

**2020 – 2021 PENNSYLVANIA AMERICORPS STATE GRANT:
COMMONWEALTH CIVILIAN CORONAVIRUS CORPS
APPLICATION COVERSHEET**

Legal applicant name:	
Address <ul style="list-style-type: none"> • Street: • City: • County: • State: 	Person to be contacted on matters involving this application <ul style="list-style-type: none"> • Name: • Telephone number: • Email:
Employer Identification Number:	PA Vendor ID:
Organizational DUNS:	
Descriptive Title of Applicant’s Project (AmeriCorps program name): Commonwealth Civilian Coronavirus Corps -	Areas affected by project (cities, counties):
Proposed project start date: Proposed project end date:	Estimated funding – must match budget <ul style="list-style-type: none"> • CNCS: \$0 • PennSERVE/PA Dept. of Health:
<p>Authorization To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with attached assurances if the assistance is awarded.</p> <p>Typed name of authorized representative: Title:</p> <p>Signature Date</p>	

NARRATIVES

Please refer to the Request for Applications, Section V.A, Application Review Information – Criteria – for the criteria to address in your narrative. Please use ALL CAPS to introduce new sections of the narrative and follow the template in the RFA for the executive summary. The required narrative categories, subcategories, and point values are as follows.

Category	Sub-Category	Points
Executive summary	n/a	n/a
Program design	Service activities	24
	Pennsylvania priority	10
	Member experience	10
Organizational capability	Organizational background and staffing	12
	Compliance and accountability	12
	Member support and supervision	11

Executive Summary (1,500 characters maximum)

Program design and Organizational capability (2,750 maximum characters per page; 24,750 characters maximum;)

LOGIC MODEL (6 POINTS)

COMMUNITY NEED	INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MID-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 of locations/sites and number/type of AmeriCorps members.	The core activities that define the intervention or program model that members will implement or deliver, including duration, dosage and target population.	Direct products from program activities.	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.

<p>COMMUNITY NEED (750 CHARACTERS MAXIMUM):</p>
<p>INPUTS (750 CHARACTERS MAXIMUM):</p>
<p>ACTIVITIES (750 CHARACTERS MAXIMUM):</p>

OUTPUTS (750 CHARACTERS MAXIMUM):

SHORT-TERM OUTCOMES (750 CHARACTERS MAXIMUM):

MID-TERM OUTCOMES (750 CHARACTERS MAXIMUM):

LONG-TERM OUTCOMES (750 CHARACTERS MAXIMUM):

PERFORMANCE MEASURES

Problem Statement <i>(brief 1-2 sentence statement)</i>
Describe Intervention <i>(small paragraph describing type of intervention, design and dosage of intervention – intensity, frequency, duration)</i>
Performance Measure 1 (Required):
OUTPUT
Output Target <i>(enter number of beneficiaries – do not use percentages)</i>
Output Measured by <i>(unit of measure or population, i.e. children, miles, etc.)</i>
Output Instrument <i>(enter data collection tool and method, define the minimum dosage necessary to be counted as successful)</i>
OUTCOME
Outcome Target <i>(enter number of beneficiaries – do not use percentages)</i>
Outcome Measured by <i>(unit of measure or population, i.e. children, miles, etc.)</i>
Outcome Instrument <i>(enter data collection tool and method, define the minimum dosage necessary to be counted as successful)</i>
Performance Measure 2 (Optional):
OUTPUT
Output Target <i>(enter number of beneficiaries – do not use percentages)</i>
Output Measured by <i>(unit of measure or population, i.e. children, miles, etc.)</i>
Output Instrument <i>(enter data collection tool and method, define the minimum dosage necessary to be counted as successful)</i>

OUTCOME
Outcome Target <i>(enter number of beneficiaries – do not use percentages)</i>
Outcome Measured by <i>(unit of measure or population, i.e. children, miles, etc.)</i>
Outcome Instrument <i>(enter data collection tool and method, define the minimum dosage necessary to be counted as successful)</i>
Performance Measure 3 (Optional):
OUTPUT
Output Target <i>(enter number of beneficiaries – do not use percentages)</i>
Output Measured by <i>(unit of measure or population, i.e. children, miles, etc.)</i>
Output Instrument <i>(enter data collection tool and method, define the minimum dosage necessary to be counted as successful)</i>
OUTCOME
Outcome Target <i>(enter number of beneficiaries – do not use percentages)</i>
Outcome Measured by <i>(unit of measure or population, i.e. children, miles, etc.)</i>
Outcome Instrument <i>(enter data collection tool and method, define the minimum dosage necessary to be counted as successful)</i>

PERFORMANCE MEASURES

Section I. Support Expenses

A. Project Personnel Expenses

Position/Title -Qty	Calculation: Annual Salary x % of Time	Total Amount
CATEGORY Totals		

B. Personnel Fringe Benefits

Item -Description	Calculation	Total Amount
CATEGORY Totals		

C.1 Staff Travel

Purpose	Calculation	Total Amount
CATEGORY Totals		

C.2 Member Travel

Purpose	Calculation	Total Amount
Travel to PennSERVE AmeriCorps Week Event		
CATEGORY Totals		

D. Equipment (\$5,000 or more per unit)

Item/Purpose	Calculation: Quantity x Unit Cost	Total Amount
CATEGORY Totals		

E. Supplies

Item/Purpose	Calculation	Total Amount
AmeriCorps member service gear (includes AmeriCorps logo)		
Technology Supplies		
CATEGORY Totals		

F. Contractual and Consultant Services

Purpose	Calculation	Total Amount
OnCorps Reporting System		
CATEGORY Totals		

G.1 Staff Training

Purpose	Calculation	Total Amount
Registration for National Service Regional Training Conference		
CATEGORY Totals		

G.2 Member Training

Purpose	Calculation	Total Amount
CATEGORY Totals		

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H. Evaluation

Purpose	Calculation	Total Amount
CATEGORY Totals		

I. Other Support Costs

Item/Purpose	Calculation	Total Amount
National Service Criminal History Checks		
CATEGORY Totals		
Section I Subtotal		

Section II. Member Costs

A. Living Allowance

Item	Calculation: # Members x Living Allowance Rate	Total Amount
Full-Time w/ living allowance (1700 hours)		
Three Quarter Time w/ living allowance (1200 hours)		
Half-Time w/ living allowance (900 hours)		
CATEGORY Totals		

B. Member Support Costs

Purpose	Calculation	Total Amount
FICA for members		
Workers Compensation		
Healthcare		
CATEGORY Totals		
Section II Subtotal		

Section III. Administrative/Indirect Costs

A. Corporation Fixed Percentage

Item	Calculation	Total Amount
Corporation Fixed Amount: (Max Allowable: 10% of all grant expenses in sections I and II)		

B. Federally Approved Indirect Cost Rate

Calculation -Cost Type -Rate -Rate Claimed -Cost Basis	Total Amount
Section III Subtotal	

BUDGET Totals	
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Total MSYs: Enter number of requested MSY	
Maximum Budget Allowable (Maximum Cost per MSY is \$25,000)	