

Day of Service Grant Application Instructions

OMB Control #: 3045-0180 **Expiration Date:** 01/31/2023

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IMPORTANT NOTICES

Federal Agency Name: AmeriCorps Funding Opportunity Title: FY 2022 Day of Service Grants Assistance Listing Numbers (formerly CFDA): 94.012 and 94.014

These application instructions conform to the AmeriCorps online grant application system, eGrants.

Public Burden Statement: Public reporting burden for this collection of information is estimated to average 18 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the application and reporting forms. Comments on the burden or content of thisinstrument may be sent to the AmeriCorps, at: <u>DaysOfService@cns.gov</u>. AmeriCorps informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one (1) are current and valid. (See 5 CFR 1320.5(b)(2)(i).

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on these Application Instructions is collected pursuant to 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C.4953 of the Domestic Volunteer Service Act of 1973 as amended.

Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests.

Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside AmeriCorps without prior written permission.

Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

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

Universal Identifier: Applicants must include a Unique Entity Identifier (UEI) in the organizational attributes field of the eGrants grantee administrator account. The UEI is generated as part of the System for Award Management (SAM) registration process. Applicants must have a SAM registration. The legal applicant name and physical address must align with the SAM registration. All grant recipients are required to maintain an active registration throughout the period of performance.

APPLICATION INSTRUCTIONS

Please use the following application instructions if you are a new or recompeting applicant applying for a Day of Service Grant.

These instructions are for use in applying for Martin Luther King Jr. Day of Service activities, September 11th Day of Service and Remembrance activities, or both. If applying for both Days of Service, two separate applications must be submitted in eGrants.

Use these instructions in conjunction with the Day of Service Grant Announcement of Federal Funding Availability or Announcement of Federal Funding Opportunity (*Notice*) for the year in which you are applying. The *Notice* includes deadlines, eligibility requirements, submission requirements, funding priorities and other relevant information that might change annually.

When to Submit Your New Request: See the application deadline in the Notice.

Creating an eGrants User or Organization Account

First-time eGrants users need to first create an eGrants account by accessing this link: <u>https://egrants.cns.gov/espan/main/login.jsp</u> and selecting "Don't have an eGrants account? Create an account."

In eGrants, to begin to apply you will need to:

- Start a new Grant Application
- Select a Program Area (Day of Service)
- Select one or two NOFAs: [Applicable Year of Funding] Martin Luther King Jr. Day of Service and/or [Applicable Year of Funding] September 11th Day of Service and Remembrance

Once you have initiated an application, it will be listed in the **View My Grants/Applications** section of your homepage. If you exit and then return to eGrants and wish to continue entering or editing your application, please open your saved version by selecting "**View My Grants/applications.**" You should not use the "New" button again as this will start a brand new application.

If you experience problems using eGrants, contact the eGrants Help Desk at (800) 942-2677 or online at<u>Contact us | AmeriCorps</u>.

Application Components

Your application consists of the following required components. Please make sure to complete each of these sections.

- I. Applicant Info
- II. Application Info
- III. Narratives
 - A. Executive Summary
 - B. Program Design
 - C. Organizational Capability
- IV. Budget
- V. Review, Authorize and Submit

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

Although the application shell in the eGrants system also includes fields for Performance Measures, Cost Effectiveness and Budget Adequacy, Amendment Justification, and Continuation Changes, these fields will not be assessed.

Please follow the Performance Measures section of the Application Instructions for how to complete this module with null information that will allow the application to be submitted.

Please enter N/A into the Cost Effectiveness and Budget Adequacy, Amendment Justification, Clarification Summary, and Continuation Changes fields.

Applicants that advance in the review process may be asked to add responses to the Clarification Summary field at that time. Responses in the clarification summary field will inform funding decisions.

I. Applicant Info

In eGrants, complete the Applicant Info Section. This section is particularly important for data collection and evaluation. Please take the time to describe your proposed program activities accurately in this section.

- **New Applicants:** Select "New" if you are applying for the first time or applying for a new grant when you are completing a three-year grant. If you are applying as new, enter your project information into the fields that appear.
- **Project Information:** Enter the name and location of the project, the state in which the volunteers will be serving, and the name and contact information for the project director. Then select characteristics that fit your project under Program Design, Program Location, and Program Focus.
- **Project Director:** Please enter the Executive Director or other authorizing executive who will certify the grant.
- **Program Initiative**: Leave blank.
- **Program Website:** Enter the project's URL.

II. Application Info

In the Application Info Section please enter:

- Areas Affected by the Project: Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two-letter state abbreviation with a comma. For city or county information, please follow each with the two-letter capitalized state abbreviation.
- **Project Start and End Dates:** If awarded, your AmeriCorps Portfolio Manager will work with you to finalize your project start date. Your project period is up to three years.
- Intergovernmental Review of Federal Programs: This program is NOT subject to Executive Order 12372.
- **Delinquent on any Federal Debt:** Check the appropriate box.
- State Application Identifier: Enter N/A
- Single Point of Contact: This is pre-filled as "No, this is not applicable."
- The "Estimated Funds Requested" box will be populated automatically after you complete

the budget.

• Please note that the Authorized Representative will be filled in at the end of the application when completing the Assurances and Certifications section. The Authorized Representative will need to have his/her own account to click on the Assurances and Certifications at the end of the application.

Note: Falsification or concealment of a material fact or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine or imprisonment for not more than five (5) years, or both. (18 USC § 1001).

III. Narratives

The application narrative has four separate sections.

- Executive Summary
- Program Design
- Organizational Capability

• Note: The Narratives Section also includes fields for Cost-Effectiveness and Budget Adequacy, Clarification Summary, Amendment Justification, and Continuation Changes. Please enter N/A in these fields. They will be used at a later date to enter information for clarification review, to request amendments once a grant is awarded, and to enter changes in the narrative in continuation requests.

Page Limit and Formatting

- It is important that you preview the eGrants PDF of your application to ensure that you don't exceed the page limit as prescribed in the *Notice*. In the case of competitive grants, reviewers will not consider material submitted over the page limit listed in the *Notice*, even if eGrants allows you to enter and submit text over the limit. From the Review and Submit page, print out your application prior to final submission to ensure it is not over the page limit. This limit does not include the budget pages.
- Bold face, bullets, underlines, charts, diagrams, and tables or other types of formatting will not copy into eGrants.

A. Executive Summary

Please complete the executive summary per the guidance in the Notice.

Applicants should complete the Program Design and Organizational Capability narrative sections by responding to the selection criteria detailed in the Day of Service Grant Notice. Reviewers will assess your application against the selection criteria. To best respond to the criteria listed in the Notice, include a brief discussion of each bullet as it pertains to your application.

B. Program Design

In assessing Program Design, reviewers will determine whether the applicant demonstrates that the Day(s) of Service is designed to achieve the program goals and objectives.

C. Organizational Capability

In assessing Organizational Capability, reviewers will determine whether the applicant demonstrates organizational background and staffing, compliance and accountability to carry out the proposed project

and comply with federal grant requirements.

IV. Performance Measures Module

The eGrants system requires applicants to select, enter information, and validate a minimum of one Performance Measure in the Performance Measures Module in order to submit an application in the system. The content of the Performance Measures Module will not be reviewed, and applicants will not be responsible for the targets set in the module. Applicants will only be evaluated on performance information in the application narrative.

1. Select Begin.

e Page Objective		ar car part	COMPANY 1	erformance Means	en Summery				
Screen Instructions		Add N	lew Perforn	nance Measures	i i				
Velcome to the Verformance Measures Acdule (PMM). Please	^								Begin
lick the "Begin" button to tart creating performance reasures. In this module, ou will complete the sllowing tasks		Edit R	Resource All	ocation				fild Res	
Select performance biective(s)		Delet	e or Edit Pe	formance Hea	sures Created				
Select primary and/or secondary focus areas (#		10	Objective	Title	Interventions	Outputs	Outcomes	End Outcomes	Edit/Delete
equired) Allocate resources by		The	e are current	y no performance	measure created for this appl	ication.			
bjective Greate one or more enformance measures ind set performance srgets Validate performance	ł							Add new Parfor	
neasures prior to ubmitting the application									
lick the 'Help' button at ve top of the screen for tore information about the MM screens.	~								

2. Select Other Community Priorities focus area.

ne Page Objective	Res	ource Allocation Performance	Measure Summary		
Primary/S	econdar	у	Focus Area	Objectives	Refresh My Selections
There are currently r	o Objec	tives selected.			Delete All Selections
Screen Instructions Identify the performance objectives on which you will be reporting from the expandable list of CNCS defined focus area(s) an related objectives. Pleas	^	Disaster Services Economic Opportunity Education Environmental Stewardship			
consult your application instructions for additiona guidance regarding the focus areas and objectiv applicable to this grant solicitation. Click the "Help" button a	25	Healthy Futures Veterans and Military Familie Other Community Priorities			
Click the Help button a the top of the screen for more details about selecting objectives.	~	Select Primary Focus	lect Primary Focus Area V		

3. Then check the box to select an objective. Then select Next.

	imary/Secondary	У	Focus Area	Objectives	Refresh My Selections
There are cur	rrently no Objec	tives selected.			
					Delete All Selections
Screen Instruc	tions 4 ×	Disaster Services			
dentify the perfo objectives on wh will be reporting	nich you \land	Economic Opportunity			
expandable list of lis	of CNCS-	Education			
elated objective consult your app	s. Please lication	Environmental Stewardship			
nstructions for a guidance regardi	ing the	Healthy Futures			
ocus areas and applicable to this solicitation.		• Veterans and Military Families			
solicitation. Click the "Help" t	button at	Other Community Priorities			
he top of the scr nore details abo	reen for out	Objectives			
electing objectiv	ves. 🗸	✓ Other			

4. Enter 1 into the # of Volunteers and # of Project Hour fields and select Next.

	Primary/Secon	dary		Focus Area		Objectives	
1				Other Community Pr	iorities	Other	N
Screen In:	structions •	£	Focu	s Area	Objective	# of Volunteers	Project Hours
escribe ho llocate pro	ow you intend to	~	Other Community Prioritie		Other		
sources a	cross your cus areas and		other community r nonite	3	Subtotal	0	0.00
bjectives. Use ne "Calculate" button to					GRAND TOTAL:	0	0.00
s you ente n the char onsult you structions uidance of	r application for additional n how to sources.						
ick the "H	ne screen for	~					

 Select the objective Other from the dropdown list, and enter N/A into all required fields: Title, Problem Statement, and Description. Click the checkbox for the intervention. Do not select Next.

		Su	ummary of Performan	ce Measures				
ID Objective	Title	Interventions	Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
		There are currently r	no Performance measure	s created for this ap	plication.			
n this tab, you will create e or more sets of rformance measures for ch grant activity that you end to measure. Each	< × • Objecti • Title	ve Other	Per	formance Measur	25	🛃 Comp	olete 👩 Inc	complete
rformance measure will respond to a previously lected objective. Service tivities/interventions, tputs, and outcomes ay be CNCS-defined or er-defined. Please nsult your application structions for any rformance measure quirements that are eofile to your grant licitation.	 Problet Statem Interve 	IN/A		Des	cription A			
ick the "Help" button at e top of the screen for ore details about tering performance easures.	• Output	s 🔹 No records four	nd.				Add Use	r Defined Output

6. On this same screen, scroll down. First select Add User Defined Output.

					Sun	nmary of Perform	nance Measures				
ID	Objective	Title		Interv	ventions	Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
1	Other	N/A		Other					No	Edit	Delete
in this tab ne or more reformance ach grant tend to m erformance prespond elected ob ctivities/in utputs, an utputs, an utputs, ar isay be CN ser-define onsult you structions	be measures for activity that you beasure. Each be measure will d to a previously ojective. Service treventions, d outcomes ICS-defined or d. Please ur application s for any	4 X	Intervention Outputs	2	Interventions Interventions No records found.	Other		Description N/A		Add Use	er Defined Output
equirement pecific to policitation. lick the "H re top of the rore detail ntering pe	Help" button at he screen for	1	Outcomes Enter # of Resources		No records found. # of Volunteers	Project Hour	rs 0.00 \$			Add User I	Defined Outcome
ieasures.		~	<								>

7. Select User Defined Output2.

					Sur	nmary of Perforr	mance Measures	5			
ID	Objective	Title		Inter	ventions	Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
1	Other	N/A		Other	,				No	Edit	Delete
n this ta e or m erforma ch grai end to erforma froma forma forma forma er-defin nsult y	Instructions ab, you will create ore sets of noc measures for nt activity that you measure. Each noc measure will d to a previously objective. Service interventions, and outcomes ENCS-defined or ned. Please our application	4 X	Intervention Outputs	15 🗋	Interventions Interventions Ver De	Other		Description N/A			
rforma quirem	ns for any nce measure ents that are o your grant n.	1	Outcomes	ß	No records found.						er Defined Output
e top of ore det	"Help" button at f the screen for ails about performance s.	~	Enter # of Resources		# of Volunteers	Project Hou	rs 0.00 \$			Add User	Defined Outcome

8. Enter N/A into narrative fields: Title, Instrument Description, and Unit of Measure, 1 into the Targets field, and select Other from the Select Method dropdown menu. Then select the Add User Defined Outcome button. <u>Repeat the Output steps for the Outcome.</u>

							Sum	mary of Perl	ormance M	easures				
ID	Objective	Title		Interv	entior	ns		Outputs	Outc	omes	End Outcomes	Complete	Edit	Delete
1	Other	N/A		Other								No	Edit	Delete
On this t ne or m erforma ach gra tend to elected ctivities utputs, nay be t ser-def onsult y istructioner erforma erforma	Instructions ab. you will create tore sets of ance measures for ance measures for measure activity that you measure activity that objective. Service with the ventions, and outcomes CNCS-defined or ined. Please your application ons for any ance measure ents that are	• ×	Outputs				Title Select Me	Other ned Output2 2thod nt Description	N/A Other N/A	N/A	t of Measure N/A	<u>v</u>]	Add Use	r Defined Output
olicitation lick the ne top of nore de	"Help" button at of the screen for tails about performance	Ŷ	Outcomes	2		records /oluntee		Project I	lours				Add User I	Defined Outcome

9. Add 1 to the # of Volunteers and Project Hours fields.

					Summary	of Performation	nce Measures				
ID	Objective	Title		Interventions	s Outp	puts	Outcomes	End Outcomes	Complete	Edit	Delete
1	Other	N/A		Other					No	Edit	Delete
n this tai e or mo rformar ch gran end to r rformar rrespon lected o tivities/i tputs, a ay be C	nstructions b, you will create one measures for it activity that you measure. Each noe measure will d to a previously objective. Service interventions, ind outcomes NCS-defined or	× ×	Outcomes	2	Targets User Defined O Title Select Method	N/A Othe		Unit of Measure N/A	~	Add Us	er Defined Output
	ed. Please our application is for any ice measure	н			Instrument De Targets	scription N/A	1	Unit of Measure N/A		Add User	Defined Outcome
struction rformar quireme	your grant										

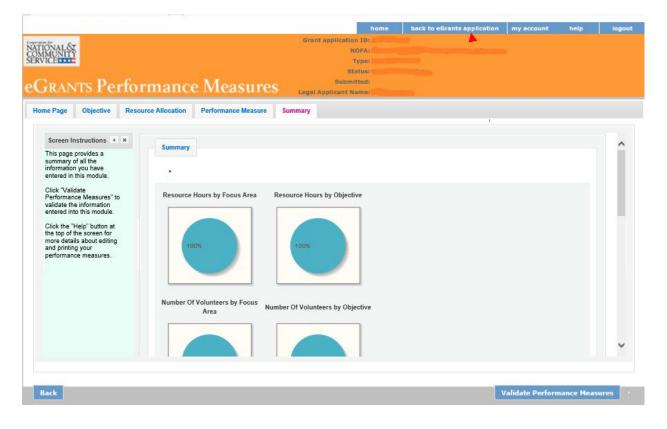
10. Select Complete PM button to populate the table under Summary of Performance Measures with your Outputs and Outcomes. Then select Next. Note: If the Add PM to Table is the option instead of Complete PM, select Save at the bottom left.

					Sur	mmary of Perfo	mance Measures				
ID	Objective	Title		Interver		Outputs	Outcomes	End Outcomes	Complete	Edit	Delete
1	Other	N/A		Other		OUTPT3	OUTCM4		No	Edit	Delete
On this ta ne or m erforma ach gra ntend to erforma orrespo	Instructions ab, you will create lore sets of ince measures for int activity that you measure. Each ince measure will ind to a previously	• ×	Objective Title Problem	E	Other N/A N/A		Performance Me	asures	2	Complete 👩	Incomplete
ctivities utputs, ; nay be C ser-defi onsult y nstructio erforma equirem	objective. Service interventions, and outcomes CNCS-defined or ined. Please your application ons for any ance measure ents that are to your grant on.	l	Statement Interventio		 Interventions Intervention 	is Other		Description			~
he top o nore det	"Help" button at f the screen for tails about performance is.	Ŷ	Outputs	2	N/A		N/A				

11. On the Summary tab, select Validate Performance Measures.

Screen Instructions Summary This page provides a summary of all the information you have entered in this module. Click 'Validate Performance Measures' to validate the information	
Click the "Help" button at the top of the screen for more details about editing and printing your performance measures.	
Number Of Volunteers by Focus Area 1005 1005 Number Of Volunteers by Objective	ate Performance Measures

12. Select Back to eGrants application.



13. To confirm your performance measures have been entered into the application, select view/print report next to Application for Federal Assistance to open a copy of your application

Welcome Alyson	Start New Grant Application
Start New	🔇 back next (
Applicant Info	NOFA Information
Application Info Namatives Performance Measures Elocuments	 NOFA: Grant Application ID #: Due Date: Summary: MLK grants mobilize more Americans to observe the Martin Luther King Jr. Federal holiday as a day of service, encourage those who serve on the holiday to make a
Budget: Section 1 Budget: Section 2	commitment to community service, and bring people together to focus on service to others.
📴 Review	View/Print your application
Authorize and Submit	Please click on any of the following links to view/print a report.
Grant Application Info	 Application View Revision Log Aggregate Budget (Summary) Report: view/print report
Grant Application ID:	Aggregate Budget Narrative: view/print report Application for Federal Assistance: view/print report Funding Summary Chart: view/print report Notice of Grant Award: view/print report Organization IDCR History: view/print report
Type: New Status: Grantee Initial Entry	Organization/People Report: view/print report Program Summary Chart: view/print report Subsidiary Budget Narrative: view/print report

<u>V. Budget</u>

In assessing the budget, reviewers will determine whether match requirements will be met (if applicable), and whether proposed costs are reasonable, allocable, allowable and necessary and conform to the Uniform Guidance.

Please see Budget Instructions in Appendix A.

A. Match Requirements

Grantees are required to meet the matching rate specified in the Notice C.2 Cost Sharing or Matching and D.6.a Award Funding Requirements. Please see Budget Instructions in Appendix A.

B. Preparing Your Budget

Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative. Follow the detailed budget instructions in Appendix A to prepare your budget.

As you enter your detailed budget information, eGrants will automatically populate a budget summary and budget narrative report. eGrants will perform a limited compliance check to validate the budget. If itfinds any compliance issues you will receive a warning and/or error messages. You must resolve all errors before you can submit your budget. All awards are subject to The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. (Uniform Administrative Guidance) (2 CFR Parts 200 and 2205) Please note the Single Audit (A-133) threshold, including the need to provide audit reports to the SingleAudit Clearinghouse (A-133), is now \$750,000 and above in federal expenditures.

For the Source of Matching Funds in the "Source of Funds" field that appears in the budget, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available), Type of Match (State/Local, , Private), and identify if the match is proposed or secured for your **entire** match. Define any acronyms the first time they are used.

VI. Review, Authorize, and Submit

Read the Assurances and Certifications carefully. The person who authorizes the application must be the applicant's Authorized Representative or his/her designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. A copy of the governing body's authorization for the official representative to sign, as well as the delegated authorities, if applicable mustbe on file in the applicant's office.

Be sure to check your entire application to make sure there are no errors, including match calculation errors, before submitting it. eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission when you verify the application. If someone else is acting in the role of theapplicants' Authorized Representative, that person must log into their eGrants account to proceed with Authorize and Submit. After signing off on the Assurances and Certifications, their name will overrideany previous signatory that may appear and show on the application as the Authorized Representative.

APPENDIX A: SF424A Budget Instructions and Worksheet

Before You Begin: In *eGrants*, the preparation of a detailed budget provides the data that creates the summary budget and the budget narrative. Your detailed budget must provide a full explanation of associated costs including their purpose, justification, and the basis of your calculations. Itemize each cost and present the basis forall calculations in the form of an equation, identifying the number of persons involved with the event, the per person/unit cost, and/or the annual salary cost.

The budget should be sufficient to perform the tasks described in your program narrative. All of the amounts you request must be for a particular purpose. Do not include unexplained amounts, amounts for miscellaneous or contingency costs, or unallowable expenses such as entertainment costs. Costs may include travel necessary to meet grant and grantee obligations. Do not include fractional amounts (cents).

Use the Budget Worksheet as a guide as you prepare your budget.

Section I. SUPPORT EXPENSES

- **A. Project Personnel Expenses** Include the portion of principal staff time attributed directly to the operation of the Day of Service project. List each staff position and a brief statement of responsibilities foreach in the 'Position/Title' field. For each position, also include the annual salary, and the percentage of staff time that will apply to the grant.
- **B.** Personnel Fringe Benefits Include costs of benefit(s) for each project staff. You can identify and calculate each benefit or show cost as a percentage of all salaries. If a fringe benefit amount is over 30%, please list covered items separately.
- **C. Travel** Describe the purpose for which staff will travel. Costs allowable are transportation, lodging, subsistence, and other related expenses for local and outside the project area travel. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. The standard mileage reimbursement should not exceed the federal mileage rate unless a result of the applicant's policy and justified in the budget narrative. Only domestic travel is allowable.
- D. Equipment Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year <u>AND</u> an acquisition cost of \$5,000 (five thousand) or more <u>per</u><u>unit</u> (including accessories, attachments, and modifications). Include items that do not meet this definition in **E. Supplies** below. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment.
- **E. Supplies** Include the funds for the purchase of consumable supplies and materials that does not fit thedefinition above. You must individually list any single item costing \$1,000 (one thousand) or more.
- **F. Contractual and Consultant Services** You may include costs for consultants related to the project's operations. Itemize the costs for the consultant and provide a brief justification of the need for the consultant. The cost calculation should provide a basis for determining the cost, such as a daily or hourly rate. Note, there is no maximum daily rate for consultants.

I. Other Support Costs - These costs may include office space rental, utilities, and telephone and Internet expenses that are specifically used for participants, directly involve project staff, and are not part of the organization's indirect cost/admin cost. In addition, these costs should include criminal history checks of staff. If you do not budget criminal history check costs, please explain in the budget narrative how these costs will be covered. If costs are shared with other projects or activities, you must prorate the costs equitably. List each item andprovide a justification in the budget.

Section III. Volunteer Expenses

J. Indirect Costs

1.Definitions

Indirect costs are an allowable budget item in AmeriCorps grants. IAW 2 CFR §200.414 Indirect (F&A) costs, grantees have the option of using an indirect cost rate which has been negotiated with, and approved by, their cognizant federal agency; or a non-federal entity, except those receiving more than \$35 million in direct federal funding, which has never received a federally negotiated indirect cost rate may elect to charge ade minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. Grantees mayalso charge certain administrative costs directly as outlined in 2 CFR §200.413 Direct costs.

2. Calculating Administrative/Indirect Costs

Federally Approved Indirect Cost Rate Method

If you have a federally approved indirect cost this method must be used and the rate will constitute documentation of your administrative costs. Specify the Cost Type for which your organization has current documentation on file, i.e. Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved indirect cost rate (percentage) and the base upon which this rate is calculated (direct salaries, salariesand fringe benefits, etc.). It is at your discretion whether or not to use your entire indirect cost rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

As specified in your indirect cost rate agreement, apply your rate against the direct costs in your budget, including both AmeriCorps' and Grantee's shares (i.e., based on salaries and benefits, total direct costs, orother). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.

De Minimis Rate of 10% of Modified Total Direct Costs

Organizations that do not have a current federally negotiated indirect cost rate and who receive less than \$35 million in direct federal funding, may indefinitely use a de minimis rate of 10% of modified total direct costs (MTDC). Additional information regarding what is included in the MTDC and useof this option can be found at 2 CFR 200.414 (f) and 200.68. If this option is elected, it must be used consistently across all federal awards.

A. Volunteer Costs

This section exists in the budget template for MLK applications, however, you should not include anything in it.

Source of Funds - Enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or inkind), and the source type (Private or State/Local) for your **entire match**. (The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used.

Budget Worksheet

Section I. Support Expenses

A. Project Personnel Expenses

Position/Title	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
			Totals			

B. Personnel Fringe Benefits

ltem	Description	Total Amount	CNCS Share	Grantee Share
Totals				

C. Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

D. Equipment

Item/Purpose	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
		Totals			

E. Supplies

ltem	Calculation	Total Amount	CNCS Share	Grantee Share
	Totals			

F. Contractual and Consultant Services

Purpose	Calculation (include Daily Rate)	Total Amount	CNCS Share	Grantee Share
	Totals			

I. Other Support Costs

	Total Amount	CNCS Share	Grantee Share
Totals			

J. Indirect Costs

Description	Total	CNCS	Grantee
	Amount	Share	Share

Source of Funds

Source(s), Type, Amount, Secured vs. Propos	ed	