gonzalez, Vice President for

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Workforce Development, provides executive oversight on national workforce programming. She has over 14 years of experience in the non-profit sector and 12 years of experience overseeing workforce programming. Friedman-Gonzalez is an adjunct professor at the Columbia School of Social Work, teaching Masters-level courses covering occupational health, methods for improving productivity among low-income workers, and related subjects.

From November 2004 through July 2011, the National Urban League led the UYEP pilot program, funded by the US Department of Labor. Operated from 29 Urban League sites, UYEP provided educational and skills trainings that gave participants a competitive edge in the current job market. UYEP served nearly 3,900 youth and young adults and had an employment retention rate of 88%, exceeding the DOL's performance goal of 75%. In 2012, NUL was competitively awarded over \$16 million dollars to roll out a more prescriptive UYEP model in 17 cities. While operating this program, NUL has achieved notable performance outcomes. In one of these UYEP grants, for example, 77% of youth who enrolled while in high school have stayed in school (goal is 50%); and with several months left on the grant, 50% of participants have already been placed in a job or entered college (goal is 60%).

Partner Engagement

On December 12, 2014, NUL released the AmeriCorps Letter of Interest (LOI) internally to all 94 NUL affiliates nationwide via the Association of Executives listserv. After a careful review, we selected five to participate. NUL's five partners --Chicago Urban League, Fort Wayne Urban League, Las Vegas Urban League, Urban League of Broward County, and Urban League of Greater New Orleans--have a history of strong results, strong partnership in their local communities, and strong programmatic outcomes. Each partner has demonstrated its support of NUL's AmeriCorps program by signing a letter of commitment, which has been submitted to CNCS. Highlights of each selected partner are below:

* Chicago Urban League: Since 1996, Chicago Urban League's (CUL) Human Capital Department has served low-income youth and adults in Chicago's South Side communities by providing case management, mentoring and ancillary services. In 2010, CUL expanded its African American Male Adolescent Initiative (AAMAI) by developing the nextGENERATION: Urban Youth Connection Mentoring Program.

* Fort Wayne Urban League: The Fort Wayne Urban League (FWUL) has served the Fort Wayne Community since 1920, providing educational, employment and housing services. Funded by Partners for Workforce Solutions from 2006 to 2010, the FWUL implemented Urban Youth STEPS Project.

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* Las Vegas Urban League: The Las Vegas Clark County Urban League (LVUL) was incorporated as an affiliate of the National Urban League in 2003. The agency was designated as the Community Action Agency for Clark County in 2006 and is the largest Community Action Agency in Nevada, serving more than 34,000 low-income individuals and families each year.

* Urban League of Broward County: The Urban League of Broward County (ULBC) is the lead affiliate of seven in the state of Florida (Florida Consortium of Urban League Affiliates) and operates a \$2 million state-wide UYEP program funded by the Office of the Attorney General.

* Urban League of Greater New Orleans: The Urban League of Greater New Orleans (ULGNO) has served African Americans and other underserved populations in the metropolitan New Orleans area since 1938, and remains at the forefront of poverty reduction efforts and initiatives to empower under-resourced communities today.

Compliance and Accountability

NUL was named the top charity serving African-Americans by the Chicago Tribune in 2011, and has received top ratings from both Charity Navigator and CharityWatch for its strong fiscal management. In its capacity as a national intermediary, NUL provides contract, fiscal, and data management for its subgrantees. NUL's WFDD is charged with the implementation, oversight, and monitoring of this initiative. The NUL AmeriCorps Director will have the responsibility of ensuring fidelity to the contract agreement with ACs. The process and plan will include weekly review and monthly reports to NUL senior staff of performance outcomes and measures. Affiliates will report programmatic and outcome data through a secure web portal on the NUL website. An AmeriCorps track will be initiated at NUL's Annual Conference for program affiliates and their supervisors to provide compliance training. In any instances of noncompliance, the NUL AmeriCorps Director will take immediate corrective action, reporting issues to correspondingly higher levels of the organization as necessary. Corrective Action Plans will be issued to address noncompliance. Increased site visits and monitoring calls may be conducted. NUL's Affiliate Services department will be notified, and provide additional corrective action. In an extreme case, the program would be pulled from the noncompliant affiliate and the funding distributed to compliant affiliates. All rules and regulations of the AmeriCorps program will be included in legally binding Letters of Agreement that are signed by subgrantee affiliates. NUL's Legal Department ensures that NUL complies with the requirements of each funder's contractual obligations.

Cost Effectiveness and Budget Adequacy

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Cost Effectiveness

Through leveraged dollars, partnerships and CNCS funding NUL is able to provide a highly competitive budget model. Through the AmeriCorps Members, NUL is able to reach a larger percentage of the community to inform them about the importance of preventative care, health insurance and ultimately reduce the economic strain health related incidences have on low-income communities. NUL will see an increase of more than 100% in participants served through workforce related grants with the addition of \$796,757 in grant funding for AmeriCorps. The current approximated annual costs to serve 500 Participants per year through current UYEP grants is \$1,666,667. The AmeriCorps grant is an additional \$796,757(CNCS+MATCH) and proposes to reach 8,000 participants, an over 100% increase in community members served. NUL has a fundraising strategy in place, and we are confident of our ability to raise additional cash match if awarded.

Budget Adequacy

NUL has proposed a budget which meets the needs of all required elements as stipulated by CNCS as well as other operating costs necessary to successfully operate the AmeriCorps grant. With the CNCS portion of the grant which totals \$272,000 and the addition Match of \$524,757 NUL has sufficient funds for the following categories.

Staffing- The proposed budget allows for staff both at the National and Affiliate level to implement and Manage the AmeriCorps Model. The Budget also allows for equal benefits afforded to all Urban League employees at each respective.

Travel- CNCS sponsored technical assistant meetings will be fully covered along with all necessary travel for training of AmeriCorps members. AmeriCorps members will also be given a travel allowance which allows them to access the desired target audience.

Supplies- Supplies such as information packages will be utilized to ensure that the target audience will have handouts to which they can refer for information on health and economic development and also beneficial contact information for further assistance. Other supplies such as the AmeriCorps uniform which will always display the AmeriCorps brand will provide recognition to the AmeriCorps brand. Member support cost, the core of the grant is supported adequately and is above the minimum Allowance for full time Members.

Other Operating costs and Indirect- Match funds, through in-kind and private funding have allowed NUL to cover all operating costs necessary to successful administer the grant. These costs include

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mandatory background checks and sub-grants to the national sites for operating the grant.

Evaluation Summary or Plan

N/A

Amendment Justification

N/A

Clarification Summary

Budget Clarification:

The sentence mentioning a total AmeriCorps budget of \$392,171--with each affiliate receiving \$215,484, leaving NUL with \$176,687--has been deleted. This sentence was included in the Narrative in error. This sentence was based on a very early draft version of the budget, and the failure to delete it was the result of an editing error. The following statement is correct (and a similar statement, which matches the figures indicated in the submitted budget, was included in the submitted Narrative):

"NUL is requesting \$272,000 in CNCS funds, one hundred percent (100%) of which will be allocated to support the AmeriCorps Living Allowance."

NUL will provide Match funding in the amount of \$524,757, which includes the balance of the Living Allowance, all other Member costs, and NUL's Staff and Operation costs for operating the program. In summary: \$796,757 (total budget)= \$272,000(CNCS share) + \$524,757 (NUL share).

Additional budget-related changes have been made as requested. Notably, the budget was altered to lower the Cost Per MSY from \$13,730 to \$13,600.

Performance Measure Clarification:

Performance measures were changed as follows:

--Per request, Performance Engagement and Employee Engagement were removed from the proposed performance measures.

--Per request, Job Training Output 02 was removed from the proposed performance measures.

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--Per request, health insurance enrollment and health insurance information were removed from the performance measures.

--Measures for outputs and outcomes now align with the same units (i.e. Clients) throughout the performance measures.

--Regarding the minimum level of increase of knowledge needed for beneficiaries to be counted, a Pre and Post Assessment will be administered prior to the training and after the training. An increase in score will indicate an increase in beneficiaries' knowledge. Approximately 75% of participants will be able to increase their score by at least one level. A total of 8,000 clients will be beneficiaries of increased knowledge.

Strategic Engagement Slots Clarification:

Three of the 20 Member slots have been set aside for persons with disabilities. This requirement, as well as associated outreach strategies, have been added to the Narrative.

Continuation Changes

N/A

Grant Characteristics