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Description automatically generatedIowa AmeriCorps State 2024-2025**

**Appendix 1.b. Pre-Application Instructions & Worksheet: NEW Applicants**

**Initial Release: 9/22/2023**

**Due Date: 1/19/2024**

# PRE-APPLICATION RESOURCES

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| **GENERAL GUIDANCE** |
| These instructions are for the 2024-2025 Iowa AmeriCorps State formula funding opportunity posted to the [AmeriCorps state Grants page of the Volunteer Iowa website](https://volunteer.iowa.gov/americorps/host-americorps-program-or-member/host-americorps-state-program). Interested applicants for Iowa programs must apply directly to Volunteer Iowa, not to AmeriCorps. Volunteer Iowa’s deadlines are different than the final deadline established by AmeriCorps.    *Pre-Application Required*: All applicants for Iowa AmeriCorps State funding are required to submit a Pre-Application. A separate Pre-Application is required for each proposed AmeriCorps program. This pre-application is applicable to new applicants for AmeriCorps funding.  *Notice & Contact Information*: There is NO notice of intent to apply process for this competition; instead the submission of the pre-application serves as notice to Volunteer Iowa of the intention to submit a final application for AmeriCorps State funding. The pre-application forms request the identification of two contact persons for the applicant organization who will be added to the mailing list for updates about this competition; it is the responsibility of the applicant to add any additional contact persons by signing them up at <https://signup.e2ma.net/signup/1906334/1720872/>. |
| **DEFINITIONS** |
| New Applicants are those that have not previously received an AmeriCorps State or National operational grant, are not currently managing an AmeriCorps State or National program, are a current AmeriCorps planning grantee requesting the first year of operational funding or are submitting an application for a program design or funding type for which they have not previously received AmeriCorps funding. |
| **REVIEW PROCESS & NEXT STEPS** |
| Volunteer Iowa staff will review the Pre-Applications. New applicants who demonstrate a clear and reasonable plan for using AmeriCorps to address a community need and the potential to host a strong AmeriCorps program will be formally invited to submit a Final Application (see full review criteria in the New applicants section). Final application deadlines for formula are found in the funding opportunity announcement. See also the Request for Applications (RFA) for anticipated key dates for the full grant application and review process. |

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| **NEW PROGRAM- INSTRUCTIONS** |
| Please complete the following information and submit to Volunteer Iowa (also known as the Iowa Commission on Volunteer Service) via the following **Email Address for Submission:** [**AmeriCorps@VolunteerIowa.org**](mailto:AmeriCorps@VolunteerIowa.org)  Emails should use the subject line: “New AmeriCorps Pre-Application: <Legal Applicant Name>”  Use this naming convention for the attachments: “<Legal Applicant Name>: <Document Name>”  It is strongly suggested that potential applicants take the [AmeriCorps State Applicant Eligibility Survey](https://www.surveymonkey.com/r/AC-Eligibility) before proceeding further. Those with favorable results should review the following Instructions and other supporting materials posted to IowaGrants and contact the Volunteer Iowa with questions in advance of submitting this pre-application, to ensure that it is completed correctly.  **Contact:** [**americorps@volunteeriowa.org**](mailto:americorps@volunteeriowa.org) **or 1-800-308-5987.** |
| **NEW PROGRAM- DUE DATE** |
| New Program Pre-Applications must be submitted via email by the following deadline (at 11:59PM Eastern time). Applications will be reviewed as they are received. New applicants will then be notified of whether they are invited to submit a final application and of any relevant technical assistance to be provided.  **1/19/2024** |

# NEW PROGRAMS PRE-APPLICATION WORKSHEET

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| **NEW PROGRAM- COMPONENTS OF THE PRE-APPLICATION** | | | | |
| 1. Cover Page 2. Readiness & Eligibility Assessment 3. Logic Model & Program Design Narrative 4. Organizational Chart & Organizational Capacity Narrative 5. Budget 6. Waiver & Certification Requests (optional) | | | | |
| **NEW PROGRAM- PART ONE: COVER PAGE** | | | | |
| *Complete all sections below as directed. All sections require a response, so indicate unknown/other when necessary.* | | | | |
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| **Proposed program title (must include the word “AmeriCorps”):** | | |  | |
| **Geographic area to be served by the AmeriCorps program (list the specific city, county, or region):** | | |  | |
| **Name of Legal Applicant Organization:** | | |  | |
| **Address:**  **City/State/Zip:** | | |  | |
| **Organization type (choose one): 501c(3), state government agency, local government agency, K-12 school, institute of higher education, faith-based organization, other (please indicate)** | | |  | |
| **Employer Identification Number (EIN):** | | |  | |
| [**Unique Entity Identifier**](https://www.fsd.gov/gsafsd_sp?id=gsafsd_kb_articles&sys_id=6f60d9901b358150fe314000f54bcb7e) **(UEI):** | | |  | |
| **Contact 1 Name/Title:** |  | | **Contact 2 Name/Title:** |  |
| **Phone:** |  | | **Phone:** |  |
| **Email:** |  | | **Email:** |  |
| **AMERICORPS Focus Area(s) to be addressed. Choose from the following:** | | | | |
| Capacity-Building Services  Economic Opportunity  Environment  Veterans and Military Families | | Disaster  Education  Healthy Futures  Other (If ‘Other’, please provide more information): | | |
| **Proposed grant type. Choose one of the following (see the Grant Types Chart for more detail):** | | | | |
| Traditional Grant (minimum 8 MSY)  Planning (cost reimbursement)- see planning pre-app | | Undecided/Uncertain | | |
| **NEW PROGRAM- PART TWO: READINESS & ELIGIBILITY ASSESSMENT** | | | | |
| *This Readiness Assessment uses simple questions to help you determine whether you are organizationally poised to successfully apply for and implement an Iowa AmeriCorps State grant. Read each question carefully and answer honestly.* | | | | |
| **Previous Experience** | | | | |
| Is your organization a current sponsor of an Iowa AmeriCorps State grant?  **Yes  No**  Does your organization have experience with any other Volunteer Iowa program(s)?  **Yes  No**  If yes, list which program(s): | | | | |
| Has your organization previously managed a major federal, state and/or foundation grant?  **Yes  No**  If yes, list examples:  Has your organization previously managed/does your organization currently manage an AMERICORPS grant (including AmeriCorps State, AmeriCorps VISTA, AmeriCorps Seniors, etc.)?  **Yes  No**  If yes, list which grant(s):  Has your organization previously been/is your organization currently a host site for an AmeriCorps member(s)?  **Yes, AmeriCorps State/National  Yes, AmeriCorps VISTA  Yes, AmeriCorps NCCC  No**  If yes, for which program(s): | | | | |
| **Fundamental Questions** | | | | |
| Is your organization a public or private nonprofit organization – including labor organizations, faith-based and other community organizations; an institution of higher education; an educational institution; a government entity within the State of Iowa; an Indian Tribe; or a partnership or consortia?  **Yes  No**  Does your organization’s plan for utilizing AmeriCorps members address specific unmet community needs?  **Yes  No**  ***If the answer to either of the above questions is “No” then your organization is not eligible to receive an AmeriCorps grant or serve as a Host Site for AmeriCorps members. You are similarly ineligible if your organization is a 501 (c) (4) non-profit entity [under the Internal Revenue Code of 1986, 26 U.S.C. 501 (c)(4)] that engages in lobbying.*** | | | | |
| Do your plans for utilizing AmeriCorps members call for members to provide services exclusively within the state of Iowa?  **Yes  No – also in bordering states  No – also in non-bordering states**  ***If the answer to the above question is “No- also in bordering states,” you may still be eligible if the border state placements are minimal and adhere to Volunteer Iowa policy and agreements with bordering states regarding cross-border placements. If the answer to the above question is “No- also in non-bordering states” and the other results of this Assessment are favorable, then your organization may be interested in applying directly to the Corporation for National and Community Service for an AmeriCorps\*National grant. Contact Volunteer Iowa for details.*** | | | | |
| Does your proposal engage multiple AmeriCorps members?  **Yes  No**  ***If the answer to the above question is “No” then your organization should not apply for an AmeriCorps grant, which is intended to support multiple members. Volunteer Iowa requires proposals to meet a minimum size of eight (8) full-time members, or the equivalent, for a traditional program and three (3) for the micro grant. Please follow up with Volunteer Iowa to discuss options for your organization.*** | | | | |
| **Administrative Functions** | | | | |
| Does the organization have written policies and procedures, including a conflict of interest policy for employees and directors?  **Yes  No**  Does your organization have a clear written mission statement?  **Yes  No**  Does your organization have an active and independent board of directors and/or other governing body? (Independent is defined as a majority of board members who are neither employees of the organization nor family members of employees or other board members.)  **Yes  No** | | | | |
| Does every key staff member have access to a computer with up-to-date software, internet access and e-mail capabilities?  **Yes  No**  Does your organization have the infrastructure to recruit, train, and support the efforts of AmeriCorps members? Variables include office space, technology, supervisory time and skill, financial expertise, and the ability to manage volunteers.  **Yes  No** | | | | |
| Does your organization have a well-planned process to recruit, develop, and retain employees (and/or AmeriCorps members) in accordance with an equal opportunity environment?  **Yes  No**  Does your organization provide staff and volunteers with written job descriptions and the necessary resources to carry out duties appropriately?  **Yes  No**  Does your organization provide relevant and regular training for staff and board members?  **Yes  No** | | | | |
| Does your organization conduct regular assessments of existing programs’ effectiveness in meeting recipient needs and identify needs for improvement?  **Yes  No**  Does your organization collect data to measure performance and progress on a continual basis?  **Yes  No**  Is data analyzed, used in program redesign, and communicated to stakeholders on a regular basis? (e.g. annual reports)  **Yes  No** | | | | |
| ***The more “No” responses you have to the questions above, the higher the possibility that your organization would struggle to successfully administer an AmeriCorps grant. Consideration may need to be given to seeking a partnership with an existing AmeriCorps program. Serving as an AmeriCorps host site, rather than as a primary grant applicant can be a better option for smaller organizations. Please follow up with Volunteer Iowa.*** | | | | |
| **Financial Functions** | | | | |
| **Funding:** Does the organization have diversified funding from multiple sources?  **Yes  No**  List major funding sources: | | | | |
| **Capacity:** Are there formal internal controls governing all financial operations?  **Yes  No**  Does your organization have sufficient cash to operate a major grant on a reimbursement basis? Both the Federal and State governments rarely, if ever, pay grant funds in advance. Payments are made 30-60 days after submission of invoices by programs.  **Yes  No**  Are the financial operations of your organization audited annually by an independent auditor?  **Yes  No**  Are organizational and programmatic budgets closely and regularly monitored?  **Yes  No**  Does your organization produce and review financial statements at least monthly?  **Yes  No**  Does your organization have plans to secure the financial and in-kind resources to meet any required match?  **Yes  No**  Is your organization familiar with federal cost principles?  **Yes  No**  Does your organization have written financial policies and procedures, including a cost allocation plan?  **Yes  No**  Does the organization use cost centers in its accounting system (for example, QuickBooks with classes & job functions)?  **Yes  No** | | | | |
| **Risk:** Does the organization experience cash flow deficits?  **Yes, monthly  Yes, quarterly  Yes, annually  No**  Has the organization been flagged for going concern issues in their two most recent audits?  **Yes  No  Not applicable** | | | | |
| ***The above questions address key elements of financial management that suggest whether your organization has the capacity and structure in place to operate an AmeriCorps program. The more diversified your funding sources, the more questions in the capacity section to which you answer yes, and the more you answer no to the risk questions, then the stronger your organizational capacity to manage an AmeriCorps State grant.*** | | | | |

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| **NEW PROGRAM- PART THREE: LOGIC MODEL & PROGRAM DESIGN NARRATIVE** |
| *In the text box provided, draft a program design narrative that responds to the criteria listed below. Then, complete the logic model worksheet to match the narrative statements and further outline your program design. Overall, the program design narratives are limited to no more than one (1) page.* |
| **Community Need Statement:** The suggested length of this statement is one (1) paragraph.   * Address how the problem is prevalent and severe in communities where the program plans to serve. * Document the need with relevant data. * *Note- the problem/need should not be defined as a lack of the services that the AmeriCorps members will provide, instead it should be a condition of the community that needs improvement (for example, the need is not a lack of afterschool activities for youth; the problem is that youth are getting into trouble in afterschool hours).* * *Furthermore, the statistics/data must be directly related to the need. (For example, the need for math tutoring should not be described by reporting the number of students that qualify for free/reduced school meals; the need would be the number of students not performing at grade level in math.)* |
| **Theory of Change:** The suggested length of this statement is 2-3 paragraphs.   * Briefly describe proposed activity/(ies) that AmeriCorps members will undertake and how it is responsive to the identified community need. * Articulate any specifics you have determined regarding the members’ service activity/(ies), including the design, dosage, target population, and the roles of AmeriCorps members relative to organizational staff and the community volunteers who the AmeriCorps members will recruit and/or manage. * Share the outcomes you expect to achieve through your AmeriCorps program, including both short-term measurable goals and longer-term expected outcomes. Be sure to articulate how these outcomes represent meaningful progress in addressing the identified community need/problem. * Describe the evidence that supports that the member activities you have identified will likely lead to the outcomes you expect. * Provide a rationale for utilizing AmeriCorps members to deliver the intervention(s), instead of other human resources (paid employees, community volunteers, interns, etc.). Explain how the service role of AmeriCorps members will produce a significant contribution to existing efforts and develop additional capacity to address the problem. |
| **Member Experience:** The suggested length of this statement is 1-2 paragraphs.   * AmeriCorps members’ service will provide them opportunities to develop as leaders. * AmeriCorps members will gain skills as a result of their training and service that can be utilized and will be valued by future employers after their service term is completed. * AmeriCorps members will receive additional benefits beyond the minimum program requirements. * The program has a well-defined plan to recruit AmeriCorps members from the geographic or demographic communities in which the programs operate, including any historically underserved, under-represented, or disadvantaged populations. |

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| **Program Design Narrative** |
| Click or tap here to enter program design narrative (no more than 1 page). |

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| *LOGIC MODEL WORKSHEET* |
| *Instructions: Complete the logic model worksheet based on the proposed theory of change and program design. The Logic Model shall depict:*   * *A summary of the community problem, including the role current or historical inequities faced by underserved communities may play in contributing to the problem.* * *The inputs or resources that are necessary to deliver the intervention, including but not limited to:*   + *Locations or sites in which members will provide services*   + *Number and type (full-time, half-time, etc.) of AmeriCorps members who will deliver the intervention* * *The core activities that define the intervention or program model that members will implement or deliver, including:*   + *The duration of the intervention (e.g., the total number of weeks, sessions, or months of the intervention)*   + *The dosage of the intervention (e.g., the number of hours per session or sessions per week)*   + *The target population for the intervention (e.g., disconnected youth, third graders at a certain reading proficiency level)* * *The measurable outputs that result from delivering the intervention (i.e. number of beneficiaries served, types and number of activities conducted, equity gaps closed). If applicable, identify which National Performance Measures will be used as output indicators* * *Outcomes that demonstrate changes in knowledge/skill, attitude, behavior, or condition that occur as a result of the intervention. If applicable, identify which National Performance Measures will be used as outcome indicators.*   *Note: The logic model is a visual representation of the applicant’s Theory of Change. Programs should include short, medium, or long-term outcomes in the logic model. Applicants are not required to measure all components of their Theory of Change. The applicant’s performance measures should be consistent with the program’s Theory of Change and should represent significant program activities. In the application narrative, applicants should discuss their rationale for setting output and outcome targets for their performance measures. Rationales and justifications should be informed by the organization’s performance data (e.g., program data observed over time that suggests targets are reasonable), relevant research (e.g. targets documented by organizations running similar programs with similar populations), or prior program evaluation findings.*  *Applicants with multiple interventions should complete one Logic Model chart which incorporates each intervention. Logic model content that exceeds eight pages will not be reviewed.* |

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| Problem | Inputs | Activities | Outputs | Short-Term Outcomes | Medium-Term Outcomes | Long-Term Outcomes |
| The community problem that the program activities (interventions) are designed to address. | Resources that are necessary to deliver the program activities (interventions), including the number/type of AmeriCorps members. | The core activities that AmeriCorps members will implement or deliver. | Direct products from program activities (i.e. number of acres treated, number of clients served, etc.). | Changes in knowledge, skills, attitudes, and opinions. These outcomes, if applicable to the program design, will almost always be measurable during the grant year. | Changes in behavior or action. Depending on program design, these outcomes may or may not be measurable during the grant year. | Changes in condition or status in life. Depending on program design, these outcomes may or may not be measurable during the grant year. Some programs, such as environmental or capacity-building programs, may measure changes in condition over a period as short as one year. |
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| **NEW PROGRAM- PART FOUR: ORGANIZATIONAL CHART & ORGANIZATIONAL CAPACITY NARRATIVE** |
| *Respond to the criteria below, as noted. Overall, the organizational capacity narratives are limited to three-quarters (3/4) of a page. Also, provide an organizational chart, showing where the proposed AmeriCorps program fits in, in the space provided or as an attachment. The organizational chart is limited to no more than one page.* |
| ***Organizational Capacity:*** The suggested length of this statement is 1-2 paragraphs.   * What are the role and responsibilities of the staff who will implement, provide oversight, and monitor the program. * What experience does the organization have with workforce or similar programs. * How will AmeriCorps members receive sufficient guidance and support from their supervisor/program staff. * How will AmeriCorps supervisors be adequately trained/prepared to follow AmeriCorps regulations and expectations. * Does the staff have the same lived experience as the community being served. * How does the organization demonstrate their engagement in diversity, equity, and inclusion. |

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| **Organizational Capacity Narratives** |
| Click or tap here to enter organizational capacity narrative (no more than ¾ page). |

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| **Organizational Chart:** Insert here or attach to the email submission. Be sure to show the proposed AmeriCorps program in the chart. The chart length should be no longer than 1 page. |
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| **NEW PROGRAM- PART FIVE: BUDGET** |
| *Complete the budget worksheet and source of funds chart below by editing the sections highlighted in yellow. To edit the budget worksheet:*   1. *Double click anywhere in the chart to access the edit screen.* 2. *Enter the anticipated number of slots for each category. The chart will automatically calculate the number of MSY in your request based on the number of slots you enter.* 3. *Enter the amount of federal funding you would request per full-time AmeriCorps member (MSY).* 4. *Save the worksheet and then close it. Your changes will then appear below.*   *The information on required living allowances and funding limits (cost/MSY limits) should help you determine how much federal money you would need to request in order to support your proposed program. The chart will calculate the approximate minimum match amount that would be required of the applicant in year one of the program. Minimum match requirements increase over time. Use the same method described above to edit the Source of Funds section to indicate where you anticipate generating the required match for the program.*  *Note that at the time of final application, most applicants will need to complete a detailed budget showing expected expenditures for the program in the areas of personnel, travel, supplies, training, evaluation, member living allowances & benefits, and administrative costs. AmeriCorps budgets are developed using Member Service Years (MSYs), which are the equivalent of a full-time AmeriCorps member positions (similar to how an organization may use Full-Time Equivalents [FTEs] when developing their agency budgets).* |
| **Reference Table 1: Approximate Minimum and Maximum Living Allowance** |
| |  |  |  |  | | --- | --- | --- | --- | | **Service Term** | **Minimum # of Hours** | **Minimum Living Allowance** | **Maximum Total Living Allowance** | | Full-time | 1,700 | $18,700 | $37,400 | | Three Quarter-time | 1,200 | n/a | $26,180 | | Half-time | 900 | n/a | $18,700 | | Reduced Half-time | 675 | n/a | $14,212 | | Quarter-time | 450 | n/a | $9,724 | | Minimum-time | 300 | n/a | $7,854 | | Abbreviated-time | 100 | n/a | $2,244 |   *\_* |
| **Reference Table 2: Approximate Maximum Cost per MSY** |
| |  |  |  | | --- | --- | --- | | **Funding Type** | **Grant Type** | **Maximum Award\*** | | Competitive | Cost Reimbursement or Full Cost Fixed Amount Program | $25,000/MSY | | Formula | Cost Reimbursement or Full-Cost Fixed Amount Program | $27,000/MSY | | Formula | Planning Grants | Up to $100,000 | | Competitive | Professional Corps Fixed Amount | $1,000\*/MSY | | Competitive & Formula | Education Award Program Fixed Amount | $800 or $1000\*/MSY | | \*See the Request for Applications for additional detail about allowable funding. | | | |

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| **Reference Table 3: Cost Sharing or Matching** |
| A first-time successful applicant is required to match at 24 percent for the first three-year funding period. Starting with year four, the match requirement gradually increases every year to 50 percent by year ten, according to the minimum overall share chart found in 45 CFR §2521.60 and below.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | AmeriCorps Funding Year | 1, 2, 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ | | Grantee Share Requirements | 24% | 26% | 30% | 34% | 38% | 42% | 46% | 50% | |
| **Budget Worksheet** | |
| *\*This chart is pre-filled with the maximum allowable cost/MSY for a formula cost reimbursement or full-cost fixed amount program but depending on the final application submitted, a different cost/MSY may be applicable. See Reference Table 2 above of the Request for Applications for additional detail.* | |
| **Source of Funds** | |
| \*\*Federal funding may only be used as match with permission of the other federal funder. Other AMERICORPS funding may not be used as match to AmeriCorps State grants. | |

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| **NEW PROGRAM- PART SIX WAIVER & CERTIFICATION REQUESTS** |
| *Complete these questions to identify any waiver and/or certification requests you may submit for the program. For new applicants, waiver requests are encouraged to be submitted at the time of pre-application; otherwise waiver and certification requests are due with the final application. More information can be found in the Detailed Instructions for Waiver Requests at the end of this pre-application. New applicants are encouraged to consult with Volunteer Iowa staff if they believe a waiver request is appropriate for their proposal or if they have questions about the waivers and how they might apply to the proposed program.* |
| Please indicate below if you will request any waiver(s). If yes, you should record your responses to the waiver questions in a Word document and submit via email along with other pre-application materials. Follow the detailed waiver instructions found at the end of this pre-application when composing your waiver request.  Yes, will request a waiver to the MSY minimum.  Yes, will request a volunteer generation waiver.  Yes, will request a waiver for an alternative match schedule..  Yes, will request an match waiver.  No, will not request a waiver. |

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| **NEW PROGRAM- REVIEW, ACKNOWLEDGEMENTS, & CERTIFICATIONS** |
| **New Program Pre-Application Review Process:**  Volunteer Iowa staff will review each New Program Pre-Application and notify the applicant of the outcome of the review via email. Applicants may be invited to submit a full grant application according to the appropriate Final Application Instructions (to be released at a later date). To determine whether or not an applicant should be invited to submit a full grant application, the Volunteer Iowa review will address these questions:   1. Do the legal applicant and the proposed program meet the AmeriCorps funding eligibility guidelines? 2. Does the proposed program address an identified community need? 3. Does the proposed program include allowable AmeriCorps member service activities that would lead to identified results? 4. Does the proposal offer a new or expanded service to Iowa citizens? 5. Does the proposal duplicate any existing efforts (funded by AmeriCorps or another source)? 6. Did the applicant fully address all required elements of the New Program Pre-Application? 7. Does the proposal demonstrate an adequate understanding of required AmeriCorps program management and does the legal applicant demonstrate sufficient capacity to meet these requirements? 8. Does the applicant identify sufficient matching resources? 9. How viable is the proposal, given Volunteer Iowa’s experience with and knowledge of the AmeriCorps grant-making process?   Each of these items is important in assessing whether those who submit a New Program Pre-Application will be invited to complete a Final Grant Application. Pending the outcome of this review, New Applicants will be notified within approximately 30 days of their status for Final Application submission. Volunteer Iowa will provide a brief summary of application’s strengths and challenges no later than 90 business days following the announcement of the Pre-Application review decisions. |
| **Acknowledgments:**  By submitting a New Program Pre-Application, the applicant organization agrees to the following terms.   * The New Program Pre-Application serves two functions: (1) it is a planning tool to help organizations explore several key AmeriCorps program elements without the burden of submitting a full application online (which requires a minimum of 40 staff hours); and (2) it is a screening tool for Volunteer Iowa to use to quickly assess the viability of applicants for the Iowa AmeriCorps State program funding competition; * the Volunteer Iowa review criteria are published in the New Program Pre-Application Instructions; * additional application materials are published and will continue to be released online at [www.iowagrants.gov](http://www.iowagrants.gov); * all Pre-Applications, including supporting materials, become the property of Volunteer Iowa and shall not be returned to the applicant; * all applications shall be placed in the public domain and are available upon request for inspection by interested parties at the conclusion of the selection process; * no payments shall be made to cover costs incurred by any applicant in preparation for the submission of this Pre-Application or any other associated costs (current grantees should note that AMERICORPS funds may not be used to cover expenses incurred in preparation of a Pre-Application); * the submission of a New Program Pre-Application does not guarantee that the applicant will be invited to submit a Final Grant Application; * the submission of a Pre-Application or Final Grant Application does not guarantee that the applicant will receive funding; * Pre-Application review decisions are final; * Volunteer Iowa will correspond with the identified contacts via email or telephone; * Volunteer Iowa may schedule additional technical assistance sessions with the applicant, according to the schedule and availability of Volunteer Iowa staff. |
| **Certifications:**  By submission of a New Program Pre-Application, the applicant certifies that:   * The responses provided are true and accurate, and present a complete and full representation of the legal applicant and the proposed program. * No attempt has been made or will be made by the applicant to induce any other applicant to submit or not to submit an application for the purpose of restricting competition; * Applicant is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any federal or state department or agency.   Such certifications should not discourage collaboration among organizations in designing AmeriCorps programs. |

# DETAILED INSTRUCTIONS FOR WAIVER REQUESTS

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| **WAIVER 1. MSY MINIMUM WAIVER** |

\* See Volunteer Iowa FAQs for more details on the 8 Member Service Year (MSY) minimum.

Volunteer Iowa has established the 8 MSY minimum because of the administrative requirements of the program (both on the local sponsor and the commission) and because of the team-building and member development elements of the program. This minimum balances the administrative burden with the benefits to the members, the community and the program. However, in compelling situations, the commission may grant approval for smaller programs.

To request a waiver to the Volunteer Iowa MSY minimum, please submit a narrative justification for the request that answers the following:

1. How many MSYs are you requesting, and in what slot configuration (i.e. how many full-time members, how many half time, how many quarter time, etc.).
2. Why is a smaller program better suited to addressing the identified community need?
3. Why is a smaller program better suited to the applicant organization?
4. What attempts have you made to reach out to similar organizations to partner to reach the 8 MSY minimum?
5. Describe how your program will scale up to a larger (at least 8 MSY) program in a future competition.
6. Any other information related to your waiver request.

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| **WAIVER 2. VOLUNTEER GENERATION WAIVER** |

Volunteer Iowa expects all Iowa AmeriCorps State programs to engage members in recruiting and/or managing community volunteers unless there is a significant and compelling justification as to why this is not a feasible part of the AmeriCorps program design. Programs need a waiver only if no volunteers will be engaged (a waiver is not required only if certain members will not generate volunteers, such as summer-only members or members at certain sites).

Applicants should keep in mind that members can engage with volunteers in ways that fall outside of the assigned primary service activity, but that still fit with the member focus. For example, AmeriCorps members could plan a volunteer event for MLK Day or another National/State Day of Service, or could help volunteers participate in a special project.

To request a waiver to the volunteer generation requirement, please submit a narrative justification for the request that addresses the following:

1. Does your organization currently utilize community volunteers? Why or why not?
2. Why do you believe you are unable to utilize community volunteers to expand the reach/impact of your program in the community?
3. How will you provide your AmeriCorps members with training and experience in volunteer management if they are unable to get it directly through your program?
4. Any other information related to your waiver request.

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| **WAIVER 3. WAIVER FOR ALTERNATIVE MATCH SCHEDULE** |

AmeriCorps programs serving rural or economically distressed counties may qualify for an alternative match schedule that reduces the organization’s financial matching requirements. Volunteer Iowa places emphasis on programs that operate in high need areas of the state, including rural and economically distressed communities, so we encourage all qualified applicants to apply.

To request a waiver for an alternative match schedule, please submit a justification for the request that addresses the following (see full instructions below):

1. **Basis of Request** 
   1. Identify the basis for your request as either a rural county or a severely economically distressed community as described above.
   2. Describe where your program operates and include the address of the legal applicant.

1. **For Rural Counties** 
   1. Describe the economic conditions.
   2. Confirm that your county has a Rural-Urban Continuum (Beale) Code of 4, 5, 6, 7, 8, or 9.

1. **For Economically Distressed Counties**
   1. Provide your county per-capita income, poverty rate, and unemployment levels.
   2. Demonstrate that your county per-capita income, poverty, and unemployment levels are above or below the national averages as requested by AmeriCorps. Identify the data source(s) used to make your determination. Or, demonstrate that the area served lacks basic infrastructure.
   3. Provide any other statistics you deem relevant to demonstrate your county is economically distressed.
2. **Program Location:** If you believe the location of your program should not be based on the address of the legal applicant, describe your justification for requesting an alternative location(s)
3. **Other:** Provide any other justification and information for your request that is not presented in the responses to the above.

**Alternative Match 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, 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.

**Special Circumstances for an Alternative Match Schedule:** Under certain circumstances, applicants may qualify to meet alternative matching requirements that increase over the years to 35% instead of 50% 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.

**A. Rural County:** In determining whether a program is rural, AmeriCorps will consider the most recent Rural-Urban Continuum Codes (RUCCs) (previously called the Beale codes) 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 RUCC of 4,5,6, 7, 8 or 9 is eligible to apply for the alternative match requirement. See Attachment H for the Table of RUCC codes.

**B. 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 below 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 percent 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; 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.

**C. Program Location**: Except when approved otherwise, AmeriCorps will determine the 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 your program location in your request. AmeriCorps will, in its sole discretion, determine whether some other address is more appropriate for determining a program’s location.

**D. Timeline:** Iowa AmeriCorps State applicants must send their requests to Volunteer Iowa for review and approval along with either the pre-application of final applicaion. The Commission will then forward approved requests to AmeriCorps for consideration.

AmeriCorps will review your request and notify you if you qualify for the 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 three-year project period remains or if applying as a new grantee, for the upcoming three-year grant cycle.

**Rural-Urban Continuum (Beale) Codes and County-Level Economic Data for Alternative Match Requests**

**Rural Community**Rural-Urban Continuum Codes (RUCCs) (previously called the 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:

|  |  |  |
| --- | --- | --- |
| **2013 Rural-Urban Continuum 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 RUCC of 4,5, 6, 7, 8, or 9 is eligible to apply for the alternative match. Find this information at: <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/>

**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** |
| --- | --- |
| <http://www.bea.gov/regional/> | **Bureau of Economic Analysis’ Regional Economic Information System (REIS):** Provides data on *per capita* income by county for all states except Puerto Rico. |
| <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> | **Census Bureau’s American Fact-finder**: Provides census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico. |
| [www.bls.gov](http://www.bls.gov) | **Bureau of Labor Statistics’ Local Area Unemployment Statistics (LAUS):** Provides data on annual and monthly employment and unemployment by counties for all states and Puerto Rico. |
| <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx> | **US Department of Agriculture’s Rural-Urban Continuum Codes:** Provides urban rural code for all counties in U.S. |

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| --- |
| **WAIVER 4. MATCH WAIVER** |

AmeriCorps requires grantees requesting an individual match waiver to identify and document the specific circumstances their organization faced or is facing in meeting its match requirement.

To request a match waiver, please submit a justification for the request that addresses the following:

1. The lack of resources at the local level; [To meet this criterion, please provide a bulleted list of items such as: reduced state or local budget for allowable sources of cash or in-kind match, reduced corporate and/or foundation giving, any other applicable examples of the lack of local resources (such as deep poverty or other economic circumstances]**; and**
2. That the lack of resources in your local community is unique or unusual; [To meet this criterion, please provide at least one example such as: a comparison to another nearby community with more resources, a comparison to another point in time for the community(s) served, etc.]; **and**
3. The efforts you have made to raise matching resources; [To meet this criterion, please provide a bulleted list of prospective funders who denied requests for funding this year and the amounts of the requests to each funder.]; **and**
4. The amount of matching resources you have raised or reasonably expect to raise. [To meet this criterion, please provide a bulleted list of secured or likely funders and the amount you expect to receive from each one.]

You must provide with your waiver request:

1. The specific dollar amount and percentage of match to be waived.
2. Bulleted list of proposed activities on the Grantee Share of the budget that would not happen if the waiver is granted.
3. Program year or years for which you are requesting a match waiver.
4. Organization Name.
5. AmeriCorps Grant Number or Application ID if you are applying for a new grant/project.
6. Authorized Representative Name [Inclusion of name constitutes certiﬁcation of accuracy of facts included in this request.]

The submitted application to Volunteer Iowa must include a budget that meets the required match levels. Then, if the match waiver request is approved, the organization will resubmit a revised budget and budget narrative that reflects the reduced match level.