



# SENIOR CORPS GRANT APPLICATION



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CNCS Form 424-NSSC (Revised 3/03 to conform to the CNCS eGrants system)

## TABLE OF CONTENTS

### INSTRUCTIONS

General Submission Instructions.....	3
Instructions for Part I: Facesheet (eGrants “Applicant” and “Application” Tabs) .....	4
General Instructions for Part II: Budget (eGrants “Enter/Edit Budget”) .....	6
Budget Section 1: Volunteer Support Expenses .....	7
Budget Section 2: Volunteer Expenses .....	8
Volunteer Strength Projections .....	8
Instructions for Part III: Project Narratives (eGrants “Narratives Tab) .....	9
Part III Section A: Strengthening Communities .....	9
Part III Section B: Recruitment and Development of Volunteers .....	9
Part III Section C: Program Management .....	9
Part III Section D: Organizational Capacity .....	10
Part III Section E: Other NOFA Requirements .....	10
Instructions for Part IV: Work Plan (eGrants “Work Plan” Tab)	
Part IV Section A: Work Plan for Impact-Based Activities .....	10
Part IV Section B: Volunteer Activities Not Represented in the Impact Work Plans .....	11
Instructions for Attachments (eGrants “Documents” Tab) .....	12

### FORMS:

Part I – Facesheet .....	13
Part II – Budget .....	14
Part IV Section A – Work Plan for Impact-Based Activities .....	15
Part IV Section B – Volunteer Activities Not Reflected on Impact-Based Work Plans .....	16
Standard Assurances .....	17
Certifications .....	18
Roster of Active Volunteer Stations (Form and Instructions) .....	19
VOLUNTEER STATION TYPES .....	21
3-DIGIT SERVICE CATEGORY CODES .....	22

## 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 the Retired and Senior Volunteer Program (RSVP), the Foster Grandparent Program (FGP), the Senior Companion Program (SCP), and the Senior Demonstration Programs (SDP). The instructions and forms in this package have been developed to conform to the Corporation's web-based electronic grants management system, eGrants, and are for use by applicants who are not required – or are not able – to submit an electronic application. 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. References to “Tabs” herein refer to features of the eGrants data entry screens and are provided for easy reference to the appropriate eGrants screens. 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 Submitting a One-Year Application:**

To be considered, the application must include the following:

- Part I: Facesheet (Modified Standard Form 424 NSSC) – Page 13 (with original signature)
- Part II: Budget (NSSC Form 424A) – Page 14 with accompanying budget narrative
- Part III: Project Narratives (All sections) Pages 9-10
- Part IV: Work Plan (Sections A and B) as applicable Pages 10-11
- Attachments: Required attachments are indicated on Page 12
- Assurances (Standard Form 424B) – Page 17 (with original signature)
- Certifications (NSSC Form 424C) – Page 18 (with original signature)

### **Continuation Projects with Multi-Year Project Approval (Years 2 and 3 of the Multi-Year Grant):**

Continuation projects are strongly encouraged to submit their continuation applications via the eGrants system. However, if that is not possible, these applicants must include the following:

- Part I: Facesheet (Modified Standard Form 424 NSSC) – Page 13 (with original signature)
- Part II: Budget (NSSC Form 424A) – Page 14 with accompanying budget narrative
- Attachments: As specified for continuation projects on Page 12
- 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.

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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: Peter L. Boynton, 1201 New York Avenue, NW, 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 INSTRUCTIONS (eGrants “Applicant” and “Application” Tabs)**

See page 13, 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 recipient in 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. 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.
  - c. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
  - 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. 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
  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 (HBCU)
  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 Administrative 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 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 grant cycle.
  - b. Check "Continuation" if you are a grantee applying for your second or third year of funding within your 3-year project period.
  - c. Check "Revision" if you are a grantee proposing any change in your budget or requesting a no cost extension.

If you are proposing an revision to your grant, check the type of revision you are submitting.

- a. Select "Increase Award" if you are a Senior Corps grantee submitting a revised budget to incorporate a Corporation-authorized increase.
- b. Select "Decrease Award" if you are a Senior Corps grantee submitting a revised budget to incorporate a Corporation-authorized decrease.
- c. 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.
- d. Select "Decrease Duration" to request a reduction of the grant period, then enter the new end date requested in the blank following the checkbox.
- e. 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
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11. a. Enter the title of the project. Current grantees should use the same title as in their original or previous application.
- b. Enter the name of the CNCS program initiative, if any, as provided in the instructions corresponding to the NOFA for which you are applying; otherwise, leave blank.

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

13. (See item 8)

- "New: Enter the proposed project Start and End Dates.
- "Continuation" or "Revision" application: Enter the dates of the approved project period.

14. Check the appropriate box to indicate the grant year for which funding is being requested.

15. 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 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. **Local**            The amount of the applicant share that is coming from local sources.
- d. **State**            The amount of the applicant share that is coming from state 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 – SENIOR CORPS BUDGET INSTRUCTIONS (eGrants “Enter/Edit Budget”)**

Use the Senior Corps SF 424A Budget form found on Page 14. Provide a breakdown of costs by object class categories/line items for your program in Columns 1 through 6. Include a separate Budget Narrative to explain and justify each line item and cost included in the budget. All costs must be allowable, reasonable, and necessary to the operation of the project. MS Word and self-calculating MS Excel versions of the budget page are available from your Corporation State Office.

**Single-year applications** - Complete the SF 424A Budget form for the 12-month period, following the instructions below.

**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 we will approve 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. Paper continuation applications consist of a completed, signed Part I - Facesheet. 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 an 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 Budget form, with supporting Budget Narrative. Additional funding is contingent upon satisfactory performance, the availability of funds, and any other criteria established in the NGA.

**General Instructions for SF 424A Budget form Columns 4, 5, and 6:** In Column 4, enter the amount of Corporation funding requested for each line item and the total. In Column 5, 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. Enter any contributions in excess of required non-federal share in optional Column 6, as stipulated in Section 224 of the Domestic Volunteer Service Act, as amended. In your Narrative, fully explain all amounts listed in Columns 4 through 6 and separately identify cash and in-kind contributions included in Columns 5 and 6.

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

## SECTION 1: VOLUNTEER SUPPORT EXPENSES

**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. In Column 1, for each position enter the person's 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.) In Column 2, enter the percentage of time the person will work for the project over a 12 month year (E.G., if the employee works 10 hours per week for the project over 12 months, you would enter 25%). Complete Columns 3-6, as applicable.

**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 in Columns 4 and 5 travel costs only 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. In your Budget Narrative, explain the purpose of anticipated local travel and the basis for cost calculations. For long distance travel, in your Budget Narrative 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 in columns 3, 4, 5, and 6, as appropriate. Use your organization's definition of equipment for the cost threshold. Include in your Narrative 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 columns 3, 4, 5, and 6, as appropriate. List types of supplies and their respective costs in your Narrative. Itemize large items.

**Line F. Contractual and Consultant Services** - Enter on the Budget form the cost of contracts and consultants in columns 3, 4, 5, and 6, 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. Other Volunteer Support Costs** – Include all other allowable Volunteer Support Expenses not included in categories A through F, such as volunteer training, and describe in the Narrative. Foster Grandparent and Senior Companion training expenses may be shown in Col. 4 and 5. RSVP projects must show any training expenses in Col. 6.

**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 VOLUNTEER SUPPORT EXPENSES** – Enter the sum of direct and indirect costs from Section 1 in columns 3, 4, 5, and 6, as appropriate.

## SECTION 2: VOLUNTEER EXPENSES

**Line A. Stipends** – Enter the amount of allowable stipends paid to volunteers, in columns 3, 4, 5, and 6, as appropriate. In your Narrative show separately Corporation funded and non-Corporation funded volunteers. For each type, show the number of volunteer service years, the annual cost of stipends for one volunteer service year, and the total. Volunteer Service Year (VSY) is a budget term which equals 1,044 hours per year. E.G., a volunteer serving 2088 hours per year (averaging 20 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 on the respective lines the applicable costs and reimbursable expenses in columns 3, 4, 5, and 6, 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. Use the Narrative for the corresponding line to provide explanation or show calculations, as needed.

**Note on Volunteer Travel:** Volunteer Travel may cover only the costs of transporting volunteers to assignments. It 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 allowable only as Excess Resources (Column 6). Enter the totals for columns 3, 4, 5, and 6, as appropriate.

**TOTAL VOLUNTEER EXPENSES** – Enter the sum of Volunteer Expenses identified in Section 1.

**TOTAL PROJECT COSTS** – Enter the sum of the totals for Sections 1 and 2 in each column.

**FUNDING PERCENTAGES** – For Columns 4 and 5 only, enter the applicable percentage shares represented by the budgeted Corporation (Col. 4) and grantee resources (Col. 5). Do not include Excess Resources (Col. 6) in the calculation.

### VOLUNTEER STRENGTH PROJECTION

In the appropriate spaces, enter total numbers of:

**A. Non-stipended FGP or FGP volunteers.**

**B. VSYs (for FGP and SCP) or volunteers (for RSVP),** separated according to whether they are federally or non-federally funded. Volunteer Service Year (VSY) is a budget term which equals 1,044 hours per year.

**C. Volunteer hours to be provided in this budget period.**

**D. Stations.** Show the total number of volunteer stations for the budget period covered.



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

The purpose of the program narratives and the accompanying Work Plan (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 for which you are requesting approval.

### **PART III – SECTION A. STRENGTHENING COMMUNITIES: MAXIMUM – 2 PAGES**

Complete this section only if you are a first time applicant or are a previous grantee applying for a new grant for the same project.

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 B. RECRUITMENT AND DEVELOPMENT OF VOLUNTEERS: MAXIMUM – 2 PAGES**

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 C. PROGRAM MANAGEMENT: MAXIMUM – 2 PAGES**

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 that 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 may include an annual assessment of project accomplishments.
- 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 D. ORGANIZATIONAL CAPACITY: MAXIMUM – 3 PAGES**

Describe your organization’s capacity to operate the program you propose.

- a. Describe your organization’s experience in the proposed program area.
- b. Identify key staff positions responsible for program management, background, and experience of these staff members and/or plans to select and support additional staff.
- c. Describe your financial management systems and past experience managing federal grant funds.
- d. Discuss your track record in successfully managing volunteer programs, involvement with seniors, and impact-based programming;
- e. Describe 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; and
- f. Describe your organization’s procedures or systems for self-assessment, evaluation, and continuous improvement.

### **PART III – SECTION E. OTHER NOFA REQUIREMENTS**

Use this section, if needed, to address any additional questions that appear in the published Notice of Funding Availability (NOFA). Refer to the NOFA for specifics.

## **PART IV – WORK PLAN (eGrants “Work Plan/Performance Measures” Tab)**

### **PART IV. SECTION A. WORK PLAN FOR IMPACT-BASED ACTIVITIES**

1. Use the Work Plan template on Page 15 to identify and describe how project will develop assignments for and place the senior volunteers to meet priority community needs.
2. Determine the needs and service categories to be served based on knowledge of the community, focus of activities, and other key information.
3. Prepare a separate Work Plan for each service category identified.
4. The Work Plans should be used to address those activities, volunteers, and volunteer stations that are impact-based. For RSVP, the percentage of volunteers that must be placed in impact-based assignments is 50 percent. For FGP and SCP, the percentage of volunteers/VSYs is 90 percent.
5. Completing the Work Plan:
  - Develop a **community needs statement** for each category of need to be served by the senior volunteers. This needs statement should identify a compelling need that will be impacted upon through senior service.
  - Fill in Part 1 of the Work Plan template with the needs statement. Identify the Service Category(ies) that relate to the community need. Also, fill in the total number of volunteers and the number of volunteer stations serving as placement sites to address this need.
  - Complete Part 2, Column A of the Work Plan by developing a **task plan with action steps** to address the following elements for each community need identified:
    1. **Service Activity** – Provide specific descriptions of the activities the volunteers will undertake to help meet the identified need.
    2. **Anticipated Input** – 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;

3. **Anticipated Accomplishments (Outputs)** – Describe the accomplishments (outputs) from your service activities. This quantifies or counts what will happen during your service activity (for example, the number of persons to be served, the number of times an activity will be performed) and describes the amount of products or things that will be created (for example, the number of individualized care plans that will be developed). In addition, you may also describe the extent to which a service will be expanded.

Outputs are counts of the amount of service that Senior Corps volunteers have completed. Outputs answer the question, "How much work did we do?"

4. **Anticipated Impact (Outcomes)** – As an expansion of the impact component, project directors must be more specific and identify an intermediate outcome or end outcome. This specificity allows the reader to have a better idea of the type of impact your project is tracking. The definitions of the outcomes are:
  - **Intermediate Outcomes** specify changes that have occurred in the lives of beneficiaries, but are short of a significant benefit for them. For example: Caregivers experience an increase in free time.
  - **End Outcomes** specify changes that have occurred in the lives of beneficiaries that are significant. They are the positive changes that your project ultimately hopes to achieve. For example: Caregivers experience an increase in life satisfaction.

Intermediate outcomes and end outcomes are the consequences of what a project does. **Intermediate outcomes are expected to lead to achievement of end outcomes.** For example, if your final result is to improve student academic performance, then intermediate outcomes might include improved attitudes towards school and reduced truancy.

**How Measured?** Note that for Anticipated Accomplishments (Outputs), and Anticipated Impact (Outcome), the Work Plan template asks "How Measured?" In this space, describe briefly how you will capture the information about whether your activity has achieved your desired results — i.e., whether the accomplishments (outputs) have been achieved, and the impacts (outcomes) attained.

- Complete Part 2, Column B of each Work Plan by indicating the federal fiscal year quarters by which the tasks will be accomplished, such as "Year 1, Quarter 2" or "Year 2, Quarter 3". Abbreviations may be used. (October-December is Quarter 1; January-March is Quarter 2, etc.). Multiple quarters are acceptable for on-going activities.
- Leave Columns C and D blank. These are used for actual project performance. The process and tools to report progress will be specified to the applicant in the event that funds are awarded.

#### **PART IV. SECTION B. VOLUNTEER ACTIVITIES NOT REPRESENTED IN THE 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 impact-based Work Plans in Part IV – Section A.

The Part IV – Section B form that corresponds to these instructions is found on Page 16.

1. In Column A, list the volunteer activities anticipated. Provide a brief description of each.
2. In Column B, enter the planned timeframes for these activities.
3. Leave columns C and D blank at this time. These columns are used for actual reporting. The process and tools to report progress will be specified to the applicant in the event that funding is awarded.

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

**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. 21 for form and instructions )	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. Certification by CPA or Public Accountant dated within the last 12 months that the applicant’s accounting system is capable of accurately accounting for and safeguarding federal funds.	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

By signing the application, the sponsoring official of a continuation project 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; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>				-								7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> <table style="width:100%; font-size: small;"> <tr> <td>A. State</td> <td>H. Independent School District</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Private Non-Profit Organization</td> </tr> <tr> <td colspan="2">O. Other (specify) _____</td> </tr> </table>		A. State	H. Independent School District	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Private Non-Profit Organization	O. Other (specify) _____	
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G. Special District	N. Private Non-Profit Organization																												
O. Other (specify) _____																													
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"/> <table style="width:100%; font-size: small;"> <tr> <td>A. Increase Award: <input type="checkbox"/></td> <td>B. Decrease Award: <input type="checkbox"/></td> </tr> <tr> <td>C. Increase Duration: <input type="checkbox"/> to _____ (enter date)</td> <td></td> </tr> <tr> <td>D. Decrease Duration: <input type="checkbox"/> to _____ (enter date)</td> <td></td> </tr> <tr> <td colspan="2">E. OTHER (specify): <input type="checkbox"/> _____</td> </tr> </table>		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: _____, _____, _____, _____, _____																			
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"/> _____																													
		9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>																											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; height: 20px; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> Name of Program _____										11. a. TITLE OF APPLICANT'S PROJECT:																			
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):		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	\$																												
		19. 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:																											

Modified Standard Form 424-NSSC (Rev. 3/03 to conform to the CNCS eGrants system)

## PART II - BUDGET

Applicant Organization:			Budget Dates:			
<b>SECTION 1: VOLUNTEER SUPPORT EXPENSES</b>						
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
A. PROJECT PERSONNEL EXPENSES Position Title	Annual Salary	% Time Spent on Project	Total Amount	CNCS Share	Grantee Share	Excess Amount
<b>TOTAL PERSONNEL EXPENSES</b>			\$	\$	\$	\$
B. PERSONNEL FRINGE BENEFITS						
C. PROJECT STAFF TRAVEL	Local Travel					
	Long Distance Travel					
D. EQUIPMENT						
E. SUPPLIES						
F. CONTRACTUAL SERVICES						
G. OTHER VOLUNTEER SUPPORT COSTS						
H. INDIRECT COSTS						
<b>TOTAL VOLUNTEER SUPPORT EXPENSES</b>			\$	\$	\$	\$
<b>SECTION 2: VOLUNTEER EXPENSES</b>						
			Column 3	Column 4	Column 5	Column 6
A. VOLUNTEER STIPENDS						
B. OTHER SERVICE-RELATED COSTS AND REIMBURSEMENT EXPENSES	Meals					
	Uniforms					
	Insurance					
	Recognition					
	Volunteer Travel					
	Physical Examinations					
	Other Allowable Expenses					
<b>TOTAL VOLUNTEER EXPENSES</b>			\$	\$	\$	\$
<b>TOTAL PROJECT COSTS</b>			\$	\$	\$	\$
<b>FUNDING PERCENTAGES</b> (percent distribution between Columns 4 and 5)						
<b>VOLUNTEER STRENGTH PROJECTION</b>						
A. Non-Stipended FGP/SCP Volunteers:				C. Volunteer Hours:		
B. VSYs or Volunteers — Federal:		Non-Federal:		D. Stations:		



**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: _____ 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>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</b>	
<b>How Measured?</b>				
<b>End Outcome:</b>			<b>How Measured?</b>	
<b>How Measured?</b>				

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



## 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 all rules regarding prohibited activities, including those stated in applicable application guidelines, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. 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 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) 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 handicaps (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. 290 dd-3 and 290 ee-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.
8. 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.
9. Will comply, as applicable, 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.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), 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.
11. 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.
12. 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).
13. 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.
14. 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.).
15. 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.
16. 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.
17. 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.
18. 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.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	TITLE
LEGAL APPLICANT	DATE



**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**

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



# VOLUNTEER STATION TYPES

## SCP Station Types

- A. Clinics (Non-Residential)
- B. Hospices
- C. Hospitals/Medical Centers
- D. Nursing Home/Convalescent Centers
- E. Residential Long-Term Care Program (H/MR/DD)
- F. Adult Day Care
- G. Rehabilitation Centers
- H. Mental Health Programs (Non-Residential)
- I. Nutrition Sites

- J. Multi-Purpose Centers (Including Senior Centers)
- K. Public Housing (Including Congregate Housing)
- L. Home Health Care Agencies
- M. Non-Profit Agencies on Aging
- N. Veterans Associations (Excluding Hospitals)
- O. Other Health Care
- P. Other Social Service

## FGP Station Types

### Health Stations

- A. Clinics (Non-Residential)
- B. Developmental Disability Agencies (Non-Residential)
- C. Home Health Agencies
- D. Hospices
- E. Hospitals/Medical Centers
- F. Mental Health Programs (Non-Residential)
- G. Rehabilitation Centers
- H. Residential Long-Term Care Programs (MH/MR/DD)
- I. Other Health Care

### Human Needs Services Stations

- J. Before and After School Care
- K. Day Care (Pre-Elementary)

- L. Teen Pregnancy/Teen Parenting
- M. Transitional Shelters/Centers (Homeless, Abused Etc.)
- N. Other Social Service

### Education Stations

- O. Head Start
- P. Non-Head Start Educational Pre-Schools
- Q. Native American Schools
- R. Public/Private Schools (K-12)
- S. Sheltered Workshops
- T. Other Educational

### Public Safety Stations

- U. Courts
- V. Juvenile Correctional Agencies

## RSVP Station Types

### Health/Nutrition Stations

- A. Hospitals/Medical Centers/Clinics
- B. Nursing Homes/Convalescent Centers/Hospices
- C. Home Health Care Agencies
- D. Non-Residential Mental Health Programs
- E. Non-Residential Developmental Disability/Rehabilitation Centers
- F. Residential Long-Term Care Program(MH/MR/DD)
- G. Congregate Meals/Meals on Wheels
- H. Food Banks/Gleaning Programs
- I. Other Health Care

### Human Needs Services Stations

- J. Day Care (Pre-Elementary) Programs
- K. Before and After School Care
- L. Adult Day Care
- M. Transitional Shelters/Centers (Homeless, Battered, Etc.)
- N. Multi-Purpose Centers
- O. Public Housing
- P. Other Social Service/Human Needs

### Education Stations

- Q. Head Start
- R. Non-Head Start Educational Pre-Schools

- S. Public/Private Schools (K-12)
- T. Native American Schools
- U. Post-Secondary Institutions
- V. Libraries
- W. Other Educational

### Community and Economic Development Stations

- X. Community Development Programs of Non-Profits
- Y. Thrift Shops/Coops/Craft Shops
- Z. Chambers of Commerce
- AA. Other Community Economic Development

### Public Safety Stations

- BB. Courts
- CC. Juvenile Correctional Agencies
- DD. Adult Correctional Agencies
- EE. Police/Law Enforcement Agencies

### Environmental Stations

- FF. Parks/Recreation Agencies
- GG. Animal Care Programs
- HH. Umbrella Environmental Organizations
- II. Community-Based Environmental Groups

- JJ. All Other Station Types Not Listed





## 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  
Disaster Preparedness and Relief



# ROSTER OF ACTIVE VOLUNTEER STATIONS

## INSTRUCTIONS

The form that corresponds to these instructions is found on the following page. Applicants may generate this roster in any manner and format that includes, at a minimum, all the information called for on the form, as described below:

For each volunteer station:

1. Name of the volunteer station, telephone number, and e-mail address (if known) of the contact person. Identify all proprietary health care facilities with an asterisk (\*). Also, indicate the number of volunteers per station.
2. Type of station, such as school, hospital, Head Start center, or law enforcement agency. Use the letter code to designate the volunteer station types, as found on the “Volunteer Station Types” included on Page 19.
3. The date that the Memorandum of Understanding was last reviewed and signed, or the date that the station is scheduled to become operational, if proposed.
4. The Service Categories for the volunteer services to be provided at the station, as listed on Page 20.
5. The status of the station as related to Programming for Impact, with impact stations designated with a “Y” for “Yes”.

**ROSTER OF ACTIVE VOLUNTEER STATIONS**

<u>STATION NAME, PHONE, E-MAIL ADDRESS</u>	<u>#VOLS</u>	<u>TYPE</u>	<u>MOU DATE</u>	<u>SVC. CODE(S)</u>	<u>PFI STATION Y/N</u>

**Attach additional pages as necessary.**  
**The required information called for on the form may be submitted in an alternative format.**