

*Corporation for*  
**NATIONAL &  
COMMUNITY  
SERVICE** 

# **SENIOR CORPS GRANT APPLICATION**



**DRAFT FACSIMILE OF ELECTRONIC FORMS**

Form is Authorized for Local Reproduction

CNCS Form 424-NSSC

OMB Control No. 3045-0035-Expiration: 06/30/2014

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**GENERAL SUBMISSION INSTRUCTIONS****Purpose:**

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

The majority of applicants use the electronic grants management system, eGrants, to submit applications. Forms in this package are to be used only by applicants unable to submit an electronic application.

Instructions in this package apply to all applicants, including those using the eGrants system. These instructions address the types of information that must be included to fulfill application and grant requirements. References to "Sections" herein refer to eGrants data entry screens and are provided for cross-reference purposes.

Applicants receiving grants based on submission of this paper application are encouraged to register to use eGrants and transfer the information contained in their paper application into eGrants after receiving notice of their selection.

Further information about eGrants is available at the Corporation's website, [www.nationalservice.org](http://www.nationalservice.org).

**Application Completion and Submission Requirements:**

Complete and return an original signed application plus one complete copy to the applicable Corporation for National and Community Service State Office, unless otherwise instructed. Number the pages of your submission consecutively. Do not submit the instructions as part of your application.

**First-time Applicants for a Senior Corps Grant and Current Sponsors Applying for a new Multi-Year Grant:**

To be considered, the application must include the following:

- Part I: Facesheet (Modified Standard Form 424 NSSC) – Page 15
- Part II: Budget (NSSC Form 424A) – Pages 16-17
- Part III: Project Narratives (All sections) Pages 9-10
- Part IV: Work Plan (Sections A and B) as applicable Pages 11-13
- Attachments: Required attachments are indicated on Page 14
- Assurances (Standard Form 424B) – Page 21
- Certifications (NSSC Form 424C) – Page 22

**Continuation Applications: Years 2 and 3 of the Multi-Year Grant:**

Current sponsors are strongly encouraged to submit their continuation applications via the eGrants system. However, if that is not possible, the application must include the following:

- Part I: Facesheet (Modified Standard Form 424 NSSC) – Page 15
- Part II: Budget (NSSC Form 424A) – Page 16-17
- Attachments: As specified for continuation projects on Page 14
- Other: Updates of any other sections of the application or the required attachments if significant changes have occurred or are anticipated during Year 2 or Year 3.

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

Disclosure Statement: 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. Estimated time to complete this application, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information averages 13.2 hours per response (16.5 for new applicants, 15 for previous sponsors, and 5 for revisions). If you have any comments regarding this collection of information, send them to: Corporation for National and Community Service, Senior Corps, Attn: Angela Roberts, 1201 New York Avenue, W, Washington, D.C. 20525. As required by Section 504 of the *Rehabilitation Act of 1973, as amended*, this application may be available in alternative formats. Make **TTD/TTY** inquiries to: (202) 565-2799. Direct written inquiries to: Senior Corps, 1201 New York Ave. NW, 9<sup>th</sup> Floor, Washington, DC 20525. Direct telephone inquiries to: (202) 606-5000, Ext. 554.

**PART I: FACESHEET INSTRUCTION eGrants “Applicant” and “Application” Sections**

See page 15, for Standard Form-424, Face sheet. This form is required for applications submitted for federal assistance.

**Item #**

1. Filled in for your convenience.
2. Self-explanatory.
3. 3.a. and 3.b. are for State use only (if applicable).
4. 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.
5. 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.
  - 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.
- 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>.
7. 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	29. U.S. Territory

(HBCU)	
14. Law Enforcement Agency	30. Vocational/Technical College
15. Local Affiliate of National Organization	31. Volunteer Management Organization
16. Local Education Agency	

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
- Check “New” if you are applying for assistance for the first time or are reapplying for year 1 of a new grant.
  - Check “Continuation” if you are a current grantee applying for your second or third year of funding.
  - Check “Revision” 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 a Revision to your grant, check the type of revision you are submitting.

- Select “Increase Award” if you are a Senior Corps grantee submitting a revised budget to incorporate a Corporation-authorized increase.
- Select “Decrease Award” if you are a Senior Corps grantee submitting a revised budget to incorporate a Corporation-authorized decrease.
- Select “Increase Duration” to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
- Select “Decrease Duration” to request a reduction of the grant period, then enter the new end date requested in the blank following the checkbox.
- Select “Other,” as applicable, and specify in the blank provided.

9. Filled in for your convenience.

10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the NOFA:
- 94.001 Retired and Senior Volunteer Program (RSVP)
  - 94.011 Foster Grandparent Program
  - 94.015 Senior Demonstration Program
  - 94.016 Senior Companion Program

- Enter the title of the project.
- 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.

12. List only the largest political entities affected (e.g., counties, and cities).

13. Please reference Item 8 (Above)

- “New: Enter the proposed project Start and End Dates. This is a 3-year period.
- “Continuation” or “Revision” application: Enter the dates of the approved project period.

14. Fill in the performance period. This is usually defined as 12-months. If other than 12-months, the NOFA or supplemental guidance will indicate the performance period.

15. Estimated Funding: Enter the 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. 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 parentheses.

- (a) **Federal** The total amount of Federal funds being requested in the budget.
- (b) **Applicant** The total amount of the applicant share as entered in the budget.
- (c) **State** The amount of the applicant share that is coming from state sources.
- (d) **Local** The amount of the applicant share that is coming from local sources.
- (e) **Other** The amount of the applicant share that is coming from other sources.
- (f) **Program 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

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.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.
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. 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 – BUDGET INSTRUCTIONS eGrants Budget Sections**

**Use the Senior Corps SF 424A Budget form found on Page 16 and 17.** Provide a breakdown of costs by object class categories/line items for your program. Include a description of each budget item along with the cost. All costs must be allowable, reasonable, and necessary to the operation of the project.

**(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 or in paper form, 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 Corporation 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 or on paper. Paper applications for revising the budget must include Part I – Facesheet and Part II – SF 424A and a completed

Budget form. Additional funding is contingent upon satisfactory performance, the availability of funds, and any other criteria established by the Corporation in the NGA.

**(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 NOFA or supplemental guidance, all grants are multi-year.

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

- (a) In Column 1, enter the total project cost for that line item from all sources.
- (b) In Column 2, enter the amount of Corporation funding requested for each line item and the total.
- (c) 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. FGP and SCP require a non-federal share of 10% of the total project cost. For RSVP, the required non-federal share is 10% of the total project cost in Year 1, 20% in Year 2, and 30% in subsequent years. In cases of demonstrated need, as specified in the respective program regulations, exceptions to these cost-sharing requirements may be allowed.
- (d) 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.
- (e) For each Budget Line Item, please:
  - Briefly describe all amounts in Columns 2, 3, and 4; and
  - List cash and in-kind contributions listed in Columns 3 and 4 on separate lines.

Following are instructions for each line item of the budget form.

#### **SECTION I: VOLUNTEER SUPPORT EXPENSES**

##### **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 appropriate local or long-distance lines 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

Facesheet. 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. Equipment** - Enter on the Budget form the cost of equipment. Items costing less than \$5,000 should be listed in **Line E: Supplies**. Include a list of items to be purchased, the quantity of each, with their respective costs, and explain how each item will be used in the project.

**Line E. Supplies** - On the Budget form, enter the cost of supplies in appropriate columns. List types of supplies and their respective costs. Itemize large items.

**Line F. Contractual and Consultant Services** - Enter on the Budget form 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 G. – Line I. Describe all** other allowable Volunteer Support Expenses not included in categories A through F, such as training, evaluation services, and other items and briefly describe.

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

## SECTION II: 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. RSVP 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 SECTION II** – Enter the sum of Volunteer Expenses in Section II.

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

**FUNDING PERCENTAGES** – For Columns 2 and 3 only, enter the applicable percentage shares represented by the budgeted Corporation (Col. 2) and grantee resources (Col. 3). Do not include Excess Resources (Col. 4) in the calculation

### **PART III: PROJECT NARRATIVES INSTRUCTIONS (eGrants “Narratives” Sections)**

The purpose of the program narratives and the accompanying Work Plans (see Part IV) is for you to provide a project plan with a clear and compelling justification for awarding the requested funds. Except in the case of projects seeking one-year approvals, Part III covers the multi-year proposed project period.

Remember to follow the character limits listed in the narrative section below. We use character limits rather than page limits because of the structure of eGrants. Characters are letters, punctuation, and spaces included in your document. Your word processing software can provide a character count.

#### **PART III – SECTION A. EXECUTIVE SUMMARY**

Please provide a one-page summary of your proposed project. The summary must be 1,500 characters or less, including spaces and punctuation. The Corporation will use these summaries to promote transparency and Open Government. Your Executive Summary must include:

- The name of the legal applicant (sponsor organization);
- A brief description of the legal applicant's organization and its mission;
- If a Foster Grandparent or Senior Companion applicant, the number of Volunteer Service Years (VSYs) requested;
- If an RSVP applicant, the number of RSVP volunteers proposed;
- The dollar amount you are requesting;
- The service categories your project will address;
- The community needs your project will address;
- The researched-based methods your project will use to address that need; and
- The project's anticipated outcomes.

#### **PART III – SECTION B. STRENGTHENING COMMUNITIES: MAXIMUM – 4,000 characters**

Complete this section only if you are a first time applicant or are a current grantee applying for year 1 of a 3-year grant to operate the established projects.

Describe the community you serve (e.g. key economic, demographic and geographic features), how you ensure local input into program design and evaluation, and how you mobilize community resources.

Describe the relationship between your program and the community, how you select community partners and the role of each partner. Provide information about how you will build public awareness of and support for the program within the community and how you will bring together people of diverse backgrounds. Describe how you mobilize community resources and how, if at all, volunteers will participate in community activities. Ensure that your narrative addresses:

- a. How you will enhance the capacity of organizations and institutions within the community; and
- b. How you will work to integrate senior service into the activities of other service programs within the community.

**PART III – SECTION C. RECRUITMENT AND DEVELOPMENT OF VOLUNTEERS:  
MAXIMUM – 4,000 characters**

Describe how you will:

- a. Assure a high quality experience for volunteers that offers opportunities such as building new skills, developing leadership potential, reflecting on the meaning of service to the community, and enhancing the quality of their own lives;
- b. Build a corps of volunteers, including recruiting, retaining and recognizing senior volunteers; and
- c. Provide training and technical assistance to project staff, volunteers, volunteer station supervisors, and community participation groups.

**PART III – SECTION D. PROGRAM MANAGEMENT: MAXIMUM – 4,000 characters**

In this section, describe specific plans and strategies for overall management of the program you propose.

Describe how you will ensure high quality program management. Address each of the following areas:

- a. Developing and managing volunteer stations and volunteer assignments that address specified community needs and provide meaningful placements for the volunteers;
- b. Assessing project performance to assure all goals and objectives are met and that these result in a high quality project. This should include an annual assessment of project accomplishments and impact on the community and/or client population.
- c. Managing information and data to demonstrate the concrete impacts of the project and its volunteers.
- d. Managing project resources, both financial and in-kind, to ensure accountability and efficient and effective use of available resources.
- e. Securing resources, such as cash and in-kind contributions, to sustain and expand the project.

**PART III – SECTION E. ORGANIZATIONAL CAPACITY: MAXIMUM – 4,000 characters**

Briefly describe your organization’s capacity to operate the program you propose with respect to:

- a. Your organization’s experience in the proposed program area.
- b. Key staff positions responsible for program management, background, and experience of these staff members and/or plans to select and support additional staff.
- c. Financial management systems and past experience managing federal grant funds.
- d. Track record in successfully managing volunteer programs, involvement with seniors, and impact-based programming;
- e. Your organization’s capacity to assure the project has adequate facilities, equipment, supplies, purchasing procedures, and personnel management support, including clearly defined roles for staff and administrators; internal policies, including a travel policy; and
- f. Your organization’s procedures or systems for self-assessment, evaluation, and continuous improvement.

**PART III – SECTION F. OTHER NOFA REQUIREMENTS**

Use this section, if 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 IV – WORK PLAN - eGrants “Work Plan” Section**

### **PART IV. SECTION A. OUTCOME/IMPACT-BASED and PERFORMANCE MEASURES WORK PLANS**

#### **About Outcome/Impact-Based Work Plans:**

#### **1. What are outcome/impact-based Work Plans?**

Senior Corps resources are provided for the purpose of having a positive impact on critical human and social needs within the project service area. Volunteer assignments that are impact, or outcome-based are documented in the following format:

- An outcome/impact-based 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 during the multi-year grant period – from the shorter to longer terms.
- Work Plans follow a standard format. Use the **Work Plan template on Page 17** to describe how the project will develop assignments for and placement of, the senior volunteers to meet priority community needs.
- Work Plans capture the focus of the volunteers’ services in standard categories. Use the **Service Categories” list found on page 23** to select the focus of the volunteers’ services for each Work Plan.

#### **2. How many Work Plans are needed?**

- How the volunteers will be deployed determines the number of Work Plans needed. Applicants should prepare a separate Work Plan for each service category. You may submit more than one Work Plan for a given service category. Most applications contain between 8 and 12 separate Work Plans, including Performance Measures Work Plans.
- All volunteers who serve or will serve in **outcome/impact-based assignments** must be accounted for in the Work Plans in this section.
  - For RSVP, 50 percent of the volunteers must be placed in outcome/impact-based assignments.
  - For FGP and SCP, 90 percent of volunteers/VSYs must be placed in outcome/impact-based assignments.

#### **3. Which sections of the Work Plans must be completed?**

The following sections must be completed for **all** Work Plans:

- (a) Community Needs Statement:** Develop for each service category. This needs statement should explain the compelling need that will be impacted upon through senior service.
- Fill in Part 1 of the Work Plan Template with the needs statement.
  - Use the Service Category list and select and enter the service category that relates to the community need.
  - Fill in:
    - The total number of Senior Corps volunteers contributing to meeting this need
    - The total number of volunteer stations serving as placement sites to address this need
    - For Foster Grandparent projects: the estimated number of children/youth to be served
    - For Senior Companion projects: the estimated number of clients to be served
    - For RSVP – if possible, estimate the total number of people to be served.
- (b) An action plan with steps** should be developed addressing the following elements for each community need identified using **Part 2, Column A** of the Work Plan template:
- **Service Activity** – Provide specific descriptions of the activities the volunteers will undertake to help meet the identified need.

- **Anticipated Inputs** – Describe the resources that will be available to help meet the identified need by creating or sustaining the service effort, such as the number of volunteers/VSYs, volunteer hours, financial and staff resources, or special training;
- **Anticipated Accomplishments (Outputs)** – In measurable terms, describe the immediate results of the volunteer service in meeting the need, such as numbers served, numbers of products produced, etc. Be specific!
- **Anticipated Impacts (Intermediate Outcomes and End Outcomes)**– Describe the anticipated longer term or permanent change or improvement expected in the community due to services of the volunteers. This change should be measurable and directly related to the defined community need. Be specific! NOTE: “How measured?” may be left blank.

(c) **Complete Part 2, Column C** of each Work Plan by indicating the dates by which the task or result will be accomplished in month/year format, such as “01/06” for January 2006.

#### 4. What are the Performance Measures Work Plans?

a) Performance Measures Work Plans are **a subset** of the applicant’s total Work Plans.

b) The following Performance Measures requirements apply to Senior Corps applicants:

- Applicants must propose a minimum of 3 performance measures of which one must be an Accomplishment/Output, one must be an Intermediate Impact/Outcome and one must be an End Impact/Outcome. The applicant may propose more than 3 if desired.
- The required 3 Performance Measures should be contained in no more than two Work Plans.
- If the application is funded:
  - These grantee-nominated performance measures will be referenced in the Notice of Grant Award.
  - Each grantee will be held accountable for achieving its performance measures within the planned period of accomplishment.
  - While 3 performance measures are the minimum, applicants may propose additional performance measures.

#### 5). How are Performance Measures Work Plans completed?

a) First determine the performance measures and ensure that Work Plan(s) are included corresponding to the measures.

b) In the section “**Column B, Check if Performance Measure**” of the Work Plan(s) corresponding to the performance measures – Place a “check mark” or “X” to indicate the Accomplishment/Outputs or Impacts/Intermediate Outcomes or End Outcomes you propose as Performance Measures.

c) Fill out the “**How Measured/Indicator/Target?**” section. For **Anticipated Accomplishments/Outputs, and Anticipated Intermediate Impact/Intermediate Outcomes and Anticipated End Impact/End Outcomes**), please include:

- The tool/method you will use to measure results. Tools and methods could include surveys, checklists completed by volunteers, etc.
- The indicator of measurement, such as improvement in literacy skills, etc.
- The target outcome, such as percent of improvement expected.

**Please leave Columns D and E BLANK.** These columns are used to report actual project performance. The process and tools to report progress will be specified to the applicant in the event that funding is awarded.

**PART IV. SECTION B. VOLUNTEER ACTIVITIES NOT REPRESENTED IN THE OUTCOME/  
IMPACT- BASED WORK PLANS**

Senior Corps volunteers can and do provide meaningful service that values the interests of the volunteers, but that is not reflected in the outcome/impact-based **Work Plans in Part IV – Section A.**

The Part IV – Section B template that corresponds to these instructions is found on **Page 15.**

1. In **Column A: Volunteer Activities**, list the volunteer activities anticipated. Provide a brief description of each.
2. In **Column B: Date**, enter the planned timeframes using the month/year format, such as “01/06” for January 2006.

**Please leave Columns C and D BLANK.** These columns are used for actual reporting. The process to report progress will be specified to the applicant in the event that funding is awarded.

When using the eGrants screens, only complete the following sections of the Work Plan:

- The service category
- The total number of Senior Corps volunteers contributing to meeting this need
- The total number of volunteer stations serving as placement sites to address this need
- The Service Activity block.
- In all other sections, please enter “NA”

**PART V. INSTRUCTIONS FOR ATTACHMENTS (eGrants “Documents” Section)**

**ATTACHMENTS REQUIRED OF ALL APPLICANTS**

Description of Attachment	Applicants who must submit the attachment as part of the application	
	New	Continuation
1. 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
2. Project Director job description.	Yes	Only if changed
3. List of the sponsor’s current Board of Directors, including name, address, organizational or community affiliation.	Yes	Only if changed
4. Names and addresses of community participation group or advisory council	Yes	Only if changed
5. Copy of at least one annual assessment conducted in the past two years to assess the accomplishments and impact of the project.	No	Once during year 2 or year 3
6. Copy of negotiated Indirect Cost Rate Agreement, if indirect costs are requested.	Yes	Yes
7. Statement of audit status that indicates whether the applicant is subject to A-133 Audit requirements. If <b>yes</b> , provide the date of the last audit and the date forwarded to the Audit Clearinghouse.	Yes	Yes
8. Roster of Volunteer Stations (see p. 19)	Yes	Yes

**ADDITIONAL ATTACHMENTS REQUIRED OF PRIVATE NON-PROFIT APPLICANTS**

In addition to the Attachments listed above under Section IV.A, private non-profit applicants must also include the following:

Description of Attachment	Applicants who must submit the attachment as part of the application	
	New	Continuation
1. Copy of Articles of Incorporation	Yes	Only if changed
2. 990 or financial statement audit	Yes	Only if changed
3. Aggregate annual dollar amounts of funding broken out by federal, state, local governments and other (specify type)	Yes	Yes
4. List of the names of any funding organizations/sources that provide at least 10 percent of total funding and the dollar amount of that funding in the past budget year.	Yes	Yes

Note: By signing the application, an official of the grantee organization certifies that any attachment not included has not changed from the prior submission on file with the Corporation for National and Community Service.

**PART I – FACESHEET**

**OMB No. 3045-0035 Expiration Date 3/31/05**

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>											
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. a. DATE RECEIVED BY STATE:		3.b. STATE APPLICATION IDENTIFIER:										
	4. a. DATE RECEIVED BY CNCS:		4.b. CNCS GRANT NUMBER:										
<b>5. APPLICANT INFORMATION</b>													
LEGAL NAME: ORGANIZATIONAL UNIT: ADDRESS (give street address, city, county, state and zip code):		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: TELEPHONE NUMBER: (        )        - FAX NUMBER: (        )        - INTERNET E-MAIL ADDRESS:											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; height: 20px;"><tr><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			-								6A. DUNS Number:	7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____ H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization	
		-											
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award: <input type="checkbox"/> B. Decrease Award: <input type="checkbox"/> C. Increase Duration: <input type="checkbox"/> to _____ (enter date) D. Decrease Duration: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify): <input type="checkbox"/> _____		7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____, _____, _____											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Name of Program _____								9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>					
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):		11. a. TITLE OF APPLICANT'S PROJECT:											
		14. PERFORMANCE PERIOD: Start Date                      End Date:											
13. PROPOSED PROJECT:                      START DATE:		END DATE:											
15. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr.2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?											
a. FEDERAL	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW											
b. APPLICANT	\$												
c. STATE	\$												
d. LOCAL	\$												
e. OTHER	\$												
f. TOTAL	\$												
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES    If "Yes," attach an explanation. <input type="checkbox"/> NO											
18. 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:		e. DATE SIGNED:											

**PART II— BUDGET WORKSHEET AND NARRATIVE— SENIOR CORPS**

<b>SECTION 1: VOLUNTEER SUPPORT EXPENSES</b>						
<b>NARRATIVE</b>			<b>WORKSHEET</b>			
<b>A. PROJECT PERSONNEL EXPENSES</b>			Column 1	Column 2	Column 3	Column 4
Position Title	Annualized Salary	% Time Spent on Project	Total Project Cost	Corporation Funds Requested	Non-Federal Resources	Excess Resources
<b>TOTAL PERSONNEL EXPENSES</b>			\$	\$	\$	\$
<b>B. PERSONNEL FRINGE BENEFITS</b>						
<b>TOTAL FRINGE BENEFITS</b>						
<b>C. PROJECT STAFF TRAVEL</b>						
Local Travel (Detail)						
Sub-Total Local Travel						
Long Distance Travel (Detail)						
Sub-Total Long Distance Travel						
<b>TOTAL TRAVEL COSTS</b>						
<b>D. EQUIPMENT (List)</b>						
<b>TOTAL EQUIPMENT</b>						
<b>E. SUPPLIES (Describe)</b>						
<b>TOTAL SUPPLIES</b>						
<b>F. CONTRACTUAL AND CONSULTANT SERVICES (Detail)</b>						
<b>TOTAL CONTRACTUAL AND CONSULTANT SERVICES</b>						
<b>G. TRAINING</b>						
<b>H. EVALUATION</b>						
<b>I. OTHER VOLUNTEER SUPPORT COSTS (Detail)</b>						
<b>TOTAL OTHER VOLUNTEER SUPPORT COSTS</b>						
<b>J. INDIRECT COSTS</b>						
<b>TOTAL SECTION I</b>			\$	\$	\$	\$



**SECTION II: VOLUNTEER EXPENSES**

NARRATIVE	WORKSHEET			
	Column 1 Total Project Cost	Column 2 Corporation Funds Requested	Column 3 Non-Federal Resources	Column 4 Excess Resources
<b>A. STIPENDS -Foster Grandparent and Senior Companion applicants only</b> Number of Volunteer Service Years (VSY):  1) CNCS-funded ____ x Annual Stipend = \$ _____ 2) Non-CNCS-funded ____ x Annual Stipend = \$ _____ 3) Non-Stipended: ____	\$	\$	\$	\$
<b>B. OTHER VOLUNTEER COSTS</b>				
1. Meals				
2. Uniforms				
3. Insurance				
4. Recognition				
5. Volunteer Travel				
6. Physical Examinations				
7. Other Allowable Expenses				
<b>TOTAL OTHER VOLUNTEER COSTS</b>	\$	\$	\$	\$
<b>TOTAL SECTION 2</b>	\$	\$	\$	\$
<b>TOTAL PROJECT COSTS: Section 1 + Section 2</b>	\$	\$	\$	\$
<b>FUNDING PERCENTAGES</b> (percent distribution between Columns 4 and 5)		%	%	

**PART IV. SECTION A.  
WORK PLAN/PERFORMANCE MEASURES**

<b>Applicant Organization:</b>			<input type="checkbox"/> <b>Check this box, if this Work Plan contains performance measure(s).</b>	
<b>Period Covered: Starting:</b> _____ <b>Ending:</b> _____			<b>Applicable Service Category/Categories:</b>	
<b>Part 1. Community Need to Be Addressed:</b>			<b>Total Number of Senior Corps volunteers contributing to meeting the need:</b> _____	
			<b>Total Number of Volunteer Stations:</b> _____	
			<b>Total Number of People to be served:</b> _____	
<b>Part 2: Action Plan, Tasks and Timeline</b>				
<b>PROJECT PLANNING</b>			<b>PROJECT REPORTING</b>	
<b>Column A Plans, Tasks, and Activities</b>	<b>Column B Check if Performance Measure</b>	<b>Col. C Date</b>	<b>Column D Actual Performance</b>	<b>Col. E Date</b>
<b>Service Activity:</b>			<b>Actual Service Activity:</b>	
<b>Anticipated Inputs:</b>			<b>Actual Inputs:</b>	
<b>Anticipated Accomplishments (Outputs):</b>			<b>Actual Accomplishments (Outputs):</b>	
<b>How Measured?</b>			<b>How Measured?</b>	
<b>Anticipated Impact Intermediate Outcome:</b>			<b>Actual Impact Intermediate Outcome:</b>	
<b>How Measured?    Indicator?    Target?</b>			<b>How Measured?    Indicator?    Target?</b>	
<b>End Outcome:</b>			<b>End Outcome:</b>	
<b>How Measured?    Indicator?    Target?</b>			<b>How Measured?    Indicator?    Target?</b>	

**Note:** Please reproduce or duplicate this template as needed to include all Community Needs and Work Plans. An Word version is available on request from your Corporation State Office.

**PART IV. SECTION B.**  
**VOLUNTEER ACTIVITIES NOT REFLECTED ON IMPACT-BASED WORK PLANS**

<b>Applicant Organization:</b> _____		<b>Period Covered: Starting:</b> _____ <b>Ending:</b> _____	
<b>PROJECT PLANNING</b>		<b>PROJECT REPORTING</b>	
<b>Column A: Volunteer Activities</b>	<b>Col. B Date</b>	<b>Column C. Actual Performance</b>	<b>Col. D Date</b>
<b>Description of Activities:</b>          <b>Number of Volunteers:</b> _____ <b>Number of Stations:</b> _____ <b>Applicable Service Category:</b> _____		<b>Description of Activities:</b>          <b>Number of Volunteers:</b> _____ <b>Number of Stations:</b> _____  	
<b>Description of Activities:</b>          <b>Number of Volunteers:</b> _____ <b>Number of Stations:</b> _____ <b>Applicable Service Category:</b> _____		<b>Description of Activities:</b>          <b>Number of Volunteers:</b> _____ <b>Number of Stations:</b> _____  	
<b>Description of Activities:</b>          <b>Number of Volunteers:</b> _____ <b>Number of Stations:</b> _____ <b>Applicable Service Category:</b> _____		<b>Description of Activities:</b>          <b>Number of Volunteers:</b> _____ <b>Number of Stations:</b> _____  	

**Note:** Please reproduce or duplicate this template as needed to include all Volunteer Activities. An Word version is available on request from your Corporation State Office.

# **ROSTER OF ACTIVE VOLUNTEER STATIONS**

## **INSTRUCTIONS**

The accompanying template in Excel corresponds to these instructions. The Volunteer Station Roster must be completed using the MS Excel workbook template.

The workbook template contains the following parts:

- Tab 1: Instructions
- Tab 2: Volunteer Station Roster template
- Tab 3: Volunteer Station Types
- Tab 4: Service Categories

The purpose of this form is to provide information about each active volunteer station. Please make every effort to provide complete and accurate data.

For each header item with a small red triangle in the upper right corner of the cell: if you place your cursor over the cell and wait a few seconds (“hover”), a “pop-up” comment box, with further description, will appear.

Note that the spreadsheet will “scroll” up and down, leaving the column names and station names visible at all times.

Please do not change the location of each data item (e.g., moving cells or columns), as this is a standardized form.

# 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-1 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 of 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<sup>7</sup>**

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



## CNCS SERVICE CATEGORIES BY ISSUE AREA

Service Categories are for use with Part IV, Sections A and B, and the Roster of Active Volunteer Stations.  
Not all categories are applicable to all programs and projects.

### **DISASTER**

Disaster Preparedness  
Disaster Mitigation  
Disaster Response  
Disaster Recovery  
Other Disaster

### **EDUCATION**

Adult Education and Literacy  
Afterschool Programs  
America Reads  
Computer Literacy  
Cultural Heritage  
Elementary Education  
ESL  
GED/Dropouts  
Head Start, School Preparedness  
Job Preparedness, School to Work  
Library Services  
Pre-Elementary Day Care  
Secondary Education  
Service Learning  
Special Education  
Tutoring and Child (Elementary)  
Literacy  
Tutoring and Child (High Sch.)  
Literacy  
Tutoring and Child (Middle Sch.)  
Literacy  
Vocational Education  
Youth Leadership Development  
Other Education

### **ENVIRONMENT**

Clean Air  
Clean and Safe Waters  
Community/Neighborhood  
Restoration/Clean-up  
Energy Conservation  
Environmental Awareness  
Indoor Environment  
Toxic Waste Management  
Waste Reduction, Management, and  
Recycling  
Wildlife, Land, & Vegetation  
Protection or Restoration  
Other Environment

### **HUMAN NEEDS/Community & Economic Development**

Community  
Revitalization/Improvement  
Community-Based Volunteer  
Programs  
Consumer Education  
Cooperatives/Credit Unions  
Food Production/Community  
Gardens/Farming  
Job Development/Placement  
Management Consulting  
Microenterprise  
Regional/State/City Planning  
Small and Minority Business  
Development  
Social Services Planning & Delivery  
Systems/Community Organizations  
Tax Consulting/Counseling  
Technology Access  
Thrift Store  
Transportation Services  
Welfare to Work  
Other Community and Economic  
Development

### **HUMAN NEEDS/Health/Nutrition**

Boarder Babies  
CHIPS, SCHIPS  
Congregate Meals  
Delivery of Health Services  
Food Distribution/Collection  
Health Education  
Health Screening  
HIV/AIDS  
Hospice/Terminally Ill  
Immunization  
In-Home Care  
Maternal/Child Health Services  
Mental Health  
Mental Retardation  
Physical Disabilities Programs  
Substance Abuse  
Other Health/Nutrition

### **HUMAN NEEDS/Housing**

Home Management  
Support/Education  
Homeless  
Housing Referrals/Relocation/Other  
Housing Related Services  
Housing Rehabilitation/Construction  
Independent Living - Disabled  
Independent Living - Seniors

Tenant Organizing  
Transitional Housing  
Other Housing

### **HUMAN NEEDS/Other**

Adoption  
Adult Day Care  
Companionship/Outreach  
Crisis Intervention  
Mentoring  
Respite  
Senior Center Programs (Non-  
Residential)  
Senior Citizens Assistance  
Teen Pregnancy/Parent Support  
Education  
Other Human Needs

### **PUBLIC SAFETY**

Adult Offender/Ex-offender Services  
& Rehabilitation  
Child Abuse/Neglect  
Children and Youth Safety Programs  
Community Policing/Community  
Patrol  
Conflict Resolution/Mediation  
Crime Awareness/Crime Avoidance  
Elder Abuse/Neglect  
Family Violence  
Improvement of Household Security  
Juvenile Justice, Delinquency/Gangs  
Legal Assistance  
Neighborhood Watch/Block Watch  
Safe Havens  
Safety/Fire Prevention/Accident  
Prevention  
Sexual Abuse/Rape  
Victim/Witness Assistance  
Other Public Safety

### **HOMELAND SECURITY**

Public Health  
Public Safety