

DRAFT Proposed Changes for FY 2014



**Senior Corps
GRANT APPLICATION**

Volume II
Foster Grandparent Program (FGP)
Senior Companion Program (SCP)
for
Competitive Applications
Non-Competitive Renewals
Continuation Applications



DRAFT FACSIMILE OF ELECTRONIC FORMS

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SENIOR CORPS GRANT APPLICATION: GENERAL SUBMISSION INSTRUCTIONS¹**(I) Purpose:**

The Senior Corps Grant Application of the Corporation for National and Community Service (CNCS) is for use by prospective and existing sponsors of Senior Corps projects under the RSVP Program (RSVP), Foster Grandparent Program (FGP) Senior Companion Program (SCP), and Senior Demonstration Programs (SDP). The forms in this package conform to CNCS's web-based electronic grants management system, eGrants.

If needed, please refer to **eGrants step-by-step instructions** as you complete the grant application, located here: http://www.seniorcorps.gov/for_organizations/manage/index.asp

TIP for new applicants in particular: You are encouraged to review and reference these instructions as you read these Grant Application Instructions and use eGrants.

The Senior Corps Grant Application Consists of two volumes:

- 1) Volume I – Used by applicants for RSVP grants. Instructions within the grant application indicate which sections are required for:
 - (A) – Competitive Grant Application Submissions
 - (B) – Non-Competitive Administrative Renewals (only as applicable).
 - (C) – Continuation Grant Application Submissions (current grantees only, for second or third years of a three-year grant).
- 2) Volume II – Used by applicants for Foster Grandparent and Senior Companion grants, including competitive grants, renewal (non-competitive grants), and continuation grants (current grantees in the second or third years of a three year grant).

Instructions in this package apply to all applicants. The instructions address the types of information that must be included to fulfill application and grant requirements.

New applicants must establish an eGrants account by accessing this link:

<https://egrants.cns.gov/espan/main/login.jsp> and selecting: "Don't have an eGrants account? Create an account."

For Applicants submitting Competitive Grants: Please use these Grant Application Instructions in conjunction with the *Notice of Federal Funding Opportunity (Notice)* and FGP Program Regulations [45 CFR Part 2552] and SCP Program Regulations [45 CFR Part 2551]. The *Notice* includes deadlines, eligibility requirements, submission requirements, review criteria and other information applicable to FGP and SCP grant competitions.

For non-competitive grants, the CNCS office in each state will provide notification instructions, including when to begin your next grant application in eGrants.

¹ OMB No. 3045-0035. The collection of this information is authorized by the provisions of the Domestic Volunteer Service Act of 1973, as amended, and the National and Community Service Trust Act of 1993. This agency informs the potential persons who may respond to the collection of information that such persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Prohibited Activities

For Foster Grandparent Program grants, please refer to the [FGP Regulations](#) link.
For Senior Companion Program grants, please refer to the [SCP Regulations](#) link.

(II) Required Sections of the Grant Application

(a) First-time Applicants for a Foster Grandparent or Senior Companion Grant that are applying for a competitive grant or current Foster Grandparent or Senior Companion grantees applying for a new multi-year renewal grant must complete all sections of the Grant Application:

- Part I: Facesheet (Modified Standard Form 424 NSSC)
- Part II: Project Narratives
- Part III: Performance Measures and Work Plans
- Part IV: Required Documents
- Part V: Budget (NSSC Form 424A)
- Part VI: Funding/Demographics
- Assurances (Standard Form 424B)
- Certifications (NSSC Form 424C)

(b) Non-Competitive Continuation Applications: Years 2 and 3 of the Multi-Year Grant must complete the following sections as outlined in the Continuation Instructions on page :

- Please see **Page 23**

Note: Submission of a grant application does not assure receipt of a grant award.

PART I: FACESHEET INSTRUCTIONS: eGrants “Applicant”, “Application”, and “Funding Demographics” Sections

Information entered when creating your eGrants account, entering the Applicant Info, Application Info, Funding/Demographics, and Review and Submit sections will populate the SF 424 Facesheet in the eGrants system. The items below coincide to sections of the SF 424 Facesheet.

This section contains information that would have been entered when creating an eGrants account:

1. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
2. Enter your Organization’s Dun and Bradstreet Data Universal Numbering System (DUNS) number. If needed, the applicant organization may obtain a DUNS number by calling the request line at (866) 705-5711 or online at <https://www.sam.gov/portal/public/SAM/> .
3. The complete name of the organization that will be legally responsible for the grant. This is **not** the name of the organizational unit within the legally responsible organization. For example, indicate “National University” instead of “Liberal Arts Department.”
4. Select the appropriate organization type from the list provided.
5. Consult the list of characteristics of applicants and select (all that apply) the corresponding characteristics.
6. Your organization’s complete address with the 5-digit ZIP code and the 4-digit extension. The 4-digit ZIP code extension is required.
7. Your organization’s phone numbers.

This section contains the Applicant Information. Please enter the following information:

1. Select the appropriate dropdown project or enter/edit the project information:
 - a. The title of the project. RSVP must be included in the title as well as a short description of the geographic area. (For example, RSVP of Cabot County).
 - b. Your organization’s complete address with the 5-digit ZIP code and the 4-digit extension. The 4-digit ZIP code extension is required.
2. The name and contact information of the project director or other person to contact on matters related to this application. The contact person needs to be the individual who can best answer questions about the application.

This section contains the Application Information. Please enter the following information:

1. List all of the geographic locations where the service will occur or is occurring. Please designate by the county or counties. Please include all counties applicable.

For competitive grants, please also include the appropriate state and number of the grant opportunity from the Notice (for example: North Carolina #3).

2. Fill in the project start and end dates. This is the time period covered by the project, and is usually defined as three years. If other than three years, the Notice or supplemental guidance will indicate the project period.
3. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking

the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at: <http://www.whitehouse.gov/omb/grants/spoc.html>. Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.

- a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
 - b. If No, check the appropriate box.
4. Check the appropriate box to indicate whether the applicant is delinquent on any federal debt. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, include an explanation.
 5. State Application Identifier is for State use only (*for AmeriCorps use only – not applicable for Senior Corps*)

This section contains the Funding/Demographics Information. Please enter the following information:

6. Estimated Funding: Enter the estimated amount requested or to be contributed during this performance period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable.
 - a. Total - The applicant's estimate of the total funding amount for the agreement. This amount is automatically populated based on budget sections I and II.
 - b. Federal - The total amount of Federal funds being requested in the budget. This amount is automatically populated based on budget sections I and II.
 - c. Applicant - The total amount of the applicant share as entered in the budget. This amount is automatically populated based on budget sections I and II.
 - d. Local - The amount of the applicant share that is coming from local sources.
 - e. State - The amount of the applicant share that is coming from state sources.
 - f. Other - The amount of the applicant share that is coming from other sources.
 - g. Income - The amount of the applicant share that is coming from income generated by programmatic activities.
7. Check the box to indicate whether your organization is funded by CNCS.
8. Enter the total number of unduplicated volunteers. This number should match the number of unduplicated volunteers entered in the Work Plans.

This section contains the Review and Submit Information:

The person who submits the application must be the applicant's authorized representative. The authorized representative must be using eGrants under their own account in order to submit the application. Please note that this is an electronic signature that results from submitting the grant application in the electronic grants management system, eGrants. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

NOTE: If you are proposing an Amendment to your grant, check the type of revision you are submitting. Contact your CNCS State Office prior to creating an amendment.

- a. "Augmentation" is selected if you are taking an action that changes the programming of the awarded grant.

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet in the eGrants system. The items below coincide to sections of the SF 424 Facesheet.

Please enter or update the requested information in the fields that appear. The contact person needs to be the person who can answer questions about the application.

Item #

[3.] Filled in for your convenience.

[4.] Self-explanatory.

[5.] 3.a. and 3.b. are for State use only (for AmeriCorps use only—not applicable for Senior Corps)

[6.] Item 4.a: Leave blank

Item 4.b: If you are a current grantee applying for year 2 or 3 of an already awarded grant, enter the grant number. Otherwise, leave blank.

[7.] This section contains the Applicant Information. Please enter the following information:

[a.] The complete name of the organization that will be legally responsible for the grant. This is **not** the name of the organizational unit within the legally responsible organization. For example, indicate “National University” instead of “Liberal Arts Department.”

[b.] The name of the primary organizational unit that will undertake the assistance activity, if different from 5.a. Using the example above, here is the place to use “Liberal Arts Department.”

[c.] Your organization’s complete address with the 5-digit ZIP code and the 4-digit extension. The 4-digit ZIP code extension is required.

[d.] The name and contact information of the project director or other person to contact on matters related to this application.

[8.] Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

6a. Enter your Organization’s Dun and Bradstreet Data Universal Numbering System (DUNS) number. If needed, the applicant organization may obtain a DUNS number by calling the request line at (866) 705-5711 or online at <http://www.dnb.com>.

Contractor Registration Required

As of October 1, 2010, CNCS cannot award grants to organizations that are not in the CCR or have an expired registration.

New guidance from the Office of Management and Budget (OMB) requires all federal government grantees to register at the Central Contractor Registration (CCR) Database. CCR is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of Federal agency contracts, grant awards, cooperative agreements, and other forms of federal assistance.

Registration must be in place **before** you can receive a federal assistance award from the Corporation for National and Community Service. The requirement is included in the terms and conditions of each grant. If you are not already registered in the CCR, or have an expired registration, you should activate your account immediately.

[9.] Item 7.a.: Enter the appropriate letter in the box.

Item 7.b:— Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank:

[1.] 2-year college	17. Local Government Municipal
[2.] 4-year college	18. National Non-profit (Multistate)
[3.] Area Agency on Aging	19. Other Native American Organization
[4.] Chamber of Commerce/Business-Association	20. Other State Government
[5.] Community Action Agency/ Community Action Program	21. School (K-12)
[6.] Community College	22. Self-Incorporated Senior Corps-Project
[7.] Community-Based Organization	23. Service/Civic Organization
[8.] Faith-based organization	24. State Commission/Alternative-Administrative Entity
[9.] Governor's Office	25. State Education Agency
[10.] Grant-making Entity Operating in Two or More States	26. Statewide Association
[11.] Health Department	27. Tribal Government Entity
[12.] Hispanic Serving College or University	28. Tribal Organization (non-government)
[13.] Historically Black College or University (HBCU)	29. U.S. Territory
[14.] Law Enforcement Agency	30. Vocational/Technical College
[15.] Local Affiliate of National Organization	31. Volunteer Management Organization
[16.] Local Education Agency	

[10.] Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:

- [a.] Check "New" if you are applying for a new competitive FGP, SCP, or SDP grant.
- [b.] Check "Continuation" if you are a current grantee applying for your second or third year of funding.
- [c.] Check "Amendment" if you are a grantee proposing any change in your budget, requesting a no-cost extension, or revising your Work Plans.

If you are proposing an Amendment to your grant, check the type of revision you are submitting.— Contact your CNCS State Office prior to creating an amendment.

- [b.] Select "Augmentation" if you are taking an action that changes the programming of the awarded grant.
- [c.] Select "Budget Revision" if you are a Senior Corps grantee submitting a revised budget to incorporate a CNCS-authorized increase or CNCS-authorized decrease.
- [d.] Select "No Cost Extension" to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No cost extensions must be requested before the project period ends.
- [e.] Select "Other," as applicable, and specify in the blank provided.

[11.] Filled in for your convenience.

[12.] Use the following list of CFDA (Catalog of Federal Domestic Assistance) number for FGP, SCP, or SDP:

- 94.00— Foster Grandparent Program (FGP)
- 94.00— Senior Companion Program (SCP)
- 94.00— Senior Demonstration Program (SDP)

[13.] Select the appropriate link or dropdown project to:
[a.] Enter the title of the project. (For example, SCP of Cabot County or FGP of Cabot County)
[b.] Enter the name of the CNCS program initiative, if any, as provided in the instructions corresponding to the NOFA for which you are applying; otherwise, leave blank.

[14.] List all of the geographic locations where the service will occur or is occurring. Please designate by the county or counties. Please include all counties applicable.

For **competitive grants**, please also include the appropriate state and number of the grant opportunity from the Notice (for example: North Carolina #3).

[15.] Please reference Item 8 (Above)

- “New:—Enter the proposed project Start and End Dates. This is a 3-year period, also known as the “project period.”
- “Continuation” or “Amendment” application:—Enter the dates of the approved project period.

[16.] Fill in the performance period. The “performance period” is the duration covered by the budget, and is usually defined as 12 months. If other than 12 months, the *Notice* or supplemental guidance will indicate the performance period.

15.— Estimated Funding:—Enter the estimated amount requested or to be contributed during this performance period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable.

[a.] Federal—The total amount of Federal funds being requested in the budget. This amount is automatically populated based on budget sections I and II.

[b.] Applicant—The total amount of the applicant share as entered in the budget. This amount is automatically populated based on budget sections I and II.

[c.] Local—The amount of the applicant share that is coming from local government sources.

[d.] State—The amount of the applicant share that is coming from state government sources.

[e.] Other—The amount of the applicant share that is coming from other sources.

[f.] Income—The amount of the applicant share that is coming from income generated by programmatic activities.

[g.] Total—The applicant's estimate of the total funding amount for the agreement. This amount is automatically populated based on budget sections I and II.

[16.] Indicate if this application is subject to review by the state “Executive Order 12372 Process” by checking the box. Executive Order 12372, “Intergovernmental Review of Federal Programs,” was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these “Single Point of Contact” entities can be found at: http://www.whitehouse.gov/omb/grants_spoc. Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.

[a.] If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process

[b.] If No, check the appropriate box.

[17.] Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.

~~[18.] Signature. Please note that this is an electronic signature that results from submitting the grant application in the electronic grants management system, eGrants. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.~~

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 of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

PART II: PROJECT NARRATIVES INSTRUCTIONS (eGrants “Narratives” Sections)

The purpose of the program narratives and the accompanying Work Plans (see Part III) is for you to provide a project plan with a clear and compelling justification for achieving results with the requested funds.

You may not exceed 25 double-spaced pages for the Narratives, including the Executive Summary as the pages print out from eGrants.

In the case of **competitive grants**, **reviewers will not consider** material submitted over the page limit, 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 25 page limit. This limit does not include the budget and work plans.

PART II – SECTION A. EXECUTIVE SUMMARY

Please provide a summary of your proposed or ongoing project. The Executive Summary must be no longer than one page.

~~The summary should include:~~

~~The number of unduplicated Foster Grandparent or Senior Companion volunteers serving or that will serve.~~

~~The types of populations they serve or will serve, such as children, frail seniors, veterans, etc.~~

~~The primary focus area that the project will address.~~

~~The volunteer service activities or what they actually do or will actually do.~~

~~The locations of these service activities.~~

~~The expected results or outcomes of the volunteers' services.~~

~~The number of stations~~

~~The federal funding level~~

~~The non-federal funding level~~

~~You may adopt and fill in the blanks on the following template to complete your Executive Summary: “An estimated [fill in the number] FGP or SCP volunteers will serve. Some of their activities They will include [fill in a sample of no more than six (6) service activities] through a network of [fill in the number of volunteer stations/placement sites] such as [fill in types of organizations where the volunteers serve or will serve]. The primary focus area of this project is [fill in CNCS Focus Area]. At the end of the three-year grant, [fill in the anticipated outcome(s)]. The CNCS federal investment of \$ [fill in the annual federal grant amount or the requested amount] will be supplemented by \$ [fill in the anticipated level of non-federal resources].”~~

NOTE: CNCS will post these summaries on www.nationalservice.gov in the interest of transparency and Open Government.

Guideline for Writing Your Narratives

As you write your grant application narratives, which are found in **Part II – Sections B through E** of this application, unless otherwise noted, please focus your descriptions on how you will achieve outcomes. Below, please find the Performance Measure Requirements for each program –FGP and SCP.

Grants must align with the **FGP or SCP Performance Measures Requirements**, respectively. These requirements are listed below, and are repeated in Part III – Work Plans.

FGP Applicants: See Part III(a)

SCP Applicants: See Part III(b)

1) Performance Measures Requirements

Your grant application must reflect the Performance Measures Requirements established for the Foster Grandparent Program and Senior Companion Program, respectively, as noted below. The performance measures are documented as a required part of the work plans submitted as part of your grant application.

The unit of measure for Foster Grandparent and Senior Companion Program performance measures requirements is “unduplicated volunteers.” “Unduplicated volunteers” means that each FGP or SCP volunteer is only counted once, even if the volunteer is engaged in more than one activity.

Please review the Performance Measures Requirements for the Foster Grandparent Program and Senior Companion Program on the following pages prior to writing your grant application narratives.

Foster Grandparent Program Performance Measures Requirements

Your grant application must reflect the Performance Measures Requirements established for the Foster Grandparent Program, as listed in items A) and B) below. The performance measures are documented as a required part of the work plans submitted as part of your grant application.

- A) Requirement 1:** At least 75 percent of the unduplicated Foster Grandparent volunteers must be in work plans address Agency-Wide Priority Measure Outcomes for K-12 Success and/or School Readiness.
- B) Requirement 2:** No more than 25 percent of the unduplicated Foster Grandparent volunteers can be placed in assignments that address:
- Agency-Wide Outputs in K-12 Success and/or School Readiness and/or
 - Complementary Measures Outputs in Child Safety, Welfare, and Health; Education; Economic Opportunity.

Foster Grandparent Requirements Measured in Unduplicated Volunteers

Performance Measure Category	Percent of Activity	
Agency-Wide Priority Measure Outcomes: K-12 Success and/or School Readiness	At Least 75% of volunteers.	
Agency-Wide Outputs: K-12 Success and/or School Readiness.	No more than 25% of volunteers .	
Complementary Measures Outputs: Child Safety, Welfare, and Health; Education; Economic Opportunity.		

Senior Companion Program Measures Requirements

Your grant application must reflect the Performance Measures Requirements established for the Senior Companion Program, as listed in items A) and B) below. The performance measures are documented as a required part of the work plans submitted as part of your grant application.

- A) Requirement 1:** At least 90 percent of the unduplicated Senior Companion volunteers must be in work plans address Agency-Wide Priority Measures in Healthy Futures - Independent Living Outcome and/or Complementary Program Measures - Respite Care Outcome.
- B) Requirement 2:** No more than 10 percent of the unduplicated Senior Companion volunteers can be placed in assignments that address the Assisted Living Output Measure. **This option is only available to projects that have volunteers currently in assisted living assignments.**

PART II – SECTION B. STRENGTHENING COMMUNITIES

In **Senior Companion Requirements** Measured in Unduplicated Volunteers

your

Performance Measure Type	Percent of Activity	
Agency-Wide Priority Measure: Healthy Futures-Independent Living Outcome	At least 90%.	
Complementary Program Measures: Respite Care Outcome		
Assisted Living: Output Measure	No more than 10%. Note: This option is only available to projects who have volunteers currently in assisted living assignments.	

Strengthening Communities Narrative, please respond to the following:

- Describe the community and demonstrate that the community need(s) identified in the **Primary Focus Area** exist in the geographic service area.
- Describe the community you serve. Provide persuasive evidence that identify the community needs. For the FGP, this primary focus area is Education. For the SCP, this primary focus area is Healthy Futures—Independent Living and/or Respite for Caregivers. Use demographic information, census data, or other sources as needed to present your case.
- Describe the ways in which the volunteers can serve as effective resources to address the community’s need in the focus area.
- Describe the service activities of the volunteers in the Primary Focus Area: Education for FGP or Healthy Futures/Independent Living and/or Respite for Caregivers for SCP that will lead to National Performance measures output and outcomes.
- Describe a plan and infrastructure to support data collection and ensure National Performance Measure outcomes and outputs are measured, collected, and managed.
- Link the following three major elements in **the work plans that align with National Performance measures** so that the service activities address the need, and result in the anticipated outputs and/or outcomes:
 1. the community needs identified;
 2. the service activities that will be carried out by FGP or SCP volunteers
 3. the anticipated output(s) or outcome(s)

PART II – SECTION C. RECRUITMENT AND DEVELOPMENT

In this section of the narrative, please describe:

- Your plans and infrastructure to create well-developed high quality FGP or SCP assignments with opportunities to share their experiences, abilities, and skills to improve their communities and themselves through service in their communities.
- Your plan and infrastructure to ensure FGP or SCP volunteers receive training needed to be highly effective means to address the identified community need(s).
- The demographics of the community served and plans to recruit a volunteer pool reflective of the demographics of the geographic communities served. These could possibly include:
 - o Individuals of all races, ethnicities, sexual orientation, and degrees of English language proficiency.
 - o Veterans and military family members as FGP or SCP volunteers.
 - o FGP or SCP volunteers with disabilities, including individuals with age-related disabilities.
- Your plan and infrastructure to retain and recognize FGP or SCP volunteers.
- ~~Your plan and infrastructure to create high quality volunteer assignments with opportunities such as sharing their experiences, abilities, and skills to improve their communities and themselves through service in their communities.~~
- ~~Your plan and infrastructure to recruit a volunteer pool reflective of the demographics of the geographic communities served. As applicable, include plans to recruit and place:~~
 - o ~~Individuals of all races, ethnicities, sexual orientation, and degrees of English language proficiency,~~
 - o ~~Veterans and military family members as FGP or SCP volunteers, FGP or SCP volunteers with disabilities, including individuals with age-related disabilities.~~
- ~~Your plan and infrastructure to retain and recognize the FGP or SCP volunteers.~~

PART II – SECTION D. PROGRAM MANAGEMENT

In this section, describe specific plans and strategies for overall management of the FGP or SCP project that you propose. Please focus your narrative on the following:

- The plans and infrastructure structure and plans to ensure management of volunteer stations in compliance with FGP or SCP program regulations (such as preventing or identifying prohibited activities).
- The plans and infrastructure to develop and/or oversee capacity to recruit and manage volunteer stations to ensure that volunteers are performing their assigned service activities. that address specified community needs.
- The plans and infrastructure to meet changing capacity to responsibly graduate volunteer stations community needs, to include that do not address specific community needs and to minimize disruptions to current volunteers as applicable and/or graduating stations as necessary where possible.
- Evidence of an organizational track record in managing volunteers in the Primary Focus Area, to include, if applicable, measuring performance in the Primary Focus Area. The plan and infrastructure to assure national performance measure outcomes and outputs are measured.
- ~~The plan and infrastructure to manage project resources, both financial and in-kind, to ensure accountability and efficient and effective use of available resources.~~
- Plans and infrastructure to ensure the project is in compliance with FGP or SCP federal regulations to include establishing an Advisory Council, ensuring volunteers are placed in stations that have signed the required MOU, and ensuring all volunteers are eligible to serve in FGP or SCP.

PART II – SECTION E. ORGANIZATIONAL CAPABILITY

Briefly describe your organization's capability to operate the FGP or SCP project that you propose with respect to:

- ~~The plans and infrastructure capability for and plans~~ to provide sound programmatic and fiscal oversight ~~(both financial and in-kind)~~, day-to-day operational support ~~to ensure compliance with FGP or SCP program requirements (statute, regulations, and applicable OMB circulars) and to ensure accountability and efficient and effective use of available resources.~~
- ~~data collection, to include clearly defined internal policies.~~
- ~~Descriptions of e~~Clearly defined paid staff positions, including (as applicable) identification of current staff assigned to the project and how these positions will ensure the accomplishment of program objectives.
- Your organization's capacity to: Demonstration of organizational infrastructure, including:
 - (1) Tangible assets such as facilities and equipment, Develop and implement internal policies and operating procedures to provide governance and manage risk, such as accounting, personnel management, and purchasing
 - (2) Governance structure and operations, such as internal policies, purchasing procedures, and personnel management, and Manage capital assets such as facilities, equipment, and supplies.
- Demonstrating organizational infrastructure in the areas of robust financial management systems and past experience managing federal grants.
 - (3) Role of a community participation group, such as an FGP or SCP advisory council, to ensure input from the community; and (4) The existence of robust management systems and past experience managing federal grant funds.

~~How your organization will sustain the proposed required non-federal share.~~

PART II – SECTION F. OTHER NOFA REQUIREMENTS – REFERENCE ONLY

This section is used, as needed, to address any additional program requirements that appear in the published Notice of Funding Availability (NOFA) or supplemental instructions. Refer to the NOFA for specifics.

PART III – PERFORMANCE MEASURES AND WORK PLANS – eGRANTS WORK PLAN SECTION

PART III Section A: Foster Grandparent Program (FGP) Performance Measures and Work Plans - eGrants “Work Plan” Section

Part III Section A.1 About Performance Measure Requirements (FGP)

1) Foster Grandparent Program (FGP) Performance Measures

Performance Measures are the means by which FGP grantees demonstrate tangible outcomes and results of the volunteers’ services in the community. Performance Measures include the “what” – or the indicators; the “how” – or the tools; and the “proof” – or the targets.

2) FGP Performance Measures Requirements

Your grant application must reflect the Performance Measures Requirements established for the Foster Grandparent Program, as listed in items A) and B) below. The performance measures are documented as a required part of the Work Plans submitted as part of your grant application.

A) Requirement 1: At least 75 percent of the unduplicated Foster Grandparent volunteers must be in work plans address Agency-Wide Priority Measure Outcomes for K-12 Success and/or School Readiness.

B) Requirement 2: No more than 25 percent of the unduplicated Foster Grandparent volunteers can be placed in assignments that address:

- Agency-Wide Outputs in K-12 Success and/or School Readiness and/or
- Complementary Measures Outputs in Child Safety, Welfare, and Health; Education; Economic Opportunity.

There are tools available to help you develop your work plans:

- The list of FGP National Performance Measures.
- The FGP Work Plan Development Worksheets can be found in Appendix 3.
- The list of FGP Service Activities, which are part of each work plan you develop.
- A list of Suggested FGP Tools and Instruments, which can be used to measure your results.

Part III Section A.2 About Work Plan Requirements (FGP)

1) About Work Plans

- A Work Plan is **a task plan with action steps** to address a specified community need. In the grant application, these Work Plans form the basis for a proposed project plan: the need the volunteers will address, what they will do, what their service should accomplish for each three-year performance period of the grant.

- Work Plans follow a standard format.
- Work Plans capture the focus of the volunteers' services in standard categories. These include **Focus Areas and Service Activities**.
- Your Work Plans should align with the Strengthening Communities Narrative section of this grant application. Work Plans translate the narrative information that you provided into organized task plans that include the inputs (unduplicated volunteers), service activities, outputs, and outcomes. The Work Plans also provide a place for you to set targets for outputs and outcomes.

2) How many Work Plans are needed?

The number of Work Plans needed is determined by how you place your volunteers, and by the types of service activities they will undertake.

3) How are Work Plans completed?

Data that you enter into the **eGrants Performance Measures Module (PMM)** are the basis for your work plans. As you enter data on the community need and select your outcomes, outputs, service activities and other information, the eGrants PMM will build your work plans for you.

Attachment 3 consists of worksheets designed to help you plan your performance measures. These worksheets can help to organize how you will fit your performance measures together with the volunteer activities. We recommend that you use the worksheets and instructions to map out your work plans, and then use the completed worksheets to transfer the information into the eGrants PMM.

Please http://www.seniorcorps.gov/for_organizations/manage/index.asp for step-by-step instructions on how to use the eGrants PMM.

4) Which sections of the Work Plans must be completed and what is the purpose of each section?

The following sections must be completed for all outcome work plans addressing the requirement of **75 percent of Foster Grandparent volunteers serving in Agency-Wide Priority Measure Outcomes for K-12 Success and/or School Readiness**.

(a) Description of Community Need: The description of the community need must be completed for each output you select. This needs statement should explain the compelling need that will be addressed by the volunteers. When you develop your community need, be sure to:

- Describe the need in enough detail to convey its importance in the community. Use of local statistics can be helpful to make your case.
- Describe the consequences of the need going unmet in the community.
- Describe why Foster Grandparent volunteers can be effective resources to meet the need.
- Describe the need in a way that is clear to people unfamiliar with your community. Do not assume that other readers have an existing understanding.

(b) Primary Focus Area and Objective: the Focus Area and Objective must be completed by selecting the correct options on the pull down menus in the eGrants PMM.

(c) Output: Outputs are the immediate results of the volunteers' services. These are usually counts – numbers of children served, etc. The output is selected using the pull down menu in the eGrants PMM.

(d) Service Activity: The service activity (or activities) is the task that the volunteers will perform. The service activity description should explain what the FGPvolunteers are doing in a way that shows

how they will achieve the outputs and outcomes. Say who the beneficiaries are, and what the volunteers will be doing with the beneficiaries. Say how often volunteers will provide the service and for how long. Say where the service will take place. For each output, you may select more than one service activity. The service activities are selected using the pull down menu in the eGrants PMM. **For each service activity selected, the eGrants PMM will create a separate work plan.**

- (e) Number of Unduplicated Volunteers:** This is the proposed number of volunteers who will be performing each service activity. Each volunteer can only be counted once when assigned to a service activity. The volunteer should be counted in the area where he/she will make the most impact – in terms of the type of service or in terms of the scope of service, such as the most number of hours served.
- (f) Total Number of Volunteers:** Here, you enter the total volunteers engaged in the activities, if you were to assign all of them according to each activity. In this way, volunteers **can** be counted more than once – for example, if the same volunteer does two different types of activities such as tutoring AND mentoring, you can account for both assignments in this field.
- (g) Targets:** The target is the number that you anticipate achieving in the performance period (usually three years). For example, if you think your volunteers will serve 50 children in Head Start over the course of the performance period, you would enter 50 as your target.
- (h) Instrument used for Tracking Output:** This is the tool that will be used for data collection. The Instrument is selected using the pull down menu in the eGrants PMM.
- (i) Outcome:** Outcomes are the longer term or permanent change or improvement expected in the community due to the volunteers and their services. The outcome is selected using the pull down menu in the eGrants PMM. As noted in the requirement sections, a minimum of 10 percent of your total unduplicated volunteers must be in assignments with outcomes
- (j) Instrument used for Tracking Output:** This is the tool that will be used for data collection. The Instrument is selected using the pull down menu in the eGrants PMM.

5) Which sections of the Work Plan must be completed for the no more than 25 percent of unduplicated Foster Grandparent volunteers can be placed in assignments that address:

- **Agency-Wide Outputs in K-12 Success and/or School Readiness and/or**
- **Complementary Measures Outputs in Child Safety, Welfare, and Health; Education; Economic Opportunity.**

- (a) Description of Community Need:** The description of the community need must be completed for each output you select. This needs statement should explain the compelling need that will be addressed by the volunteers. When you develop your community need, be sure to:
 - Describe the need in enough detail to convey its importance in the community. Use of local statistics can be helpful to make your case.
 - Describe the consequences of the need going unmet in the community.
 - Describe why Foster Grandparent volunteers can be effective resources to meet the need.
 - Describe the need in a way that is clear to people unfamiliar with your community. Do not assume that other readers have an existing understanding.

- (b) **Primary Focus Area and Objective:** For FGP, the Primary Focus Area is Education. The Objectives must be completed by selecting the correct options on the pull down menus in the eGrants PMM.
- (c) **Output:** Outputs are the immediate results of the volunteers' services. These are usually counts – numbers of children served, etc. The output is selected using the pull down menu in the eGrants PMM.
- (d) **Service Activity:** The service activity (or activities) is the task that the volunteers will perform. The service activity description should explain what the FGP volunteers are doing in a way that shows how they will achieve the outputs and outcomes. Say who the beneficiaries are, and what the volunteers will be doing with the beneficiaries. Say how often volunteers will provide the service and for how long. Say where the service will take place. For each output, you may select more than one service activity. The service activities are selected using the pull down menu in the eGrants PMM. **For each service activity selected, the eGrants PMM will create a separate work plan.**
- (e) **Number of Unduplicated Volunteers:** This is the proposed number of volunteers who will be performing each service activity. Each volunteer can only be counted once when assigned to a service activity. The volunteer should be counted in the area where he/she will make the most impact – in terms of the type of service or in terms of the scope of service, such as the most number of hours served.
- (f) **Total Number of Volunteers:** Here, you enter the total volunteers engaged in the activities, if you were to assign all of them according to each activity. In this way, volunteers **can** be counted more than once – for example, if the same volunteer does two different types of activities such as tutoring AND mentoring, you can account for both assignments in this field.
- (g) **Targets:** The target is the number that you anticipate achieving in the performance period (usually three years). For example, if you think your volunteers will serve 50 children in Head Start over the course of the performance period, you would enter 50 as your target.
- (h) **Instrument used for Tracking Output:** This is the tool that will be used for data collection. The Instrument is selected using the pull down menu in the eGrants PMM. Give the name of the instrument and briefly describe who will collect the data, and from whom and when it will be collected.

**PART III B: Senior Companion Program (SCP):
Performance Measures and Work Plans - eGrants "Work Plan" Section**

Part III Section B.1 About Performance Measure Requirements (SCP)

1) Senior Companion Program (SCP) Performance Measures

Performance Measures are the means by which SCP grantees demonstrate tangible outcomes and results of the volunteers' services in the community. Performance Measures include the "what" – or the indicators; the "how" – or the tools; and the "proof" – or the targets.

2) SCP Performance Measures Requirements

Your grant application must reflect the Performance Measures Requirements established for the Senior Companion Program, as listed in items A) and B) below. The performance measures are documented as a required part of the Work Plans submitted as part of your grant application.

- A) Requirement 1:** At least 90 percent of the unduplicated Senior Companion volunteers must be in work plans address Agency-Wide Priority Measures in Healthy Futures - Independent Living Outcome and/or Complementary Program Measures - Respite Care Outcome.
- B) Requirement 2:** No more than 10 percent of the unduplicated Senior Companion volunteers can be placed in assignments that address the Assisted Living Output Measure. **This option is only available to projects who have volunteers currently in assisted living assignments.**

There are tools available to help you develop your work plans:

- The list of SCP Performance Measures.
- The Work Plan Development Worksheets can be found in Appendix 4.
- The list of Service Activities, which are part of each work plan you develop.
- A list of Suggested Tools and Instruments, which can be used to measure your results.

Part III Section B.2 About Work Plan Requirements (SCP)

1) About Work Plans

- A Work Plan is **a task plan with action steps** to address a specified community need. In the grant application, these Work Plans form the basis for a proposed project plan: the need the volunteers will address, what they will do, what their service should accomplish for each three-year performance period of the grant.
- Work Plans follow a standard format.
- Work Plans capture the focus of the volunteers' services in standard categories. These include **Focus Areas and Service Activities**.
- Your Work Plans should align with the Strengthening Communities Narrative section of this grant application. Work Plans translate the narrative information that you provided into organized task plans that include the inputs (unduplicated volunteers), service activities, outputs, and outcomes. The Work Plans also provide a place for you to set targets for outputs and outcomes.

2) How many Work Plans are needed?

The number of work plans needed is determined by how you place your volunteers, and by the types of service activities they will undertake.

3) How are Work Plans completed?

Data that you enter into the **eGrants Performance Measures Module (PMM)** are the basis for your work plans. As you enter data on the community need and select your outcomes, outputs, service activities and other information, the eGrants PMM will build your work plans for you.

Attachment _____ consists of worksheets designed to help you plan your performance measures. These worksheets can help to organize how you will fit your performance measures together with the volunteer activities. We recommend that you use the worksheets and instructions to map out your work plans, and then use the completed worksheets to transfer the information into the eGrants PMM.

Please http://www.seniorcorps.gov/for_organizations/manage/index.asp for step-by-step instructions on how to use the eGrants PMM.

4) Which sections of the Work Plans must be completed and what is the purpose of each section?

The following sections must be completed for all outcome work plans addressing the requirement of **90 percent of Senior Companion volunteers serving in Agency-Wide Priority Measures in Healthy Futures - Independent Living Outcome and/or Complementary Program Measures - Respite Care Outcome.**

- (a) **Description of Community Need:** The description of the community need must be completed for each output you select. This needs statement should explain the compelling need that will be addressed by the volunteers. When you develop your community need, be sure to:
- Describe the need in enough detail to convey its importance in the community. Use of local statistics can be helpful to make your case.
 - Describe the consequences of the need going unmet in the community.
 - Describe why Senior Companion volunteers can be effective resources to meet the need.
 - Describe the need in a way that is clear to people unfamiliar with your community. Do not assume that other readers have an existing understanding.
- (b) **Primary Focus Area and Objective:** the Focus Area and Objective must be completed by selecting the correct options on the pull down menus in the eGrants PMM.
- (c) **Output:** Outputs are the immediate results of the volunteers' services. These are usually counts – numbers of clients served, etc. The output is selected using the pull down menu in the eGrants PMM.
- (d) **Service Activity:** The service activity (or activities) is the task that the volunteers will perform. The service activity description should explain what the SCP volunteers are doing in a way that shows how they will achieve the outputs and outcomes. Say who the beneficiaries are, and what the volunteers will be doing with the beneficiaries. Say how often volunteers will provide the service and for how long. Say where the service will take place. For each output, you may select more than one service activity. The service activities are selected using the pull down menu in the eGrants PMM. **For each service activity selected, the eGrants PMM will create a separate work plan.**
- (e) **Number of Unduplicated Volunteers:** This is the proposed number of volunteers who will be performing each service activity. Each volunteer can only be counted once when assigned to a service activity. The volunteer should be counted in the area where he/she will make the most impact – in terms of the type of service or in terms of the scope of service, such as the most number of hours served.
- (f) **Total Number of Volunteers:** Here, you enter the total volunteers engaged in the activities, if you were to assign all of them according to each activity. In this way, volunteers **can** be counted more than once – for example, if the same volunteer does two different types of activities such as companionship AND transportation, you can account for both assignments in this field.
- (g) **Targets:** The target is the number that you anticipate achieving in the performance period (usually three years). For example, if you think your volunteers will serve 50 clients over the course of the performance period, you would enter 50 as your target.

- (h) **Instrument used for Tracking Output:** This is the tool that will be used for data collection. The Instrument is selected using the pull down menu in the eGrants PMM. Give the name of the instrument and briefly describe who will collect the data, and from whom and when it will be collected.
- (i) **Outcome:** Outcomes are the longer term or permanent change or improvement expected in the community due to the volunteers and their services. The outcome is selected using the pull down menu in the eGrants PMM. As noted in the requirement sections, a minimum of 10 percent of your total unduplicated volunteers must be in assignments with outcomes
- (i) **Instrument used for Tracking Outcome:** This is the tool that will be used for data collection. The Instrument is selected using the pull down menu in the eGrants PMM. Give the name of the instrument and briefly describe who will collect the data, and from whom and when it will be collected.

5) Which sections of the Work Plan must be completed for the no more than 10 percent of unduplicated Senior Companion volunteers can be placed in assignments that address the Assisted Living Output Measure?

- (a) **Description of Community Need:** The description of the community need must be completed for each output you select. This needs statement should explain the compelling need that will be addressed by the volunteers. When you develop your community need, be sure to:
- Describe the need in enough detail to convey its importance in the community. Use of local statistics can be helpful to make your case.
 - Describe the consequences of the need going unmet in the community.
 - Describe why Senior Companion volunteers can be effective resources to meet the need.
 - Describe the need in a way that is clear to people unfamiliar with your community. Do not assume that other readers have an existing understanding.
- (b) **Primary Focus Area and Objective:** For SCP, the Primary Focus Area is Healthy Futures. The Objective is Aging in Place. Complete these items by selecting the correct options on the pull down menus in the eGrants PMM.
- (c) **Output:** Outputs are the immediate results of the volunteers' services. These are usually counts – numbers of clients served, etc. The output is selected using the pull down menu in the eGrants PMM.
- (d) **Service Activity:** The service activity (or activities) is the task that the volunteers will perform. The service activity description should explain what the SCP volunteers are doing in a way that shows how they will achieve the outputs and outcomes. Say who the beneficiaries are, and what the volunteers will be doing with the beneficiaries. Say how often volunteers will provide the service and for how long. Say where the service will take place. For each output, you may select more than one service activity. The service activities are selected using the pull down menu in the eGrants PMM. **For each service activity selected, the eGrants PMM will create a separate work plan.**
- (e) **Number of Unduplicated Volunteers:** This is the proposed number of volunteers who will be performing each service activity. Each volunteer can only be counted once when assigned to a service activity. The volunteer should be counted in the area where he/she will make the most impact – in terms of the type of service or in terms of the scope of service, such as the most number of hours served.

- (f) Total Number of Volunteers:** Here, you enter the total volunteers engaged in the activities, if you were to assign all of them according to each activity. In this way, volunteers **can** be counted more than once – for example, if the same volunteer does two different types of activities such as companionship AND transportation, you can account for all assignments in this field.
- (g) Targets:** The target is the number that you anticipate achieving in the performance period (usually three years). For example, if you think your volunteers will serve 50 clients over the course of the performance period, you would enter 50 as your target.
- (h) Instrument used for Tracking Output:** This is the tool that will be used for data collection. The Instrument is selected using the pull down menu in the eGrants PMM.

PART IV. REQUIRED SUPPLEMENTAL DOCUMENTS LIST (eGrants “Documents” Section)

Documents cannot be attached in eGrants. Use eGrants to indicate the status of the document: Already on File at CNCS, Not Applicable, Sent, or Not Sent. For competitive applications, all items marked as Sent in eGrants should be sent to the address listed in the NOFO. For continuation applications, all items marked as Sent in eGrants should be sent to your CNCS State Office. All financial documents (items 4, 5, 6, 7, 8, 12, 13, 14, and 15) for competitive applications and continuation applications should be sent to the FPMC at:

Field Financial Management Center
 The Curtis Center
 601 Walnut Street
 8th Floor – Room 876 –E
 Philadelphia, PA 19106

Include your eGrants application ID number and organization name with all documents.

REQUIRED SUPPLEMENTAL DOCUMENTS				
Description of Attachment	Applicants who must submit the attachment as part of the application			
	New Competitive	Current Senior Corps Grantee		Continuation
	No	No		Once during year 2 or year 3
1. Copy of the annual assessment to assess the accomplishments and impact of the project.				
2. List of the sponsor’s current Board of Directors , including name, address, and organizational or community affiliation.		Yes	Only if changed	Only if changed
3. Names and addresses of community advisory group or proposed advisory group members.		Yes	Only if changed	Only if changed
4. Direct Deposit Form - SF-1199A		Yes	No	No
5. Direct Deposit Form – Recipient Contact Form		Yes	No	No
6. Direct Deposit Form – FFR User Form		Yes	No	No
7. Financial Management Survey.		Yes	No	No
8. Copy of Negotiated Indirect Cost Rate Agreement , if indirect costs are requested.		Yes	Yes	Yes
9. Applicant’s organizational chart showing the major components and the number, positions and reporting relationships of the proposed project staff within the sponsoring organization.		Yes	Only if changed	Only if changed
10. Project Director job description.		Yes	Only if changed	Only if changed

11. Roster of Volunteer Stations in standard, required format.	No Note: if awarded, submit to the CNCS State Office by August 31 st of the year	Yes	Yes
12. Statement of audit status that indicates whether the applicant is subject to A-133 Audit requirements. If yes, provide the date of the last audit and the date forwarded to the Audit Clearinghouse.	Yes	Yes	Yes
ADDITIONAL ATTACHMENTS REQUIRED OF PRIVATE NON-PROFIT APPLICANTS			

In addition to the Attachments listed above, private non-profit applicants must also include the following:

Description of Attachment	Applicants who must submit the attachment as part of the application		
	New Competitive	Current Senior Corps Grantee	Continuation
13. Aggregate annual dollar amounts of funding broken out by name and type. Include the name and dollar amount for any organizations/sources that provide at least 10 percent of total funding in the past budget year. Use standard, required format.	Yes	Yes	Yes
14. IRS certification of non-profit status.		Yes	Only if changed
15. Most recent financial statement audit or 990.		Yes	Yes
16. Articles of Incorporation.		Yes	Only if changed

Note: By signing the application, an official of the grantee organization certifies that any attachment not included has not changed from the prior submission that is on file with CNCS.

PART V – BUDGET INSTRUCTIONS: eGrants Budget Sections

Refer to the eGrants Step-by-Step Instructions for entering your budget.

(a) Multi-year applications - Complete the SF 424A Budget form requesting funds for the first annual budget period, following the instructions below. Multi-year project approval does not guarantee that the application will be approved for additional funding. If we approve an application and enter into a multi-year award agreement, we will issue a Notice of Grant Award (NGA) that will provide funding only for the first year. You must submit a continuation application, via eGrants, for each year of the award to request additional funding. We will use the distribution of line item amounts proposed for the first year in budgeting for subsequent years unless you submit an application for revising the budget.

Your CNCS State Office will provide instructions for continuation applications. Following receipt of a Notice of Grant Award (NGA), you may submit applications for revision of your budget via eGrants.

(b) Single-year applications - Complete the SF 424A Budget form for the 12-month period, following the instructions below. Unless otherwise instructed by an agent of the Corporation, or referenced in the *Notice* or supplemental guidance, all grants are multi-year.

General Instructions for SF 424A Budget form Columns 1, 2, 3, and 4:

- (b) In Column 1, enter the total project cost for that line item from all sources.
- (c) In Column 2, enter the amount of Corporation funding requested for each line item and the total.
- (d) In Column 3, enter the amount of funds for the item that is expected to be covered by grantee funds or funds the grantee expects to receive from other sources, including cash and in-kind support.
- (e) Required Non-Federal Share: Please see table below. In cases of demonstrated need, as specified in the respective program regulations, exceptions to these cost-sharing requirements may be allowed.

Program	Required Non-Federal Share
FGP and SCP	New Applicants that do not currently sponsor an FGP or SCP project: 10% of the total project cost
	Current FGP or SCP sponsors applying for a renewal or continuation grant in their current geographic service area: 10% of the total project cost

- (f) Enter any contributions in **excess of required non-federal share in optional Column 4**, as stipulated in Section 224 of the Domestic Volunteer Service Act, as amended.
- (g) For each Budget Line Item, please:
 - Briefly describe all amounts in Columns 2, 3, and 4.

Below are the following instructions for each line item of the budget form.

PART V – SECTION A. VOLUNTEER SUPPORT SERVICES

Source of Matching Funds: Please fill in the sources of non-federal share at the beginning of eGrants Sections I and II.

NOTE: For all line items, please put the total cost in Column 1 and then use Columns 2 – 4 to identify the source of funds as appropriate:

Line A. Project Personnel Expenses – List the title of each staff position charged to the project. List all positions/titles that are either funded by CNCS, grantee share, or excess resources. **Include:**

1. The position title.
2. The full-time equivalent (FTE) annual salary. 100% FTE is normally 40 hours/week. Thus, if an employee works half time or 20 hours/wk for the project and is paid \$10,000 from project funds, the FTE annual salary would be \$20,000.
3. The percentage of time the person will work for the project over a 12 month year (for example, if the employee works 10 hours per week for the project over 12 months, you would enter 25%).

Line B. Personnel Fringe Benefits – Enter in the appropriate column the cost of fringe benefits to which employees are entitled, calculated on the same percentage time indicated under line A for each individual. In your Budget Narrative, provide details concerning the benefits provided. (e.g., Retirement contributions for all staff working over 60% time, calculated at 5% of total annual salaries of \$80,000 = \$4,000).

Line C. Project Staff Travel – Enter travel costs on the local or long-distance lines, as appropriate, on the Budget form. Include only travel costs for staff listed under budget line A and who directly support the grant activities described in your application. Local travel is travel within the project service area as shown in item 12 of the Face Sheet. All travel outside the service area is long distance travel. Briefly list the purpose of anticipated local travel and the basis for cost calculations. For long distance travel, show the purpose for each trip and break out for each the cost of transportation, meals and lodging, and other travel costs.

Line D. Long Distance Travel – Enter travel costs on the long distance lines, as appropriate, on the Budget form. Include only travel costs for staff listed under budget line A and who directly support the grant activities described in your application. All travel outside the service area is long distance travel. For long distance travel, show the purpose for each trip and break out for each the cost of transportation, meals and lodging, and other travel costs.

Line E. Equipment - Enter on the Budget form the cost of equipment. Items costing less than \$5,000 should be listed in supplies.

Line F: Supplies. List the types of supplies and their respective costs. Please itemize large items.

Line G. Contractual and Consultant Services - Enter the cost of contracts and consultants as appropriate. In your Narrative itemize each contract or consultant and provide a brief justification of the need for each. Include here all services documented in a contract, such as clerical support, training consultants, equipment repair and maintenance, or bookkeeping services.

Line H. Other Volunteer Support Costs – Briefly describe all other allowable Volunteer Support Expenses not included in categories A through F, such as criminal history background checks, training, evaluation services, and other items and briefly describe.

- All employees or other individuals who receive a salary or similar payment from the grant (federal or non-federal share).

Line I. Indirect Costs – Enter indirect charges applicable to volunteer support expenses. In your Narrative, describe the type of rate (provisional, predetermined, final or fixed) in effect during the budget period, estimated amount of the base to which the indirect rate was applied, and total indirect expense. Attach a copy of the current negotiated indirect cost agreement with the cognizant federal agency.

TOTAL BUDGET SECTION I - Enter the sum of direct and indirect costs from Section I in columns 1, 2, 3, and 4 as appropriate.

PART V – SECTION B. VOLUNTEER EXPENSES

Line A. Stipends – Stipends are applicable to Foster Grandparent and Senior Companion volunteers only. Please enter as appropriate the number of Volunteer Service Years (VSYs) proposed in each category and multiply the numbers of VSYs times the annual stipend. *Note: Current annual stipend is \$2,766 based on 1 VSY @ 1,044 hours x hourly stipend of \$2.65*

DO NOT include monetary incentives for Senior Companion Leaders in the stipend line item.

1. CNCS-funded _____ x Annual Stipend = \$ _____
2. Non-CNCS-funded _____ x Annual Stipend = \$ _____

3. Non-Stipended: _____

NOTE: Volunteer Service Year (VSY) is a budget term which equals 1,044 hours per year. For example, a volunteer serving 2088 hours per year (averaging 40 hours per week) serves 2 VSYs, while a volunteer serving 783 hours per year (averaging 15 hours per week) serves $\frac{3}{4}$ of a VSY.

Line B. Other Volunteer Costs – Enter in the respective categories the applicable costs and reimbursable expenses in columns 1, 2, 3, and 4, as appropriate. In addition to stipends, FGP and SCP allowable costs and reimbursable expenses include: Insurance, Volunteer Travel, Physical examinations, Meals, Uniforms, and Recognition. FGP and SCP allowable costs and reimbursable expenses include: Volunteer Travel, Meals, Recognition, and Insurance. Volunteers may also be reimbursed for costs incurred while performing assignments – including transportation, equipment, supplies, etc. – provided such costs are described in the Memorandum of Understanding negotiated with the volunteer station where the volunteer is assigned and there are sufficient funds available to cover these expenses and meet all other requirements of the NGA. For SCP only, monetary incentives for Senior Companion Leaders should be listed in #7: Other Allowable Expenses. Use the Narrative for the corresponding line to provide explanation or show calculations, as needed.

Note on Volunteer Travel: Volunteer Travel includes volunteer transportation costs such as cost of agency vehicles (leased or purchased), insurance, prorated maintenance costs applicable to vehicles based on usage, and drivers' salaries and fringe benefits chargeable to the grant. Assignment-related travel is also allowable. Please enter the totals for columns 1, 2, 3, and 4 as appropriate.

TOTAL BUDGET SECTION II – The sum of Volunteer Expenses in Section II.

TOTAL PROJECT COSTS – The sum of the totals for Sections I and II in each column.

FUNDING PERCENTAGES – Totals will auto-calculate in eGrants

CONTINUATION APPLICATION INSTRUCTIONS

Must be completed by current grantees submitting a non-competitive continuation request for year 2 or 3 of the multi-year grant.

Your CNCS State Office will provide notification and guidance to you about your continuation application submission.

How to Submit Your Continuation Request:

- From your eGrants home page, click **Continuation/Renewal**. A list of applications for your organization will be displayed.
- Click **Continue** next to the application that you plan to update and submit for your continuation. Be sure to select the correct application.
- Next you will see a list of *Notice* options. Your CNCS State Office will provide you with the appropriate NOFA to select.
- After the NOFA is selected, eGrants creates the continuation application which will include a copy of all information from your previously awarded application. Edit your continuation application as directed in the continuation request instructions below.
- When you have completed your edits, your Authorized Representative should login with their eGrants account and click the **SUBMIT** button.

If you have questions about the content of your continuation, please contact your CNCS State Office. **If you experience problems using eGrants, contact the National Service Hotline at (800) 942-2677.**

What to Include in Your Continuation Request:

I. Applicant Info, Application Info and Funding/Demographics

Update only if there have been significant changes at your project or organization.

II. Narratives

The Executive Summary should be reviewed and updated to ensure that the outcomes reflect any changes made in the Work Plans. All other narratives should only be updated if the information is no longer accurate due to project or sponsor organization changes. If the narrative information is accurate, leave it unchanged in the continuation application.

III. Work Plans

Information will copy from your previously awarded application into your continuation application. Work Plans are designed to align with the three-year performance period. Update the Work Plans as needed to reflect the upcoming performance period for the continuation.

IV. Documents

Refer to the Continuation column on pages 22 & 23 and send the required documents to your CNCS State Office or the FFMC.

V. Budget

Update the budget for the upcoming year. Incorporate any changes such as a new source of non-federal funds, adjustments to recognition, or personnel changes. The non-federal share must be a minimum of 10%.