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**ATTACHMENTS:** These appendices are worksheets ONLY. All information must be entered in eGrants.

## IMPORTANT NOTICE

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These application instructions conform to the AmeriCorps's online grant application system, [eGrants](#). All funding announcements by AmeriCorps are posted on <http://www.americorps.gov/> and [www.grants.gov](http://www.grants.gov). All funding announcements by Volunteer Mississippi posted [here](#).

**Public Burden Statement:** Public reporting burden for this collection of information is estimated to average 80 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to AmeriCorps, Attn: Arminda Pappas, 250 E Street, SW, Suite 300, Washington, DC 20525. AmeriCorps informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page one are current and valid. (See 5 CFR 1320.5(b)(2)(i).)

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C. §§ 12581 - 12585 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. § 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. Please see the Notice of Funding Opportunity for AmeriCorps' transparency in grantmaking information. The information will not otherwise be disclosed to entities outside of AmeriCorps without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

**Federal Funding Accountability and Transparency Act:** Grant recipients will be required to report at [www.FSRS.gov](http://www.FSRS.gov) on all subawards over \$25,000 and may be required to report on executive compensation for recipients and subrecipients. Recipients must have the necessary systems in place to collect and report this information. See 2 CFR Part 170 for more information and to determine how these requirements apply.

**Indirect Cost Rates:** Application budgets may include indirect costs. Based on qualifying factors, applicants may –

- use the **AmeriCorps-Fixed Percentage method** (five/ten percent fixed administrative cost option) outlined in AmeriCorps' [Indirect Cost Guidance](#);
- use a **Federally approved indirect cost rate** if they have one; or
- use a **15 percent *de minimis* rate** of modified total direct costs; or
- [may claim certain costs directly](#)

All methods must be applied consistently across all Federal awards.

No more than five percent of award funds may be used to recover indirect costs on AmeriCorps State and National grants under section 121(d) of the [National and Community Service Act of 1990](#), as amended and AmeriCorps' regulations at [45 CFR 2521.95](#) and [2540.110](#)."

Use the [eGrants Indirect Cost Rate \(IDCR\) User Instructions](#) to enter the organization's Federal negotiated indirect cost rate or the *de minimis* rate information.

**Universal Identifier:** Applicants must include a Unique Entity Identifier (UEI). Applicants must obtain their UEI and register their entity through the System for Award Management (SAM.gov). All grant recipients are required to maintain a valid SAM.gov registration, which must be renewed annually. The Grantee Administrator role in eGrants is the only user that can add the UEI to eGrants. The UEI is added to the organizational attributes page, and then will automatically populate onto all of the applications that are tied to the organization.

## APPLICATION RESOURCES

Please use these application instructions if you are a new or recompeting applicant. If you are submitting a request for continuation to AmeriCorps, please see the Continuation Instructions in this document.

Use these instructions in conjunction with the *Notice of Federal Funding Opportunity (Notice)* and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. **The *Notice* includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per Member Service Year (MSY),<sup>1</sup> and other information that is specific to the grant competition.**

AmeriCorps regulations include pertinent information (Tab. 1, below). The *Notice* can be found on AmeriCorps’s website.

The full regulations are available online on the [Code of Federal Regulations website](#).

**Table 1: Requirements in the AmeriCorps Regulations**

| Topics   | Citation in the AmeriCorps Regulations    |
|--|---|
| Member Service Activities                      | <a href="#">§2520.20 - §2520.55</a>       |
| Prohibited Activities                          | <a href="#">§2520.65</a>                  |
| Tutoring Programs                              | §2522.900-2522.950                        |
| Matching Funds                                 | §2521.35-2521.90                          |
| Member Benefits                                | §2522.240-2522.250                        |
| Calculating Cost Per Member Service Year (MSY) | §2522.485                                 |
| Performance Measures                           | §2522.500-2522.650                        |
| Evaluation                                     | §2522.500-2522.540 and §2522.700-2522.740 |
| Selection Criteria and Selection Process       | §2522.400-2522.475                        |

If there is any inconsistency between AmeriCorps Regulations, *Notice*, and Instructions, order of precedence is as follows:

1. AmeriCorps Regulations [45 CFR §§ 2520–2550](#) take precedence over the
2. *Notice of Federal Funding Opportunity/Notice of Federal Funding Availability*, which takes precedence over the
3. Application Instructions.

## VOLUNTEER MISSISSIPPI GRANT TERMS AND REQUIREMENTS

### Grant Compliance

The specific requirements for AmeriCorps recipients are set forth in regulations, provisions, application guidelines, and the Notice of Grant Award and Terms and Conditions. In addition to being thoroughly familiar with the regulations, applicants should read application guidelines carefully as well as the regulations published in the Federal Register on July 8, 2005 (45 C.F.R. §§ 2520-2550). As with all federally funded programs, it is the responsibility of each AmeriCorps recipient to ensure appropriate stewardship of federal funds entrusted to them. It is important to make sure that all staff, sites and partners are familiar with the rules and regulations. Up-to-date Terms and Conditions can be found here:

- [2026 General Terms and Conditions](#)
- [2025 Specific Terms and Conditions for AmeriCorps State](#)

### Allowable Costs

For any cost to be allowable under a grant award based on an application for AmeriCorps program funding, the cost must be accorded consistent treatment using policies and procedures that apply uniformly to both the federal grant funded activities and to all other activities of the applicant.

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<sup>1</sup> One Member Service Year (MSY) is equivalent to at least 1700 service hours, which is a full-time AmeriCorps position. The CNCS cost per MSY is determined by dividing the CNCS share of budgeted grant costs by the number of MSYs requested in the application. It does not include childcare or the cost of the education award.

### **Pre-Award Costs**

Volunteer Mississippi (through authorization from AmeriCorps) may authorize recipients to incur amounts for AmeriCorps and Grantee share (cash as well as donated goods/space/services) one month prior to the start date of their grant. Authorization would not increase the overall budget amount awarded to an organization.

### **Point of Contact**

Volunteer Mississippi requires that all recipients designate appropriate staff members to serve as primary and secondary program and fiscal staff contacts. The primary contacts will have the primary responsibility to manage the AmeriCorps program from both a programmatic and fiscal perspective. These people will serve as the primary contacts between the organization and Volunteer Mississippi throughout the duration of the AmeriCorps program. Grant funds can be utilized for personnel expenses. Timely responsiveness throughout the project period is tracked as a grant performance criterion.

### **Records Retention**

All financial records, supporting documentation, statistical records, evaluation and performance data, member information, and personnel records must be retained for three years after the close of Volunteer Mississippi's AmeriCorps grant from the AMERICORPS under which your organization's application is funded.

### **National Service Criminal History Check**

Criminal history checks are required for all members and for all employees or other individuals who receive all or a portion of a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Fees associated with obtaining criminal background checks may be included as an expense in the program budget. For additional information, see:

- [2026 General Grant Terms and Conditions](#), Section IV. F. National Service Criminal History Check Requirements

### **Volunteer Mississippi Sponsored Training Events**

Each year, Volunteer Mississippi hosts two mandated AmeriCorps training events to provide tools and resources, as well as review program requirements or updates. Recipients are required to send appropriate individuals associated with the program to each training (Program Director, Program Assistant, Site Supervisors, Fiscal Staff, etc.). Recipients must include funds in the budget to attend these required training events. See the budget instructions for more information.

## **MEMBER TERMS AND REQUIREMENTS**

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A key element of program design is selecting the number and type of member service positions to be utilized by the program. In making such decisions, applicants should consider the type of service to be provided, the hours during which service can be provided (during the school day, afterschool, weekends, etc.), and the number of service hours needed to make a demonstrable impact on the identified community need.

A term of service is the program minimum hour requirement AND the length of service plus any other program defined requirements. The term of service must allow for sufficient opportunity for the member to meet the service hour requirement. In planning for the member's term of service, the program must account for holidays and other time off and must provide each member with sufficient opportunity to make up missed hours. Programs that wish to utilize less than full time positions must ensure that the positions provide members intensive service experiences. Designing positions in this manner enables members to experience the intensive terms of service that AmeriCorps was designed to provide.

The applicant must develop member positions that provide for meaningful service activities and performance criteria that are appropriate to the skill level of members. If selected, the recipient is responsible for ensuring that the positions do not include or put the AmeriCorps member in a situation where the member is at risk for engaging in any prohibited activity (see 45 CFR § 2520.65), activity that would violate the non-duplication and non-displacement requirements (see 45 CFR § 2540.100), or exceeding the limitations on allowable fundraising activity (see 45 CFR § 2520.40-45).

An AmeriCorps Member means an individual:

1. Who has been selected by a subrecipient to serve in an approved national service position;
2. Who is a U.S. citizen, U.S. national, or lawful permanent resident alien of the United States;

3. Who is at least 17 years of age at the commencement of service unless the member is out of school and enrolled in a full-time, year-round youth corps or full-time summer program as defined in the NCSA (42 U.S.C. § 12572 (a)(3)(B)(x))), in which case he or she must be between the ages of 16 and 25, inclusive, and
4. Who has received a high school diploma or equivalent, agrees to obtain high school diploma or equivalent (unless this requirement is waived based on individual education assessment conducted by program) and the individual did not drop out of an elementary or secondary school to enroll in the program, or is enrolled in an institution of higher education on an ability to benefit basis and is considered eligible for funds under 20 U.S.C § 1091.

The recipient is responsible for obtaining and maintaining adequate documentation to demonstrate the eligibility of members. A recipient that enrolls a member who was ineligible to serve is required to repay any funds that were used to support the member. This may include, training costs, living allowance, service gear, and the education award.

### **Member Recruitment and Selection**

Member recruitment and selection requirements are in AMERICORPS regulations at 45 CFR § 2522.210 and Part 2540, subpart B. Member recruitment is the responsibility of the recipient. Recipients are required to develop a member recruitment and selection plan. The recipient is responsible for establishing the minimum qualifications for membership in the program, selecting members who meet those qualifications, and assigning members to projects that are appropriate to their skill. Recruitment strategies vary based on the program's service activities and its essential and preferred qualifications. Most programs find that recruitment is a year-round process. For additional information, see:

- [2025 Specific Terms and Conditions for AmeriCorps State](#), Section IV. Member Recruitment, Selection and Exit

### **Member Benefits**

The AmeriCorps program provides its members with both in-service and post-service benefits. There are restrictions and eligibility requirements for these benefits. In-service benefits are designed to provide members with the support necessary to participate in the AmeriCorps Program. In-service benefits provided to members may include: *living allowance, child care, health insurance, student loan postponement, and student loan interest accrual payment*. An education award is a post-service program benefit that is provided for successful completion of service in the program. For additional information, see:

- [2025 Specific Terms and Conditions for AmeriCorps State](#), Section VIII. Living Allowances, Other In-Service Benefits

### **Member Supervision**

The subrecipient must provide members with adequate supervision by qualified supervisors. Programs should establish memorandums of understanding with all member placement sites and ensure consistent communication channels exist. The subrecipient must conduct an orientation for members, including training on what activities are prohibited during AmeriCorps service hours, and comply with any pre-service orientation or training required by AMERICORPS. The subrecipient must ensure that it does not exceed the limitation on member service hours spent in education and training set forth in 45 CFR § 2520.50. For additional information, see:

- [2025 Specific Terms and Conditions for AmeriCorps State](#), Section V. Supervision and Support

## **VOLUNTEER MISSISSIPPI RIGHTS AND DISCLAIMER**

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### **Interpretive Conventions**

Whenever the terms "shall", "must", "will" or "is required" are used in these instructions in conjunction with a specification or performance requirement, the specification or requirement is mandatory. Failure to address or meet any mandatory requirement in a proposal may be cause for Volunteer Mississippi's rejection of an application.

Whenever the terms, "can", "may", "should" or "recommended" are used in these instructions in conjunction with a specification or performance requirement, the specification or requirement is desirable, but not mandatory. Accordingly, failure to address or provide any items so referred to will not be the cause for rejection of the proposal, but it could result in a less favorable evaluation.

### **Cancellation/Partial Award/Non-Award**

Publication of these instructions does not obligate Volunteer Mississippi to award any specific number of grants. Volunteer Mississippi reserves the right to cancel this funding opportunity, to make a partial award, or to make no award if it determines that such action is in the best interest of the State of Mississippi.

### **Right to Reject Proposals or Portions of Proposals**

Volunteer Mississippi may, in its discretion, reject any and all proposals or portions thereof.

## IMPORTANT DATES

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### Competitive Submission

February 27, 2026, by 4:00 PM Central Time  
March 9, 2026,  
March 23, 2026, by 4:00 PM Central Time  
March 31, 2026, by 4:00 PM Central Time  
Late-June 2026  
Mid-August 2026  
September 1, 2026,

**New, Recompete, and Continuation Applications Due**  
**Application Feedback Sent to Applicants**  
**Application Final Revisions Due in eGrants**  
**Final Prime Submission Due in eGrants**  
**Notification of Selection**  
**Successful applicants**  
**Budget Period and Member Term of Service Start Date\***

### Formula Submission

March 6, 2026,  
Week of March 23, 2026  
April 3, 2026,  
April 30, 2026,  
June 2026  
Mid-August, 2026  
September 1, 2026,  
September 1, 2026,

**New, Recompete, and Continuation Applications Due**  
**Application Feedback Sent to Applicants**  
**Application Revisions Due in eGrants**  
**Final Submission Due in eGrants**  
**Notification to Successful Applicants**  
**Awards Issued**  
**Budget Period Start Date\***  
**Member Term of Service Start Date\***

\*Earlier start dates will be considered on a case-by-case basis

## SUBMITTING YOUR APPLICATION IN EGRANTS

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New applicants should establish an eGrants account by accessing this link: <https://egrants.cns.gov/espan/main/login.jsp> and selecting "Don't have an eGrants account? Create an account."

In eGrants, before Starting Section I you will need to:

- At the bottom of the home page, click on *New* under the *Creating an Application* section
- Select *AmeriCorps* from the drop-down box that says, "Select a program area..." and then, "Go"
- If applying for a **Cost Reimbursement Grant**, select a NOFA: (FY2026 AmeriCorps State and Territory Commission – New and Continuations)
- If applying for a **Fixed Amount Grant**, select a NOFA: (FY2026 AmeriCorps State and Territory Commission **Fixed and EAP**)
  - A message *may* pop up that reads:

*WARNING: You have selected an expired NOFA 'FY 2026 AmeriCorps State and Territory Commission (New and Continuations)'. Please make sure you are selecting the correct NOFA as selecting the incorrect NOFA may cause issues processing your application. Please contact AmeriCorps if you have any questions regarding selecting the correct NOFA.*

- Select "OK"

- If the warning does not come up, just continue to the next step.
- Click the blue box at the bottom labeled “next →”
- Select, “No, I am sure I want to apply for a new Grant” →
- The next page will prompt you to select the state in which you are applying, **select Mississippi.**
- Select the following Prime Application ID: **26AC280230 (Cost Reimbursement)** – MS State Competitive Programs the “next →”
- Select the following Prime Application ID: **(Fixed award)** – MS State Competitive Programs the “next →” **(fixed award application is not available for 2026)**

Your eGrants application consists of the following components. You must complete each section.

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Logic Model
- V. Performance Measures
- VI. Program Information
- VII. Documents
- VIII. Budget
- IX. Funding/Demographics
- X. Review
- XI. Authorize, and Submit

## I. APPLICANT INFO

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

- If recompeting (in final year of funding cycle/applying for new grant cycle), select **Continuation/Renewal**
- If not a current grantee but have received an AmeriCorps grant in the last five years, select **Continuation/Renewal.**
- If you are applying for the first time, have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, select **New**
- If you are a current planning grantee applying for an implementation grant, select **New**

Enter requested information. The contact person should be the person who can answer questions about application.

## II. APPLICATION INFO

In the Application Info Section enter:

- Areas affected by your proposed program. For city or county information, please follow each one with the two-letter capitalized state abbreviation MS.
- Requested project period start and end dates. You may request a start date of **September 1, 2026** (operating grants). Exceptions to the start dates may be considered in exceptional circumstances.
  - You must enter a one-year project period end date. If you select **September 1, 2026**, as the start date, then you must select **August 31, 2027**, as the end date.
- Application Subject to Review by State Executive Order 12372 Process: This is pre-filled “No, this is not applicable.”
- Indicate Yes or No if you are delinquent on any federal debt. If yes, provide an explanation.
- State Application Identifier: Enter N/A

### III. NARRATIVES

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The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria as outlined in the *Notice*. Below are some general recommendations to help you present your project in a way the reviewers will find compelling and persuasive.

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit funding priorities and special considerations articulated in the regulations or the *Notice*.
- **Be Clear and Succinct.** Do not use jargon, boilerplate language, rhetoric, or exaggeration. Describe clearly what you intend to do and how your project responds to the selection criteria. You have limited space to include responses to the required elements, be concise and avoid “fluff” and information that is not requested.
- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the proposed solution.
- **Explain how.** Avoid simply stating that criteria will be met. Explicitly describe how the project will meet criteria.
- **Don’t make assumptions.** Even if you have received funding from Volunteer Mississippi or AMERICORPS in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms and ensure that all acronyms are defined the first time that they are used.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections according by criterion.

In eGrants, you will enter text for:

- Executive Summary
- Rationale and Approach (Program Design)
- Organizational Capability
- Cost Effectiveness and Budget Adequacy
- Evaluation Summary or Plan

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

Reviewers will assess applications against selection criteria. To best respond to criteria listed in the *Notice* and Application Instructions, we suggest that you include a brief discussion of each bullet point that pertains to your application.

- A. Executive Summary:** Please complete the executive summary per the guidance in the *Notice*.
- B. Selection Criteria:** Each application must clearly describe a project that will effectively deploy AmeriCorps members to solve a significant community problem. Selection criteria specifics are published in the *Notice*.
  - 1. Program Design (50 percent)**  
In assessing Rationale and Approach/Program Design, reviewers will examine the degree to which the applicant demonstrates how AmeriCorps members and the proposed intervention are particularly well-suited to addressing the identified community problem.
  - 2. Organizational Capability (25 percent)**  
Reviewers will assess the extent to which the applicant demonstrates organizational background and staffing, and structures, including compliance and accountability to support the proposed program.
  - 3. Cost Effectiveness and Budget Adequacy (25 percent)**  
In assessing Cost Effectiveness and Budget Adequacy, reviewers will examine the degree to which the budget is cost effective and appropriate for the program being proposed. Enter N/A in the narrative as the assessment will be of the budget.
- C. Evaluation Summary or Plan**  
Enter N/A. If you have previously received three or more years of competitive funding for the same project proposed in your application (see the Mandatory Supplemental

Information for the AmeriCorps definition of “same project”), you must submit an evaluation plan summary form as an attachment. Please use the evaluation plan summary form available on the Notice webpage. Appendix A

**D. Amendment Justification**

Enter N/A. This field will be used if you are awarded a grant and need to amend it.

**E. Clarification Information**

Enter N/A. This field will be used to enter information that requires clarification in the post-review period. Clearly label new information added during clarification with the date.

**F. Continuation Update**

Enter N/A. This field will be used to enter changes in your narrative in your continuation requests.

## IV. LOGIC MODEL

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Complete the logic model using the guidance provided in the **Notice**. Enter your logic model from your eGrants application page select “Logic Model” in the left side navigation menu.

In the first blank row of the logic model, click “edit”. Clicking this link will open a pop-up screen with fields for each column of the logic model. Complete any fields that are applicable; there are no required fields in this screen. When you are finished, click “save and close”.

You may add an unlimited number of rows to the logic model by clicking “add a new row”. However, please be mindful of any page limits specified in the **Notice**. Further, you may edit or delete an existing row by clicking “edit” or “delete” in the last column of the logic model.

The Logic Model may **not exceed eight pages** when printed with the application from the “Review” tab in AmeriCorps’ web-based management system.

## V. PERFORMANCE MEASURES

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All applicants must submit performance measures with the application. **See Appendix A for instructions** for entering performance measures and National Performance Measures Instructions for details about number and type of measures required. For more information about Performance Measures, go to: [Performance Measure Instructions](#)

## VI. PROGRAM INFORMATION

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In the Program Information Section, applicants must check the relevant boxes in order to be considered for AMERICORPS assessment of the strategic considerations and Special Initiatives. Applicants should only check the boxes for those characteristics that represent a significant part of the program.

**AmeriCorps Funding Priorities.** Check any priority area(s) that apply to the proposed program. Only select Priorities that represent a significant part of the program focus, high quality program design and outcomes.

**Grant Characteristics:** Check any grant characteristics that are a significant part of the proposed program.

**Additional Documentation:**

For the additional documents section, the information provided will be compared to the information received through [acms@ihl.state.ms.us](mailto:acms@ihl.state.ms.us). Applicants will be asked to explain any differences between this information provided in the application compared with the information in the email.

How many evidence documents did you submit? (Program Evaluation Report, Studies) Do not include evaluation plan in number.

Did you submit an evaluation plan?

How many non-evidence documents did you submit?

Applicants who do not have documents to submit, notify Volunteer MS at [acms@ihl.state.ms.us](mailto:acms@ihl.state.ms.us).

## VII. DOCUMENTS

In addition to the application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary – See B., below) and a federally-approved indirect cost agreement (if applicable and as indicated in the *Notice*, which specifies that indirect cost rate agreements should be provided in eGrants), other required documents listed in the *Notice*, and an explanation of federal debt delinquency (if applicable), as part of your application. After you have submitted the documents via the guidance in the *Notice*, change their status in eGrants from the default “Not Sent” to the applicable status “Sent”, “Not Applicable”, or “Already on File at AMERICORPS”.

### **A. Evaluation**

Submit any completed report as described in F., below. Select Evaluation and select “Sent” once you have submitted a completed evaluation report. If an evaluation is required, you must submit a copy at the time of application even if you think Volunteer Mississippi or AMERICORPS may already have it on file.

### **B. Labor Union Concurrence**

1) If a program applicant:

- a) Proposes to serve as the placement site for AmeriCorps members; and
- b) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
- c) Those employees are represented by a local labor organization, then the application must include the written concurrence of the local labor organization representing those employees. Written concurrence can be in the form of a letter or e-mail from the local union leadership.

2) If a program applicant:

- a) Proposes to place AmeriCorps members at sites where they will be engaged in the same or substantially similar work as employees represented by a local labor organization, then the applicant must submit a written description of how it will ensure that:
  - i. AmeriCorps members will not be placed in positions that were recently occupied by paid staff.
  - ii. No AmeriCorps member will be placed into a position for which a recently resigned or discharged employee has recall rights as a result of a collective bargaining agreement, from which a recently resigned or discharged employee was removed as a result of a reduction in force, or from which a recently resigned/discharged employee is on leave or strike.

For the purposes of this section, “program applicant” includes any applicant to AmeriCorps or Volunteer Mississippi, as well as any entity applying for assistance or approved national service positions through an AmeriCorps grantee or subgrantee.

### **C. Federally Approved Indirect Cost Agreement**

Applicants that include a federally-approved indirect cost rate amount in their budget must submit the approved indirect cost rate agreement to Volunteer Mississippi at [acms@ihl.state.ms.us](mailto:acms@ihl.state.ms.us) at the same time they submit their application. See Appendix G, eGrants Indirect Cost Rate User Instructions.

### **D. Other Documents**

Provide other required documents listed in *Notice* via email to [acms@ihl.state.ms.us](mailto:acms@ihl.state.ms.us) as part of complete application.

### E. Delinquent on Federal Debt

Any applicant that checks Yes to the question on federal debt delinquency must submit a complete explanation to [acms@ihl.state.ms.us](mailto:acms@ihl.state.ms.us) at the same time they submit their application.

### F. Submission Instructions for Evaluations, Labor Union Concurrence, Other Required documents, and Explanation of Federal Debt Delinquency, as applicable.

Submit the required documents to [acms@ihl.state.ms.us](mailto:acms@ihl.state.ms.us) using the naming convention and other instructions found there. This information must be received at Volunteer Mississippi by the deadline in the *Notice*.

## VIII. BUDGET INSTRUCTIONS

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**For Fixed-Amount grants, including EAPs: Use the Budget Instructions for Fixed-Amount applicants in Appendix C of these Instructions to prepare your budget.**

### A. Match Requirements

Program requirements are located in AmeriCorps regulations and summarized below.

**Table 2: Match Requirements in the AmeriCorps Regulations**

| Grant Type                             | Match Requirement  |
|--|--|
| Cost Reimbursement                     | Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in Years 4, 5, and 6 to 26%, Years 7, 8, and 9 to 28% and Years 10 + to 30%. |
| EAP Fixed Amount Grants                | There are no specific match requirements for fixed- amount grants. Grantees pay all program costs over the cost in the NOFO provided by AmeriCorps.  |
| Professional Corps Fixed-Amount Grants | There are no specific match requirements for fixed- amount grants. Grantees pay all program costs over the cost in the NOFO provided by AMERICORPS.  |
| Stipend Fixed-amount Grants            | There are no specific match requirements for full-cost fixed- amount grants. Grantees pay all program costs over the maximum cost in NOFO provided by AMERICORPS.  |

- Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. See 45 CFR §§ 2521.35-2521.90 for the specific regulations.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are re-competing, please see 45 CFR §§ 2521.40-2521.95 for the match schedule.
- The acceptable sources of matching funds are federal, state, local, and/or private sector funds in accordance with applicable AmeriCorps requirements.
- In the "Source of Funds" field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your **entire match**. (***The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.***) Define all acronyms the first time they are used. **See Appendix E** for instructions for applying for the **Match Waiver**.

Note: AMERICORPS legislation permits the use of non-AMERICORPS federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that grantees that use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to AMERICORPS. If you use other federal funds as match, you must ensure you can meet the requirements and purpose of both grants. Grantees that use federal funds as match will be required to report

the sources and amounts on the Federal Financial Report (FFR).

## B. Preparing Your Budget

Your proposed budget should be sufficient to allow you to perform the tasks described in the narrative. Reviewers will consider the provided information in their assessment of Cost-Effectiveness and Budget Adequacy criterion.

Follow the Detailed Budget Instructions in **Appendix B** to prepare your budget. We recommend that you prepare your budget in the same order as indicated in the Budget Instructions in **Appendix B and C**. As detailed budget information is entered, eGrants will automatically populate a budget summary and budget narrative report. Prior to submission, review the **Budget Checklist (App D)** to ensure budget is compliant. eGrants will perform a limited compliance check to validate the budget. If eGrants finds any compliance issues you will receive an error message. You must resolve all errors before you can submit.

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Itemize each cost and present the basis for all calculations in the form of an equation.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).
- **Please add cost of NSOPW, state, and FBI checks for criminal history checks for each covered position in CNCS share of budget. If funds are not budgeted, an explanation for how costs will be covered must be noted.**

Programs must comply with all applicable federal laws, regulations, and the requirements of the Uniform Guidance. Please refer to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200) for allowable, allocable, and reasonable cost information, as well as audit requirements, including the need to provide audits to the Clearinghouse if expending over \$1,000,000 (as of October 2024) in federal funds as required in the Uniform Guidance. Uniform Guidance can be found online at <https://ecfr.io/Title-2/Part-200>

## IX. FUNDING DEMOGRAPHICS

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In the Funding/Demographics Section enter:

- Other Revenue funds. Enter amount of funds the program uses to run the program that are not identified on application budget as AMERICORPS share or grantee share. Programs should not enter total operating budget for the organization unless entire operating budget supports the AmeriCorps program. Programs with additional revenue sources not included in matching funds section of budget should provide amount of the additional revenue that supports the program. This amount should not include the AMERICORPS or grantee share amounts in budget. Fixed amount grantees should enter all non-AMERICORPS funds that support the program in this field.
- Number of Volunteers Generated by AmeriCorps members. Enter the number of volunteers participating in one day service projects or ongoing volunteer commitments that the proposed AmeriCorps members will generate.
- **\*\*Operating Sites (for multi-state applicants only)**  
In the Multi-State Operating Section (for applicants that are operating in more than one state):  
Please fill in the following information for your operating sites: organization name, address, city, state, zip code + 0000 (eGrants will correct the last four digits to the correct numbers), proposed amount of funding going to the operating site (if applicable), and number of proposed AmeriCorps members who will be located at the site.

## X. REVIEW, AUTHORIZE, AND SUBMIT

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eGrants requires you review and verify the entire application before submitting, by completing the following sections:

- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

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

Be sure to check the entire application to ensure there are no errors before submission. Upon verification, eGrants will generate a list of errors if there are sections that need to be corrected prior to submission. If someone else is acting in the role of the applicant's Authorized Representative, that person must log into his/her eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, his/her name will override any previous signatory that may appear and show on the application as the Authorized Representative.

**Note: Everyone within your organization who enters information in the application at any point in the eGrants system must have their own eGrants account.** Individuals may establish an eGrants account here:

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

## APPENDIX A: PERFORMANCE MEASURE INSTRUCTIONS

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### eGrants Performance Measures Module Instructions

#### About the Performance Measures Module

In the performance measures module, you will:

- Provide information about your program’s connection to AMERICORPS focus areas and objectives.
- Show MSY and member allocations.
- Create the required performance measure(s) as specified in the Performance Measure Instructions
- Set targets and describe data collection instruments and strategies for your performance measures.

#### Home Page

To start the module, click the “Begin” button on the Home Page.

As you proceed through the module, the Home Page will summarize your work and provide links to edit the parts of the module you have completed. You may also navigate sections of the module using the tab feature at the top of each page. Do not use the back and forward buttons on your internet browser.

Once you have started the module, clicking “Continue Working” will return you to the tab you were on when you last closed the module.

To edit the interventions, objectives, MSYs, and member allocations for your application, click the “Edit Objectives/MSYs/Members” button.

After you have created at least one performance measure, the Home Page will display a chart summarizing your measures. To edit a performance measure, click the “Edit” button. To delete a measure, click “Delete.” To create a new performance measure, click the “Add New Performance Measure” button.

#### Objectives Tab

On the objectives tab, applicants will account for the full range of their program activity. Applicants are not expected to create performance measures for every focus area, objective, or intervention they select on this tab.

An expandable list of AMERICORPS focus areas appears on this tab. When you click on a focus area, a list of objectives from the AMERICORPS strategic plan appears. A list of common interventions appears under each objective

First click on a focus area. Then click on an objective. Only the performance measures that correspond to the objectives you select on this tab will be available for selection as you continue through this module. To see which performance measures correspond to which objective, refer to the AMERICORPS Performance Measure Instructions.

Next, select all interventions that are part of your program design. Interventions are the activities that members and/or volunteers will carry out to address the problem(s) identified in the application. Select “other” if one of your program’s interventions does not appear on the list. Repeat these actions for each of your program’s focus areas. Select “other” for your focus area and/or objective if your program activities do not fall within one of the AMERICORPS focus areas or objectives.

Choose your program’s primary focus area from the drop-down list. Only the focus areas that correspond to the objectives you selected above appear in the list. Next, select the primary intervention within your primary focus area. You will be required to create an aligned performance measure (output paired with outcome) that contains your primary intervention. Note that your primary intervention, and the performance measure associated with your primary intervention, must be focused on the community impact of the program, not on AmeriCorps member development.

You may select a secondary focus area and a secondary intervention. The primary and secondary focus area may be the same if you have more than one intervention within the focus area.

#### MSYs/Members Tab

On this tab, you will enter information about the allocation of MSYs and members across the focus areas and objectives you have selected. You must allocate 100% of your program’s MSYs to focus areas and objectives. When you create your performance measures, you will be asked to allocate MSYs to each performance measure; however, you will not be required to assign 100% of your total MSYs to performance measures.

Next, enter the number of MSYs your program will allocate to each objective. Only the objectives that were selected on the previous tab appear in the MSY chart. If some of your program's objectives are not represented in the chart, return to the previous tab and select additional objectives. The MSY chart must show how all your program's resources are allocated. If the only activity in an objective that you have selected is focused on AmeriCorps member development rather than beneficiary impact, enter 0 MSYs for that objective.

As you enter MSYs into the MSY column of the chart, the corresponding percentage of MSYs will calculate automatically. When you have finished entering your MSYs, the total percentage of MSYs in the chart must be 100%. The total number of MSYs in the chart ***must equal the number of MSYs in your budget.***

In the members column, enter the number of members who will be assigned to each objective. Some members may perform services across more than one objective. If this is the case, allocate these members to all applicable objectives. For example, if one member performs service in both school readiness and K-12 success, allocate one member to each of these objectives. It is acceptable for the total number of members in this table to exceed total slots requested in the application due to counting members' service across multiple objectives. If the only activity in an objective that you have selected is focused on AmeriCorps member development rather than beneficiary impact, enter 0 members for that objective.

To ensure that information is entered accurately, please refer to additional instructions in Appendix A of the National Performance Measure Instructions on calculating and entering MSY and member allocations.

### **Performance Measure Tab**

This tab allows you to create performance measures for all the grant activities you intend to measure.

Begin by creating the aligned performance measure for your primary intervention. After creating your required performance measure, you will be able to create additional performance measures if desired.

To create a performance measure, begin by selecting an objective. The list of objectives includes those you selected on the objectives tab. Note that programs may not create performance measures for the Find Opportunity, Teacher Corps, Green Jobs, or Access & Attract objectives, since these are member-focused objectives. Member-focused outputs and outcomes related to these objectives may be reported as Performance Data Elements on grantee progress reports.

Provide a short, descriptive title for your performance measure.

Briefly describe the problem your program will address in this performance measure.

Select the intervention(s) to be delivered by members and/or member-supported volunteers. The list of interventions includes the ones you selected previously for this objective. Select only the interventions that will lead to the outputs (plus outcomes, if applicable) of the performance measure and that are applicable to all beneficiaries counted under the measure. If you selected "other" as an intervention and wish to include an applicant-determined intervention in your aligned performance measure, click "add user intervention" and enter a one or two word description of the intervention. Do not use a user-defined intervention that duplicates an intervention already available in the system.

Select output(s) for your performance measure. The output list includes only the National Performance Measure outputs that correspond to the objectives you have selected. If you do not wish to select National Performance Measures, and if the objective you have selected permits applicant-determined outputs, you may create an applicant-determined output by clicking in the checkbox next to the empty output text box and entering the text of your output indicator. You may create additional applicant-determined outputs for the performance measure by clicking "Add User Output." (Note: you are not permitted to create an applicant-determined output that duplicates a National Performance Measure output. If you do not see the National Performance Measure output that you wish to use, check the Selection Rules in the Performance Measure Instructions to make sure you selected the correct objective associated with that National Performance Measure output.)

Select outcome(s). If you have selected a National Performance Measures output that has corresponding National Performance Measures outcome(s), these outcomes will be available to select. If you do not wish to select a National Performance Measure outcome, you may create an applicant-determined outcome by clicking in the checkbox next to the empty outcome text box and entering the text of your outcome indicator. If you do not wish to select any outcome for your National Performance Measure output, click in the checkbox next to the empty outcome text box and enter "NA" in the outcome indicator text box.

If you have not selected a National Performance Measures output, or if there is no corresponding National Performance Measure

outcome, create an applicant-determined outcome by clicking “Add User Outcome.” All applicant-determined outputs must be paired with an applicant-determined outcome.

Enter the number of MSYs and members your program will allocate to achieving the outcomes and/or outputs you have selected in this performance measure. Since programs are not required to measure all grant activities, the number you enter does not have to correspond to the MSY chart you created on the MSY/Members tab; however, the total number of MSYs across all performance measures within a single objective cannot exceed the total number of MSYs previously allocated to that objective. Members may be double-counted across performance measures, but MSYs may not.

Click “next” to proceed to the data collection tab. Later you can return to this tab to create additional performance measures.

### **Data Collection Tab**

On this tab, you will provide additional information about your interventions, instruments, and plan for data collection.

Describe the design and dosage (frequency, intensity, duration) of the interventions you have selected. Frequency refers to how often an intervention occurs (for example, number of sessions per week); intensity refers to the length of time devoted to the intervention (for example, number of minutes per session); and duration refers to the period of time over which the intervention occurs (for example, how many total weeks of sessions).

Expand each output and outcome and enter data collection information.

Select the data collection method you will use to measure the output or outcome. To select more than one method, click the “Add new method” button. To de-select a method, click the first (blank) line in the method drop-down.

Describe the specific instrument(s) you will use to measure the output or outcome. Include the title of the instrument(s), a brief description of what it measures and how it will be administered, and details about its reliability and validity if applicable. For outcomes, specify how much improvement in knowledge, attitude, behavior or condition is required to be counted as having improved and clearly explain how the instrument measures this.

Enter the target number for your output or outcome. Targets must be numbers, not percentages.

For applicant-determined outputs and outcomes, enter the unit of measure for your target. The unit of measure should describe the beneficiary population you intend to count (children, miles, etc.). Do not enter percentages or member service hours as units of measure. In most cases, the unit of measure should be the same for the outputs and outcomes in an aligned performance measure.

For output-only performance measures, eGrants will require text in the outcome data collection fields. If you do not wish to have an outcome for your National Performance Measure output, enter the following:

- Method: Select “other.”
- Instrument Description: Enter “NA”
- Target: Enter “1”
- Unit of Measure: Enter “NA”

After entering data collection information for all outputs and outcomes, click “Mark Complete.” You will return to the Performance Measure tab. If you wish to create another performance measure, repeat the process. If you would like to continue to the next step of the module, click “Next.”

### **Summary Tab**

- The summary tab shows all of the information you have entered in the module.
- To print a summary of all performance measures, click “Print PDF for all Performance Measures.”
- To print one performance measure, expand the measure and click “Print This Measure.”
- Click “Edit Performance Measure” to return to the Performance Measure tab.
- Click “Edit Data Collection” to return to the Data Collection tab.
- “Click Validate Performance Measures” to validate this module prior to submitting your application. You should also use the Performance Measures Checklist in Appendix B of the Performance Measure Instructions to self-assess your measure(s) prior to submission.

**For Cost Reimbursement Applicants**

**Section I: Program Operating Costs**

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the “Total Amount column in the budget,” “CNCS Share column in the budget,” and “Grantee Share column in the budget” for Parts A–I, for year one of the grant, as follows below. CNCS = AmeriCorps

**A. Personnel Expenses**

Under “Position/Title Description,” list each staff position separately and provide salary and percentage of effort as percentage of FTE devoted to this award. Each staff person’s role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either CNCS or Grantee share. Because the purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff and AmeriCorps members.

**Volunteer Mississippi requires applicants proposing a corps of 20 or more AmeriCorps members to budget for one full-time staff person dedicated 100% to the AmeriCorps program.**

**B. Personnel Fringe Benefits**

Under “Purpose/Description,” identify the types of fringe benefits you will cover and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include Federal Insurance Contribution Act (FICA), Worker’s Compensation, Retirement, State Unemployment Tax Act (SUTA), Health and Life Insurance, Individual Retirement Account (IRA), and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe benefit amount is over 30%, please list covered items separately and justify the high cost. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item.

**C. 1. Staff Travel**

Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the [federal mileage rate](#) unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

**Applicants may include funds in this line item for travel for staff and site supervisors to attend AmeriCorps-sponsored technical assistance meetings. There are two to three such opportunities per year, including, but not limited to the AmeriCorps Mississippi Trainings and the National Service Regional Training Conference. It is strongly suggested that applicants budget funds in this line item for travel to the National Service Training Conference in Spring 2027.**

**Volunteer Mississippi requires applicants to budget for the following staff travel:**

- Program/Fiscal staff orientation – two day training in Jackson in **July 2026** that the program director and one fiscal staff person are required to attend. Applicants should include mileage along with lodging and meals if an overnight stay is necessary due to distance.
- AmeriCorps Staff Training – This training will be in Jackson in **March 2027** and will most likely be two days. The program director is required to attend and other program staff are encouraged to attend. Applicants should include mileage along with lodging and meals if an overnight stay is necessary due to distance.
- ASC National Service Training – 3-4 day training to be held in a location and dates to be determined by ASC. The program director and/or staff are encouraged to attend.

- AmeriCorps Member Orientation – One day member event in Jackson. The program director is required to attend and all program staff are encouraged to attend. Applicants should include mileage along with lodging and meals if an overnight stay is necessary due to distance.
- AmeriCorps Member Celebration of Service – One day member event in Jackson. The program director is required to attend and all program staff are encouraged to attend. Applicants should include mileage along with lodging and meals if an overnight stay is necessary due to distance.

All travel costs must be itemized. For example: Travel to VM AmeriCorps Staff Training for 2 staff:

Lodging \$110/night x 1 night x 2 staff = \$220;  
 Mileage – 300 miles roundtrip x \$0.725/mile = \$218;  
 Meals - \$68/day x 2 days x2 staff = \$272  
 Total = \$710

**C. 2. Member Travel**

Describe the purpose for which members will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

**Volunteer Mississippi requires applicants to budget for the following member travel:**

- AmeriCorps Member Orientation – One day member event in Jackson. All full-time, three quarter-time and half-time (if they are out-of-school) AmeriCorps members are required to attend. Less than half-time members may be encouraged to attend, dependent upon space availability and funding for the event. Applicants should include mileage along with lodging and meals if an overnight stay is necessary due to distance.
- AmeriCorps Member Celebration of Service – One day member event in Jackson. All full, three quarter-time and half-time (if they are out-of-school) AmeriCorps members are required to attend. Less than half-time members may be encouraged to attend, dependent upon space availability and funding for the event. Applicants should include mileage along with lodging and meals if an overnight stay is necessary due to distance.

All travel costs must be itemized. For example: Travel to VM AmeriCorps Member Orientation for 30 members: 8 vehicles x 300 miles roundtrip x \$0.725/mile = \$1,740.

**D. Equipment**

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **\$10,000 or more per unit** (including accessories, attachments, and modifications). You should enter any items that do not meet this definition in E. Supplies below. Purchases of equipment are limited to 10% of the total CNCS funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

**E. Supplies**

AmeriCorps members must wear an AmeriCorps logo on a daily basis – preferably clothing with the AmeriCorps logo. The item with the AmeriCorps logo is a required budget expense. Please include the cost of the item with the AmeriCorps logo in your budget or explain how your program will be providing the item to AmeriCorps members without using grant funds. Grantees may add the AmeriCorps logo to their own local program uniform items using federal funds. Please note your program will be using the AmeriCorps logo in the budget description.

Include the amount of funds to purchase consumable supplies and materials, including member service gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. Except for safety equipment, grantees may only charge the cost of member service gear to the federal share if it

includes the AmeriCorps logo. All safety gear may be charged to the federal share regardless of whether it includes the AmeriCorps logo. All other service gear must be purchased with non-CNCS funds.

**F. Contractual and Consultant Services**

Include costs for consultants related to the project's operations, except training or evaluation consultants, who will be listed in **Sections G. and H.**, below. Itemize each contract or consultant and provide a brief justification of the need for each. The cost calculation should provide a basis for determining the cost, such as a daily or hourly rate. There is not a maximum daily rate.

**G. Staff Training**

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. Training registration fees will be included in this section. If using a consultant(s) for training, indicate the estimated daily rate. There is not a maximum daily rate.

**H. Member Training**

Include the costs associated with member training to support them in carrying out their service activities. You may also use this section to request funds to support training in Life After AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate. There is not a maximum daily rate.

**I. Evaluation**

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not budgeted in Personnel Expenses. This cost does not include the daily/weekly gathering of data to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

**J. Other Operating Costs**

Allowable costs in this budget category should include when applicable:

- **NSCHC (Truescreen AC approved vendor) \$55.75 total:** Criminal history background checks and FBI checks for all members and for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Please include **\$7.50 for NSOPW check, \$28.75 for an FBI fingerprint-based check and plus \$19.50** for the costs of the state check if applicable for criminal history checks for all covered positions. If funds are not budgeted, an explanation for how the costs will be covered must be noted in the budget.
- **Volunteer Mississippi requires programs to include \$144.8524 per MSY for use of member and grants management system (America Learns).**
- Volunteer Mississippi requires all Planning Grant Applicants to include costs for online fiscal and progress reporting. Specifically, Planning Grant Applicants should budget for the use of the Grants Management System America Learns for \$750. This will enable your organization to manage programmatic and fiscal oversight of the grant in a centralized way.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff and are not part of the organizations indirect cost allocation pool. If such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are ***not allowable costs*** as either AMERICORPS or Grantee share.
- Retention incentives/performance awards are allowable to the extent they are 1) reasonable, necessary, and allowable for program outcomes; 2) tied to the program narrative; 3) fair; 4) consistently applied; and 5) part of the organization's written policies and procedures.

## Section II: Member Costs

Member costs are identified as “Living Allowance” and “Member Support Costs”. Your required match can be federal (where allowable), state, local, or private sector funds.

### A. Living Allowance

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, three-quarter time, half-time, reduced-half-time, quarter-time, minimum-time) and amount of living allowance they will receive, allocating appropriate portions between the AMERICORPS share and grantee match (Grantee share).

The minimum and maximum living allowance amounts are provided in the **Notice of Funding Opportunity**. In eGrants, enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. In addition, enter the number of members for which you are not requesting funds for a living allowance, but for which you are requesting education awards.

### B. Member Support Costs

Consistent with the laws of the states where your members serve, you must provide members with the benefits described below.

- **FICA.** Unless exempted by the IRS, all projects must pay FICA for any member receiving a living allowance, even when AMERICORPS does not supply the living allowance. If exempted, please note in the narrative. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker’s Compensation.** Budget for Workers’ Compensation or Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or incidents.
- **Health Care.** You must offer or make available health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below you may not pay health care benefits to less-than-full-time members with AMERICORPS Funds. You may choose to provide health care benefits to less-than-full-time members from other sources (i.e., non-federal) but the costs cannot be included in the budget. Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for health care benefits. In your budget narrative, indicate the number of members who will receive health care benefits. AMERICORPS will not pay for dependent coverage. If health care is not budgeted for all full-time members, please confirm all full-time members will have access to coverage.
- **Unemployment Insurance and Other Member Support Costs.** AmeriCorps members are not eligible for unemployment insurance when exiting the program. Do not include unemployment insurance taxes as a member support cost.
- **Note:** the value of the Segal Education Awards that members earn for their service is not identified in the budget. Also, the childcare reimbursements provided to eligible full-time members is not included in the budget.

## Section III: Administrative/Indirect Costs

Administrative costs are general or centralized expenses of the overall administration of an organization that receives AMERICORPS funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization’s indirect cost rate agreement. Such costs are generally identified with the organization’s overall operation and are further described in Office of Management and Budget Uniform Guidance.

### Options for Calculating Administrative/Indirect Costs (choose either A, B, or C)

Applicants choose one of three methods to calculate allowable administrative costs – a CNCS fixed percentage rate method, a federally approved indirect cost rate method, or a de minimis method. Regardless of the option chosen, the AmeriCorps share of administrative costs is limited to 5% of the total AmeriCorps funds actually expended under this grant. Do not create additional lines in this category.

## A. AmeriCorps-Fixed Percentage Method

### Five Percent Fixed Administrative Cost Option

The CNCS-fixed percentage rate method allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the CNCS-fixed percentage rate method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5.26% of the total of the CNCS funds expended. In order to charge this fixed 5.26%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

1. To determine the maximum CNCS share for Section III: Multiply the sum of the CNCS funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as CNCS share. The factor 0.0526 is used to calculate the 5% maximum amount of federal funds that may be budgeted for administrative (indirect) costs, rather than 0.0500, as a way to mathematically compensate for determining Section III costs when the total budget (Sections I + II + III) is not yet established. Enter this amount as the CNCS share for Section III.A.

**CNCS Share:**  $[(\text{CNCS share of Section I}) + (\text{CNCS share of Section II}) \times .0526] = \text{Grantee 5\%}$

2. To determine the Grantee share for Section III: Multiply the total (both CNCS and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III.A.

**Grantee Share:**  $(\text{Total of Section I} + \text{Total of Section II}) \times .1 = \text{Maximum Amount 10\%}$

3. Enter the sums of the CNCS and grantee shares under Total Amount.

## B. State or Federally Approved Indirect Cost Rate

If you have a Federally Approved Indirect Cost (IDC) rate, this method must be used and the rate will constitute documentation of your administrative costs, not to exceed the 5% maximum federal share payable by CNCS. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). CNCS does not restrict the overall indirect cost rate claimed. It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate under the Rate Claimed field.

1. **Indirect Cost Total:** Determine the base amount of direct costs to which you will apply the IDC rate, including both the CNCS and Grantee shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.
2. To determine the CNCS share: Multiple the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect costs.

**CNCS Share:**  $[(\text{CNCS share of Section I}) + (\text{CNCS share of Section II}) \times .0526] \times (.60) = \text{Grantee 5\%}$

3. To determine the Grantee share: Subtract the amount calculated in step 2 (the CNCS share) from the amount calculated in step 1 (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

**Grantee Share:**  $\text{Indirect Cost Total} - \text{Total CNCS Share} = \text{Grantee Share}$

**C. De Minimis Rate of 15% of Modified Total Direct Costs**

Organizations who have **never**, at any point in time, held a federally negotiated indirect cost rate (except for those non-Federal entities described in Appendix VII to Part 200 – States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph (d)(1)(B)) and who receive less than \$35 million in direct federal funding, may indefinitely use a *de minimis* rate of 15% of modified total direct costs (MTDC). Additional information regarding what is included in MTDC and use of this option can be found at 2 CFR 200.414(f) and 200.68. If this option is elected, it must be used consistently across all federal awards.

1. Determine the base amount of direct costs to which you will apply the *de minimis* rate, including both the CNCS and Grantee shares. MTDC includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$50,000. AmeriCorps member living allowance and other member costs are not considered “participant support costs” subject to exclusion from the MTDC. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs. Once you determine the base, multiply the appropriate costs by 15% (0.15). This will determine the total amount of costs allowable in this section.
2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect/administrative costs. 28 If a Commission elects to retain a share of the 5% of federal funds available, please note the percentage or amount in the text. There is no separate line item to show this calculation. 3. To determine the Grantee share: Subtract the amount calculated in step 2 (the CNCS share) from the amount calculated in step 1 (the total Indirect Costs allowed). This is the amount the applicant can claim as grantee share for indirect/administrative costs.

**Source of Funds**

In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Clearly identify if the match is “secured” or “proposed” by typing “secured” or “proposed” next to each description. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) **for your entire match**. Define all acronyms the first time they are used. **The total amount of Source of Match must equal the Grantee Share amount total of the eGrants budget and the amount listed in the Executive Summary of the application narrative.**

APPENDIX B.1: WORKSHEET FOR COST REIMBURSEMENT GRANTS (EGRANTS BUDGET SECTION)

**A. Personnel Expenses**

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

**B. Personnel Fringe Benefits**

| Purpose/Description | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------------------|-------------|--------------|------------|---------------|
|                     |             |              |            |               |
| Totals              |             |              |            |               |

**A.1. Staff Travel**

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
|         |             |              |            |               |
| Totals  |             |              |            |               |

**C. 2. Member Travel**

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
|         |             |              |            |               |
| Totals  |             |              |            |               |

**D. Equipment**

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

**E. Supplies**

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
|         |             |              |            |               |
| Totals  |             |              |            |               |

**F. Contractual and Consultant Services**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

**G.1. Staff Training**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

**G.2. Member Training**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

**H. Evaluation**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

**I. Other Program Operating Costs**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

| Subtotal Section I: | Total Amount | CNCS Share | Grantee Share |
|---------------------|--------------|------------|---------------|
|                     |              |            |               |

**Section II. Member Costs**

**A. Living Allowance**

| Item                         | # Mbrs | Allowance Rate | # w/o Allowance | Total Amount | CNCS Share | Grantee Share |
|------------------------------|--------|----------------|-----------------|--------------|------------|---------------|
| Full-time (1700 hrs)         |        |                |                 |              |            |               |
| Three quarter-time (1200hrs) |        |                |                 |              |            |               |
| Half-time (900 hrs)          |        |                |                 |              |            |               |
| Reduced Half-time (675hrs)   |        |                |                 |              |            |               |
| Quarter-time (450 hrs)       |        |                |                 |              |            |               |
| Minimum-time (300 hrs)       |        |                |                 |              |            |               |
| Abbreviated-time (100 hrs)   |        |                |                 |              |            |               |
| Totals                       |        |                |                 |              |            |               |

**B. Member Support Costs**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

| Subtotal Section II:      | Total Amount | CNCS Share | Grantee Share |
|---------------------------|--------------|------------|---------------|
|                           |              |            |               |
| Subtotal Sections I + II: |              |            |               |

**Section III. Administrative/Indirect Costs**

**A. Corporation Fixed Percentage**

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
|         |             |              |            |               |
|         |             |              |            |               |
| Totals  |             |              |            |               |

**B. Federally Approved Indirect Cost Rate Or De Minimis Rate of 10% of Modified Total Direct Costs**

| Cost Type | Cost Basis | Calculation | Rate | Rate Claimed | Total Amount | CNCS Share | Grantee Share |
|-----------|------------|-------------|------|--------------|--------------|------------|---------------|
|           |            |             |      |              |              |            |               |

| Total Sections I + II + III: | Total Amount | CNCS Share | Grantee Share |
|------------------------------|--------------|------------|---------------|
|                              |              |            |               |

| Budget Total: Validate this budget<br>Required Match Percentages: | Total Amount | CNCS Share | Grantee Share |
|---|--------------|------------|---------------|
|   |              |            |               |

**Source of Funds**

| Match Description (Note whether Secured or Proposed) | Amount | Match Classification (Cash or In Kind) | Match Source (Federal, State/Local, Private) |
|--|--------|--|--|
|  |        |  |  |

**APPENDIX C: DETAILED BUDGET INSTRUCTIONS FOR FIXED AMOUNT GRANTS** (EGRANTS BUDGET SECTION)

These instructions apply only to applicants for fixed-amount grants, including education award programs (EAPs). Do not use if you are a Professional Corps applicant.

EAP and Fixed-Amount Grant applicants may only request a fixed amount of funding per MSY. Therefore, Fixed-Amount applicants are not required to complete a detailed budget or complete the Grantee Share column. However, you must complete the Source of Matching Funds Chart to identify the sources of the additional revenue you need to operate the program. If you are applying for the Stipend Fixed-Amount grant, you must pay at least the minimum living allowance listed in the *Notice* for each type of position you are proposing.

**Budget Section II: AmeriCorps member positions**

**Member Positions**

Identify the number of members you are requesting by category (i.e. full-time, three quarter-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#w/o Allow** (without AMERICORPS-funded living allowance). **Leave all other columns blank.**

| Member Positions ?              |                  |                |                  |              |            |               |
|---------------------------------|------------------|----------------|------------------|--------------|------------|---------------|
| Item                            | # Mbrs w/o Allow | Allowance Rate | # Mbrs w/o Allow | Total Amount | CNCS Share | Grantee Share |
| Full Time (1700 hrs)            | 0                | \$16,502       | 5                | \$0          | \$0        | \$0           |
| Three Quarter Time (1200 hours) | 0                | \$14,000       | 7                | \$0          | \$0        | \$0           |

The total number of member service years (MSYs) will **automatically calculate** at the bottom of the Member Positions chart. The MSYs are calculated as follows:

| Member Positions                      | Calculation                   | MSY     |
|---------------------------------------|-------------------------------|---------|
| _____ Full-time (1700 hours)          | ( _____ members x 1.00)       | = _____ |
| _____ Three quarter-time (1200 hours) | ( _____ members x 0.700)      | = _____ |
| _____ Half-time (900 hours)           | ( _____ members x 0.500)      | = _____ |
| _____ Reduced Half-time (675 hours)   | ( _____ members x 0.3809524)  | = _____ |
| _____ Quarter-time (450 hours)        | ( _____ members x 0.26455027) | = _____ |
| _____ Minimum-time (300 hours)        | ( _____ members x 0.21164022) | = _____ |
| _____ Abbreviated-time (100 hours)    | ( _____ members x 0.07054674) | = _____ |
|                                       | <b>Total MSYs</b> _____       |         |

**Fixed Award:**

Under "Calculation" you will enter the calculation for your grant request.

Total # of MSYs \_\_\_\_\_ x MSY amount \_\_\_\_\_ = Total Grant Request \$

Type the total amount requested in the "Total Amount" and "CNCS share" columns. Leave the "Grantee Share" blank. See example below (applies to a stipend fixed amount grant):

| Purpose               | Calculation            | Total Amount | CNCS Share | Grantee Share | edit | del |
|-----------------------|------------------------|--------------|------------|---------------|------|-----|
| Program Grant Request | 47.5 MSY x \$9,500/MSY | \$451,250    | \$451,250  | \$0           |      |     |
| Subtotal              |                        | \$451,250    | \$451,250  | \$0           |      |     |

**Source of Matching Funds**

In the "Source of Funds" field that appears at the end of Budget Section III, enter a brief description of the match **for your entire match**. Define all acronyms the first time they are used.

| Match Description<br><i>(Include if match source is "Secured" or "Proposed")</i> | Amount | Match Classification<br><i>(Cash or In-Kind)</i> | Match Source<br><i>Fed, State/Local, Private</i> |
|--|--------|--|--|
|  |        |  |  |

APPENDIX C.1: BUDGET WORKSHEET FOR FIXED AMOUNT GRANTS (EGRANTS BUDGET SECTION)

Complete the fields for the # w/o Allowance only.

**Member Positions** \*Please reference the **Mandatory Supplemental Information** for allowable slot types

| Item                          | # Mbrs | Allowance Rate | # w/o Allow | Total Amount | CNCS Share | Grantee Share |            |                 |
|-------------------------------|--------|----------------|-------------|--------------|------------|---------------|------------|-----------------|
| Full-time (1700 hrs)          |        |                |             |              |            |               |            |                 |
| Three quarter-time (1200 hrs) |        |                |             |              |            |               |            |                 |
| Half-time (900 hrs)           |        |                |             |              |            |               |            |                 |
| Reduced Half-time (675 hrs)   |        |                |             |              |            |               |            |                 |
| Quarter-time (450 hrs)        |        |                |             |              |            |               |            |                 |
| Minimum-time (300 hrs)        |        |                |             |              |            |               |            |                 |
| Abbreviated-time (100 hrs)    |        |                |             |              |            |               |            |                 |
| <b>Subtotal</b>               |        |                |             |              |            |               | <b>MSY</b> | <b>Cost/MSY</b> |
|                               |        |                |             |              |            |               |            |                 |

| Purpose               | Calculation | Total Amount | CNCS Share | Grantee Share |
|-----------------------|-------------|--------------|------------|---------------|
| Program Grant Request |             |              |            |               |
| <b>Subtotal</b>       |             |              |            |               |

**Source of Funds**

| Match Description<br>(Note whether Secured or Proposed) | Amount | Match Classification<br>(Cash or In Kind) | Match Source (Federal, State/Local, Private) |
|---|--------|---|--|
|   |        |   |  |

## APPENDIX D: BUDGET CHECKLIST

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements. Note: This does not apply to Fixed-amount grants.

### SECTION I. PROGRAM OPERATING COSTS

| In Compliance?               |                             |  |
|------------------------------|-----------------------------|--|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project. Examples include costs for staff that recruit, train, place, or supervise members as well as manage the project.   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Section III) of the budget. Examples of administrative costs include central management and support functions.   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Staff fundraising expenses are not charged to the AMERICORPS or Grantee share of the grant. You may not charge AmeriCorps staff members' time and related expenses for fundraising to the AMERICORPS or Grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, please list separately. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item.  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | The purpose for all staff and member travel is clearly identified.   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | You have included funds in Staff & Member Travel for Volunteer Mississippi sponsored events.   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Funds to pay relocation expenses of AmeriCorps members are not in AmeriCorps share of budget.  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Total AMERICORPS and Grantee Share funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount.   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | All single equipment items over \$10,000 per unit are specifically listed.   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Justification/explanation of equipment items is included in the budget narrative.  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | All single supply items over \$1,000 per unit are specifically listed and explained in the budget narrative.   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Cost of items with the AmeriCorps logo that will be worn daily is included for all AmeriCorps members? Or if not, there is an explanation of how the program will be providing the AmeriCorps logo item to AmeriCorps members using funds other than AMERICORPS grant funds.   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | You only charged to AMERICORPS share of budget member service gear that includes the AmeriCorps logo and noted that the gear will have the AmeriCorps logo, with the exception of safety equipment.  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | The budget reflects adequate budgeted costs for program evaluation. <i>(if applicable)</i>   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | You have budgeted cost of the NSOPW, FBI, and state check in AMERICORPS share for criminal history checks of members and grant-funded staff that are in covered positions per 45 CFR 2522.205? If not, there is an explanation provided in the narrative of how the program will be covering the costs.  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | All items in the budget narrative itemized and the purpose of the funds justified.   |

## SECTION II. MEMBER COSTS

| In Compliance?               |                             |   |
|------------------------------|-----------------------------|---|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance as indicated in the chart in the Notice.  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Living allowances are not paid on an hourly basis. They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served.  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance.   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is the Worker's Compensation or Accidental Death and Dismemberment coverage calculation correct?  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Health care is provided for full-time AmeriCorps members only (unless part-time serving in a full time capacity). If your project chooses to provide health care to other part-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unemployment insurance is not included in the budget.   |

## SECTION III. ADMINISTRATIVE/INDIRECT COSTS

| In Compliance?               |                             |   |
|------------------------------|-----------------------------|---|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applicant has chosen to use the CNCS fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted?            |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applicant has chosen to use CNCS fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applicant has a current approved federal indirect cost rate – The maximum grantee share does not exceed the federally approved rate, less the 5% CNCS share?                          |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applicant has a current approved federal indirect cost rate-the type of rate, the IDC rate percentage, the rate claimed and the base to which the rate is applied has been specified? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applicant has a copy of the current approved federal indirect cost rate agreement which has been submitted to <a href="mailto:acms@ihl.state.ms.us">acms@ihl.state.ms.us</a> .        |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applicant has never had a federally approved indirect cost rate and is choosing to use a <i>de minimis</i> rate of 15% of modified total direct costs has been budgeted?              |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2% indirect cost of CNCS share budgeted and subtracted from the CNCS share calculation in Section III.  |

## SOURCE OF FUNDS

| In Compliance?               |                             |  |
|------------------------------|-----------------------------|--|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is the overall match being met at the required level, based on the year of funding?  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | For all matching funds, proposed vs secured, the source(s) [private, state and local, and federal], the type of contribution (cash or in-kind), and the amount of match, are clearly identified in the budget narrative and the Source of Match fields in eGrants. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | The amount of match is for the entire amount in the budget narrative? (The total amount of match equals the amount in the budget?)   |

## APPENDIX E: MATCH WAIVER REQUEST INSTRUCTIONS

Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, provided that you maintain the minimum match of 24% for the first three years and the increasing minimums in years thereafter. See 45 CFR §§ 2521.35–2521.90 for the specific regulations.

Following the ASN Rule Change in 2025 which reduces the match requirement starting in the fourth year and peaks at 30% in the tenth year of the match schedule, Alternative Match Schedules were phased out in FY2025.

**Match Waiver:** In accordance with 45 CFR §§ 2521.70 and 45 CFR § 2521.60(b), applicants may request a full or partial waiver of match requirements. Information on how to submit a match waiver request is on the [AmeriCorps Manage your grant webpage](#).

Criteria for match waiver eligibility include any of the following:

- Initial difficulties in the development of local funding sources during the first three years of operations; or
- An economic downturn, the occurrence of a natural disaster, or similar events in the service area that severely restrict or reduce sources of local funding support; or
- The unexpected discontinuation of local support from one or more sources that a project has relied on for a period of years; or
- Organizational revenue of less than \$500,000.

**Special Eligibility for a Match waiver:** Under certain circumstances, applicants may also qualify for a match waiver as specified in the regulations at §2521.60(b). To qualify, you must demonstrate that your program is either located in a rural county or in a severely economically distressed community as defined below.

- Rural County:** In determining whether a program is rural, AmeriCorps will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 4, 5, 6, 7, 8, or 9 is eligible to apply for the alternative match requirement. See Appendix F for the Table of Beale codes.
- Severely Economically Distressed County:** In determining whether a program is located in a severely economically distressed county, AMERICORPS will consider the following list of county-level characteristics. See Appendix F for a list of website addresses where this publicly available information can be found.
  - The county-level per capita income is less than or equal to 75% of the national average for all counties using the most recent census data or Bureau of Economic Analysis data;
  - The county-level poverty rate is equal to or greater than 125 percent of the national average for all counties using the most recent census data or Economic Analysis data; **and**
  - The county-level unemployment is above the national average for all counties for the previous 12 months using the most recently available Bureau of Labor Statistics data.
  - The areas served by the program lack basic infrastructure such as water or electricity.
- Program Location:** Except when approved otherwise, AmeriCorps will determine location of your program based on the legal applicant's address. If you believe that the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about program locations in your request. AmeriCorps will, in its sole discretion, determine whether some other address is more appropriate to determine a program's location.

If your program is in one of these areas, apply the instructions below for this alternative match schedule. Volunteer Mississippi and AmeriCorps will review your request and notify within 30 days if you qualify for alternative schedule and provide instructions for entering your budget into eGrants under the Alternative Match Schedule.

If approved for the alternative schedules, programs will base their budget in the upcoming application on the approved alternative match. The alternative match requirement will be in effect for whatever portion of the project period remains or if applying as a new grantee, for the upcoming three-year grant cycle.

## APPENDIX F: BEALE CODES AND COUNTY-LEVEL ECONOMIC DATA

### Rural Community

Beale codes are published by the U.S. Department of Agriculture and are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

| 2003 Beale Codes |                   |   |
|------------------|-------------------|---|
| Code#            | Metropolitan Type | Description   |
| 1                | Metropolitan      | Counties in metro areas of 1 million population or more                                   |
| 2                | Metropolitan      | Counties in metro areas of 250,000 to 1 million   |
| 3                | Metropolitan      | Counties in metro areas of fewer than 250,000   |
| 4                | Non-metro         | Urban population of 20,000 or more, adjacent to a metropolitan area                       |
| 5                | Non-metro         | Urban population of 20,000 or more, not adjacent to a metropolitan area                   |
| 6                | Non-metro         | Urban population of 2,500 to 19,999, adjacent to a metropolitan area                      |
| 7                | Non-metro         | Urban population of 2,500 to 19,999, not adjacent to a metropolitan area                  |
| 8                | Non-metro         | Completely rural or less than 2,500 urban population, adjacent to a metropolitan area     |
| 9                | Non-metro         | Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area |

Any program located in a county with a Beale code of 4, 5, 6, 7, 8, or 9 is eligible to *apply* for the alternative match.

### Severely Economically Distressed Community

The following table provides the website addresses where the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels can be found.

| WEBSITE ADDRESS   | EXPLANATION  |
|---|--|
| <a href="http://www.bea.gov/regional/">http://www.bea.gov/regional/</a> | <b>Bureau of Economic Analysis' Regional Economic Information System (REIS):</b> Provides data on per capita income by county for all states except Puerto Rico.                                 |
| <a href="#">Census Bureau Data</a>                                      | <b>Census Bureau's American Fact-finder:</b> Provides census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico. |
| <a href="http://www.bls.gov">www.bls.gov</a>                            | <b>Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):</b> Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.  |
| <a href="#">USDA ERS - Rural-Urban Continuum Codes</a>                  | <b>US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes):</b> Provides urban rural code for all counties in US.   |

## APPENDIX G: EGRANTS INDIRECT COST RATE (IDCR) USER INSTRUCTIONS

### eGrants Indirect Cost Rate (IDCR) User Instruction

Users are allowed to input Indirect Cost Rate information into their eGrants account. Grantees that will be claiming or budgeting for indirect costs on AmeriCorps awards are required to enter the following indirect cost rates in eGrants: federally negotiated rates, state negotiated rates, and the use of *de minimis* rate of 10% of modified total direct costs (MTDC). Recipients of AmeriCorps State and National awards may only charge 5% of their negotiated rate to the federal share of the award, with the remaining balance being charged to match (See [45 CFR §§ 2521.95](#) and [2540.110](#)).

**Once a rate is entered and saved in eGrants it cannot be edited.** If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

Entry for the IDCR screen can be accessed using the following steps:

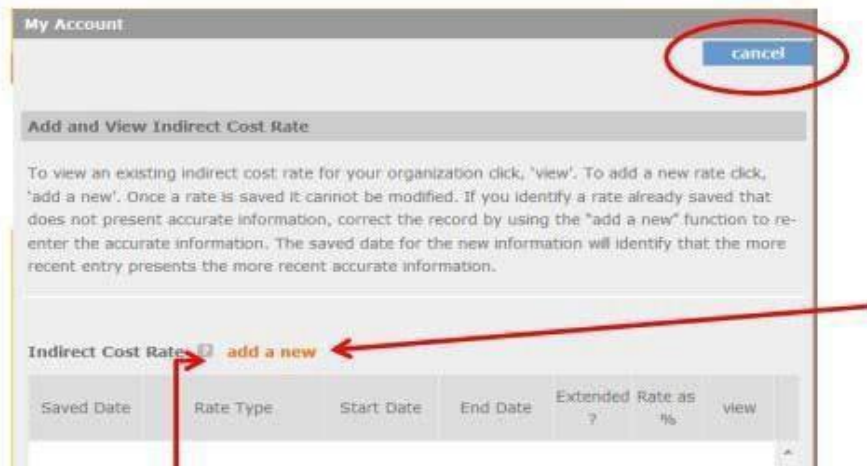
1. From the **eGrants home** screen, in the lower panel under **Managing My Account**, click on **MyAccount**.



2. From the **My Account** screen, under **Edit My Organization Info**, click on **Add and View Indirect Cost Rate**.



3. From **Add and View Indirect Cost Rate** screen, select **add a new** to add a rate or **cancel** to back out of the screen.



Field by field instructions can be found by clicking the “?” located next to Indirect Cost Rate or Indirect Cost Rate Record.

If **add a new** is selected, the screen below will pop up.

The screenshot shows the 'Indirect Cost Rate Record' form in the eGRANTS system. The form is titled 'Indirect Cost Rate Record' and includes a 'cancel' and 'save & close' button at the top right. Below the title, there is a instruction: 'Enter an indirect cost rate record by completing the fields shown below. Use the RoboHelp "?" button for field by field instructions.' The form fields are as follows:

- Do you have Indirect Cost Rate to record?: Please Select (dropdown)
- Rate Type: Please Select (dropdown)
- Issuing Agency: Please Select (dropdown)
- Acceptance Date: (mm/dd/yyyy) (calendar icon)
- Effective From: (mm/dd/yyyy) (calendar icon)
- Effective To: (mm/dd/yyyy) (calendar icon)  No Expiration
- Extended?: Please Select (dropdown)
- Rate Status: Please Select (dropdown)
- Rate Percent: (input) %
- Rate Base: (input)
- Treatment of Fringe Benefits: (input)
- Treatment of Paid Absences: (input)

At the bottom of the form, there are 'cancel' and 'save & close' buttons.

4. **Do you have an Indirect Cost Rate to Record?** Respond Yes or No. If **No** is selected, users cannot go any further and nothing will be recorded. If **Yes** is selected, users can continue on.

If your organization will be claiming a current, approved indirect cost rate on any AMERICORPS award, it must be reported on this page. The rate information you record will be used in all award negotiation and reviews until it is superseded by a new approved rate or expires. Applicants will have the opportunity to identify, in application submissions, if they elect to use a lesser percentage of an approved rate.

5. **Rate Type:** If your rate type is not one of the following options, contact VolunteerMississippi([acms@ihl.state.ms.us](mailto:acms@ihl.state.ms.us)) for guidance.
  - **CNCS fixed percentage rate method** - allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the CNCS-fixed percentage rate method (Section III.A. in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the CNCS funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.
  - **Federally Negotiated** – select if your rate has been negotiated by your cognizant federal agency. Cognizance is determined by the agency which provides the highest amount of direct federal funding; or
  - **State Negotiated** – select if your rate has been negotiated by a state agency or other pass-through entity; or
  - **15% of MTDC** – select if your organization qualifies for and elects to use the 15% *de minimis* rate of Modified Total Direct Costs (MTDC). Organizations qualify for this rate if they have never had a federally negotiated rate. State entities must also not receive more than \$35 million in direct federal funding.

**Volunteer Mississippi retains a share of 2% of the federal funds for administrative costs.** The allocation between Commission and subgrantee/program shares would be calculated as follows:

$$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.20) = \text{Commission Share}$$

$$([\text{Section I}] + [\text{Section II}] \times 0.0526) \times (0.80) = \text{Subgrantee Share}$$

**Rates must be used consistently across ALL federal awards.**

6. **Issuing Agency.** Respond by selecting the federal agency that approved your rate, or if the federal agency who issued your rate is not listed, select **Other**, or if your rate is issued by a state agency select **Other**.

Identify federal agencies using the drop down list. If your rate is approved by a federal agency other than the ones listed, notify Volunteer Mississippi ([acms@ihl.state.ms.us](mailto:acms@ihl.state.ms.us)). Other federal agencies may be added as needed.

7. **Acceptance Date.** Enter a valid date. The acceptance date is usually identified where the rate was signed by the issuing state or federal agency.
8. **Rate Status.** Select one of the following options: **Final, Provisional, Predetermined, Fixed, Other, or Other – 15%.** Rates issued by federal agencies will almost always be final or provisional. However, if your organization has formally notified a federal or state agency of your eligibility and intent to use the 15-percent of MTDC rate, select **Other – 15%.** If your organization has a **predetermined** or **fixed rate**, select those options accordingly. If a state rate indicates a term that is not listed here select **Other** and notify Volunteer Mississippi ([acms@ihl.state.ms.us](mailto:acms@ihl.state.ms.us)). Additional rate status options may be added as needed.
9. **Effective From.** Enter a valid date. The effective from date is found on your indirect cost rate document. If using the 15-percent of MTDC rate, enter today's date or the date your organization formally started charging costs under the 15-percent of MTDC rate.
10. **Effective To.** Enter a valid date. The effective to date is found on your indirect cost rate document. If your organization has received approval to extend your rate, enter the end date of the extension.
11. **No Expiration.** Check or leave unchecked. If your rate does not have an expiration date, as is the case with the use of the 10-percent of MTDC rate, check this box, otherwise, leave unchecked.
12. **Extended?** Respond Yes or No. If the rate "effective to" date has been extended with approval of the federal cognizant agency under authority of the 2014 Omni Circular, respond **Yes**. If it is not an extended rate effective to date, respond **No**.
13. **Rate Base.** Enter up to 500 characters including spaces. Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either the rate base used to determine the indirect cost pool as stated on your indirect cost rate approval document or "State Rate N/A". If you need more than 500 characters, indicate "Summary" and record the most important content.
14. **Treatment of Fringe Benefits.** Enter up to 500 characters including spaces. Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either how the fringe benefits were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or "State Rate N/A". If you need more than 500 characters, indicate "Summary" and record the most important content.
15. **Treatment of Paid Absences.** Enter up to 500 characters including spaces. Enter the text as found on your indirect cost rate approval document. For rates issued by state agencies, enter either how paid absences were treated in determining the indirect cost rate as stated on your indirect cost rate approval document or "State Rate N/A". If you need more than 500 characters, indicate "Summary" and record the most important content.
16. When you have completed all of the above entries, click the **"save & close"** button at the bottom of the page.



- If you would like to cancel your entry, click the “**cancel**” button and the entry will be cancelled. All entry information will be lost and no entry will be shown.
- **Once a rate is saved it cannot be modified.**
- If users inadvertently enter incorrect information, a new entry must be submitted with the correct information.

17. **Order of Rates.** Once an entry is saved, users will be able to see the rates they have entered. Rates will display in the order of entry. Entry of rates will provide users and AMERICORPS with a historical record which can be used to clarify indirect cost rate inquiries for monitoring, consistent record maintenance, and audits.