Alternative Evaluation Approach Request Form

AmeriCorps State and National

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# Alternative Evaluation Approach Request Form

## Instructions

Please complete the three sections of the Alternative Evaluation Approach Request Form: [Requestor Information](#_Requestor_Information_1), [Required Explanations for All AEA Requests](#_Required_Explanations_for_2), and [Required Explanations for Specific AEA Types](#_Required_Explanations_for_3). Use the provided definitions of [grantee size](#_Grantee_Size_for) and [AEA types](#RequestedAEATypeDefinitions) as a resource in completing the form.

### Grantee Size for Evaluation Definitions

**Large**: Grantee is receiving an average of $500,000 per year or more from AmeriCorps during their current grant cycle.

**Small**: Grantee is receiving an average of less than $500,000 per year from AmeriCorps during their current grant cycle or is an EAP grantee.

### Requested AEA Type Definitions

**Structure of Program/Organization** – for large grantees only: Grantee is requesting to conduct a non-impact evaluation for one or more of these reasons:

* The grantee demonstrates insurmountable challenges to forming a comparison group.
* It is not developmentally appropriate for the grantee to conduct an impact evaluation due to significant changes in program design or other evaluation readiness factors such as variability or lack of confirmed fidelity in the program model.

**Previous Impact Evaluation** – for large grantees only: Grantee has previously conducted an impact evaluation of the same project and is requesting to conduct a different type of evaluation.

**Replication** – for large grantees only: Grantee is implementing an evidence-based intervention with fidelity in a new setting and is requesting to conduct a non-impact evaluation.

**Timing** – for large or small grantees: Grantee is planning to conduct an evaluation that will not be completed during the current grant cycle and for which findings will not be available until a later date.

**Member Service Year Threshold** – for large grantees only: Grantee is awarded less than 100 MSY for each year of this grant cycle.

**AmeriCorps National Evaluation** – for large or small grantees: Grantee is participating in an AmeriCorps evaluation that will not be completed during the current grant cycle and for which findings will not be ready until a later date OR the grantee is participating in an AmeriCorps evaluation that does not fulfill the evaluation requirements for a large grantee.

## Requestor Information

Please complete with your information. Select from the available options where indicated. All fields are required.

|  |  |
| --- | --- |
| **Requestor Information** | **Response** |
| **Grantee/Subgrantee Name:** | *Enter your organization name.* |
| **Program Name:** | *Enter your program name.* |
| **Application ID:** | *Enter your most recently submitted or awarded application ID.* |
| **Grant Number:** | *Enter your 10 or 14-digit grant or subgrant number. If you do not yet have a grant/subgrant number, leave this field blank.* |
| **Year Funded:** | *Enter the 4-digit fiscal year in which you requested or received recompete funding.* |
| **Grantee Size for Evaluation:** [Access definitions](#_Grantee_Size_for) | *Choose an item.* |
| **Requested AEA Type:** [Access definitions](#RequestedAEATypeDefinitions) | *Choose an item.* |
| **If Multiple AEA Types selected above, specify types:** | *Enter the requested AEA types.* |

## Required Explanations for All AEA Requests

Please justify how your AEA request meets each of the criteria below. Select from the available options where indicated. All fields are required.

|  |  |
| --- | --- |
| **Criteria** | **Justification** |
| The AEA request is appropriate for your grantee size. | *Choose an item.* |
| The proposed approach will help you build your evidence base or is otherwise necessary. | *Enter narrative justification.* |
| Your written evaluation plan is consistent with the AEA request and meets all standard requirements that are not modified by the AEA.  Note: If you are requesting advance AEA approval before revising your evaluation plan, select the option: *Plan will be submitted later*. | *Choose an item.* |

## Required Explanations for Specific AEA Types

For all AEA type/s you are requesting, please justify how your AEA request meets each of the criteria for that AEA type. Select from the available options where indicated.

Note: Leave the fields for the other non-requested AEA sections blank.

* [Structure of Program/Organization](#_Structure_of_Program/Organization);
* [Previous Impact Evaluation](#_Previous_Impact_Evaluation);
* [Replication](#_Replication);
* [Timing](#_Timing);
* [Member Service Year Threshold](#_Member_Service_Year); and/or
* [AmeriCorps National Evaluation](#_AmeriCorps_National_Evaluation).

### Structure of Program/Organization

|  |  |
| --- | --- |
| **Criteria** | **Justification** |
| The challenges to forming a comparison group are not surmountable due to the nature of your program design;  or  Your program design has changed significantly enough that it no longer meets the [definition of same project](https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XXV/part-2522/subpart-C/section-2522.340);  or  It is not developmentally appropriate for you to conduct an impact evaluation at this time. | *Enter narrative justification.* |
| The proposed alternative approach is the most rigorous option feasible. | *Enter narrative justification.* |
| Optional: A copy of a completed [Impact Evaluability Assessment Tool](https://www.americorps.gov/sites/default/files/document/2015_09_03_ImpactEvaluabilityAssessmentTool_ORE.pdf) is attached. | *Choose an item.* |

### Previous Impact Evaluation

|  |  |
| --- | --- |
| **Criteria** | **Justification** |
| Your previous impact evaluation report was submitted as part of your recompete application. | *Choose an item.* |
| Name and date of completion of your previous impact evaluation. | *Enter name and date of impact evaluation.* |
| Your previous impact evaluation is still applicable to your current program design. | *Enter narrative justification.* |
| Your recompete application was assessed by reviewers as having Moderate or Strong evidence. | *Choose an item.* |
| Your recompete application received satisfactory assessments on the Evidence Quality review criteria. | *Choose an item.* |

### Replication

|  |  |
| --- | --- |
| **Criteria** | **Justification** |
| The experimental/quasi-experimental study report/s being replicated were submitted as part of your recompete application. | *Choose an item.* |
| Name/s and date/s of completion of the replicated study or studies: | *Enter name/s and date/s of study or studies being replicated.* |
| You will implement the intervention described in the study or studies with fidelity. | *Enter narrative justification.* |
| Your beneficiary population is similar to the beneficiary population described in the study or studies. | *Enter narrative justification.* |
| Your recompete application was assessed by reviewers as having Moderate or Strong evidence. | *Choose an item.* |
| Your recompete application received satisfactory assessments on the Evidence Quality review criteria. | *Choose an item.* |

### Timing

|  |  |
| --- | --- |
| **Criteria** | **Justification** |
| The nature of the research questions or outcomes being studied require longer-term measurement that will extend beyond the three-year grant cycle. | *Enter narrative justification.* |
| It will not be possible to submit an interim evaluation report with your recompete application that would meet your evaluation requirements. | *Enter narrative justification.* |
| Timeframe in which you will submit your final evaluation report to AmeriCorps. | *Enter month and year when the final evaluation report will be submitted.* |

### Member Service Year Threshold

|  |  |
| --- | --- |
| **Criteria** | **Justification** |
| Total awarded MSY for each year in your current grant cycle. | *Enter awarded MSY for each year in your current grant cycle.* |
| The yearly AmeriCorps MSY awarded for this grant cycle is less than 100 MSY. | *Choose an item.* |
| You understand that if additional MSY is awarded after AEA approval that pushes the yearly awarded MSY for your grant above 100, this AEA will be rescinded. | *Choose an item.* |

### AmeriCorps National Evaluation

|  |  |
| --- | --- |
| **Criteria** | **Justification** |
| Name of evaluator. | *Enter name of the evaluator conducting the AmeriCorps national evaluation.* |
| Topic of the evaluation. | *Enter the topic of the AmeriCorps national evaluation.* |
| Describe your participation in the evaluation. | *Enter narrative justification.* |
| You understand that if you do not fully participate in the evaluation, this AEA will be rescinded. | *Choose an item.* |

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