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**2025 AmeriCorps State Formula Grant Application**

**New/Recompete Scoring Rubric**

**Name of Reviewer:** Click or tap here to enter text.

**Applicant Name:** Click or tap here to enter text.

***Each application should be reviewed and evaluated based only on the following criteria as outlined in the NOFO and the Application Instructions. Please make specific comments (including page numbers) on areas that are missing or unclear. Additionally, if there are any areas within the application that are outstanding, please note that as well.***

|  |  |  |
| --- | --- | --- |
| **Section of Application** | **Points Awarded** | **Points Available** |
| 1. **Executive Summary** |  | **0** |
| 1. **Program Design** |  | **40** |
| 1. **Organizational Capacity** |  | **50** |
| 1. **Budget** |  | **20** |
| ***TOTAL:*** |  | **110** |
| **(Points Given)/(Points Possible)\*100=** | | **%** |

\*Point values are assigned to all categories, but if one section doesn’t apply (such as Intermediary or no budget due to being a Fixed Amount grant), the applicant won’t receive those points. Final rankings will be done as a percentage rather than a total point value.

***Do you recommend this application be funded for the 2025-2026 program year?*  *Yes*  *No***

**Signature of Reviewer:**

**Date:** Click or tap here to enter text.

1. **Executive Summary (0 Points but Required)**

Applicant should use the template below to complete the Executive Summary. The applicant should not deviate from the template below (bold text added for emphasis only).

The **[Name of the organization]** will have **[Number of]** AmeriCorps members who will **[service activities the members will be doing]** in **[the locations the AmeriCorps members will serve].** At the end of the first program year, the AmeriCorps members will be responsible for **[anticipated outcome of project].** In addition, the AmeriCorps members will leverage **[number of leveraged volunteers, if applicable]** who will be engaged in **[what the leveraged volunteers will be doing.]**

The AmeriCorps investment will be matched with $**[amount of projected match**], $**[amount of local, state, and Federal Funds**] in public funding and $**[amount of non-governmental funds]** in private funding.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes** | **No** |
| The applicant followed the template provided. |  |  |

**EXECUTIVE SUMMARY COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR EXECUTIVE SUMMARY:** Click or tap here to enter text. **out of 0**

**\*Put the Points Awarded here in the table above on Page 1.**

1. **Program Design**
2. ***Theory of Change (15 points)***

|  |  |  |
| --- | --- | --- |
| **The Theory of Change addresses:** | **Yes, It Does** | **No, It Does Not** |
| The proposed intervention is responsive to the identified community problem. |  |  |
| The applicant’s proposed intervention is clearly articulated including the design, dosage, target population, and roles of AmeriCorps members and (if applicable) leveraged volunteers. |  |  |
| The applicant’s intervention is likely to lead to the outcomes identified in the applicant’s Theory of Change. |  |  |
| The applicant describes how the data they collect is related to their Performance Measures. |  |  |
| The expected outcomes articulated in the application narrative represent meaningful progress in addressing the community problem identified by the applicant. |  |  |
| The rationale for utilizing AmeriCorps members to deliver the intervention(s) is reasonable. |  |  |
| The service role of AmeriCorps members will produce significant contributions to existing efforts and help develop additional capacity to address the stated problem. |  |  |

**THEORY OF CHANGE COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR THEORY OF CHANGE:** Click or tap here to enter text. **out of 15**

1. ***Member Experience (15 points)***

|  |  |  |
| --- | --- | --- |
| **This section addresses:** | **Yes, It Does** | **No, It Does Not** |
| 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. |  |  |
| The applicant will foster an inclusive service culture where different backgrounds, talents, and capabilities are welcomed and leveraged for learning and effective service delivery |  |  |
| AmeriCorps members as a result of their service will have opportunities to develop as leaders. |  |  |
| AmeriCorps members are provided with a high quality orientation to the community they will be serving in. |  |  |

**MEMBER EXPERIENCE COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR MEMBER EXPERIENCE:** Click or tap here to enter text. **out of 15**

1. ***Evidence (10 points)***

|  |  |  |
| --- | --- | --- |
| **Criteria:** | **Yes, It Does** | **No, It Does Not** |
| Applicant clearly states the existing community problem and how they will utilize AmeriCorps members to address this ongoing community need. |  |  |
| Applicant provides cited evidence of community need. |  |  |
| Applicant provides recent evidence (within the past 6 years). |  |  |

**EVIDENCE COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR EVIDENCE:** Click or tap here to enter text. **out of 10**

|  |  |  |
| --- | --- | --- |
| **Program Design Scoring Section** | **Points Awarded** | **Points Available** |
| 1. **Theory of Change** |  | **15** |
| 1. **Member Experience** |  | **15** |
| 1. **Evidence** |  | **10** |
| ***TOTAL:*** |  | **40** |

**\*Put the Points Awarded in this table in the first table on Page 1.**

1. **Organizational Capacity**
2. ***Organizational Background and Staffing (14 points)***

|  |  |  |
| --- | --- | --- |
| **This section shall contain the following elements:** | **Yes, It Does** | **No, It Does Not** |
| Applicant provides their mission and relevant experience in areas such as volunteer recruitment and management, community outreach, funding history with any state/private/federal grants, etc. |  |  |
| Applicant discusses prior experience in the proposed area of programming. |  |  |
| Applicant describes any experience with AmeriCorps that their organization /staff may have. |  |  |
| The organization details the roles, responsibilities, and structure of the staff that will be implementing the AmeriCorps program as well as providing oversight and monitoring for the program. |  |  |

**ORGANIZATIONAL BACKGROUND & STAFFING COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR ORGANIZATIONAL BACKGROUND & STAFFING:** Click or tap here to enter text. **out of 14**

1. ***Compliance and Accountability (14 points)***

|  |  |  |
| --- | --- | --- |
| **This section shall describe the following elements:** | **Yes, It Does** | **No, It Does Not** |
| The applicant has a monitoring and oversight plan to prevent and detect non-compliance and enforce compliance with AmeriCorps rules and regulations including those related to prohibited and unallowable activities and criminal history checks at the grantee, subgrantee (if applicable), and service site locations. |  |  |
| The applicant has an effective mechanism in place to report, without delay, any suspected criminal activity, waste, fraud, and/or abuse to both the AmeriCorps Office of Inspector General and AmeriCorps and a plan for training staff and participants on these reporting protocols. |  |  |

**COMPLIANCE AND ACCOUNTABILITY COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR COMPLIANCE & ACCOUNTABILITY:** Click or tap here to enter text. **out of 14**

1. ***Member Recruitment (3 points)***

|  |  |  |
| --- | --- | --- |
| **This section shall contain the following elements:** | **Yes, It Does** | **No, It Does Not** |
| Applicant describes the process they will utilize to recruit members. |  |  |
| Applicant adequately describes how they recruit AmeriCorps members from the geographic or demographic communities in which the programs will operate. |  |  |
| Applicant describes budget expenses you have to support successful recruitment of AmeriCorps members. |  |  |

**MEMBER RECRUITMENT COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR MEMBER RECRUITMENT:** Click or tap here to enter text. **out of 3**

1. ***Member Supervision (5 points)***

|  |  |  |
| --- | --- | --- |
| **This section shall contain the following elements:** | **Yes, It Does** | **No, It Does Not** |
| Applicant describes how AmeriCorps members will receive sufficient guidance and support from their supervisor to provide effective service (i.e. structure for member supervision: cadence and format of supervisor/AmeriCorps member check-ins, member and supervisor opportunities to assess strengths and opportunities for growth, member training plan, etc.). |  |  |
| Applicant describes the process of how AmeriCorps supervisors will be adequately trained/prepared to follow AmeriCorps and program regulations, priorities, and expectations (i.e. structure support of supervisors, training plan for supervisors related to supervision and AmeriCorps rules and regulations, cadence and format of AmeriCorps supervisors/their supervisors check-ins, opportunity. |  |  |

**MEMBER SUPERVISION COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR MEMBER SUPERVISION:** Click or tap here to enter text. **out of 5**

1. ***Member Training (4 points)***

|  |  |  |
| --- | --- | --- |
| **Applicant describes their plan to provide member training in the following areas:** | **Yes, They Do** | **No, They Do Not** |
| AmeriCorps Rules, Regulations & Member Benefits |  |  |
| Position Specific Training |  |  |
| Any Specialized Site-Specific Training |  |  |

**MEMBER TRAINING COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR MEMBER TRAINING:** Click or tap here to enter text. **out of 4**

1. ***For Intermediaries Only (10 points)***

|  |  |  |
| --- | --- | --- |
| Applicant describes their process for selecting sites. | | |
| **This section shall contain the following elements and address the following questions:** | **Yes, It Does** | **No, It Does Not** |
| * How will you ensure that selected sites will fit within overall project goals? |  |  |
| * What is your organization’s history in selecting and managing other nonprofits or eligible agencies to receive resources and training from your organization? |  |  |
| * How will you support your intermediaries in recruiting their members? and in member development? |  |  |
| * How will you collect data from sites and ensure it aligns with your performance measures? *(Address in the performance measure section that already exists – provide detail on how they will collect data from sites)* |  |  |

**INTERMEDIARY COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR INTERMEDIARIES:** Click or tap here to enter text. **out of 10**

**\*If the program does not have any host sites, this section is not applicable.**

|  |  |  |
| --- | --- | --- |
| **Organizational Capacity Scoring Section** | **Points Awarded** | **Points Available** |
| 1. **Organizational Background & Staffing** |  | **14** |
| 1. **Compliance & Accountability** |  | **14** |
| 1. **Member Recruitment** |  | **3** |
| 1. **Member Supervision** |  | **5** |
| 1. **Member Training** |  | **4** |
| 1. **Intermediary (If not applicable, put 0)** |  | **10** |
| ***TOTAL:*** |  | **50** |

**\*Put the Points Awarded in this table in the first table on Page 1.**

1. **Cost-Effectiveness and Budget Adequacy (20 points)**

|  |  |  |
| --- | --- | --- |
| **This section shall contain the following elements:** | **Yes, It Does** | **No, It Does Not** |
| Budget is submitted without mathematical errors and proposed costs are allowable, reasonable, and allocable to the award. |  |  |
| Budget is submitted with adequate information to assess how each line item is calculated. |  |  |
| Budget is in compliance with the budget instructions. |  |  |
| Match is submitted with adequate information to support the amount written in the budget. |  |  |
| The budgeted match is equal to or more than the required match for the given program year. |  |  |
| The cost per MSY is equal to or less than the maximum cost per MSY. |  |  |
| Current indirect cost rate is included in the budget. |  |  |
| Budget identifies the non-CNCS funding and resources necessary to support the project, including for Fixed Amount applicants. |  |  |
| Budget indicates the amount of non-CNCS resource commitments, type of commitments (in-kind and/or cash), the sources of these commitments, and if the commitments are proposed or secured. |  |  |

**COST-EFFECTIVENESS & BUDGET ADEQUACY COMMENTS:** Click or tap here to enter text.

**POINTS AWARDED FOR EXECUTIVE SUMMARY:** Click or tap here to enter text. **out of 20**

**\*Put the Points Awarded here in the table above on Page 1.**