AmeriCorps VISTA

PROJECT APPLICATION INSTRUCTIONS

v. 12.xx.07

IMPORTANT NOTICE

These application instructions conform to the Corporation for National and Community Service's (the Corporation's) online grant application system, eGrants. The eGrants system is designed to serve the Corporation's applicants and grantees. All Corporation funding announcements are posted on our web site www.cns.gov and at www.grants.gov.

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

Time Burden: The time required to complete this collection of information is estimated to average 8 hours per applicant, including the time to review instructions; search existing data resources; gather the data needed; and complete and review the information collection before submitting.

Use of Information: The information collected constitutes an application to the Corporation for resources. The Corporation evaluates the application and makes award decisions.

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

Privacy Act: Information provided for this collection may be shared with federal, state, and local agencies for law enforcement purposes.

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About AmeriCorps VISTA

AmeriCorps VISTA is the national service program designed specifically to fight poverty. VISTA supports efforts to alleviate poverty by encouraging individuals from all walks of life to engage in a year of full-time service with a sponsoring organization to create or expand programs designed to bring individuals and communities out of poverty.

Rather than providing cash grants, the VISTA program places individual VISTAs with sponsoring organizations. Resources are provided to sponsors on an annual basis.

VISTA provides a small living allowance and certain benefits for members. Sponsoring organizations absorb most of the costs related to project supervision and logistical support. Investment by the sponsoring organization and the community is fundamental to the VISTA program, as the VISTA resource is intended to be short-term.

Application Process

Organizations interested in becoming a VISTA sponsor should contact the Corporation State Office in their state and visit www.americorps.gov/vista. The Corporation's State Offices are federal offices staffed by federal employees in the state. They conduct public outreach and program support and are directly responsible for developing and overseeing all VISTA projects within their state. **The Corporation State Office is available to provide technical assistance.** A directory of Corporation State Offices is available at **http://www.americorps.gov/about/contact/stateoffices.asp.**

To apply for VISTA resources, organizations complete a two-step process:

Step 1 – AmeriCorps VISTA Concept Paper
> Organizations submit an AmeriCorps VISTA Concept Paper to the Corporation. The Concept Paper is a preliminary screening tool that the Corporation uses to evaluate whether the organization would be an appropriate sponsor.

Step 2 - AmeriCorps VISTA Project Application
> If the Concept Paper is approved, the organization submits an AmeriCorps VISTA Project Application. The Project Application is based on the approved Concept Paper. The Corporation provides Project Application materials following approval of a Concept Paper.

VISTA Concept Papers and Project Applications are submitted using eGrants, the Corporation's integrated, secure, web-based system for applications. Organizations must have an eGrants account to submit the Concept Paper and Project Application in eGrants. To create an account and access the eGrants system, visit http://www.nationalservice.gov/egrants/index.asp.

Organizations that cannot submit using eGrants may submit in paper copy. If you are submitting your application in paper copy, you will find all the forms that you need in the Additional Information section of these instructions.

Application Instructions

Please use the following AmeriCorps VISTA Project Application instructions if you are a new or renewing (continuing) applicant applying for VISTA resources. Only organizations with a Corporation-approved Concept Paper should complete these instructions.

In addition to consulting the Corporation State Office, as directed in these instructions, you may also consult the Corporation web site for resources targeted to applicants.

Selection Process and Criteria

The following criteria will be used by Corporation staff in the selection of AmeriCorps VISTA sponsors and in the approval of both new and renewal VISTA projects. Your proposal must include all of the elements listed below.

Criteria for Sponsorship

The organization must:
Be a public sector organization or a private organization designated as non-profit by the IRS.
Have resources available for VISTAs to perform their tasks; ie, space, consumable supplies, telephone, on-the-job transportation reimbursement; and be able to provide emergency cash advances when needed.
Have the capacity and commitment to recruit, orient, train, supervise and otherwise support recruited Members in appropriate capacity-building roles.
Have an understanding of the concept of, and be committed to, the mission of VISTA.
Be experienced in the issues related to the beneficiaries of service and those being addressed by the proposed project.
Have the capacity to involve the beneficiary community in order to achieve project self-sufficiency.

Project Selection Criteria

The project must:
Address the needs of low-income communities and otherwise comply with the provisions of the Domestic Volunteer Services Act Of 1973, (DVSA) as amended (42 U.S.C. 4951 et seq.) applicable to VISTA and all applicable published regulations, guidelines and Corporation policies.
Lead to building organizational and/or community capacity to continue the efforts of the project once VISTA resources are withdrawn.
Describe in measurable terms the anticipated self-sufficiency results at the conclusion of the project, including results to the sustainability of the project activities.
Clearly state how VISTAs will be trained, supervised, and supported to ensure the achievement of program goals and objectives.
Be internally consistent; The problem statement which demonstrates need, the project plan, the assignment, and all other components must be related logically to each other.
Ensure that VISTA and community resources are sufficient to achieve project goals.
Involve beneficiaries in project development and implementation throughout the life of the project.
Have the management and technical capability to implement the project successfully.
Have an appropriate number of requested members for project goals; the skills and qualifications described in the application must be appropriate for the assignment(s).

Submitting Your Application in eGrants

The following instructions are for organizations submitting new applications. For organizations that are submitting a continuation (renewal) application, see Application Instructions: Renewal/Continuation instructions on page 16.

Your application consists of the following components. Please make sure to complete each one.

I.   Applicant Info
II.   Application Info
III.   Narratives
IV.   Project Plan
V.   Documents
VI.   Budget
VIII.   Review, Authorize and Submit

Log in to eGrants. Once you are in eGrants, before starting Section I, you will need to:
- Select "Grantee Initial Entry." A screen will appear that lists all the applications that are in "Grantee Initial Entry" status that are associated with your account.
- Your application, which was created when your Concept Paper was approved, will be listed as "VISTA State" or "VISTA Headquarters" under the Programs column.
- Write down the Application ID for later reference.
- Select "View/edit" next to your listing.

I. Applicant Info
In eGrants, complete the Applicant Info Section. Some information is already in the system based on your Concept Paper. Please take the time to reflect your program activities accurately in this section.
- Notice the NOFA Information populated from the Concept Paper. In addition, notice your name listed in the Applicant/User field indicating that you are the one who is currently logged in to eGrants. The Authorized Representative field lists the name of the staff person who authorized and certified the Concept Paper.
- In the Project Info Section, information about the project and project director will appear based on information from the Concept Paper. Select existing information or enter new. In order to view or edit details, click view/edit and update the information in the fields that appear.

II. Application Info
Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet. If you are submitting your application in paper copy, you will find all the forms that you need in the Additional Information section at the end of the Application instructions on page 18.

In eGrants, in the Application Info Section:

- Areas affected by your project are populated based on the Concept Paper. You may edit this information if needed.
- Enter proposed project start and end dates.
- Indicate whether your application is subject to State Executive Order 12372. Contact the Corporation State Office if you are uncertain.
- Indicate if you are delinquent on any federal debt.
- Select a Program Type by selecting from the Program Type dropdown menu. Consult your Corporation State Office if you are uncertain what to select.
- Check the box next to Cost Share as appropriate. Consult your Corporation State Office if you are uncertain.
- Once you choose and save the program type and cost share indicator, the Budget sections 1 & 2 are created and added to the application.

III. Narratives

The narrative section of the Application includes nine items. Each item has questions associated with it that you must answer.

You addressed several of the Narrative items when you completed the Concept Paper. You can review and update those items as needed. Other Narrative items are new and must be completed for the first time. The following table lists which items were addressed in the Concept Paper.

Narrative Item	In Concept Paper
Executive Summary	Yes
Summary of Accomplishments	No
Need	Yes
Strengthening Communities	Yes
Recruitment and Development	No
VISTA Assignment	No
Project Management	No
Organizational Capacity	Yes
Other	No

Be sure to:
❑ Type in the fields, single-spaced.
❑ Type both the question and answer. Use the same headings and numbering provided below.
❑ Include activities for the entire project period for which you are requesting resources.
❑ Enter information in each of the narrative fields in eGrants. To enter information into the field, click **view/edit narrative** next to the corresponding narrative item and type into the fields that appear.

❑   You may wish to first answer questions in a word processing document and then later paste them into the eGrants fields. This provides you with an offline, backup record. Avoid using special formatting or tables because eGrants does not accommodate them.

Executive Summary

1. Provide a brief description of the proposed project, including the project goal(s) as well as an overview of the activities the requested VISTAs and Leaders will perform.
2. How many VISTAs and VISTA Leaders are you requesting?
3. What is the estimated length of time required to complete the project?
4. Briefly describe your organization's mission, history, and the beneficiaries of your organization's programs.

Summary of Accomplishments

First time applicants: please leave blank. Current VISTA sponsoring organizations seeking project renewal are required to complete this section.

Provide a brief description of the project's progress to date.

Need

State in measurable and quantifiable terms the specific poverty-related need(s) identified by the community(ies) that the VISTA project will address, including the number of low-income people directly affected by the problem(s). **If your program will operate at multiple sites**, demonstrate a need in each community you propose to serve.

Hint:
How did you identify the need and where is it documented? Use current and local statistical data, citing the source, to substantiate the problem.

Example:
An applicant proposing to develop a child care program for families transitioning from welfare to work would explain the scope of the child care shortage in their county including statistical references to the number of families transitioning from welfare to work, the average cost of child care in the county, and other data to illustrate the need to be addressed. The applicant also would describe the cause of the child care shortage, how long it has persisted, and the long-term effects it may have on the low-income families in the county.

Strengthening Communities

1. Describe current activities your organization and other organizations are undertaking to address the problems identified in your need statement. Describe how the proposed project will complement this work.
2. Describe how the new infrastructure or organizational capacity created by your project will address the needs of the community and bring individuals and, ultimately, the community out of poverty.
   Example:
An applicant proposing to develop a child care program for families transitioning from welfare to work might explain how the child care program will allow current and former welfare recipients to pursue education, job training and employment opportunities, resulting in financial asset development gains that move affected families out of poverty.

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3. How will you involve the community to ensure the sustainability of the proposed project?
   Hint:
   One of the primary purposes of VISTA is to ensure sustainable solutions to problems facing low-income communities. Address how you will ensure that the proposed project, and its results, continues upon completion of the project and withdrawal of VISTA support.

Recruitment and Development
1. Describe in specific terms how your organization will recruit qualified VISTA(s) and Leader(s) to serve on this project. What challenges do you anticipate in recruiting qualified individuals?
   Hint:
   Briefly describe the qualifications (i.e., knowledge, skills, abilities) that you believe are necessary for a member to be successful in the project. Describe local media markets, what media outreach will be conducted, and other techniques you will use to recruit candidates, such as searching outside the local area.   You may wish to describe the methods by which current employees were recruited or any other previous recruiting experience.

2. Describe the service-related transportation needs of the VISTA(s) and Leader(s) and your plans for meeting those needs.
   Hint:
   Include geographic area in which members will have to travel, the estimated cost, and how you will reimburse members for their service-related transportation expenses.

3. Briefly describe plans for orienting VISTA(s) and Leader(s) to your organization and the community. Describe any training opportunities and technical assistance that will be available to members throughout their service.
    Hint:
   Orientation should occur during the first month of a VISTA's assignment. Training opportunities may occur throughout the course of a member's term of service. Address how you will ensure a high-quality experience.

4. Describe the accessibility of services provided to members of the community with disabilities. Is your organization able to accommodate VISTAs and Leaders with disabilities?
    Hint:
   Federal law requires that VISTA sponsoring organizations make reasonable accommodations to meet the needs of qualified persons with disabilities wishing to serve as VISTAs. Indicate any factors the Corporation should be aware of when assigning members with disabilities to this project, such as availability of transportation and housing, accessibility of facilities, etc.

VISTA Assignment
1. Summary of Activities (To be submitted with the project application)
   Provide a summary of the general tasks and activities VISTA(s) and Leader(s) will perform to implement the proposed project. These tasks and activities should logically relate to the project goals you propose in the Project Plan.
2. VISTA Assignment Description (VAD) (To be submitted by approved sponsors only)
   The VAD is completed only by those project applicants who are later approved to be a VISTA project sponsor. The VAD is used by sponsors to recruit and inform potential

members about specific assignments. It is also used to direct a member assigned to the project in the performance of his or her service and provide a basis for individual performance evaluation.

The VAD is separate and distinct in format and purpose from the summary of activities in the previous question or the details in the Project Plan, which are not specific to any one assignment. For each unique VISTA and Leader assignment, describe the specific goals required of the member. Note that more than one member may receive the same VAD, depending on the design of the project.

For guidance on how to develop an effective VAD, please contact your Corporation State Office.
Hint:
When completing this section, keep in mind that VISTAs and Leaders fulfill a one-year, full-time term of service. Individuals may serve up to three terms of service, at the discretion of the Corporation.

Project Management
1. Describe how you will supervise the project and provide daily supervision of VISTAs and Leaders. Specify if supervision will be a full-time or part-time responsibility.
2. If individual sites other than your organization will host/supervise members, please list the names of those organizations and describe the structure of their relationship to your organization. Also, list the names and titles of the site supervisors. What are your plans for providing programmatic orientation, and training and technical assistance to your service sites?
3. Are 51 percent or more of the persons on your board of directors' members of the low-income community? If not, please describe how your agency has developed a separate advisory group for the VISTA project that consists of members or representatives of the low-income community served by the proposed project.
   Hint:
   Address the involvement of low-income individuals in the development and implementation of the proposed project.

4. Briefly describe your plans for evaluating progress towards achieving your project's anticipated goal(s) and milestones. What information and data will you use to demonstrate the concrete impacts of the project?
5. How, if at all, will you collaborate with other national service programs (Senior Corps, Learn & Serve America, etc.) in order to support the proposed project?

Organizational Capacity
1. Address your organization's capacity to manage the proposed project including previous experience working with community volunteers and/or national service participants. Was your organization previously assigned VISTAs? If so, specify the sponsoring organization (if different from your own), years and number of members. Briefly describe how the proposed service activity differs from what your members did previously. Also, if your agency is currently receiving other CNCS resources, specify which program and the number of members.

2. What resources are available to support the project? Identify the names of partner organizations. Is your organization able to contribute financially for all or some of costs related to VISTA(s) and Leader(s)? Please indicate if you are able to support a cost-share member (approximately $10,000-12,000/year).

Other
Please leave blank unless otherwise instructed.

IV. Project Plan

The Project Plan is composed of one or more *Action Plans*. Each Action Plan describes the specific community need you plan to address, the goal and milestones (expected results) you expect to achieve, and how you will assess your progress in achieving them.

You may create additional Action Plans as appropriate for your project design.

> *Example:*
> An applicant proposes a project that has two different programming areas:
> 1. Starting a child care program for welfare to work recipients; and
> 2. Enhancing a job training and placement program for welfare to work recipients.
> The applicant may wish to create one Action Plan for each issue.

The Action Plan may contain as many *Performance Milestones* as you want. While the *Community Need* and the *Goal* statements should cover a multi-year period (the estimated length of time required to complete the entire proposed project), a Performance Milestone should only cover one year.

Before you complete the Project Plan, you may wish to consult the Corporation State Office as well as review the Corporation's web site for tools and assistance.

In eGrants on the Project Plan screen, select "Create a New Action Plan."

Service Categories
The service categories are located in the Action Plan section. In this section you will select issue areas and service categories that describe your program activities. First select an issue area from the pull down menu, and then choose service categories from the pull down menu.

Community Need Statement
Describe the specific need that will be addressed by the project component included in this Action Plan. The need should be measurable and include a reliable source to establish the compelling nature of the need.
   Hint: You may wish to refer to the description you provided above in section III Narrative, Need.

Goal Statement
Describe the impact your project will have in addressing the community need identified above. This goal statement should cover the entire project period, which is typically three years.

Performance Milestone (Expected Results)

- Describe what you hope to achieve in a particular activity area over the course of a 12-month period.
- The milestone should be directly related to the goal statement.
- Include quantity or number (e.g. Complete 7 presentations at…)
- Include one milestone per text box. Select "Add milestone" to include any additional milestones

Planned Period of Accomplishment

Indicate the project year and month that you expect this Milestone will be achieved. Milestones should be measured at least annually.

Periods of time used for milestones are the federal fiscal quarters which are:

Quarter 1:	October – December
Quarter 2:	January – March
Quarter 3:	April – June
Quarter 4:	July – August

Indicator / Evidence of progress

Indicate what you plan to track or measure that will allow you to determine if the milestone has been achieved.

Target

Enter the same number (amount) or percentage that is described in the Performance Milestone above. If you enter a percentage target here, make sure you include the number (amount) in the Performance Milestone [e.g. 75 percent of volunteers (55 of 73) recruited …]

How Measured

From the drop down list, enter the method you will use to determine accomplishment of the target milestone.

Description of Data Collection

Enter information about the process or measurement process (who collects it from whom and when/how often)

Once you have finished entering information for the Performance Milestone, you may continue to Add New Performance Milestones as appropriate for your program design.

In addition, once you have finished entering information for the Action Plan, you may create additional Action Plans as appropriate for your program design. In eGrants, from the Project Plan screen, select Create a New Action Plan.

V. Documents

In addition to your application submitted in eGrants, you are required to submit certain documents to the Corporation in paper copy, as part of your application as described below.

Please submit the following documents to the appropriate State Office.

- Copy of most recent financial audit if available.

- List of Advisory Group Members and their written comments about the application (not applicable if 51 percent or more of the persons on your board of directors' members are of the low-income community).

- Copy of Articles of Incorporation (not applicable to public entities).

- List of Board of Directors, or governing body (not applicable if public entity) and their written comments about the application (comments not applicable if you created a separate Advisory Group that will submit written comments).

- Organizational chart of the applying body.

- Tax exempt status: either IRS determination or copy of application to IRS for exemption (not applicable to public entities).

- Copy of Supervisor's Resume and Job Description. For multi-site projects, a list of organizations where members will be placed, organization addresses, contact persons and contact information, copy of site supervisor's resume and job description, and a letter of commitment from the Board of Directors of each organization.

- Negotiated Indirect Cost Agreement (if applicable)

- Letters of support for the proposed project from other organizations in your community. If the organization is a project partner, the letter should describe the type of support and/or resources the partner organization will contribute.

Contact the Corporation State Office with questions.

After you have submitted the documents, change their status in eGrants from the default "Not Sent" to the applicable status ("Sent," "Not Applicable," or "Already on File at CNCS").

VI. Budget

All VISTA projects, regardless of type, must complete the budget and include a written narrative justification for line items. This includes standard VISTA projects for which no financial resources will be provided.

While there is no specific match requirement, the budget documents the type and level of resources the sponsor will provide to support the project.

NOTE: Several line items will be estimates (for example, education award and stipend,) because they depend on a choice made by each VISTA or Leader.

Three budget worksheets are available, depending on the type of project (Standard, Support, Program) for which you are applying. Please contact your Corporation State Office for the appropriate budget guidance for your project. Specific instructions on how to complete the budget will accompany each of these forms.

- **Part VI.1** Standard VISTA Project Budget

- **Part VI.2** Standard VISTA Project Budget with Support Grant

- **Part VI.3** VISTA Program Grant Budget

eGrants will create the budget and the budget narrative automatically from the detailed budget information you enter. Once you have entered your budget information in eGrants you will be asked to validate your budget, and eGrants will check your submission for errors. Do not include fractional amounts (cents).

VII. Review, Authorize, and Submit

eGrants requires that you review and verify your entire application before submitting, by completing the following sections in eGrants:
- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

The Review section lists the information entered for the previous sections. You can go back to any of these sections to review or change what you have entered, prior to submission.

You can also view and print the information as a report. The report opens as an Adobe PDF Read-only file. You may print the Concept Paper in PDF format or save a copy of it onto your computer.

Because the PDF report is a read-only file, you cannot type in the report. To make changes, you must edit in the eGrants system and run the report again for the updated version.

Read the Authorization, Assurances, and Certifications carefully. Complete each section of the Assurances and Certifications. If you are submitting a paper copy application, the Assurances and Certifications can be found in the Additional Information Section.

The person who authorizes the application must be the applicant's authorized representative. This is the person who has the authority to commit resources at your organization. In order to

complete this section, the appropriate staff person should logon to eGrants and go to the Authorize and Submit section. **The Authorized Representative must have his/her own eGrants account.** To create an account and access the eGrants system, visit http://www.nationalservice.gov/egrants/index.asp.

Be sure to check your entire application to make sure that there are no 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.

Application Instructions:
RENEWAL / CONTINUATION REQUESTS

The following instructions for submitting a renewal / continuation request apply only to existing sponsors with projects that are currently in their first year in operation or more.

When to Submit Your Continuation Request:
Contact your Corporation State Office for specific timeframes.

How to Submit Your Continuation Request:
- Submit your continuation request in eGrants.
- To create your continuation request in eGrants, click **Continuation** on your eGrants home page. You will be shown a list of grants that are eligible to be continued. Select the grant you wish to continue. **Make sure you select the correct one**. The system will copy your most recently awarded application as a base to create your continuation application.
- Select the correct NOFA.
- Write down the Application ID for later reference.
- Edit your continuation application as directed in the continuation request instructions below. When you have completed your edits, click the **SUBMIT** button.

If you have questions about the content of your continuation request, please contact your Corporation State Office. **If you experience problems using eGrants, contact the eGrants Help Desk at (888) 677-7849 or (202) 606-7506, or email at <u>egrantshelp@cns.gov</u>.**

What to Include in Your Continuation Request:

I. Applicant Info and Application Info

Update the Applicant Info and Application Info Sections in eGrants if necessary. **Do not change the Project Name or enter a new project.**

Select a Project Type. Check the cost share box, if appropriate. Consult your Corporation State Office if you are uncertain of Program Type or cost share.

II. Narratives

Information will carry over from the previous year. Describe any updates or changes you are proposing to your project, as appropriate.

III. Project Plan

Information will copy from your previous year's application into your continuation request. Please make any necessary changes or updates. If you need to revise your performance milestones, View/Edit the performance measures that copy over from your original application, or add new.

IV. Documents

Make status changes ("Sent," "Not Applicable," or "Already on File at CNCS") and submit the paper copies to the Corporation, as appropriate.

The following document should be submitted each year.

- Letters of support for the proposed project from other organizations in your community. If the organization is a project partner, the letter should describe the type of support and/or resources the partner organization will contribute.

The other documents listed do not need to be submitted unless there are changes from the previous year.

IV. Budget

Provide a budget for the upcoming year. Incorporate any required Corporation increases, such as an increase to the member living allowance into your budget. Your budget from the previous year's application is copied into your continuation request so you can make the necessary adjustments. Consult the *Program Guidance,* or other documentation provided by the Corporation for any specific budget guidance.

Additional Information: Paper copy forms

If you are submitting your application in paper copy instead of eGrants, you will find the required SF424 forms (Facesheet) in the following section.

Be sure to:
❑ Type, single-spaced.
❑ Use the same headings and lettering provided below when completing your application.
❑ Type both the question and answer.
❑ Submit to the appropriate Corporation for National and Community Service State Office

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GENERAL SUBMISSION INSTRUCTIONS

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Application and Submission Requirements:

Complete and return and the application to the Corporation State Office unless otherwise instructed. Number the pages of your submission consecutively. Do not submit the instructions as part of your application.

- Part I: Facesheet, Assurances and Certifications (Modified Form 424)

- Part II: Narratives (All Sections)

- Part III: Project Plan

- Part IV: Required Attachments

- Part V: Budget – With accompanying budget narrative

Note: Submission of a project application does not assure receipt of AmeriCorps VISTA resources.

The facesheet is the standardized SF-424 form required for all federal grant/project applications. This form provides us with basic information about your organization and the type of project for which you are applying. The following instructions have been provided to assist you in completing this form.

1. Filled in for your convenience

2. a. Enter the date b. is for Corporation State Office use only

3. a. and b. are for Corporation State Office use only (if applicable)

4. a. and b. are for Corporation State Office use only (if applicable)

5. Enter the following information:

    a. The complete name of the organization that will be legally responsible for the project. Not the name of the organizational unit within the legally responsible organization. (For example, indicate "National University" instead of "Liberal Arts Department.")
    b. Enter the Organizational DUNS (*Required. To obtain a DUNS number for your organization call: 1-866-705-5711)*
    c. Your organization's complete address to include country and the 5 digit ZIP code
    d. The name and contact information of the project director or other person to contact on matters related to this application.

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

7. Enter the following information:
    a. Enter the appropriate letter in the box
    b. Consult the following list of characteristics of applicants and enter the corresponding numbers (all that apply), each in a separate blank.

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

8. Check the appropriate box for the type of application and enter the appropriate letter(s) in the lower boxes
   a. Check "New" if you are applying for assistance for the first time or are reapplying for a new project/grant cycle
   b. Check "Continuation" if you are a grantee applying for second or third year funding within your 3-year project period (**NOTE**: For AmeriCorps*VISTA projects, check "New" to apply for a second or third year renewal to an existing MA).
   c. Check "Revision" if you are a grantee proposing any change in your budget or requesting a no cost extension.

9. Filled in for your convenience

10. Filled in for your convenience

11. Enter the following:
    a. Enter the title of the project. Existing sponsors should use the same title as in their original or previous application
    b. Enter the name of the CORPORATION program initiative, if any, as provided in the instructions corresponding to the NOFA for which you are applying; otherwise leave blank.

12. List all areas affected by the project (e.g., counties and cities where the VISTA will be serving)

13. Refer to Item #8

    - If you have checked "New" application enter the proposed Start and End Dates
    - If you have checked "Continuation" or "Revision" application, enter the dates of the approved project period

14. Estimated Funding: Enter the amount requested or to be contributed during this budget period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include _only_ the amount of the change. For decreases, enclose the amounts in parenthesis.

a.	**Federal**	The total amount of Federal funds being requested in the budget
b.	**Applicant**	The total amount of applicant share as entered in the budget
c.	**Local**	NA
d.	**State**	NA
e.	**Other**	NA
f.	**Program Income**	NA
g.	**Total**	The applicant's estimate of the total funding amount for the agreement

15. 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 and 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.

16. 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.

17. The person who signs this form must be the applicant's legal 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 of 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)

STANDARD ASSURANCES AND CERTIFICATIONS

Once you have completed your AmeriCorps VISTA application, the Authorized Certifying Official for your organization is required to read and sign the Assurances and Certifications pages located on the pages following the facesheet.

PART I - FACESHEET APPLICATION FOR FEDERAL ASSISTANCE

PART I - FACESHEET **APPLICATION FOR** **FEDERAL ASSISTANCE**	2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS)	Applicant Identifier

1. TYPE OF SUBMISSION:		3. a. DATE RECEIVED BY STATE	3 b. State Application Identifier
Application	Pre-application		
☐ Construction ☒ Non-Construction	☐ Construction ☐ Non-Construction	4. a DATE RECEIVED BY CNCS	4 b. CNCS Grant Number

5. APPLICANT INFORMATION

5 a. Legal Name:	5.b. Organizational DUNS:
5.c Address: (*give street address, city, count, state and zip code*)	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code) NAME: TELEPHONE NUMBER: ( ) - FAX NUMBER: ( ) - INTERNET E-MAIL ADDRESS: WEBSITE:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. a TYPE OF APPLICANT: (*Enter appropriate letter in box:*) ☐
☐☐-☐☐☐☐☐☐☐	. I. State Controlled A. State Institution of Higher B. County Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) H. Independent School O. Not for Profit District Organization Other (specify)

8. TYPE OF APPLICATION:
       ☐ New   ☐ Continuation   ☐ Revision
 	
If Revision, enter appropriate letter(s) in box(es)
 	
                  ☐   ☐
 	
A. Augmentation: ☐   B: Budget Revision ☐
 	
C. No Cost Extension ☐ to _____*(enter date)*
 	
E Other (specify below); ☐
    _____
	7 b. CNCS APPLICANT CHARACTERISTICS
	*Enter appropriate code in each blank:*_____, _____, _____,_____,_____

10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **94 – 013** TITLE (Name of Program): **AmeriCorps VISTA**	9. NAME OF FEDERAL AGENCY: **Corporation for National and Community Service**
	11. a. TITLE OF APPLICANT'S PROJECT:
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):	11 b. CNCS PROGRAM INITIATIVE (IF ANY):
13. PROPOSED PROJECT START DATE: **MM/DD/YYYY** END DATE: **MM/DD/YYYY**	

14: ESTIMATED FUNDING	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal $ b. Applicant $ c. State $ N/A d. Local $ N/A e. Other $ N/A f. Program Income $ N.A g. Total $	a. YES. THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE:_____ B. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372 ☐ OR PROGRAM HAS NET BEEN SELECTED BY STATE FOR REVIEW
	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ☐ Yes If "Yes" attach an explanation. ☐ No

17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		DATE SIGNED:

Modified Standard Form 424- (Rev 11/02 to conform to the CNCS eGrants system)
OMB Control # 3045-0038   Expiration Date   5/31/2011

ASSURANCES

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).

6. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686). which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

CERTIFICATIONS REGARDING (A) DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; (B) DRUG-FREE WORKPLACE REQUIREMENTS; AND (C) LOBBYING

A. Debarment, Suspension, and Other Responsibility Matters

As required by the regulations implementing Executive Order 12549, Debarment and Suspension, implemented at 34 CFR Part 85, Section 85.510, *Participants' responsibilities.*

A. As authorized representative of the applicant, I the applicant certify that neither the applicant nor its principals:

· Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

· Has, within a three-year period preceding this application, been convicted of, or had a civil judgment entered against them for commission of fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction or records, making false statements, or receiving stolen property.

· Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) (b) of this certification, and

· Has not, within a three-year period preceding this application, had one or more public transactions (federal, state or local) terminated for cause or default;

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

B. Drug-Free Workplace

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620).

The applicant certifies that it has or will continue to:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establish an ongoing drug-free awareness program to inform employees about—
   (1) the dangers of drug abuse in the workplace,
   (2) the grantee's policy of maintaining a drug-free workplace.
   (3) any available drug counseling, rehabilitation, and employee assistance programs, and
   (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a)

(d) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:
   (1) abide by the terms of the statement, and
   (2) notify the employer, in writing of his or her conviction for a violation conviction for a violation of any criminal drug statute occurring in the workplace no later than five days after such conviction

(e) Notifying the agency in writing within ten days after receiving notice under subparagraph (d) (2)) from an employee or otherwise receiving actual notice of such conviction;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted—
   (1) Taking appropriate personnel action against such an employee, up to and including termination…; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
   (3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f)

C. Certification – Lobbying Activities

(a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement;

(b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application.

_____   _____
Legal Applicant   Printed Name and Title of Authorized Representative

Signature of Authorized Representative _____   Date _____

PART II. NARRATIVES

The purpose of the project narrative is for you to provide a concise and compelling justification for awarding the requested AmeriCorps VISTA members and/or Leaders.

The narrative section of the Application includes nine items. Each item has questions associated with it that you must answer. The Narrative items and associated questions can be found on pages 7-11

Be sure to:
- ❑ Submit a completed Face Sheet (SF424 – Application for Federal Assistance) with your project narrative.
- ❑ Type, single-spaced.
- ❑ Type both the question and answer.
- ❑ Try to keep your response for each lettered section heading to no more than one page (250-400 words).

PART III. PROJECT PLAN

Overview
The Project plan is composed of one or more *Action Plans*. Each *Action Plan* describes the specific community need you plan to address, the goal and results you expect to achieve, and how you will assess your progress in achieving them. Complete the project plan template provided, being sure identify which community need(s) (identified in Narratives, Need) will be addressed by them. Make copies of the template as needed. (Example of a completed Project Plan is attached).

You may create additional Action Plans as appropriate for your project design.

> *Example:*
> An applicant proposes a project that has two different programming areas:
>   1. Starting a child care program for welfare to work recipients; and
>   2. Enhancing a job training and placement program for welfare to work recipients.
>   The applicant may wish to create one Action Plan for each issue.

The Action Plan may contain as many *Performance Milestones* as you want. While the *community need*, and the *goal statement* should cover a multi-year period (the estimated length of time required to complete the proposed project), the *performance milestones* should only cover one year. In the action plan, clearly demonstrate:

- A realistic effort to help bring individuals and families out of poverty permanently; not simply to make poverty more tolerable;
- Proposed project results that are measurable and convey the actual impact the project has on the individuals, families, and communities being served.

The Community Need statement: Describe the specific need that will be addressed by the project component included in this Action Plan. The need should be measurable and include a reliable source to establish the compelling nature of the need.

Goal Statement: Describe the impact your project will have in addressing the community need identified above. This goal statement should cover the three-year project period.

Performance Milestone (Expected Results)
- Describe what you hope to achieve in a particular activity area over the course of a 12-month period.
- The milestone should be directly related to the goal statement.
- Include quantity or number (e.g. Complete 7 presentations at…)

- One milestone per text box. Select "Add milestone" to include any additional milestones

Planned Period of Accomplishment: Indicate the project year and month that you expect this PM will be achieved.

Indicator / Evidence of progress: What are you tracking or measuring to determine if this result has been achieved?

Target: Enter the same number (amount) or percentage that is described in the Performance Milestone above. If you enter a percentage target here, make sure you include the number (amount) in the Performance Milestone [e.g. 75 percent of volunteers (55 of 73) recruited …]

How Measured: Method by which accomplishment of target milestone will be determined.

Description of data collection: Description of data collection**:** process or measurement process (who collects it from whom and when/how often)

Instructions

Column A
1. In the first row of column A, describe the community need to be addressed in relation to the problem(s) identified in your project narrative (Need). Examples are provided for your reference.
2. In the second section of column A, list the proposed project goal that you expect the AmeriCorps VISTAs to achieve. In the Project Narrative, VISTA Assignment Description, you will include more specific tasks and activities for each member position you develop based upon these overall goals and activities.
3. In the third section of column A, identify the expected results (Performance Milestones), leading to the achievement of the proposed goal. For each performance milestone, identify the indicators, targets, and how you will measure this result, and how you will collect the data. Report any data you have for this measure from prior years.

Column B
In column B, indicate the periods of time during which the member will work on and achieve the stated results. Performance milestones should be measured at least annually.

Periods of time used for results are the federal fiscal quarters which are:

       Quarter 1:   October – December
       Quarter 2:   January – March
       Quarter 3:   April – June
       Quarter 4:   July – August

Column C
In column C, AmeriCorps VISTA projects report the progress on their performance milestones. Leave this blank until time for reporting.

Column A *AmeriCorps VISTA Project Plan*	Column B *Date(s)*	Column C
Community Need: Describe the community need to be addressed in relation to the problem(s) identified in your project narrative (Need). Example: According to the Capital Area Workforce Center's Annual Survey, currently only ten percent of unemployed clients in the region gain employment with the assistance of the Center	3 Years	
Goal Statement: Describe the impact your project will have in addressing the community need identified above. This goal statement should cover the three-year project period. **Example Goal** 1:. To help more clients secure jobs, AmeriCorps VISTA members will implement a job training and readiness program to serve clients from the region. Two hundred clients will receive training in year one; three hundred clients in year two; and five hundred clients in year three.	3 Years	
Performance Milestone Participants will complete job training and readiness program. *Indicator:* Percentage of participants who complete the training program (per year) *Target:* 75% (55 of 73) of people complete training program each year. *How Measured:* attendance roster. *Description of Data Collection:* VISTA member will collect attendance roster, which will be entered into a participant database maintained at the project site.	Q2 – Q4	

Performance Milestone Clients who complete job training and readiness program (program graduates) demonstrate improved job-readiness skills. *Indicator: Percentage of program graduates who improve in public speaking, interviewing, and resume writing.* *Target*: **Year One**. Seventy-five percent of program graduates (42 of 55) improve in public speaking, interviewing and resume writing. *Instrument*: Jobs Readiness Skills Survey (pre-test/post-test), administered to training graduates by VISTA members.	Q2 - Q4	
Performance Milestone The employment rate will be higher for program graduates than for clients who do not participate in the program. *Indicator*: Percentages of program graduates and non-participants who obtain employment *Target*: The employment rate will be at least ten percent higher for program graduates compared to non-participants. *Instrument*: Employment data, collected by the Workforce Center.	Q4	

Please submit the following attachments with your project narrative to the appropriate program office within the Corporation for National and Community Service.

- Copy of most recent financial audit if available.

- List of Advisory Group Members and their written comments about the application (not applicable if 51 percent or more of the persons on your board of directors' members are of the low-income community).

- Copy of Articles of Incorporation (not applicable to public entities).

- List of Board of Directors, or governing body (not applicable if public entity) and their written comments about the application (comments not applicable if you created a separate Advisory Group that will submit written comments).

- Organizational chart of the applying body.

- Tax exempt status: either IRS determination or copy of application to IRS for exemption (not applicable to public entities).

- Copy of Supervisor's Resume and Job Description. For multi-site projects, a list of organizations where members will be placed, organization addresses, contact persons and contact information, copy of site supervisor's resume and job description, and a letter of commitment from the Board of Directors of each organization.

- Negotiated Indirect Cost Agreement (if applicable)

- Letters of support for the proposed project from other organizations in your community. If the organization is a project partner, the letter should describe the type of support and/or resources the partner organization will contribute.

All VISTA projects must complete the SF 424A budget page and attach a written narrative justification for each line item.

While there is no specific match requirement, the budget documents the type and level of resources a sponsor will provide to support the project.

NOTE: Several line items are estimates (for example, education award and stipend) because they depend on a choice made by each VISTA or Leader.

Three budget worksheets are available, depending on the type of project for which you are applying. Please contact your Corporation State Office for the appropriate budget guidance for your project. Specific instructions on how to complete the budget will accompany each of these forms.

- **Part VI.1** Standard VISTA Project Budget

- **Part VI.2** Standard VISTA Project Budget with Support Grant

- **Part VI.3** VISTA Program Grant Budget