

2019 AmeriCorps State Grant Application Checklist

Instructions: A “complete” AmeriCorps application consists of **one original of items #1-19** and **five copies of items #1-9** in the order as stated in the checklist below. **Electronic submission** of items #2, 7-10 & 15-18 via email to Funding@cv.ca.gov must be received by the submission deadline. Place a checkmark [√] next to each item included in your original application and copies of your application submitted. Write “NA” next to each item that was not applicable to you and therefore, was not included as part of your application. ***You must include a signed copy of this checklist with your hardcopy application.***

Legal Applicant Organization Name: _____

AmeriCorps Program Name: _____

I've reviewed our AmeriCorps grant application submitted to CV and certify that all required documents included are complete, accurate, and in the required CV forms and format.

Signature of Authorized Applicant Representative _____
Date

Print Name _____
Title of Person Signing

√ or NA			Preliminary Application Items
Original (#1-18)	Copies (#1-9)	Electronic (#2, 7-10 & 15-18)	
			1. Application Checklist
			2. Program Summary Form
			3. Program Diagram —must include: <input type="checkbox"/> Member supervision & staffing structure for budgeted staff positions, titles, percentage of time on grant <input type="checkbox"/> Member placement site names <input type="checkbox"/> # of member slot types per site <input type="checkbox"/> # of high-need beneficiaries per site
			4. Program Narrative <input type="checkbox"/> no more than 14 double-spaced, single-sided, pages or 16 pages for Rural Intermediaries <input type="checkbox"/> 12 point Times New Roman font <input type="checkbox"/> One-inch margins <input type="checkbox"/> Use CV headings in the order provided
			5. Logic Model —must use CV format and not exceed 3 pages
			6. California Performance Measurement Worksheets [PMWs]—must include PMW Summary, Primary Needs & Service, Common Member Development, & Common Strengthening Communities
			7. Budget Form & Budget Narrative
			8. Member Training Plan [new applicants only, must not exceed 3 pages]
			9. Data Collection Plan/Evaluation Plan
			10. Labor Organization Certification —must be signed and dated by authorized agent <input type="checkbox"/> If Option 1 checked, written concurrence from appropriate labor organization included <input type="checkbox"/> If Option 2 checked, written response to questions “a” and “b” included point <input type="checkbox"/> If Option 3 checked, written justification included
			11. New Applicant Certification Form
			12. Organizational Self-Assessment —must be signed and dated by appropriate agent
			13. Assurances and Certification —must be signed & dated by authorized agent
			14. Financial/Audit Information —if an Uniform Administrative Guidance audit is not included, must include a written explanation
			15. Evaluation Report [if applicable]
			16. Evidence Base Supporting Documents [if applicable]
			17. Indirect Cost Rate Agreement [if applicable]
			18. Request for Alternative Match [if applicable, 4 double-spaced pages maximum]
			19. Requests to Waive Requirements [if applicable, must not exceed 1 page for each item] a. Request to Waive Minimum Program Size b. Request to Waive Minimum Number of Members per Service Site