

Finding what works. Making it work for more people.

Social Innovation Fund FY 2014 Grant Competition Creating an Application in eGrants

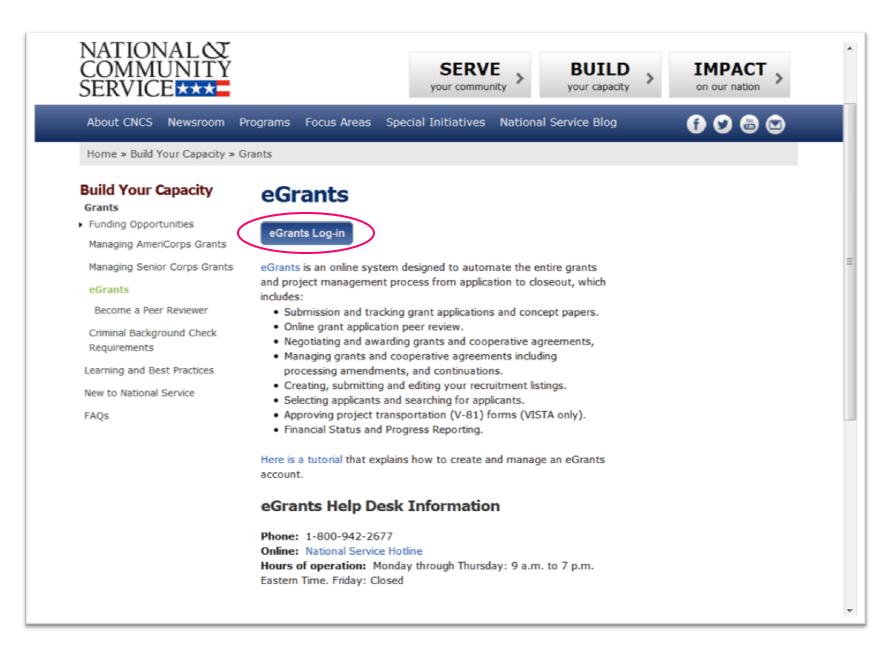
Corporation Note: Screenshots in this presentation are intended as illustration only. The content of screenshots should not be interpreted as formal guidance from the Corporation.

Introduction

- These slides are intended to illustrate the eGrants guidance provided in the application instructions.
- Detailed guidance of what to include in the application is contained in the Notice of Funding Availability (*Notice*) and the application instructions, which can be found here:

http://www.nationalservice.gov/build-yourcapacity/grants/funding-opportunities/2014/socialinnovation-fund-grants-fy-2014

Please note: Although the screen shots used in this presentation are from 2010, the information and illustrations is accurate.



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Carl	TH

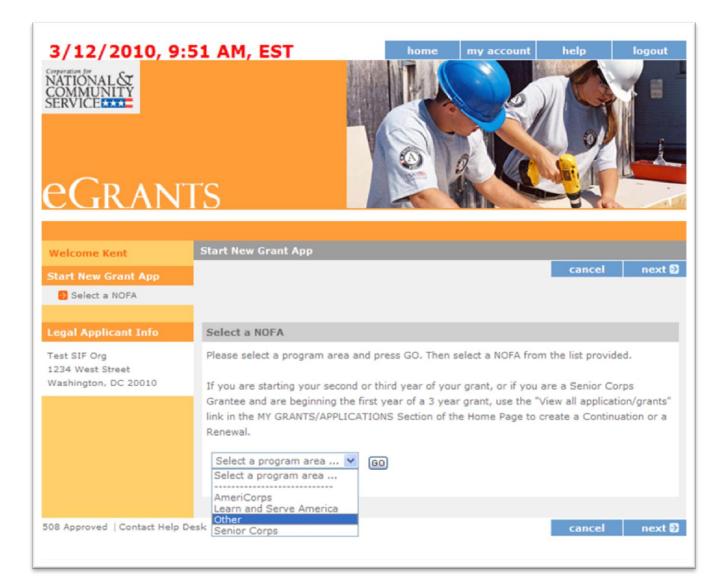
eGrants

	User Name UserName1	2	
	Password ••••••••	2	
	🔲 Remembe	r me	
		Forgot your passw	rord?Get help 🖻
	Don't have an	eGrants account? Crea	ite an account 🔊
		View system rul	es of behavior ව
activity to maintain sy individual who intention alters, damages, mak interest computer, or Act of 1986 (Public La found as a result of the enforcement. Any ind punished with loss of acknowledge your ag	lational and Community Service ac ystem security, availability, and to onally accesses a Federal computer es unauthorized modifications to, exceeds authorized access, is in aw 99-474). Any evidence of possi- his monitoring may be turned ove ividual found to be in violation of to system access, fines and imprison reement with these terms and the informational retrieval for law enfo	ensure appropriate and le r or system without author or destroys information i violation of the Computer ible violations of proper u r to Corporation Manager the system proper use ru nment. By proceeding, yo system's rules of beha	egitimate usage. Any orization, and who n any Federal Fraud and Abuse se or applicable laws nent and law les or law could be u hereby vior and consent to
		Lo	gin to eGrants 🔊

Once you've created an account in eGrants, log in and from your eGrants home page, select *New*.



Click on the **Select a program area** drop down menu and choose **Other** then click on **Go**.



Select the Social Innovation Fund 2014 NOFA and click on Next.

Select a NOFA

Please select a NOFA and click on the "next" button. Please refer to the application guidelines and instructions to determine the correct NOFA for your project.

C National Providers of TTA 2009

Due Date: 07/02/2009

Summary:

C Commission Administrative Funds FY 2010

Due Date: 11/13/2009

Summary: For State Commissions only. These grant funds are to support the operations of state commissions and alternative administrative entities in implementing their duties as required by the National and Community Service Act of 1990, as amended.

C Commission Disability Funds FY 2010

Due Date: 11/13/2009

Summary: For State Commissions only. These grant funds are for the placement, reasonable accommodation, and auxiliary services for members and potential members with disabilities serving in AmeriCorps State and National programs.

C Commission PDAT Funds FY 2010

Due Date: 11/13/2009

Summary: These grant funds are for builiding capasity and infrastructure consistant with Administrative Standard Seven, Implementing Training and Technical Assistance.

Social Innovation Fund 2010

Due Date: 04/06/2010

Summary: In FY 2010, Social Innovation Fund awards will be made to a small number of intermediaries which make investments in nonprofit community organizations as an essential (rather than collateral) means of fulfilling their mission and vision.

disable the pictures

Applicant Info: Verify that you selected the correct NOFA (Social Innovation Fund 2014) and then click on *create a new project*. Notice the toolbar on the left side of the screen. Clicking on any of the titles will take you directly to that section.

Welcome Kent	Start New Grant Application
Start New	save next
Applicant Info	
Application Info	Applicant Info 🛙
Narratives	Please enter/review your applicant and project information.
Documents	
Budget Section 1	NOFA information C : change to another NOFA
Budget Section 2	Please review the NOFA you selected. If needed change your NOFA selection.
Review	NOFA: Social Innovation Fund 2010
Authorize and Submit	Due Date: 04/08/2010
	Summary: In FY 2010, Social Innovation Fund awards will be made to a small number of
irant Application Info	intermediaries which make investments in nonprofit community organizations as an essential (rather than collateral) means of fulfilling their mission and vision.
irant Application ID:	Construction of the second of the second of the second
OSI115405	
OFA: Social Innovation	Applicant information 🛙
und 2010	Applicant/User: Kent Mitchell
Type: New	Authorized Representative:
Status: Grantee Initial Entry	
egal Applicant Info	Project information:
Test SIF Org	The project information section defines the name and location of the project, the state in
1234 West Street	which the volunteers or members will be serving, and the name and contact information for
Washington, DC 20010	the project director.
	First-time applicants: Use the "create a new project" link to enter the information about your
	project. (Hint: Select a unique project name for each application that you submit.)
	Continuation Requests and Recompete Applicants: Use the view/edit link to review the project
	name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year.
	with this request matches the project hame used last year.
	Select a project: Kent's SIF
	Select a project SIF - Geographic Multiple
	* Drojart Mitchall Kant

Applicant Info: Type in your Project Title (we recommend using the name of the lead organization as your Project Title). The Project State is the state where your organization resides (even if you have partners or subgrantees in other states). The same is true for the other contact information. The email address is the address of the primary contact person. Click on Save & Close when finished.

Composition for NATIONAL Sy COMMUNITY SERVICE 2222	eGrants
Start a New Grant Application	
Applicant Info	
	cancel save & close
Enter/Edit a Project	
Please enter/edit your project information required.	 All questions marked with an asterisk (*)are
* Project Title:	
* Project State:	Choose Your State 💌
* Street Address 1:	
Street Address 2:	
* City:	
* State:	Choose Your State
* Zipcode:	
* Phone:	ext
Fax:	
Email:	
	cancel save & close

Applicant Info: Click on the Select a project drop down menu and choose the name of the project you just created. Click on the Select a project initiative drop down menu and choose from the list of seven SIF options. Choose the one that best describes the type of SIF you are proposing. Enter your organization's web address and click Next.

	Authorized Representative:
Legal Applicant Info	
Testing Organization	Project information:
11235 Easter Highway Smyrna, GA 30232	The project information section defines the name and location of the project, the state in which the volunteers or members will be serving, and the name and contact information for the project director.
	First-time applicants: Use the "create a new project" link to enter the information about your project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Test SIF
	Select a project Select a project initiative initiative: Select a project initiative 2009 Recovery SIF - Geographic Healthy Futures SIF - Geographic Multiple SIF - Geographic Opportunity Director: SIF - Geographic Youth Project Website SIF - Issue Area Healthy Futures URL: SIF - Issue Area Opportunity SIF - Issue Area Youth T/TA - Effective Practices in Disability & Inclusion Services

Applicant Info: Choose the **Project Director** from the drop down menu. This list is populated from the eGrants account you set up prior to starting your SIF application. There may be multiple users within your organization or there may be one, as seen below. Type in your **Project Website**, if applicable, and click **Next**.

	Summary: In FY 2010, Social Innovation Fund awards will be made to a small number of
Grant Application Info	intermediaries which make investments in nonprofit community organizations as an essential
	(rather than collateral) means of fulfilling their mission and vision.
Grant Application ID:	
IOSI115405	
IOFA: Social Innovation	Applicant information 🔟
und 2010	Applicant/User: Kent Mitchell
Type: New Status: Grantee Initial Entry	Authorized Representative:
egal Applicant Info	Project information:
est SIF Org	The project information section defines the name and location of the project, the state in
est SIF Org 234 West Street	which the volunteers or members will be serving, and the name and contact information for
Vashington, DC 20010	the project director.
	First-time applicants: Use the "create a new project" link to enter the information about your project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Kent's SIF
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year.
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Kent's SIF enter new view/edit C
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Kent's SIF enter new view/edit Select a project SIF - Geographic Multiple
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Kent's SIF enter new view/edit @ Select a project SIF - Geographic Multiple initiative: @ Project Mitchell, Kent Director: Select a Project Director
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Kent's SIF enter new view/edit Image: Comparison of the project initiative: Project SIF - Geographic Multiple Initiative: Image: Comparison of the project Director Project Mitchell, Kent Project Select a Project Director Project Witchell, Kent
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Kent's SIF enter new view/edit @ Select a project SIF - Geographic Multiple initiative: @ Project Mitchell, Kent Director: Select a Project Director Mitchell, Kent
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Kent's SIF enter new view/edit Select a project SIF - Geographic Multiple initiative: Project Mitchell, Kent Director: Select a Project Director Mitchell, Kent Project Website www.hotmail.com
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Kent's SIF enter new view/edit Select a project SIF - Geographic Multiple initiative: Project Mitchell, Kent Director: Select a Project Director Mitchell, Kent Project Website www.hotmail.com
	project. (Hint: Select a unique project name for each application that you submit.) Continuation Requests and Recompete Applicants: Use the view/edit link to review the project name and address and update as necessary and confirm that the project name associated with this request matches the project name used last year. Select a project: Kent's SIF enter new view/edit Select a project SIF - Geographic Multiple initiative: Project Mitchell, Kent Director: Select a Project Director Mitchell, Kent Project Website www.hotmail.com

Application Info: Complete these fields following the guidance in the application instructions. Click **Next**.

Welcome Kent	Start New Grant Application
Start New	🕼 back save next 🕽
Applicant Info	
Application Info	Application Info
Narratives	Please enter the requested application information below.
Documents	
Budget Section 1	
Budget Section 2	Areas affected by the project (Max. 1000 chars) List Cities, Counties or States 🛙
Review	×
Authorize and Submit	
	v.
Grant Application Info	
Grant Application ID:	Project Start and End Dates
10SI115405	Proposed Start Date: 09 🗸 / 30 🗸 / 2010 🗸 🕼
NOFA: Social Innovation	
Fund 2010	Proposed End Date: 09 💟 / 30 💟 / 2014 💟 🛛
Type: New	
Status: Grantee Initial Entry	Other
	The Application is Subject to Review by State Executive Order 12372 Process.
Legal Applicant Info	OYes ⊙No II
Test SIF Org	
1234 West Street Washington, DC 20010	If yes, please enter the date of the review. Month V / Day V / Year V
Washington, DC 20010	
	Applicant is Delinquent on any federal debt.
	OYes ⊙No 🖾
	If yes, please explain. (Max. 240 chars)
	State Application Identifier:

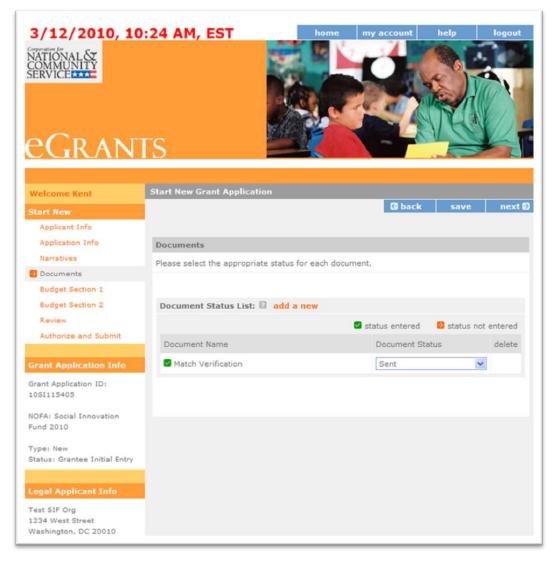
Narratives: Click on the *view/edit narrative* for each of the six narrative fields. Once you have entered information in each of the narratives, a green check box will appear in front of the section title. You must include text in each of the narrative fields in order for your application to validate.

Welcome	Start New Grant Application	
Start New		🚱 back 👘 next 🕻
Applicant Info		
Application Info	Narratives	
Narratives	Please Enter or edit the Narrative for each category as appropriate	
Documents	🖉 narrative entered 🖾 🗧	narrative not entered
Budget Section 1		narrauve not entered as
Budget Section 2	Executive Summary	view/edit narrative
Review	🕑 Program Design	view/edit narrative
Authorize and Submit	Organizational Capability	view/edit narrative
	Budget/Cost Effectiveness	view/edit narrative
Grant Application Info	D Clarification Summary	view/edit narrative
Brant Application ID: 1481156586	S Continuation Changes	view/edit narrative
NOFA: TEST Social innovation Fund 2014		
Fype: New Status: Grantee Initial Entry		
egal Applicant Info		
J.S. Soccer Federation Foundation 1211 Connecticut Ave NW 356 500 Mashington, DC 20036		

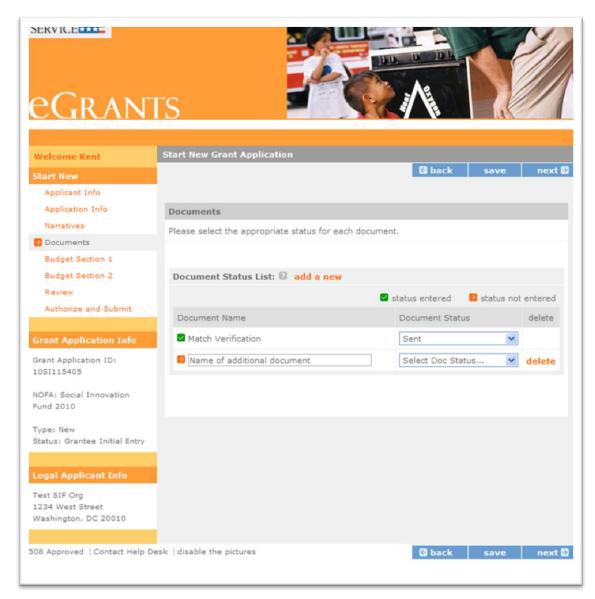
A note on narrative fields

- The maximum length of the application can be found in the *Notice*.
- Reviewers will be instructed to stop reading once they've reached the page limit, even if eGrants allows you to submit a longer application.
- See the *Notice of Funding Available* for the recommended page allocations for Executive Summary, and each of the narrative fields.
- Do not use bold face, bullets, underlines or other types of formatting, charts, diagrams, and tables. They will not copy accurately into eGrants.

Documents: See the *Notice of Funding Opportunity* for information on **Match Verification**. **Match Verification** letters must be sent to <u>SIFApplication@CNS.gov</u>; they cannot be attached through eGrants. Once you have sent them through email, click on the **Match Verification** drop down menu and select **Sent**.



Documents: Please note that no additional documentation is required and so other documentation will not be considered during application review.



Section VI Budget of the application instructions includes detailed guidance for accurately completing the budget.

Budget Section 1: While your Program Design may describe activities for up to a five year period, your budget is just for the first year of programming.

/elcome Kent	Start New Gra		Jincar	lion						
tart New									🕼 back	next
Applicant Info										
Application Info	Budget Secti	on I. f	rogr	am Cost	5					
Narratives	Please enter th	ne nece	essary	budget in	formatio	on for yo	ur pro	oject.		
Documents										
Budget Section 1										
Budget Section 2	Project Pers	sonne	І Ехр	enses : a	dd a ne	w budg	et it	em 🛛		
Review			Annu	al %	Total	CNC	s	Grantee		
Authorize and Submit	Position/Title	e Qty	Sala	ry Time	e Amou	nt Sha	re	Share	edit	del
	SIF Director	1	\$80,	000 20%	\$16,0	00 \$10	,000	\$6,000	edit	del
irant Application Info	Subtotal	1	\$80.	000	\$16.0	00 \$10	.000	\$6,000		
irant Application ID:		1.54	4007		+			40,000		
OSI115405										
OFA: Social Innovation	Personnel F	ringe	Bene	fits : add	l a new	budget	iter	n 🛛		
und 2010				Fringe	CNCS	Grante				
ype: New	Purpose	Calcul	ation	Amount	Share	Share	e		edit	del
tatus: Grantee Initial Entry	Fringe	N/A		\$10,000	\$5.000	\$5.000			edit	del
	-	N/A								uer
egal Applicant Info	FICA			\$0	\$0	\$0			edit	
est SIF Org	Health			\$0	\$0	\$0			edit	
234 West Street Vashington, DC 20010										
asington, be 20010	Retirement			\$0	\$0	\$0			edit	
	LIfe Insurance			\$0	\$0	\$0			edit	
	Subtotal			\$10,000	\$5,000	\$5,000)			
	Travel : add	a nev	w buc	laet item	0					
					-					
	Purpose	Calcul	ation	Total Amount	1000	Grantee Share			edit	del
	Trips to Conference	N/A		\$5,000	\$0	\$5,000			edit	del

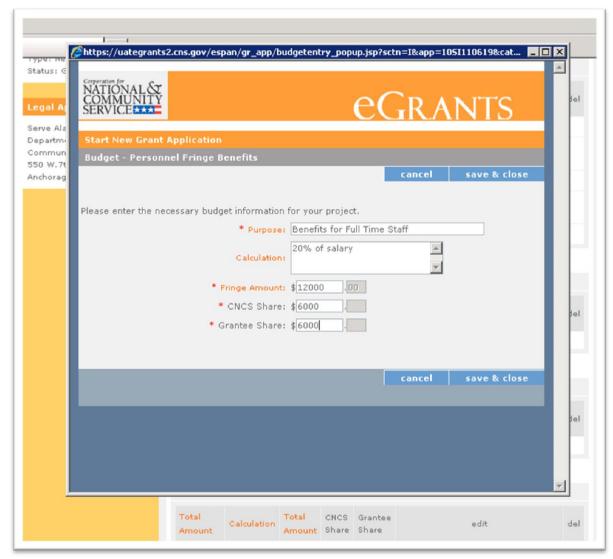
Budget Section 1 Project Personnel Expenses: Click on add a new budget item.

Grant Application ID: 10SI163594	Project Per	sonne	І Ехр	enses :	add a n	ew budg	et item 🛛		
NOFA: Social Innovation Fund 2010	Position/Titl	e Qty		ual 96 ry Time	Total Amou	CNCS Share	Grantee Share	edit	de
Type: New	Subtotal								
Status: Grantee Initial Entry									
Legal Applicant Info	Personnel I	Fringe	Bene	efits : ad	d a nev	v budget	item 🛙		
Testing Organization 11235 Easter Highway	Purpose	Calcul	ation	Total Amount		Grantee Share		edit	de
Smyrna, GA 30232	FICA			\$0	\$0	\$0		edit	
	Health Insurance			\$0	\$0	\$0		edit	
	Retirement			\$0	\$0	\$0		edit	
	LIfe Insurance			\$0	\$0	\$0		edit	
	Subtotal			\$0	\$0	\$0			
	Travel : ad	d a ne	w bu	dget iten	n 🛙				
	Purpose	Calcula	tion	Total Amount		Grantee Share		edit	de
	Subtotal								
	Equipment	: add a	a nev	v budget	item	2			
				t Total					

Budget Section 1 Project Personnel Expenses: Type in the title or name of the position. Enter the number of positions with the same title/name. Enter the full-time equivalent salary for this position and the percentage of time that will be used for SIF activities. The Total Amount is calculated automatically. Enter the CNCS Share and Grantee share. Both must add up to the Total Amount. Click on save & close. If you have multiple positions, click on add a new budget item as needed.

Budge Revier Autho Grant A Grant Apj	Comparison for NATIONAL SC COMMUNITY SERVICE STATE Application Start New Grant Application Budget - Project Personnel Expenses	el el
10SI110 NOFA: TE Innovatic Type: Ne Status: G Legal A Serve Ala Departmi Commun S50 W.7t Anchorag	cancel save & close Please enter the necessary budget information for your project. * Position/Title: SIF Staff Member * Qty: 1 * Annual Salary: \$60000,000 * % Time: 100,00 % Total Amount: \$60,000.00 * CNCS Share: \$30000,00 * Grantee Share: \$30000,00	je I
	cancel save & close Equipment : add a new budget item 	3el

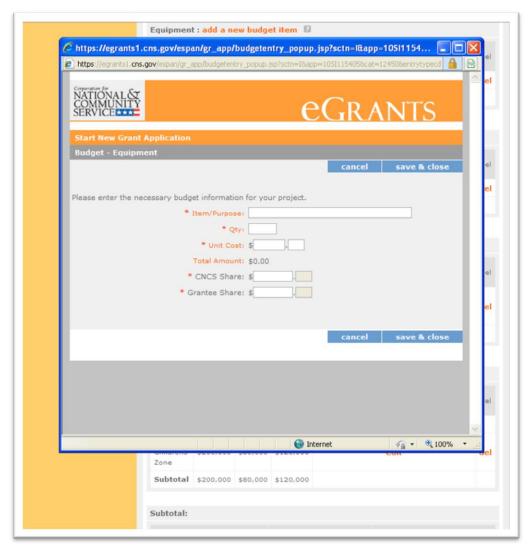
Budget Section 1 Personnel Fringe Benefits: Click on add a new budget item. Enter the type of fringe benefits (e.g., FICA, workers' compensation) and for what position they cover. Enter the calculation used to compute the benefit. Enter in the total amount and divide between the CNCS share and the Grantee share. Click on save & close. If you have multiple items, click on add a new budget item as many times as needed.



Budget Section 1 Travel: Click on **add a new budget item**. Enter the purpose of the travel. Enter the calculation used to compute the travel. Enter the total value for travel and divide between the CNCS share and the Grantee share. Click on **save & close**. If you have multiple items, click on **add a new budget item** as many times as needed.

Comparation for NATIONAL & COMMUNITY SERVICE			eGr/	NTS
Start New Grant A Budget - Travel	pplication			
budget Huver			cancel	save & close
Please enter the nec	essary budget informatio	e: Site Visits to su		
		6 trips x 1500	each (flight, 📃	
	Calculatio	n: hotel, car, per	diem)	
	* Total Amoun	t; \$9000.00)	
	* CNCS Shar			
	* Grantee Shar	e: \$9000		
			cancel	save & close

Budget Section 1 Equipment: Click on add a new budget item. Enter the item and/or purpose of the Equipment. Enter the quantity and the unit cost. The Total Amount is auto populated. Divide between the CNCS share and the Grantee share. Click on save & close. If you have multiple items, click on add a new budget item as many times as needed. (The application instructions explain the distinction between equipment and supplies.)



Budget Section 1 Supplies: Click on add a new budget item. Enter the supply items. Enter the calculation used to determine the cost of these supplies. Enter the total amount for this supplies and divide between the CNCS share and the Grantee share. Click on save & close. If you have multiple items, click on add a new budget item as many times as needed.

Community NATIONAL & COMMUNITY SERVICE		e	Gra	NTS
Start New Grant Applic	ation			
Budget - Supplies				
			cancel	save & close
Please enter the necessary	-			
	* Total Amount:		·> =	
	Calculation:	3 laptops (\$2500 eac printers and ink	ch);	
			×	
	* Total Amount:			
	* CNCS Share:			
	* Grantee Share:	\$0.		
			cancel	save & close

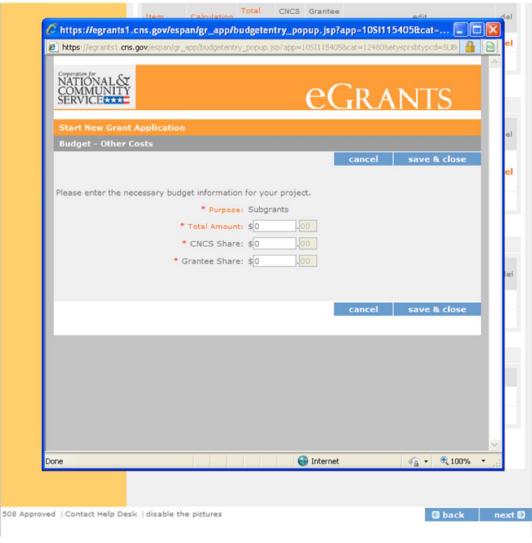
Budget Section 1 Contractual and Consultant Services: Click on **add a new budget item**. Enter the type of contractual or consultant service. Enter the calculation used to determine the cost of these services. Enter the total amount and divide between the CNCS share and the Grantee share. Click on save & close. If you have other Contractual and Consultant Services items, click on **add a new budget item** as many times as needed.

Start New Grant Application Budget - Contractual and Consultant Services cancel save & close Please enter the necessary budget information for your project. * Purpose: Evaluation Experts Calculation: \$600 per day x 40 days = \$24,000 ¥ * Total Amount: \$24000 * CNCS Share: \$12000 * Grantee Share: \$12000 cancel save & close	Corporation for NATIONAL & COMMUNITY SERVICE		e e	Gra	NTS
cancel save & close Cancel save & close Please enter the necessary budget information for your project. * Purpose: Evaluation Experts Calculation: \$600 per day x 40 days = \$24,000 * Total Amount: \$24000 * CNCS Share: \$12000 * Grantee Share: \$12000	Start New Grant App	lication			
Please enter the necessary budget information for your project. * Purpose: Evaluation Experts Calculation: \$600 per day × 40 days = * Calculation: \$24,000 * Total Amount: \$24000 .00 * CNCS Share: \$12000 . * Grantee Share: \$12000 .	Budget - Contractua	l and Consultant Serv	ices		
 * Purpose: Evaluation Experts Calculation: \$600 per day × 40 days = \$24,000 * Total Amount: \$24000 .00 * CNCS Share: \$12000 * Grantee Share: \$12000 				cancel	save & close
	Please enter the necess	* Purpose: Calculation: * Total Amount:	Evaluation Experts \$600 per day x 40 da \$24,000 \$24000.00	ys = A	
		* Grantee Share:	\$12000	cancel	

Budget Section 1 Other Costs: Click on edit in the Subgrants line.

Item	Calculatio	n		CNCS Share			edit	
Paper	10 × 200	\$2,0	000	\$50	\$1,9	50	edit	
Subtotal		\$2,0	000	\$50	\$1,9	50		
Contractu	al and Co	nsulta	nt Se	rvices	: ad	d a new b	udget item 🛙	
Purpose	Calculatio	Tota Ami		CNCS Share		Grantee Ghare	edit	
Evaluation Firm	100 hour x \$200/hou	\$20	0,000	\$15,0	00 \$	5,000	edit	į
Subtotal		\$20	0,000	\$15,0	00 \$	5,000		
Other Cos Purpose Subgrants	Total Amount	CNCS	Gran	tee			edit <mark>edit</mark>	
Purpose	Total Amount \$0	CNCS Share	Gran Shar	tee				
Purpose Subgrants Subtotal	Total Amount \$0 \$0	CNCS Share \$0	Gran Shar \$0 \$0	tee				
Purpose Subgrants Subtotal	Total Amount \$0 \$0	CNCS Share \$0	Gran Shar \$0 \$0	e	nare		edit	

Budget Section 1 Other Costs: Type in the total amount you plan to subgrant and divide between the CNCS share and the Grantee share. Click on **save & close**. Remember that <u>at least</u> 80% of the Federal funds you request must be subgranted.



Budget Section 1 Other Costs: Click on add a new budget item to add "Criminal History Background Checks" as directed in the NOFA. Follow this same process to add "Evaluation" and "Training" costs and any additional costs. Enter the purpose. Enter the total amount and divide between the CNCS share and the Grantee share. Click on save & close.

NATIONAL & COMMUNITY SERVICE	eG	RANTS
Start New Grant Appl	cation	
Budget - Other Costs	c	ancel save & close
Please enter the necessa	ry budget information for your project. Purpose: Total Amount: \$0,00 CNCS Share: \$, Grantee Share: \$	
	•	ancel save & close
Done	Sinternet	√ ₁ - € 100% -

Budget Section 1 Other Costs: Be sure this section includes the costs associated with:

- Subgrants
- Training
- Evaluation
- Criminal History Background Checks

	oays = \$24,000							
Subtotal		\$24,	000	\$12,000	\$12,000			
Other Costs	: Add a	new bu	dget	t item 🛙	3			
Purpose	Total Amount	CNCS Share				edit		del
Training	\$0	\$0	\$0			edit		del
Subgrants	\$0	\$0	\$0			edit		
Evaluation	\$0	\$0	\$0			edit		del
Criminal History Background Checks	\$0	\$0	\$0			edit		del
Subtotal	\$0	\$0	\$0					
Subtotal:								
Total Amou	nt		CN	NCS Share	1	Grantee Sha	are	
\$58,520			\$2	28,510		\$30,010		
			49	996		51%		
Contact Help Desk disable the	pictures							
5.8.3						🕼 back	save	next
								mente

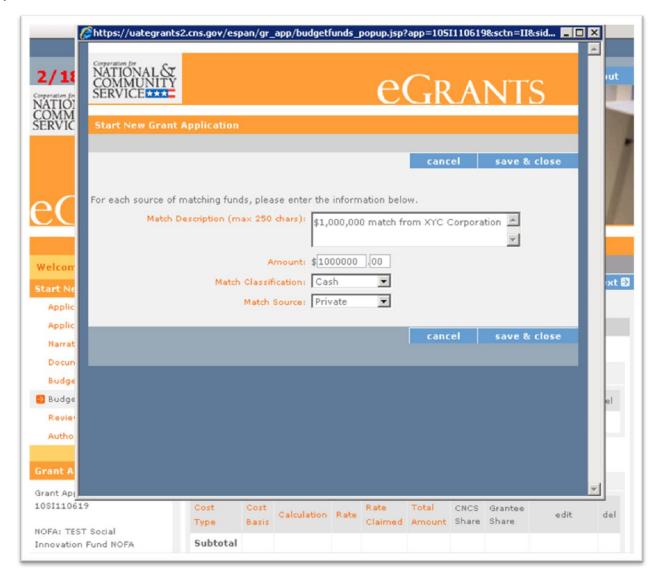
Budget Section 1 Subtotals: This section will automatically populate based on what you entered in each of the budget sections. Click on **Next**.

	Calculatio	n Amor		CNCS Share			edit	d
Paper	10 × 200	\$2,0	00	\$50	\$1,9	50	edit	d
Subtotal		\$2,0	00	\$50	\$1,9	50		
Contractua	al and Co	nsultan	it Sei	rvices	: ad	d a new bu	udget item 🛙	
Purpose	Calculatio	Tota Amo		CNCS Share		Grantee Share	edit	de
Evaluation Firm	100 hour x \$200/hou	\$20,	,000	\$15,0	00 5	\$5,000	edit	de
Subtotal		\$20,	000	\$15,0	00 9	\$5,000		
Subgrants Subtotal			\$0 \$0				edit	
							edit	
Subtotal								
Subtotal:								
Subtotal: Total Amou	int			NCS Sh	are		Grantee Share	
Subtotal:	int		\$3	NCS Sh 30,100 7%	are		Grantee Share \$23,000 43%	

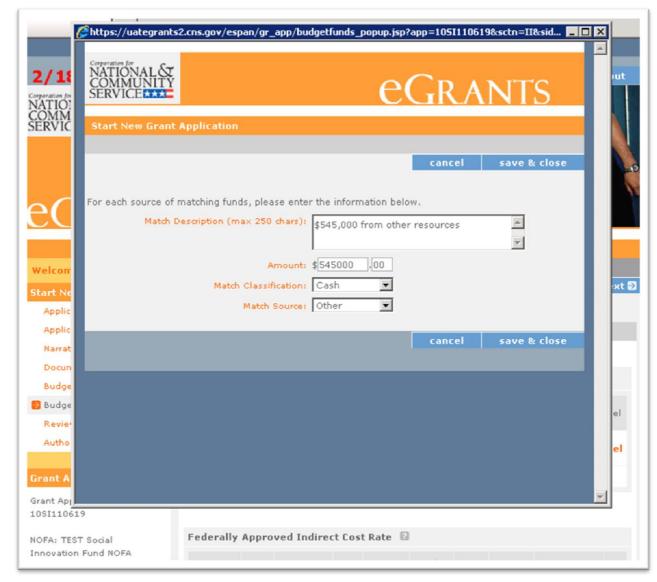
Budget Section 2: Click on Enter Source of matching funds.

Start New		rant A	pplicatio	on								
									G	back		next
Applicant Info												
Application Info	Budget Sec	tion I	I. Indire	ct Costs								
Narratives	Please enter	the ne	cessary b	udget inf	ormatio	n for	your pro					
Documents	Enter Sou	rea of	matchie	a funde	D							
Budget Section 1	Enter Sou	rce or	matchin	ig runas								
Budget Section 2	Match Des	cription	1	Amount		Match Classification			Match S	ource	edit	del
Review	Gift from)	Found	ation	\$30,000,0	0,000,000.00		Cash		Private		edit	del
Authorize and Submit	Subtotal		4	\$30,000,0	00,000.00							
anut Application Tota	_											
irant Application Info												
irant Application ID: 05I115405	Federally	Appro	ved Ind	irect Co	st Rate							
IOFA: Social Innovation Jund 2010	Cost Type	Cost Basis	Calculat	ion Rate	Rate Claim		Total Amount		Grantee Share	ec	dit	del
	Indirect Costs	s	200	20%	20% 20%		\$1,000	\$400	\$600	ed	lit	
							\$1,000	\$400	\$600			
	Subtotal											
tatus: Grantee Initial Entry	Subtotal											
egal Applicant Info	Subtotal Subtotal:											
egal Applicant Info		unt		CN	CS Share			Gra	ntee Shar	e		
Type: New Status: Grantee Initial Entry .cgal Applicant Info fest SIF Org 1234 West Street Nashington, DC 20010	Subtotal:	unt		CN(\$40				Gra \$60		e		

Budget Section 2 Enter Source of matching funds: Enter a description for the match you have secured. Enter the amount of the Match. Choose the Match Classification "Cash" from the drop down menu (must be "Cash"). Choose the Match Source from the drop down menu. Click on save & close.



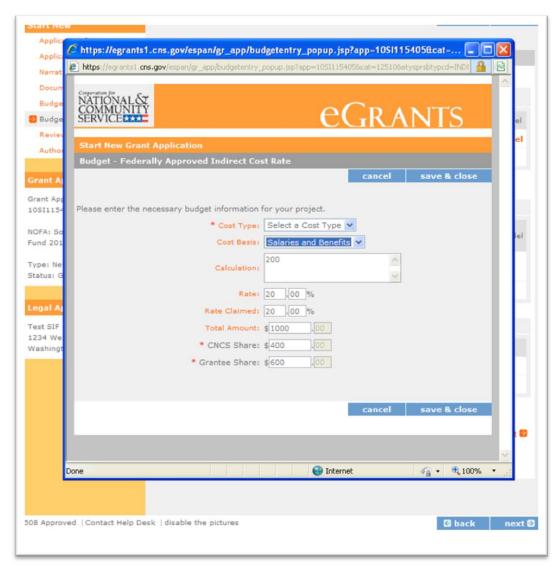
Budget Section 2 Enter source of matching funds: If you have other matching fund sources, click on **Enter Source of matching funds** as many times as needed. Complete and then click on **save & close**.



Budget Section 2 Federally Approved Indirect Cost Rate: Click on **edit**. For more information on Indirect Costs Rates, see the *Notice*.

Welcome Kent	Start New G	rant <u>A</u>	pplicat	ion										
Start New										3	back		next	
Applicant Info														
Application Info	Budget Sec	tion I	I. Indir	ect C	osts									
Narratives	Please enter	the ne	cessary	budg	et info	mation	n for	your pro	ject.					
Documents Budget Section 1	Enter Sou	rce of	match	ing fi	inds									
Budget Section 2	Match Des	Description		Amount		Match Classification		n Match Source		edit	del			
Review	Gift from X Foundation		\$30.			Cas	Cash		Private		edit	del		
Authorize and Submit	Subtotal \$			\$30,000,000.00							cun			
OSI115405 IOFA: Social Innovation Jund 2010 Type: New Status: Grantee Initial Entry	Type Basis Indirect S 200		Calcul		RateRateToClaimedAn20%20%\$1		Total Amount \$1,000 \$1,000	Share \$400	\$600 ec		dit.	del		
est SIF Org	Subtotal:													
234 West Street Vashington, DC 20010	Total Amo	unt			CNCS Share G					Grantee Share				
	\$1,000				\$400				\$60	\$600				
					40%				604	16				
										Valid	ate th	is bud	get 🛙	

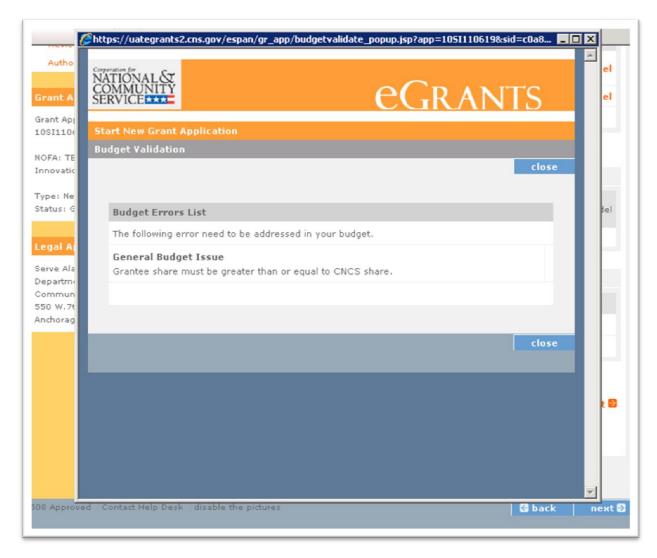
Budget Section 2 Federally Approved Indirect Cost Rate: Choose the Cost Type from the drop down menu. Choose **Cost Basis** from the drop down menu. Enter the **Calculation, Rate,** and **Rate Claimed**. Enter the total amount and divide between the CNCS share and the Grantee share. Click on **save & close**.



Budget Section 2: Once your budget is complete, click on **Validate this budget**.

Contractu	al and Cor Calculatio	Tot	al		Grantee	new budget item 🔹	del
Subtotal		Am	ount	Snare	Snare		
Other Cost	ts : add a	new t	oudge	et item	2		
Purpose		CNCS	Gran	ntee		edit	del
Subtotal							
Subtotal:							
Total Amo	unt		<	CNCS SH	are	Grantee Share	
\$0			\$	\$O		\$0	
			0	0.96		0.%	
						Validate this budg	et 🗗
ntact Help Desk disable the	e pictures					G back r	next

If the CNCS request is more than the grantee (or applicant) share (proposed matching funds), you will get an error as stated below. Click on **close** and make necessary changes until the grantee share is greater than or equal to the CNCS share and click on **Validate this budget**.



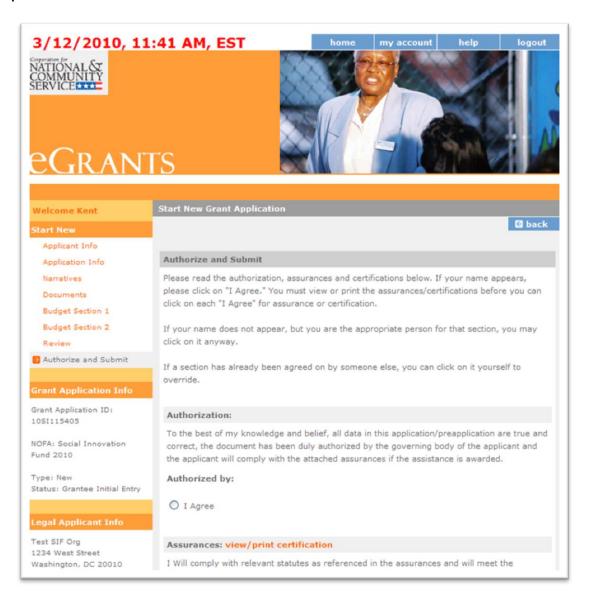
You will receive this message when your budget is entered correctly.

	ps://uategrants2.cns.gov/espan/gr_app/budgetvalidate_pop	up.jsp?app=1051110619&sid=c0a8
	oration for ATIONAL & MMUNITY RVICE	GRANTS
nt Api I1106 Sta	art New Grant Application	
A: TE Bu	dget ¥alidation	
ovatic		close
≥:Ne us:G		
us: e	No Budget errors were found!	
	The Budget has been validated without errors.	
al Ar		
e Ala artmi		
mun		close
W.7t		ciose
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pproved C	ontact Help Desk disable the pictures	G back no

Review: Now you can Review your application. The reports to view/print your full application include the following: Application for Federal Assistance, Budget, and Budget Narrative. Click on **view/print report**. The other links are inoperable for the purposes of the SIF application. When you view the application, ensure that it doesn't exceed the maximum page limit.

Welcome Kent	Start New Grant Application
Start New	🖸 back 🛛 next 🖻
Applicant Info	NOFA Information
Application Info Narratives Documents Budget Section 1 Budget Section 2	 NOFA: Social Innovation Fund 2010 Grant Application ID #: 10SI115405 Due Date: 04/08/2010 Summary: In FY 2010, Social Innovation Fund awards will be made to a small number of intermediaries which make investments in nonprofit community organizations as an essential (rather than collateral) means of fulfilling their mission and vision.
Authorize and Submit	View/Print your application
Grant Application Info Grant Application ID: 10S1115405 NOFA: Social Innovation Fund 2010 Fype: New Status: Grantee Initial Entry	Please click on any of the following links to view/print a report. • Application for Federal Assistance: view/print report • Budget: view/print report • Budget Narrative: view/print report • Funding Summary Chart: view/print report • Notice of Grant Award: view/print report • Organization/People Report: view/print report • Program Summary Chart: view/print report
Legal Applicant Info	Applicant Info: edit
Test SIF Org 1234 West Street Washington, DC 20010	Applicant/User: Kent Mitchell Authorized Representative: Applying Type: New Applying: Directly to CNCS
	Application Info: edit
	 Areas affected by the project: Project Start and End Dates: 09/30/2010 ~ 09/30/2014 Subject to Review by State Executive Order 12372 Process: No Delinquent on any federal debt? No
	Narratives: edit
	Executive Summary: entered

Authorize and Submit: Once you have made all the edits to your application, the Authorized Representative can Authorize and Submit. See the application instructions for a description of this role. The Authorized Representative must sign into his or her eGrants account in order to complete the following steps.



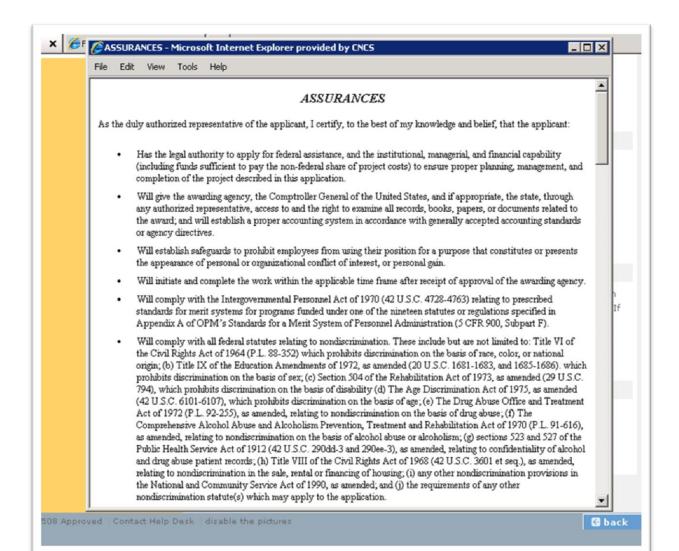
Authorize and Submit: Click on the I Agree radio button.

Type: New Status: Grantee Initial Entry Legal Applicant Info	Authorized by: O I Agree
Serve Alaska Department of Commerce,	Assurances: view/print certification
Community & Econ 550 W.7th Ave. Ste 1770 Anchorage, AK 99501	I Will comply with relevant statutes as referenced in the assurances and will meet the requirements of the grant award and have the legal authority to apply for federal assistance. Authorized by: I Agree
	Certifications: view/print certification
	By selecting "I Agree", you certify that you agree to perform all actions and support all intentions in the Certification sections of this Grant Application.
	Authorized Certifying Official:
	I Agree
	Verify this Grant Application:
	When an application is submitted, eGrants checks to make sure all the required information has been entered. You can optionally run this check before submitting by clicking this link. If there are errors in your application, a box will be displayed explaining each error.
	Verify this Grant Application 🗟
	Available actions for this Grant Application:
	Submit grant application to CNCS 🖻

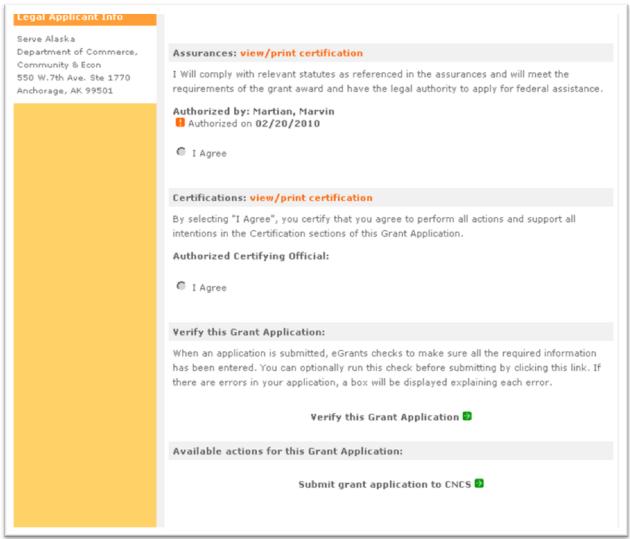
Authorize and Submit: You will see Authorized By: (name) and Authorized on (date) when correctly authorized. The radio button will still be open, but as long as the Authorized by: information is there, the application has been authorized. Next move to Assurances and click on view/print certification.

itart New	G back		
Applicant Info			
Application Info	Authorize and Submit		
Narratives	Please read the authorization, assurances and certifications below. If your name appears,		
Documents	please click on "I Agree." You must view or print the assurances/certifications before you can		
	click on each "I Agree" for assurance or certification.		
Budget Section 1			
Review	If your name does not appear, but you are the appropriate person for that section, you may		
Authorize and Submit	click on it anyway.		
irant Application Info	If a section has already been agreed on by someone else, you can click on it yourself to override.		
irant Application ID:			
OSI163594	Authorization:		
OFA: Social Innovation			
und 2010	To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and		
ype: New	the applicant will comply with the attached assurances if the assistance is awarded.		
tatus: Grantee Initial Entry	Authorized by: Schmoe, Joe		
	Authorized on 03/04/2010		
egal Applicant Info			
esting Organization	C I Agree		
1235 Easter Highway			
myrna, GA 30232	Assurances: view/print certification		
	I Will comply with relevant statutes as referenced in the assurances and will meet the		
	requirements of the grant award and have the legal authority to apply for federal assistance.		
	Authorized by: Schmoe, Joe		
	C I Agree		

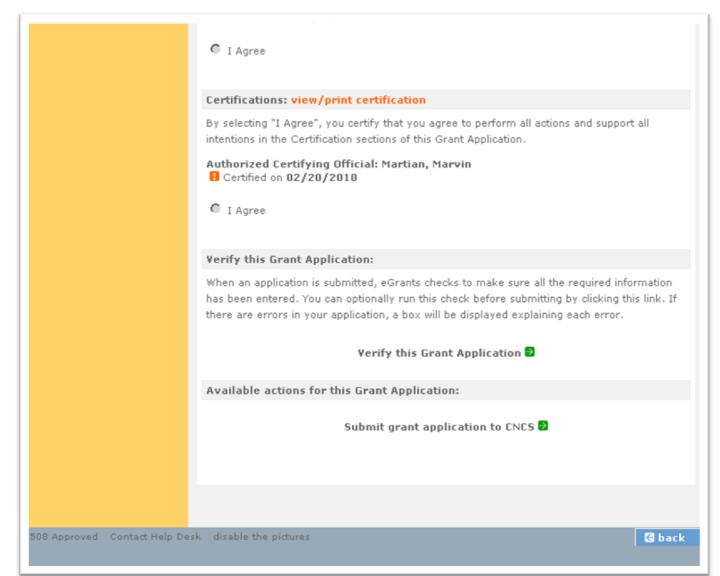
Authorize and Submit: Read the Assurances (including the specific Assurances for the Social Innovation Fund found near the end.)



Authorize and Submit: Once you have thoroughly read the Assurances (and agreed to them), click on the I Agree radio button. You will see Authorized By: (name) and Authorized on (date) when the Assurances are correctly authorized.



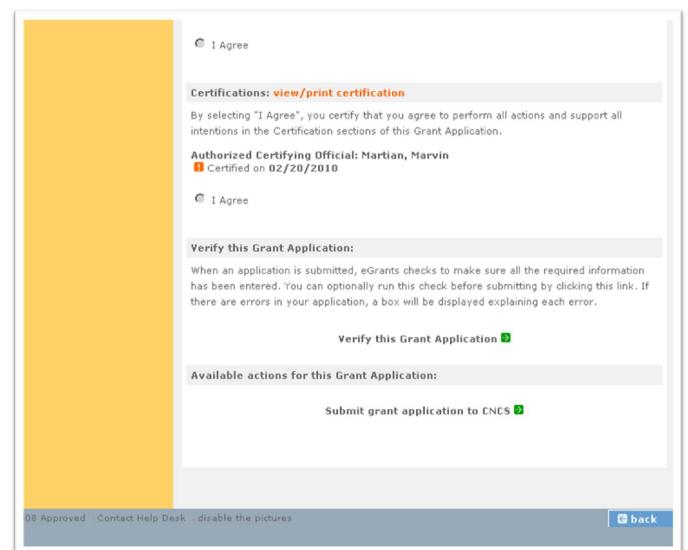
Authorize and Submit: Next move to Certifications and click on view/print certification.



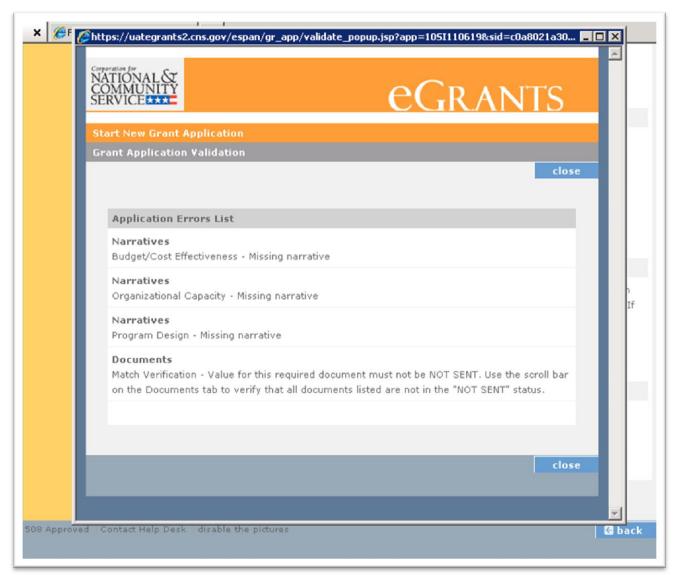
Authorize and Submit: Read the Certifications.

File Edit	ICATIONS - Microsoft Internet Explorer provided by CNCS
	CERTIFICATIONS
Certifica	tion – Debarment, Suspension, and Other Responsibility Matters
and Susp	ification is required by the government-wide regulations implementing Executive Order 12549, Debarment bension, 2 CFR Part 180, Section 180.335, What information must I provide before entering into a covered ion with a Federal agency?
	uly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither cant nor its principals:
	 Is presently excluded or disqualified;
	 Has been convicted within the preceding three years of any of the offenses listed in § 180.800(a) or had a civil judgment rendered against it for one of those offenses within that time period;
	 Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission or any of the offenses listed in § 180.800(a); or
	 Has had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.
Certifi	cation – Drug Free Workplace
Act of that the below i False co	rtification is required by the Corporation's regulations implementing sections 5150-5160 of the Drug-Free Workplace 1988 (P.L. 100-690), 45 CFR Part 2545, Subpart B. The regulations require certification by grantees, prior to award, by will make a good faith effort, on a continuing basis, to maintain a drug-free workplace. The certification set out s a material representation of fact upon which reliance will be placed when the agency determines to award the grant. ertification or violation of the certification may be grounds for suspension of payments, suspension or termination of or government-wide suspension or debarment (see 2 CFR Part 180, Subparts G and H).
	duly authorized representative of the grantee, I certify, to the best of my knowledge and belief, that the grantee will a drug-free workplace by:
A.	Publishing a drug-free workplace statement that: a. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a

Authorize and Submit: Once you have thoroughly read the Certifications (and agree to them!), click on the I Agree radio button. You will see Authorized Certifying Official: (name) and I Certified on (date) when the Assurances are correctly certified. Now click on Verify this Grant Application.



If there are any errors in your application, you will receive a message similar to what is listed below. Go back to each section and correct the issues. Click on **Verify this Grant Application** again.



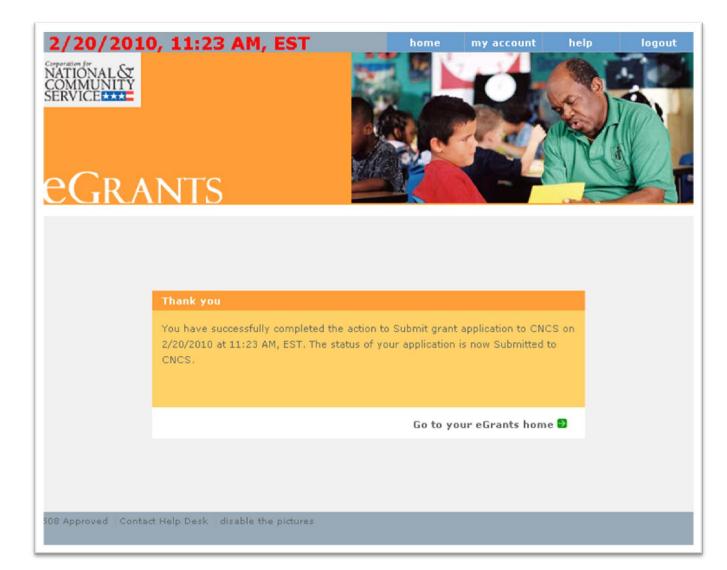
This is the message you receive when your application has no errors.

<pre>// // Contemported for the second secon</pre>	10619&sid=c0a8021a30 💶 🗙
Comparation for NATIONAL & COMMUNITY SERVICE ***	RANTS
Start New Grant Application	
Grant Application Validation	
	close
No Application errors were found!	
The Application was verified without errors.	
	If
	close
Approved Contact Help Desk disable the pictures	G back

The last step is to click on **Submit grant application to CNCS**.

	C I Agree
	Certifications: view/print certification
	By selecting "I Agree", you certify that you agree to perform all actions and support all intentions in the Certification sections of this Grant Application.
	Authorized Certifying Official: Martian, Marvin Certified on 02/20/2010
	C I Agree
	Verify this Grant Application:
	When an application is submitted, eGrants checks to make sure all the required information has been entered. You can optionally run this check before submitting by clicking this link. If there are errors in your application, a box will be displayed explaining each error.
	Verify this Grant Application 🔁
	Available actions for this Grant Application:
	Submit grant application to CNCS 🖻
508 Approved Contact Help Desk	disable the pictures

Once submitted, you will receive this message.



Questions?

Contact the Help Desk

Phone: 1-800-942-2677
Online: http://www.nationalservice.gov/questions/app/ask
Hours of operation: 8:00 AM to 8:00 PM Eastern time, Monday
through Friday

Be prepared to provide your application ID and organization's name.

The Application and Submission Information section of the Notice explains what to do if you experience technical difficulties in eGrants.