

Missouri AmeriCorps State Formula Coversheet Instructions

These instructions are to assist you in completing the coversheet that includes required information needed from applications submitted for federal assistance.

| INSTRUCTIONS | |
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| 1. APPLICATION IDENTIFIERS | |
| a) | This is for internal use only. |
| b) | Enter the Employer Identification Number (EIN) as assigned by the Internal Revenue Service. |
| c) | Enter the organization's DUNS number (received from Dun and Bradstreet). <i>Please refer to the Corporation's Notice for instructions on how to obtain a DUNS number.</i> |
| 2. APPLICATION CONTACT INFORMATION | |
| a) | <p>Enter the appropriate category in the field.</p> <p><u>New:</u></p> <ul style="list-style-type: none"> ▪ If you are applying for the first time and have never had an AmeriCorps State grant. ▪ If you are applying for a different type of project that has not been previously funded by MCSC. ▪ If you are a previous Grantee that was funded by MCSC and was an unsuccessful re-compete applicant in previous years. <p><u>Re-compete:</u></p> <ul style="list-style-type: none"> ▪ If you completed the end of a 3-year cycle and are reapplying for the same project. <p><u>Continuation:</u></p> <ul style="list-style-type: none"> ▪ If you are reapplying for a second or third year of a 3-year cycle. |
| b) | The complete name of the organization that will be legally responsible for the grant; NOT the name of the organizational unit within the legally responsible organization. <i>(For example, indicate "National University" instead of "Liberal Arts Department").</i> |
| c) | <p>Enter the appropriate organization type that best describes the organization responsible for administering the project.</p> <ul style="list-style-type: none"> • Institution of higher education • Local government (includes schooldistricts) • State government • Nonprofit organization |
| d) | Enter the organization's complete address, including the 5-digit ZIP + 4 code. |
| e) | Enter the State Senator, State Representative, and Congressional District number of the headquarters for the organization administering the proposed AmeriCorps project. |
| f) | Enter the name and contact information of the individual responsible for addressing matters related to this application. |
| g) | Enter the name and contact information of the individual responsible for the implementation of the proposed AmeriCorps project. |
| 3. PROJECT INFORMATION | |
| a) | If submitting an application as a "Continuation" or "Re-compete", use the same title used for the existing grant. |
| b) | Enter the begin date and completion date of the proposed AmeriCorps project. |

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| c) | Provide a small write-up that clearly describes what proposed services will be provided to the targeted community/beneficiaries as a result of the AmeriCorps project. |
| d) | Number of MSYs being requested for each type of position. Also, enter the total number of MSYs. <i>Use the MSY Calculator in the Budget Worksheet to determine number of MSY per Member slot type.</i> |
| e) | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. Must provide an explanation if applicable. |
| f) | Enter the amount requested or to be contributed during this budget period on each appropriate line. |
| Federal | Total amount of CNCS federal funds being requested in the budget. |
| Applicant | Total amount of the applicant share as entered in the Budget spreadsheet. |
| State | Amount of the applicant share that is coming from state sources. |
| Local | Amount of the applicant share that is coming from local governmental sources. (ex., city, county, and other municipal sources) |
| Other | Amount of the applicant share that is coming from non-governmental sources; not otherwise noted in this section. The value of in-kind contributions should be included in this amount, as applicable. |
| Program Income | Amount of the applicant share that is coming from income generated by programmatic activities. (i.e., use of the additive option where program income is used to increase the size of the program) |
| TOTAL FUNDING | Applicant's estimate of the total funding amount for the proposed AmeriCorps project. |
| g) | Enter the legislative classifications of the targeted area(s) that will be impacted by services from the proposed AmeriCorps project. <ul style="list-style-type: none"> ▪ If there is more than one area that is impacted/project site, attach a separate document with the categories listed in this section. ▪ If services will be administered statewide, indicate by checking the appropriate box. You do not need to provide any other information in this section if this box is checked. |
| 4. AUTHORIZATION | |
| a) | Check the box to attest that all information included is correct to the best of your knowledge. |
| b) | Complete the information under the category ' Authorized Representative '. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office. Note: Falsification or concealment of a material fact or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S.C. § 1001) <p style="text-align: center;">***Note: signature must be original and signed in blue ink***</p> |