

eGrants NOFO SELECTION PROCESS

Kimberly DuPree
Fiscal Grants Manager
Georgia Serves

Contact information

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Updated 2/2024



eGRANTS MESSAGES	VIEW MY GRANTS/APPLICATIONS		
Welcome Kimberly	■ View All		
Welcome to eGrants!	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	Managing My Account	Reporting to CNCS		
Continuation/Renewal Amendment Concept Paper	Click on the links below to access common account functions. My Account Commission Input on National Applicants Commission Competitive Subapplication Ranking	Financial Report Progress Report Progress Report Progress Report Supplement Progress Report Progress R		
508 Approved Contact Help Desk Brivacy dis	able the pictures			

508 Approved | Contact Help Desk | Privacy | disable the pictures Release version: 7.10



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.

Select a program area ... 🗸



508 Approved | Contact Help Desk | disable the pictures

Release version: 7.2

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)

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Release version: 7.2

cancel

next 🕑



Welcome Kimberly

Start Continuation of Application #20AC221674

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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.).¿



cancel

Welcome Kimberly

Start New Grant App

Initial Information

Legal Applicant Info

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

Start New Grant App

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...

O Competitive

Formula

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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

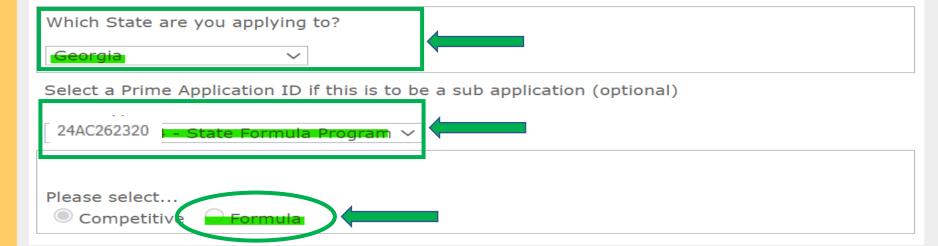
Please review the NOFA you selected. If this is not the correct NOFA, hit cancel.

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.).¿



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: 21AC232056

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

Applicant 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

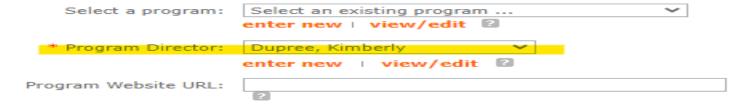
Authorized Representative:

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 Recompete 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.



Start New

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Application Info

Narratives

Logic Model

Performance Measures

Program Information

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Budget Section 1

Budget Section 2

Budget Section 3

Funding/Demographics

Review

Authorize and Submit

Grant Application Info

Grant Application ID: 21AC232077

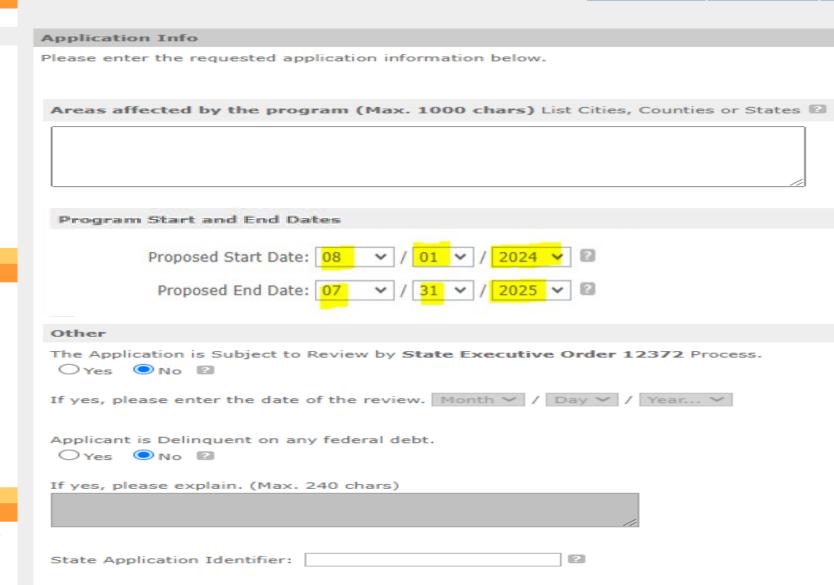
Prime Application Info: 21AC231906 (Georgia Commission for Service and Volunteerism)

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



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New

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Application Info

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Budget Section 1

Budget Section 2

Budget Section 3

Funding/Demographics

Review

Authorize and Submit

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Progra

t Application Info

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION:					
Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)		Application X Non-Construction					
2a. DATE SUBMITTED TO CORPORA- FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	TION 3. DATE RECE	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:			
2b. APPLICATION ID:	4. DATE RECE	4. DATE RECEIVED BY FEDERAL AGENCY:			FEDERAL IDENTIFIER:		
5. APPLICATION INFORMATION							
LEGAL NAME:	DEPSON TO BE			TACT INFORMATION FOR PROJECT DIRECTOR OR OTHER CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give			
			area codes): NAME				
ADDRESS (give street address, city, state, zip code and county):							
		TELEPHONE NUMBER: TELEPHONE NUMBER:					
County:		INTERNET E-MAIL ADDRESS:					
			7. TYPE OF APPL				
6. EMPLOYER IDENTIFICATION NUMBER	BER (EIN):		7a. Non-Profit				
			7b. Community-E	Based Organization			
8. TYPE OF APPLICATION (Check ap							
X NEW	NEW/PREVIOUS GRANTE	E					
If Amendment, enter appropriate lette	AMENDMENT						
	GET REVISION						
C. NO COST EXTENSION D. OTHER	R (specify below):						
		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service					
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
10b. TITLE: AmeriCorps State		Americorps					
12. AREAS AFFECTED BY PROJECT	(List Cities, Counties, State	es, etc):	11.b. CNCS PROGRAM INITIATIVE (IF ANY):				
The areas affected by this program are DeKalb County, Rockdale County, Gwinnett County, Douglas County, and Hall County.							
13. PROPOSED PROJECT: START	DATE: 09/01/20 END	DATE: 07/31/21	14. CONGRESSIO	ONAL DISTRICT OF:	a.Applicant GA 13	b.Program GA 13	
15. ESTIMATED FUNDING: Year #:	15. ESTIMATED FUNDING: Year #: 1		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. FEDERAL	\$ 52,630.00	0			CATION WAS MADE AS	/All ADLE	
b. APPLICANT	\$ 72,570.00	0	TO THE	YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: NO. PROGRAM IS NOT COVERED BY E.O. 12372			
c. STATE	s 0.00)	1				
	\$ 0.00		1				
d. LOCAL			NO. PROGRAM IS NOT COVERED BY E.O. 12372				
e. OTHER	\$ 0.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Output Description: NO NO				
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.							
a. TYPED NAME OF AUTHORIZED RE	PRESENTATIVE:	b. TITLE:			c. TELEPHONE NUMB	ER:	
						·	
d. SIGNATURE OF AUTHORIZED RE	PRESENTATIVE:				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



Thank you for attending!

Kimberly DuPree Fiscal Grants Manager Georgia Serves

Contact information

 $\underline{\textbf{Kimberly.DuPree} @dca.ga.gov}$

Work cell: (404)576-0136

