

eGrants NOFO SELECTION PROCESS

Kimberly DuPree
Fiscal Grants Manager
Georgia Serves

Contact information

Kimberly.DuPree@dca.ga.gov

(404) 576-0136



eGRANTS MESSAGES

Welcome Kimberly
Welcome to eGrants!

VIEW MY GRANTS/APPLICATIONS

- ➔ View All
- ➔ 3 Approved for Consideration/Funding
- ➔ 26 Awarded
- ➔ 209 Closed
- ➔ 1 Concept Papers
- ➔ 8 Grantee edit of application or report
- ➔ 1 Returned to grantee
- ➔ 10 Subapplicant edit of application
- ➔ 10 Under CNCS review

VIEW MY AMERICORPS PORTAL

- ➔ Portal Home

Creating an Application

- New** ➔
- Continuation/Renewal ➔
- Amendment ➔
- Concept Paper ➔

Managing My Account

- Click on the links below to access common account functions.
- My Account ➔
 - Commission Input on National Applicants ➔
 - Commission Competitive Subapplication Ranking ➔

Reporting to CNCS

- Financial Report ➔
- Progress Report ➔
- Progress Report Supplement ➔



Welcome Kimberly

Start New Grant App

cancel

next

Start New Grant App

Select a NOFA

Legal Applicant Info

Georgia Commission for Service
and Volunteerism
60 Executive Park South NE
Atlanta, GA 30329

Select a NOFA

Please select a program area and press GO. Then select a NOFA from the list provided.

If you are starting your second or third year of your grant, or if you are a Senior Corps Grantee and are beginning the first year of a 3 year grant, use the "View all application/grants" link in the MY GRANTS/APPLICATIONS Section of the Home Page to create a Continuation or a Renewal.

Select a program area ...

GO

cancel

next



Welcome Kimberly

Start New Grant App

→ Select a NOFA

Legal Applicant Info

Georgia Commission for Service
and Volunteerism
60 Executive Park South NE
Atlanta, GA 30329

Start New Grant App

cancel

next →

Select a NOFA

Please select a program area and press GO. Then select a NOFA from the list provided.

If you are starting your second or third year of your grant, or if you are a Senior Corps Grantee and are beginning the first year of a 3 year grant, use the "View all application/grants" link in the MY GRANTS/APPLICATIONS Section of the Home Page to create a Continuation or a Renewal.

AmeriCorps



GO

cancel

next →



eGrants

Welcome Kimberly

Start Continuation of Application #20AC221674

cancel

next

Start Continuation

Select a NOFA

Legal Applicant Info

Georgia Commission for Service
and Volunteerism
60 Executive Park South NE
Atlanta, GA 30329

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.

FY 2024 AmeriCorps State and Territory Commission (New and Cont)

Due Date: 01/04/2024

Summary: The purpose of this award is to assist the grantee in carrying out a national service program as authorized by the National and Community Service Act of 1990, as amended (42 U.S.C. §12501 et seq.).



Welcome Kimberly

Start New Grant App

cancel

next

Start New Grant App

Initial Information

Legal Applicant Info

Community Affairs, Georgia
Department Of
60 Executive Park S N
Atlanta, GA 30329

Initial Information

Please provide the following initial information needed to create an application for this NOFA. If you are creating a sub application, select a state, then a prime application. Selecting of a Prime is optional. To create a prime application, leave the state and prime application fields empty, and select either Formula or Competitive.

NOFA information

Please review the NOFA you selected. If this is not the correct NOFA, hit cancel.

NOFA: FY 2024 AmeriCorps State and Territory Commission (New and Cont)

Due Date: 01/04/2024

Summary: The purpose of this award is to assist the grantee in carrying out a national service program as authorized by the National and Community Service Act of 1990, as amended (42 U.S.C. §12501 et seq.).

Please select...

Competitive

Formula

cancel

next

Legal Applicant Info

Georgia Commission for Service
and Volunteerism
60 Executive Park South NE
Atlanta, GA 30329

Initial Information

Please provide the following initial information needed to create an application for this NOFA. If you are creating a sub application, select a state, then a prime application. Selecting of a Prime is optional. To create a prime application, leave the state and prime application fields empty, and select either Formula or Competitive.

NOFA information

Please review the NOFA you selected. If this is not the correct NOFA, hit cancel.

NOFA: FY 2024 AmeriCorps State and Territory Commission (New and Cont)

Due Date: 01/04/2024

Summary: The purpose of this award is to assist the grantee in carrying out a national service program as authorized by the National and Community Service Act of 1990, as amended (42 U.S.C. §12501 et seq.).

Which State are you applying to?

Georgia

Select a Prime Application ID if this is to be a sub application (optional)

23AC252317 - State Formula Program

Please select...

Competitive Formula

Start New

 Applicant Info

Application Info

Narratives

Logic Model

Performance Measures

Program Information

Documents

Budget Section 1

Budget Section 2

Budget Section 3

Funding/Demographics


Review

Authorize and Submit

Grant Application Info

Grant Application ID:
21AC232056Prime Application Info:
21AC231906 (Georgia
Commission for Service and
Volunteerism)NOFA: FY 2021 AmeriCorps
State and Territory Commission
(New and Continuations)Type: New
Status: Subapplicant Initial
Entry


Legal Applicant Info

Georgia Commission for Service
and Volunteerism
60 Executive Park South NE
Atlanta, GA 30329Applicant Info 

Please enter/review your applicant and program information.

NOFA information  : [change to another NOFA](#)

Please review the NOFA you selected. If needed change your NOFA selection.

NOFA: FY 2021 AmeriCorps State and Territory Commission (New and Continuations)**Due Date:** 01/06/2021**Summary:** This application is for new, recompeting, or continuation state commission applicants, including territories with commissions, applying for cost reimbursement grants.Applicant information **Applicant/User:** Ms. Kimberly Dupree**Authorized Representative:**

Program information:

The program information section defines the name and location of the program, the state in which the volunteers or members will be serving, and the name and contact information for the program director.


First-time applicants: Use the "create a new program" link to enter the information about your program. (Hint: Select a unique program name for each application that you submit.)

Continuation Requests and Re compete Applicants: Use the view/edit link to review the program name and address and update as necessary and confirm that the program name associated with this request matches the program name used last year.

Select a program:

Select an existing program ... [enter new](#) | [view/edit](#) 

* Program Director:

Dupree, Kimberly [enter new](#) | [view/edit](#) 

Program Website URL:



- Start New
- Applicant Info
- Application Info
- Narratives
- Logic Model
- Performance Measures
- Program Information
- Documents
- Budget Section 1
- Budget Section 2
- Budget Section 3
- Funding/Demographics
- Review
- Authorize and Submit

Grant Application Info

Grant Application ID:
21AC232077

Prime Application Info:
21AC231906 (Georgia
Commission for Service and
Volunteerism)

NOFA: FY 2021 AmeriCorps
State and Territory Commission
(New and Continuations)

Type: New
Status: Subapplicant Initial
Entry

Legal Applicant Info

Georgia Commission for Service
and Volunteerism
60 Executive Park South NE
Atlanta, GA 30329

Application Info

Please enter the requested application information below.

Areas affected by the program (Max. 1000 chars) List Cities, Counties or States ?

Program Start and End Dates

Proposed Start Date: 08 / 01 / 2024 ?

Proposed End Date: 07 / 31 / 2025 ?

Other

The Application is Subject to Review by **State Executive Order 12372** Process.
 Yes No ?

If yes, please enter the date of the review. Month / Day / Year...

Applicant is Delinquent on any federal debt.
 Yes No ?

If yes, please explain. (Max. 240 chars)

State Application Identifier: ?

at New

Applicant Info

Application Info

Narratives

Logic Model

Performance Measures

Program Information

Documents

Budget Section 1

Budget Section 2

Budget Section 3

Funding/Demographics

Review

Authorize and Submit

Application Info

Applica

Please en

Areas af

Progra

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)															
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. DATE RECEIVED BY STATE:															
2b. APPLICATION ID:		4. DATE RECEIVED BY FEDERAL AGENCY:															
5. APPLICATION INFORMATION		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction															
LEGAL NAME: UEI NUMBER: DUNS NUMBER: ADDRESS (give street address, city, state, zip code and county): County:		STATE APPLICATION IDENTIFIER: FEDERAL IDENTIFIER:															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 8. TYPE OF APPLICATION (Check appropriate box). <input checked="" type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: TELEPHONE NUMBER: FAX NUMBER: INTERNET E-MAIL ADDRESS:															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006 10b. TITLE: AmeriCorps State 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): The areas affected by this program are DeKalb County, Rockdale County, Gwinnett County, Douglas County, and Hall County.		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
13. PROPOSED PROJECT: START DATE: 09/01/20 END DATE: 07/31/21		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Americorps 11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
15. ESTIMATED FUNDING: Year #: 1		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="checkbox"/> GA 13 b.Program <input type="checkbox"/> GA 13															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. FEDERAL</td> <td style="text-align: right;">\$ 52,630.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 72,570.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 125,200.00</td> </tr> </table>		a. FEDERAL	\$ 52,630.00	b. APPLICANT	\$ 72,570.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 125,200.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
a. FEDERAL	\$ 52,630.00																
b. APPLICANT	\$ 72,570.00																
c. STATE	\$ 0.00																
d. LOCAL	\$ 0.00																
e. OTHER	\$ 0.00																
f. PROGRAM INCOME	\$ 0.00																
g. TOTAL	\$ 125,200.00																
18. 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 THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO															
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: b. TITLE:		c. TELEPHONE NUMBER:															
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 06/10/20															

Application Components

The completed application will consist of the following components, described in more detail below:

A. Standard Form 424

B. Executive Summary

C. Narratives:

- 1. Program Design
- 2. Organizational Capability
- 3. Cost-Effectiveness and Budget Adequacy

D. Standard Form 424A Budget

E. Authorization, Assurances, and Certifications

A. Standard Form 424 You can find the Standard Form (SF) 424 and instructions here:

http://www.grants.gov/agencies/forms_instruction_information.jsp

Questions?



Thank you for
attending!

Kimberly DuPree
Fiscal Grants Manager
Georgia Serves

Contact information

Kimberly.DuPree@dca.ga.gov

Work cell: (404)576-0136

