



**UServeUtah**

Utah Commission on Service & Volunteerism



**AmeriCorps**  
**Utah**

**UTAH STATE**

**AMERICORPS**

Cost-Reimbursement Grant

Fillable PDF Application Form

Program Year 2024-2025

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**Intent to Apply due March 19, 2024**

**Applications due April 12, 2024**

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Electronic application form provided to applicants after final RFP training.



# UServeUtah

Utah Commission on Service & Volunteerism

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## UTAH COMPLIANCE REQUIREMENTS FOR AMERICORPS APPLICATIONS

Specific aspects of the 2024 AmeriCorps\*State Application Instructions that apply to Utah State are as follows:

- Programs applying for Utah State AmeriCorps funding **MUST NOT** exceed the cost per member service year (MSY) of the applicable program type requested in the application.
- All program models **MUST** support a minimum of 10 Member Service Years (full time member equivalents). This can be met with full time and/or part time slots.

We require applicants to:

- ☐ Submit notice of Intent to Apply to email below by March 19, 2024:

Greg Bates  
gregbates@utah.gov

- ☐ Submit completed application form via e-mail by 5:00PM MST on April 12, 2024.
- ☐ Organize your application in the sequence outlined in the instructions packet.
- ☐ Meet the outlined page/character limits.
- ☐ Submit only requested materials. Do not submit any supplementary materials such as: annual reports, videos, brochures, letters of support, etc. They may disqualify the application.
- ☐ Include only text in narrative fields. Do not insert any items such as: graphs, charts, photos, graphics, logos, etc.

## AmeriCorps Cost Reimbursement Grant Concept Paper Title Page

### Sponsoring Organization:

Organization Name:

Contact Person:

Title:

Address:

City/State/Zip:

Telephone: Fax:

Email address:

List All Counties Impacted by the Project:

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### Focus Area

*Which RTIO CT focus area will this program address (check ONLY ONE):*

Education

Environmental Stewardship

Multi-Focus Intermediary

Healthy Futures

Veterans

Economic Opportunity

Disaster Services

### Proposed AmeriCorps Intervention Type(s)

Direct Service

Capacity Building

Both

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### Members

How many Members will be recruited under the proposed program?

\_\_\_\_\_ Full Time (1700 hrs)

\_\_\_\_\_ Reduced Full Time (1200 hrs)

\_\_\_\_\_ Half Time (900 hrs)

\_\_\_\_\_ Reduced Half Time (675 hrs)

\_\_\_\_\_ Quarter Time (450 hrs)

\_\_\_\_\_ Minimum Time (300 hrs)

\_\_\_\_\_ Abbreviated Time (100 hrs)

**Executive Summary  
(3,000 Character Limit)**

Logic Model (Do not exceed space provided)						
Problem	Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes

Logic Model (Continued If Needed)					
Problem	Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes   Long-Term Outcomes

## Performance Measurement Worksheet

AmeriCorps members and programs must produce measurable and tangible results to address community problems within the program or grant year. This information should provide a clear link to the community need and AmeriCorps member service activities described in the narrative.

Refer to the 2024 AmeriCorps Performance Measure Instructions when completing this worksheet:  
<https://americorps.gov/sites/default/files/document/FY%202024%20ASN%20Performance%20Measures%20FINAL.508.pdf>

### Service Activities

Describe the primary service activities (interventions) that will be completed by AmeriCorps members. These should align with the AmeriCorps focus area that you selected on page 2. Your response should also align with the answers provided in Q12 of the Qualtrics survey. Examples of member activities could include one-on-one tutoring for reading with students in elementary schools, providing environmental education, delivering meals to the elderly and disabled, etc. Please ensure that all proposed activities are allowable and not listed as prohibited in [45 CFR § 2520.65](#).

If members will be working in multiple focus areas and/or performing multiple service activities, please clearly separate your answers on this worksheet.

<b>Program Design</b>
How many AmeriCorps members will be participating in each activity?
How many days per week (on average) will each activity occur?
How many hours per day (on average) will each activity occur?
What is the proposed start date for the activities?
What is the proposed end date for the activities?
Describe in detail who or what will directly benefit from the AmeriCorps member service. Some examples would include senior citizens at senior centers in Davis County, fifth grade students in Granite School District, public lands in San Juan and Grand County, etc.



## Performance Measures

Enter the performance measures (outputs and outcomes) that will be tracked which correspond to the member service activities.

**All applications must include at least one aligned performance measure (output paired with outcome) that corresponds to the proposed primary intervention.** This may be a National Performance Measure or an applicant-determined measure depending on the program's theory of change. Applications may also include National Performance Measure outputs without associated outcome(s) provided that the output measures a significant program activity. These output-only measures do not fulfill the requirement for an aligned performance measure but may be selected in addition to the aligned measure(s).

All performance measures must reflect significant program activities whose outputs and outcomes are consistent with the applicant's core theory of change. Applicants are not expected to have performance measures for every program activity. AmeriCorps does not require applicants to use National Performance Measures but expects them to do so if National Performance Measures reflect key outputs and/or outcomes of the theory of change. Applicants may not create applicant determined outputs or outcomes that duplicate existing National Performance Measures.

All performance measures, including output-only measures, must be associated with one or more interventions (service activities). Applicants are expected to use the system-defined intervention categories if they appropriately represent the applicant's program activities. Applicants may not create user-defined intervention labels that duplicate existing intervention categories.

Refer to the 2024 AmeriCorps Performance Measure Instructions when developing these measures:  
<https://americorps.gov/sites/default/files/document/FY%202024%20ASN%20Performance%20Measures%20FINAL.508.pdf>

Output(s)	Outcome(s)

**Data Collection**

What data collection methods and tools will be used to track the outputs and outcomes listed above?

When and how would you begin tracking this data?

Who would create the tools needed, and then collect and analyze the data? Identify by name, job title, and organization.

## Operational Grant Budget Worksheet

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### Section I. Program Operating Costs

#### A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	Grant	Match
Totals						

#### B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	Grant	Match
Totals				

#### C.1. Staff Travel

Purpose	Calculation	Total Amount	Grant	Match
Totals				

**C. 2. Member Travel**

Purpose	Calculation	Total Amount	Grant	Match
Totals				

**D. Equipment**

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	Grant	Match
Totals					

**E. Supplies**

Purpose	Calculation	Total Amount	Grant	Match
Totals				

**F. Contractual and Consultant Services**

Purpose	Calculation	Daily Rate	Total Amount	Grant	Match
Totals					

**G.1. Staff Training**

Purpose	Calculation	Daily Rate	Total Amount	Grant	Match
Totals					

**G.2. Member Training**

Purpose	Calculation	Daily Rate	Total Amount	Grant	Match
Totals					

**H. Evaluation**

Purpose	Calculation	Daily Rate	Total Amount	Grant	Match
Totals					

**I. Other Program Operating Costs**

Purpose	Calculation	Rate	Total Amount	Grant	Match
Totals					

Subtotal Section I:	Total Amount	Grant	Match

## Section II. Member Costs

### A. Living Allowance

Slot Type	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	Grant	Match
Full Time (1700 hrs, 1 MSY)						
Reduced Full Time (1200 hrs, 0.7 MSY)						
Half Time (900 hrs, 0.5 MSY)						
Reduced Half Time (675 hrs, 0.3809524 MSY)						
Quarter Time (450 hrs, 0.26455027 MSY)						
Minimum Time (300 hrs, 0.21164022 MSY)						
Abbreviated-Time (100 hrs, 0.05627705 MSY)						
Totals						

### B. Member Support Costs

Purpose	Calculation	Rate	Total Amount	Grant	Match
Totals					

Subtotal Section II:	Total	Grant	Match
	Amount		
Subtotal Sections I + II:			

### Section III. Administrative/Indirect Costs

Complete Option A or B - See Application Instructions for Details.

#### A. Corporation Fixed Percentage Method

*Please see application instructions for detailed instructions on how to complete this section.*

Purpose	Calculation	Total Amount	Grant	Match
Subgrantee Share				
<i>[Max CNCS Share (Grant) of Administrative Costs(see above for calculation) *.60= Max Administrative costs retained by Subgrantee]</i>				
Commission Share				
<i>[Max CNCS Share (Grant) of Administrative Costs(see above for calculation) *.40= Max Administrative costs to State Commission]</i>				
Totals				

#### B. Federally Approved Indirect Cost Rate Method

	Cost Type	Basis	Calculation	Rate	Rate Claimed	Total Amount	Grant	Match
Subgrantee Share								
Commission Share								
Totals								

Total Sections I + II + III:	Total Amount	Grant	Match

Match Percentage:	Total Amount	Grant	Match
	100%		

Total MSY and Cost Per MSY:	Total MSY	Requested Cost Per MSY	Maximum Cost Per MSY
			\$25,000

*The Total MSY field is calculated automatically based on the number of each slot type indicated under section 2. A. The Requested Cost per MSY is based on the total grant funds requested divided by the Total MSY. Please ensure that you double-check your budget entries and the number of members requested for each slot type. The number of members for each slot type should match the number listed on the Concept Paper Title Page (page 2).*

## Source of Match For All Sections

Description of Match:	Match Amount:	Type of Match:	Source Type:	Description of Source:
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Note: 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 the AmeriCorps agency. **UServeUtah requires applicants (sub-grantees) to have written approval on file, for any federal funds used as match, from the granting federal agency.**

**Technical assistance for these applications is available by contacting Greg Bates at [gregbates@utah.gov](mailto:gregbates@utah.gov) or 801-979-3358.**



**Continuation Changes  
(9,000 Character Limit Total)**

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