

Senior Corps Grant Application Instructions

Volume I

RSVP (Retired and Senior Volunteer  
Program) for

Competitive Applications  
Non-Competitive Administrative  
Renewals Continuation Applications



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CNCS Form 424-NSSC

OMB Control No. 3045-0035-Expiration 12/31/2021

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APPENDICES <http://www.nationalservice.gov/programs/senior-corps/managing-senior-corps-grants>

# 1 GENERAL SUBMISSION INSTRUCTIONS

## 1.1 PURPOSE

The AmeriCorps Senior [\*rebranding from Senior Corps] Grant Application of AmeriCorps [\*rebranding Corporation for National and Community Service (CNCS)] is for use by prospective and existing sponsors of AmeriCorps Senior projects under the RSVP Program (RSVP), Foster Grandparent Program (FGP), Senior Companion Program (SCP), and Senior Demonstration Programs (SDP). The forms in this package conform to AmeriCorps's\*(CNCS) web-based electronic grants management system, eGrants.

The AmeriCorps Senior\* Grant Application Instructions consist of two volumes:

- Volume I: Used by applicants for RSVP grants. Instructions within the grant application indicate which sections are required for
  - Competitive Grant Application Submissions
  - Non-Competitive Administrative Renewals (only as applicable)
  - Continuation Grant Application Submissions (current grantees only, for second or third years of a three-year grant)
- Volume II: Used by applicants for Foster Grandparent and Senior Companion grants. Instructions within the grant application indicate which sections are required for
  - Competitive Grant Application Submissions
  - Non-Competitive Administrative Renewals (only as applicable)
  - Continuation Grant Application Submissions (current grantees only, for second or third years of a three-year grant)

Instructions in this package apply to all RSVP applicants. The instructions address the types of information that must be included to fulfill application and grant requirements.

## 1.2 Notices of Funding Opportunity and Invitations to Apply

For all competitive grant opportunities, please use these Grant Application Instructions in conjunction with the appropriate Notice of Funding Opportunity (Notice) and Program Regulations (Citations). For all administrative renewals and continuations, please use these instructions with the appropriate Notice of Funding Opportunity (Notice) or Invitation to Apply and Program Regulations. The Notices and Invitations include deadlines, eligibility requirements, submission requirements, review criteria, and other important information. Competitive Notices and Invitations are available on the [CNCS Funding Opportunities & Resources](#) page of the National Service website. In addition, please refer to the RSVP Performance Measures Requirements on the [Managing Senior Corps Grants](#) page when completing your grant application. Reviewing these documents together will provide a thorough understanding of what is required in the grant application.

## 1.3 Prohibited Activities

For Retired and Senior Volunteer Program grants, please refer to the RSVP Regulations link.

\*In September of 2020 CNCS and Senior Corps will rebrand. CNCS will operate under the working name of AmeriCorps and Senior Corps will become AmeriCorps Senior. The AmeriCorps Senior rebranding will take effect on Tuesday, September 29, 2020.

## 2 REQUIRED SECTIONS OF THE GRANT APPLICATION

First-time Applicants that are applying for a competitive grant or current grantees applying for a non competitive administrative renewal grant must complete all sections of the Grant Application:

- Facesheet (Modified Standard Form 424 NSSC)
- Project Narratives
- Performance Measures and Work Plans
- Required Documents
- Budget (NSSC Form 424A)
- Volunteer Station Roster
- Assurances
- Certifications

Note: Submission of a grant application does not assure receipt of a grant award.

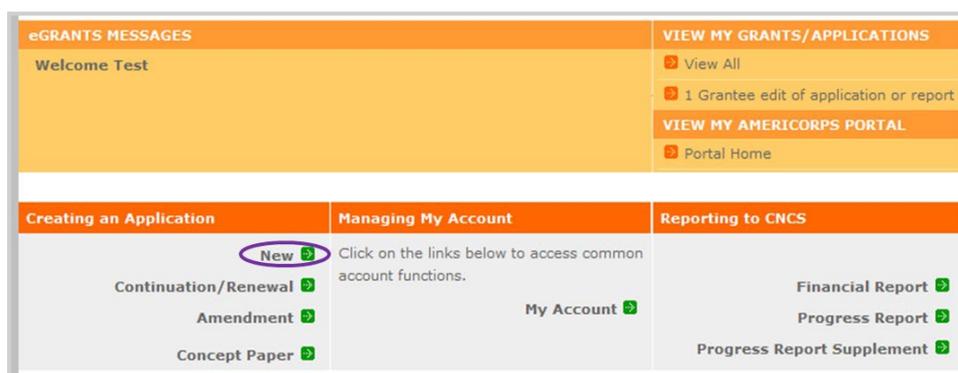
### 2.1 Facesheet Instructions: eGrants Account Registration, “Applicant,” “Application,” and “Funding Demographics” Sections

Information entered when creating your eGrants account, including the Applicant Info, Application Info, Funding/Demographics, and Review and Submit sections will populate the SF 424 Facesheet in the eGrants system. The items below coincide to sections of the SF 424 Facesheet.

This section contains information that would have been entered when creating an eGrants account.

#### 2.1.1 Instructions for Starting a New Grant Application for your Organization

1. Click on the “New” link under Creating an Application menu on the bottom left of the screen.



2. From the dropdown menu, select the program area “Senior Corps.” Click the “Go” button.
3. A list of NOFA options will appear. Select the appropriate NOFA and click the “next” link.

**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.

Senior Corps

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**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.

**SDP 2012 Experience Corps (New)**  
**Due Date:** 01/20/2012  
**Summary:** This NOFA is to be used only by Experience Corps sponsors to apply for a new No-Corporation cost grant award.

**SDP 2012 (New)**  
**Due Date:** 04/20/2012  
**Summary:** This NOFA is to be used only by Senior Demonstration Sponsors to apply for a No-Corporation cost grant award.

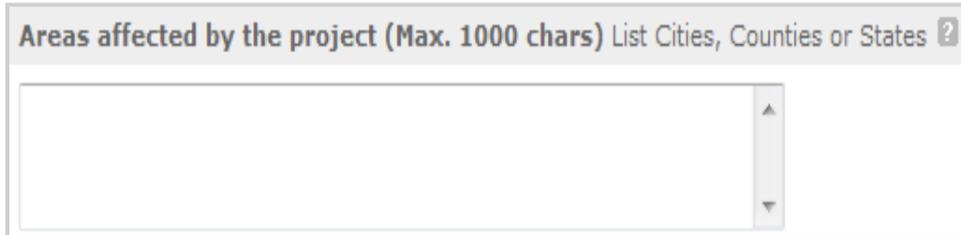
4. Follow the prompts entering all requested information. There are 11 sections that will need to be completed.

Note: Fields with a red asterisk (\*) are required.

Review and verify that you have selected the correct NOFA. Near the bottom of the screen, click on the "create a new project" link to enter information about your project. (Hint: Select a unique project name for each application that you submit.)

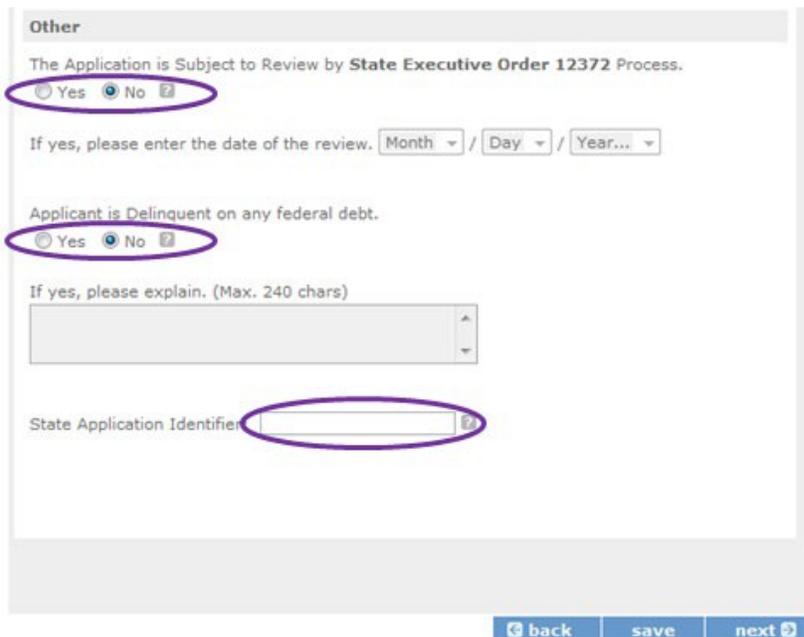
5. Select the appropriate dropdown project or enter/edit the following project information:
  - a. The title of the project. RSVP must be included in the title as well as a short description of the geographic area. (For example, RSVP of Cabot County).
  - b. Your organization's complete address with the 5-digit ZIP code and the 4-digit extension. The 4- digit ZIP code extension is required.
  - c. The name and contact information of the project director or other person to contact on matters related to this application. The contact person needs to be the individual who can best answer questions about the application.
  - d. **Continuation and Renewal 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.

6. List all the geographic locations where the service will occur or is occurring. Please designate by the county or counties. Please include all counties applicable. **For competitive grants, please also include the appropriate opportunity number from Appendix A of the Notice (for example: NC-03).**



A screenshot of a web form field. The title is "Areas affected by the project (Max. 1000 chars) List Cities, Counties or States" followed by a question mark icon. Below the title is a large, empty text input area with a vertical scrollbar on the right side.

7. Fill in the project start and end dates. This is the time period covered by the project, generally three years. If other than three years, the Notice or supplemental guidance will indicate the project period.
8. In accordance with the Notice this competition is not subject to Executive Order 12372, "Intergovernmental Review of Federal Programs." Please select No, as the appropriate box.
9. Check the appropriate box to indicate whether the applicant is delinquent on any federal debt. 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. If Yes, include an explanation.



A screenshot of a web form section titled "Other". It contains the following elements:

- A heading: "The Application is Subject to Review by State Executive Order 12372 Process."
- Two radio buttons: "Yes" and "No". The "No" radio button is selected and circled in purple.
- A date selection field: "If yes, please enter the date of the review." with dropdown menus for "Month", "Day", and "Year...".
- Another heading: "Applicant is Delinquent on any federal debt."
- Two radio buttons: "Yes" and "No". The "No" radio button is selected and circled in purple.
- A text input field: "If yes, please explain. (Max. 240 chars)".
- A text input field: "State Application Identifier" with a question mark icon to its right, circled in purple.
- At the bottom right, there are three buttons: "back", "save", and "next".

10. Estimated Funding: Enter the estimated amount requested or to be contributed during this performance period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable.

- Total - The applicant's estimate of the total funding amount for the agreement. This amount is automatically populated based on budget sections I and II.
- Federal - The total amount of Federal funds being requested in the budget. This amount is automatically populated based on budget sections I and II.
- Applicant - The total amount of the applicant share as entered in the budget. This amount is automatically populated based on budget sections I and II.
- Local - The amount of the applicant share that is coming from local sources.
- State - The amount of the applicant share that is coming from state sources.
- Other - The amount of the applicant share that is coming from other sources.
- Income - The amount of the applicant share that is coming from income generated by programmatic activities.

11. Check the box to indicate whether your organization is funded by CNCS.

12. Enter the total number of unduplicated volunteers. This number should match the number of unduplicated volunteers entered in the Work Plans.

13. The person who submits the application must be the applicant's authorized representative. The authorized representative must be using eGrants under their own account to submit the application. *Please note that this is an electronic signature that results from submitting the grant application in the electronic grants management system, eGrants. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.*

NOTE: If you are proposing an Amendment to your grant, check the type of revision you are submitting. Contact your CNCS Portfolio Manager prior to creating an amendment.

**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. Code Section 1001).**

## 2.2 Project Narratives Instructions (eGrants "Narratives" Sections)

The purpose of the program narratives and the accompanying Work Plans (see part 3) is for you to provide a project plan with a clear and compelling justification for achieving results with the requested funds.

You may not exceed 15 double-spaced pages for the Narratives, including the Executive Summary and Facesheet, as the pages print out from eGrants. In the case of competitive grants, reviewers will not consider material submitted over the page limit, even if eGrants allows you to enter and submit text

over the limit. From the Review and Submit page, print out your application prior to final submission to ensure it is not over the 15-page limit. This limit does not include the budget and work plans.

### 2.2.1 Executive Summary

Please provide a summary of your proposed or ongoing project using the template paragraph below. You may include additional information, at your discretion. The Executive Summary must be no longer than one page.

“An estimated [fill in the number] RSVP volunteers will serve. Of this number, [fill in number] RSVP volunteers will be placed in outcome assignments. Some of their activities will include [fill in a sample of no more than six (6) service activities]. The primary focus area of this project is [fill in CNCS Focus Area]. At the end of the three-year grant, [fill in the anticipated outcome(s)]. The CNCS federal investment of \$ [fill in the annual federal grant amount or the requested amount] will be supplemented by \$ [fill in the anticipated level of non-federal resources].”

NOTE: CNCS will make available these summaries on [www.nationalservice.gov](http://www.nationalservice.gov) in the interest of transparency and open government.

### **Guidelines for Writing Your Narratives**

As you write your grant application narratives, which are found in Part II – Sections B through F of the grant application, unless otherwise noted, please focus your descriptions on how you will achieve the outcomes anticipated.

### 2.2.2 Program Design-Strengthening Communities

#### Performance Measures Requirements for RSVP

Your grant application must reflect the Performance Measures Requirements established for the RSVP program by CNCS.

Please refer to the [RSVP Performance Measures Requirements](#). These requirements contain definitions, descriptions, and other information.

The unit of measure for RSVP performance measures requirements is “Unduplicated RSVP volunteers.” “Unduplicated RSVP volunteers” means that each RSVP volunteer is only counted once, even if the volunteer is engaged in more than one activity.

The strengthening communities section is addressed in the Work Plan section. Your work plans will be reviewed and assessed on the extent to which each Work Plan:

- Describes and demonstrates the community need
- Articulates a theory of change, meaning how the services of the volunteers will address the community needs and how the service activity described provides a significant contribution to the outcomes of the work plan that lead to national performance measures outcomes.
- Logically connects all elements together, as described in the Notice.
- Work Plan outputs and outcomes align with National Performance Measures Requirements.

- Work Plan outputs and outcomes are achievable, based on resources, program design, and volunteers engaged.

For Continuation and Renewal applicants, the most recent required Project Progress Reports and Project Progress Report Lites will be reviewed and assessed on the extent to which

- Performance Measure outputs and outcomes were reported in alignment with National Performance Measure requirements and data collection plans as stated in approved prior application as submitted
- The program is achieving its volunteer recruitment goals in the current grant cycle.



### 2.2.3 Program Design- Recruitment and Development of Volunteers

In this section of the narrative, please describe:

- Your plan and infrastructure to ensure RSVP volunteers receive training needed to be highly effective means to addressing identified community need(s)
- The demographics of the community served and plans to recruit a volunteer pool reflective of the community served. This could possibly include:
  - Individuals from diverse races, ethnicities, sexual orientations, or degrees of English language proficiency
  - Veterans and military family members as RSVP volunteers
  - RSVP volunteers with disabilities
  - RSVP volunteers between ages 55 and 70 years old
- Your plan and infrastructure to retain and recognize the RSVP volunteers

### 2.2.4 Organizational Capability -Program Management

In this section, describe specific plans and strategies for overall management of the RSVP project that you propose. Please focus your narrative on the following:

- Your plan and infrastructure to ensure management of volunteer stations in compliance with RSVP program regulations, such as preventing or identifying prohibited activities

- Your plan and infrastructure to develop and/or oversee volunteer stations to ensure that volunteers are performing their assigned service activities
- Your experience and organizational track record in work plans that lead to national performance measures outcomes

For Continuation and Renewal applicants, the previous project will be reviewed and assessed on the extent to which

- The project has met deadlines
- The program demonstrated a pattern of consistent communication and receptiveness to instructions from CNCS over the life of the grant.

#### 2.2.5 Organizational Capability-Organizational Capability

Briefly describe your organization’s capability to operate the RSVP project that you propose with respect to

- Your plan and infrastructure to provide sound programmatic and fiscal oversight (both financial and in-kind) and day-to-day operational support to ensure compliance with RSVP program requirements (statutes, regulations, and Uniform Guidance); to ensure accountability, and efficient and effective use of available resources.
- Clearly defined paid staff positions, identification of current staff assigned to the project (name, title, and brief position description) and how these positions will ensure the accomplishment of the program objectives.
- Demonstrates organizational capacity to:
  - Develop and implement internal policies and operating procedures to provide governance and manage risk, such as accounting, personnel management, and purchasing

#### 2.2.6 Other NOFA Requirements

This section is used, as needed, to address any additional program requirements that appear in the published Notice of Funding Opportunity (Notice) or supplemental instructions. Refer to the Notice for specifics.

### 3 PERFORMANCE MEASURES AND WORK PLANS – EGRANTS WORK PLAN SECTION

For RSVP Competitive and Renewal applicants, this section must be completed.

For Continuation Applicants, you MUST UPDATE the continuation grant application to reflect any changes from previous submission to ensure that Performance Measures and Work Plans are aligned to the proposed activities and outcomes in the upcoming year.

### 3.1 About Plan Requirements

#### About Work Plans

Work Plans follow a standard format in eGrants Performance Measures Module.

#### How are Work Plans completed?

Data that you enter into the eGrants Performance Measures Module (PMM) are the basis for your work plans. As you enter data on the community need and select your outcomes, outputs, service activities and other information, the eGrants PMM will build your work plans for you.

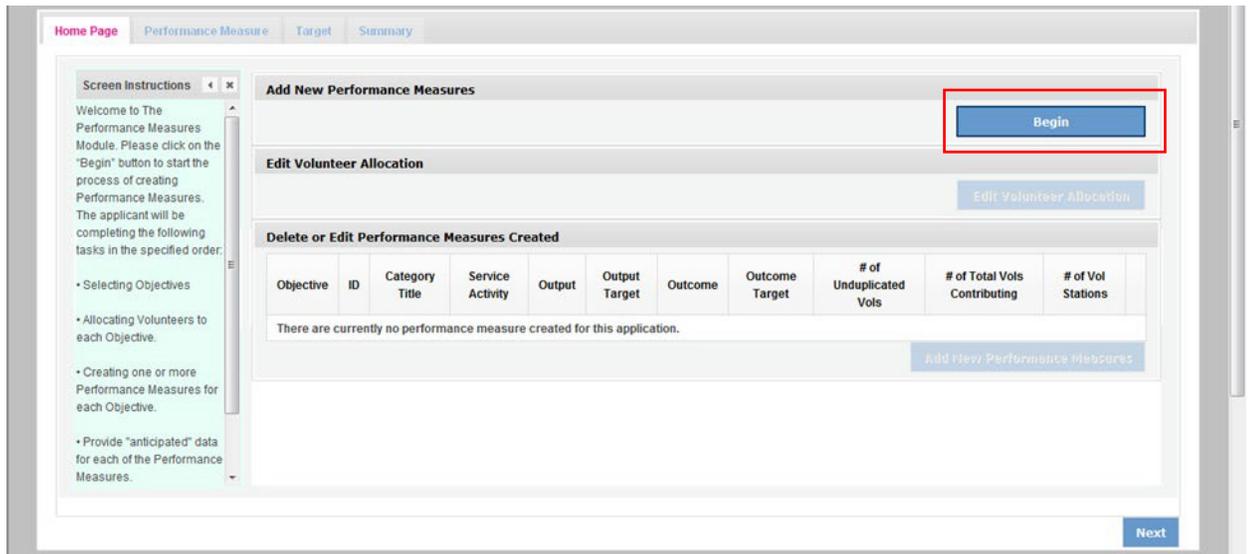
The RSVP Work Plan Development Worksheets (located in the Appendix of these instructions: <https://www.nationalservice.gov/documents/2015/2016-rsvp-performance-measures-work-sheet>) are designed to help you plan your performance measures. These worksheets can help to organize how you will fit your performance measures together with the volunteer activities. We recommend that you use the worksheets and instructions to map out your work plans, and then use the completed worksheets to transfer the information into the eGrants PMM.

### 3.2 How to Enter Work Plans

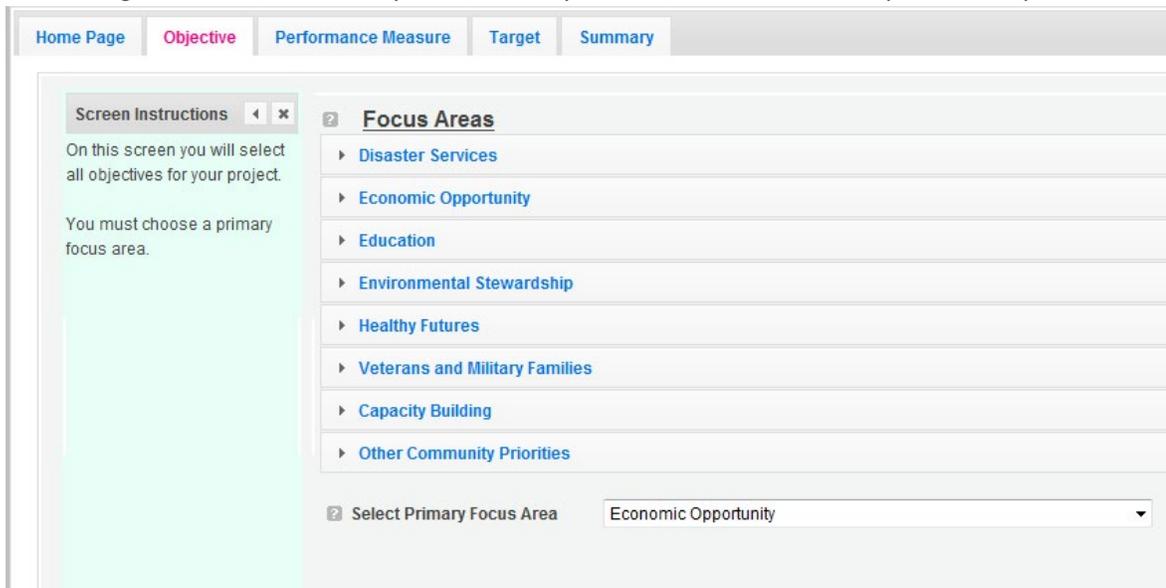
1. Click to enter the work plan Performance Measure Module.



2. Click Begin to start entering work plans.

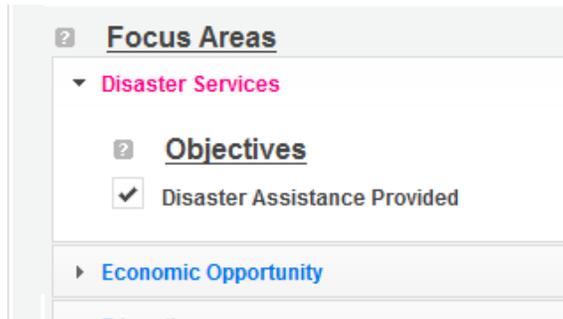


3. The Objectives tab displays the options for work plan development. The six CNCS Focus Areas are displayed: Disaster Services, Economic Opportunity, Education, Environmental Stewardship, Healthy Futures, and Veterans and Military Families. In addition, Capacity Building and Other Community Priorities may also be selected for work plan development.



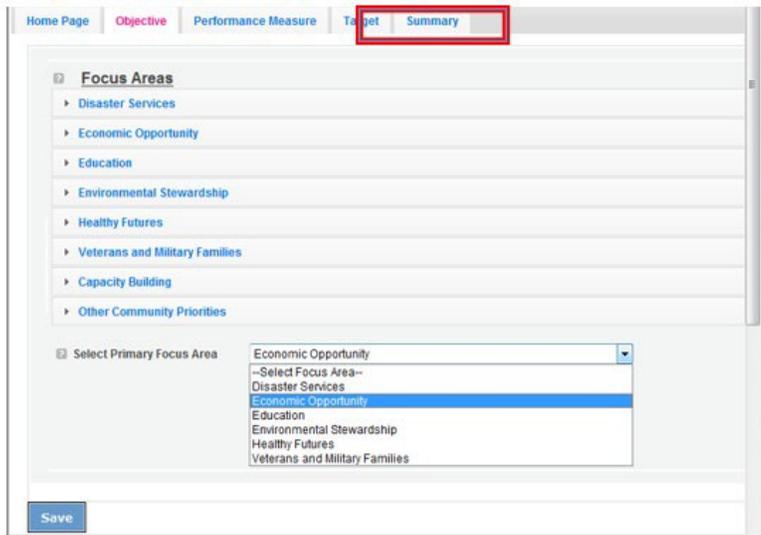
4. Clicking on each Focus Area will show specific objectives available for that Focus Area. Check the boxes next to each objective to create work plans in that particular objective.

- The objective option for Disaster Services is Disaster Assistance Provided.



- The objective options for Economic Opportunity are Employment, Financial Literacy, and Housing.
- The objective options for Education are K-12 Success, School Readiness, and Other Education.
- The objective option for Environmental Stewardship is At-Risk Ecosystems.
- The objective options for Healthy Futures are Access to Care, Aging in Place, Inclusion of People w. Disabilities, and Obesity and Food.
- The objective option for Veterans and Military Families is Veterans & Families Served.
- The objective option for Capacity Building is Capacity Building & Leverage.
- The objective option for Other Community Priorities is Other.

5. When all necessary objectives have been selected, choose a Primary Focus Area from the drop down list at the bottom. Only the Focus Areas that are part of the objectives that were



previously selected will show up on this list. Then click Next or the Performance Measures tab to move to the Performance Measures tab.

- The Performance Measure tab allows you to create sets of aligned performance measures for all the grant activities you will measure. The work plans you will develop are for the objectives that were previously selected. Begin by selecting a Category Title from the drop down options.

- Select an objective for your aligned Performance Measure. The objectives dropdown list will generate based on the category title selected.

- Provide a brief description of the need your project will address in this Performance Measure.

9. Select the output you wish to measure in this set of work plans. The output dropdown list will generate based on the objective selected.

The screenshot shows a web form with the following fields and options:

- Select Category Title:** Other Focus Areas
- Select Objective:** Veterans & Families Served
- Enter Community Need:** (Empty text area)
- Select Output:** (Highlighted with a red circle) The dropdown menu is open, showing the following options:
  - (PRIORITY) V9: Number of active military service members that received CNCS-supported assistance
  - Select Output--
  - (PRIORITY) V9: Number of active military service members that received CNCS-supported assistance
  - (PRIORITY) V1: Number of veterans receiving CNCS-supported assistance
  - V3: Number of veterans assisted in pursuing education.
  - (PRIORITY) V7: Military families receiving CNCS-supported assistance
  - (PRIORITY) V8: Number of veterans family members receiving CNCS-supported assistance
- Select Instrument:** (Empty dropdown)
- Select Outcome:** (Empty dropdown)
- Select Instrument:** (Empty dropdown)
- Select Service Activities:** (Empty dropdown)

10. Select the instrument you plan to use to measure the output. The instrument dropdown list will generate based on the output selected. Enter an instrument description. Give the name of the instrument and briefly describe who will collect the data from whom, and when it will be collected.

The screenshot shows a web form with the following fields and options:

- Select Category Title:** Other Focus Areas
- Select Objective:** Veterans & Families Served
- Enter Community Need:** (Empty text area)
- Select Output:** (PRIORITY) V9: Number of active military service members that received CNCS-supported assistance
- Select Instrument:** (Highlighted with a red box) The dropdown menu is open, showing the following options:
  - Select Instruments--
  - Select Instruments--
  - Activity Log
  - Attendance Log
  - Tracking System
  - Other
- Enter Instrument Description:** (Empty text area)
- Enter Instrument Description:** (Empty text area)
- Select Service Activities:** (Empty dropdown)

11. Select the outcome you wish to measure in this set of work plans. The outcome dropdown list will generate based on the output selected. If the output does not have corresponding outcomes available, outcome options will not be available in the dropdown list. If you do not plan to measure outcomes for the output selected, do not select an outcome from the dropdown list. Instead, skip ahead to select service activities.

The screenshot shows the 'Performance Measures' form with the following fields:

- Select Category Title: Other Focus Areas
- Select Objective: K-12 Success
- Enter Community Need: [Empty text area]
- Select Output: (PRIORITY) ED2: Number of students who completed K-12 education programs
- Select Instrument: --Select Instruments--
- Select Outcome: --No Outcome selected-- (dropdown menu open)
- Select Instrument: --Select Instruments--
- Select Service Activities: [Empty list]

The dropdown menu for 'Select Outcome' is open, showing the following options:

- No Outcome selected--
- No Outcome selected--
- (PRIORITY) ED6: Number of youth in mentoring/tutoring programs with improved school attendance
- ED26: Number of students acquiring a GED. (highlighted)
- (PRIORITY) ED27: Number of students in mentoring/tutoring programs with improved academic engagement
- (PRIORITY) ED5: Number of students with improved academic performance in literacy and/or math

12. Select the instrument you plan to use to measure the outcome. The instrument dropdown list will generate based on the outcome selected. Enter an instrument description. Give the

The screenshot shows the 'Performance Measures' form with the following fields:

- Select Category Title: Other Focus Areas
- Select Objective: K-12 Success
- Enter Community Need: [Empty text area]
- Select Output: (PRIORITY) ED2: Number of students who completed K-12 education programs
- Select Instrument: --Select Instruments--
- Select Outcome: (PRIORITY) ED6: Number of youth in mentoring/tutoring programs with improved school attendance
- Select Instrument: --Select Instruments-- (dropdown menu open)
- Select Service Activities: [Empty list]

The dropdown menu for 'Select Instrument' is open, showing the following options:

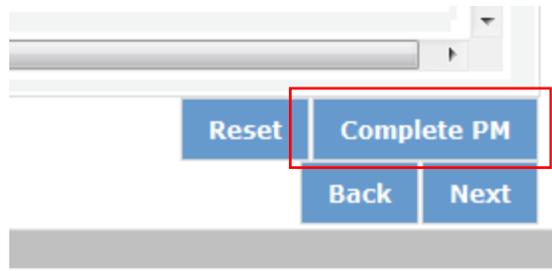
- Select Instruments--
- Select Instruments--
- Attendance Log (highlighted)
- Other

name of the instrument and briefly describe who will collect the data from whom, and when it will be collected.

13. Select all the service activities that apply. The service activities that appear are generated based on the objective selected. Each service activity selected will create a new work plan.

Enter a description of the service activity in the corresponding text box. The service activity description should explain what the RSVP volunteers are doing in a way that shows how they will achieve the outcome or output. Say who the beneficiaries are, and what the volunteers will be doing with the beneficiaries. Say how often volunteers will provide the service and for how long. Say where the service will take place.

14. Click Complete PM after completing the information for each objective.



As work plans are completed for each objective, the objectives will appear at the top of the screen.

Objective	ID	Category Title	Service Activities	Output	Outcome	Complete	Delete	Edit
Financial Literacy	1	Primary Focus Area	Assisting VITA ...	O1		Yes	Delete	Edit
K-12 Success	2	Other Focus Areas	Tutoring-Faith-Based School	ED2	ED27	Yes	Delete	Edit
Disaster Assistance Provided	3	Other Focus Areas	Other	D1		Yes	Delete	Edit
Veterans & Families Served	4	Other Focus Areas		V9		No	Delete	Edit

15. After all Work Plans have been completed, click Next or the Target tab to move to the Target tab. The Target tab allows Targets to be set for each work plan. First, enter the project's total number of unduplicated volunteers in the volunteer calculator.

Volunteer Calculator		
Total # of Unduplicated Volunteers	Primary Focus Areas	Community Priorities
My project's total # of unduplicated volunteers is: <input type="text" value="10"/>	Minimum # I must place: 3.	Maximum # I may place: 3.
Total placed so far: 10.	# placed so far: 4.	# placed so far: 0.
# I still have to place: 0.	# I still have to place: 0.	# I still have available to place: 0.

16. For every work plan, enter the output target, outcome target (if an outcome was selected), number of unduplicated volunteers, number of total volunteers contributing, and number of volunteer stations. Targets must be numbers, not percentages.

Home Page Objective Performance Measure Target Summary

Volunteer Calculator		
Total # of Unduplicated Volunteers	Primary Focus Areas	Community Priorities
My project's total # of unduplicated volunteers is: <input type="text" value="10"/>	Minimum # I must place: 3.	Maximum # I may place: 3.
Total placed so far: 10.	# placed so far: 4.	# placed so far: 0.
# I still have to place: 0.	# I still have to place: 0.	# I still have available to place: 0.

Objective	ID	Category Title	Service Activity	Output	Output Target	Outcome	Outcome Target	# of Unduplicated Vols	# of Total Vols Contributing	# of Vol Stations
Financial Literacy	1.1	Primary Focus Area	Assisting VITA	O1	<input type="text" value="2"/>		<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Financial Literacy	1.2	Primary Focus Area	Income Tax Tutoring	O1	<input type="text" value="1"/>		<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
K-12 Success	2.1	Other Focus Areas	Tutoring-Faith-Based School	ED2	<input type="text" value="2"/>	ED27	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Disaster Assistance Provided	3.1	Other Focus Areas	Other	D1	<input type="text" value="1"/>		<input type="text"/>	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="1"/>

Save Review Allocations Back Next

The Volunteer Calculator at the top of the screen will update accordingly to display the percentage of volunteers for the Performance Measure requirements. As you enter target numbers, click on Review Allocations to update the volunteer calculator. Once all Performance Measure requirements are met, the success notice will populate in the volunteer calculator.

17. Click Next or the Summary tab to move to the Summary tab. This page provides a summary of all the information you have entered in the module. To print the entire summary, click Print PDF for all Performance Measures.

Performance Measure | Target | **Summary**

Unduplicated Volunteers by Focus Areas

Unduplicated Volunteers by Objective

Unduplicated Volunteers by Category Title

working on/not working on Results tied to Outcome

[Print PDF for all Performance Measures](#)

- ▶ [PM 1.1-Assisting VITA](#)
- ▶ [PM 1.2-Income Tax Tutoring](#)
- ▶ [PM 2.1-Tutoring-Faith-Based School](#)
- ▶ [PM 3.1-Other](#)

To print one performance measure, expand the measure and click “Print This Measure” on the bottom right of the screen.

18. Click Edit Performance Measures to return to the Performance Measure tab.

[Print PDF for all Performance Measures](#)

▼ **PM 1.1-Assisting VITA**

Applicant Organization:	Test RSVP Grantee	Period Covered Starting:		Ending:	
Community Need to be Addressed:	gsfgsf sfgsfgsgf				
Focus Area:	Economic Opportunity	Objective:	Financial Literacy	Number of Volunteer Stations:	1

**Project Planning**

Service Activity:	Assisting VITA	
Anticipated # of Unduplicated Vols:	2	
Anticipated # of Total Vols Contributing:	1	
Anticipated Output:	O1: Number of econ disadv individuals receiving financial literacy services.	
Target:	2	How Measured: Activity Log
Anticipated Outcome:		
Target:		

[Edit Performance Measures](#)
[Edit Targets](#)
[Print This Measure](#)

19. Click Validate Performance Measures to validate the module prior to submitting your application.

Print PDF for all Performance Measures

▼ PM 1.1-Assisting VITA

Applicant Organization: Test RSVP Grantee    Period Covered Starting:    Ending:

Community Need to be Addressed: gsfgsf sfgsfgsgf

Focus Area: Economic Opportunity    Objective: Financial Literacy    Number of Volunteer Stations: 1

**Project Planning**

Service Activity: Assisting VITA

Anticipated # of Unduplicated Vols: 2

Anticipated # of Total Vols Contributing: 1

Anticipated Output: O1: Number of econ disadv individuals receiving financial literacy services.

Target: 2    How Measured: Activity Log

Anticipated Outcome:    How Measured:

Edit Performance Measures    Edit Targets    Print This Measure

Back    **Validate Performance Measures**

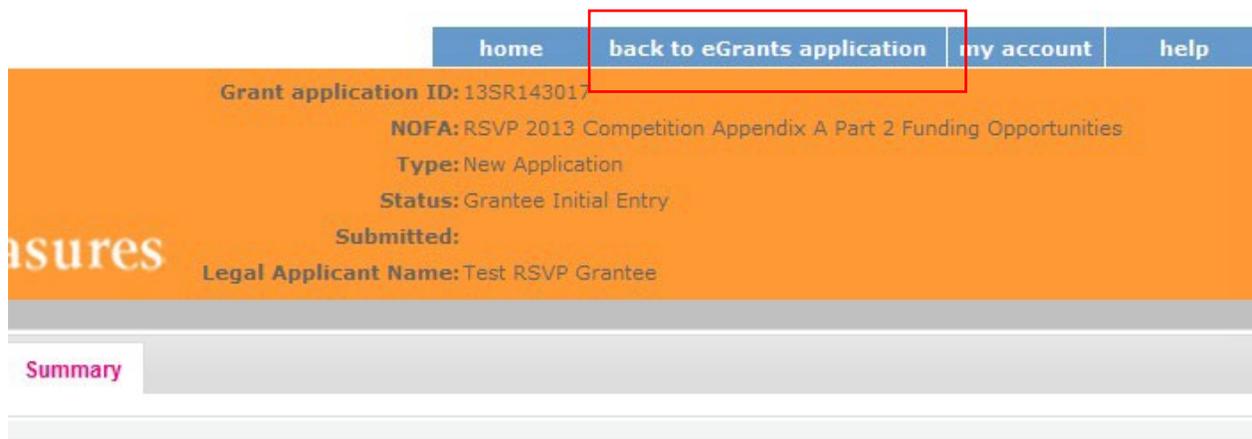
If all Performance Measures are validated successfully, the following message will appear.

**Summary**

- **Success: All Performance Measures are valid. Please exit the performance measures section and go back to the main application**

Unduplicated Volunteers by Focus	Unduplicated Volunteers by	Unduplicated Volunteers by Category	% of Unduplicated Volunteers
----------------------------------	----------------------------	-------------------------------------	------------------------------

20. Click Back to eGrants Application to return to the rest of the application and exit the Performance Measure module.



## 4 REQUIRED SUPPLEMENTAL DOCUMENTS LIST (EGRANTS “DOCUMENTS” SECTION)

Please refer to the Notice for list of additional documents the specific submission instructions. Unless otherwise noted in the Notice, use eGrants to indicate the status of documents: Already on file at CNCS, Not Applicable, Not Sent, Sent

### Document Status Definitions

- Sent: means you have sent the document to CNCS
- Not Sent: means you intend to send the document to CNCS, but have not yet done so. **If Not Sent is selected, the application cannot be submitted in eGrants**
- Not Applicable: means the document is not required for this application
- Already on file at CNCS: means the document is already on file at CNCS because it was submitted with a previously awarded application

The following documents will need to be submitted with applications:

- Cost share or matching fund verification letters- **New Applicants**
- Tribal organization eligibility documentation- **New Applicants**
- Applicant Operational and Financial Management Survey (OFMS)- All **New Applicants** no matter the funding level and **Renewals** applicants requesting \$75,000 or more of Federal funds.

Note: By signing the application, an official of the grantee organization certifies that any attachment not included has not changed from the prior submission that is on file with CNCS.

## 5 BUDGET INSTRUCTIONS (EGRANTS “BUDGET” SECTIONS)

For competitive applications, please refer to the Notice, which includes the elements of cost effectiveness and budget adequacy that will be highlighted during the competition.

As you enter your detailed budget information, eGrants will automatically populate a budget summary and budget narrative report.

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Itemize each cost and present the basis for all calculations in the form of an equation.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Briefly describe:

- The reasonable cost per volunteer that will be proposed in the work plan section that lead to national performance measures requirements; and,
- The plans and infrastructure to secure the non-federal share, including dedicated staff, grant proposal processes, and other plans.

**General Instructions for SF 424A Budget form Columns 1, 2, 3, and 4**

1. In Column 1, enter the total project cost for that line item from all sources.
2. In Column 2, enter the amount of CNCS funding requested for each line item and the total.
3. In Column 3, enter the amount of funds for the item that is expected to be covered by grantee funds or funds the grantee expects to receive from other sources, including cash and in-kind support.
4. Required Non-Federal Share: Please see table below. In cases of demonstrated need, as specified in the respective program regulations, exceptions to these cost-sharing (match?) requirements may be allowed.

Required Non-Federal Share
New Applicants that do not currently sponsor an RSVP project: 10% of the total project cost in Year 1, 20% in Year 2, and 30% in subsequent years
Current RSVP sponsors applying for a competitive grant in their current geographic service area: 30% of the total project cost for every year

5. Enter any excess contributions **in excess of required non-federal share in optional Column 4**, as stipulated in Section 224 of the Domestic Volunteer Service Act, as amended.
6. For each Budget Line Item, please:
  - i. Briefly describe all amounts in Columns 2, 3, and 4.

Please note that you are required to put the total cost in all line items to identify the source of funds as appropriate.

5.1 Volunteer Support Expenses (eGrants “Documents” Section)

**Source of Matching Funds:** Please fill in the sources of non-federal share at the beginning of eGrants Sections I and II. Enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind),

and the source type (Private, or State/Local) for your entire match. (The total amount in the Source of Funds field should match the total amount in the budget narrative exactly.) Define all acronyms the first time they are used.

**Budget Section I. Volunteer Support Expense** **Enter Source of matching funds** ?

Please enter the necessary budget information for your project.

Please enter the source of matching funds in the textbox below.

**Source of Matching Funds** (Max. 1000 chars)

NOTE: For all line items, please put the total cost in Column 1 and then use Columns 2 – 4 to identify the source of funds as appropriate.

**Line A.** Project Personnel Expenses – List the title of each staff position charged to the project. List all positions/titles that are either funded by CNCS, grantee share, or excess resources. Include:

- The position title
- The full-time equivalent (FTE) annual salary. 100% FTE is normally 40 hours/week. Thus, if an employee works half time or 20 hours/wk for the project and is paid \$10,000 from project funds, the FTE annual salary would be \$20,000
- The percentage of time the person will work for the project over a 12 month year (for example, if the employee works 10 hours per week for the project over 12 months, you would enter 25%)

**Project Personnel Expenses** **add a new budget item** ?

Position/Title	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
<b>Subtotal</b>									

**Budget - Project Personnel Expenses**

**cancel** **save & close**

Please enter the necessary budget information for your project.

\* Position/Title:

\* Qty:

\* Annual Salary: \$  .

\* % Time:  .  %

Total Amount: \$0.00

\* CNCS Share: \$  .

\* Grantee Share: \$  .

\* Excess Amount: \$  .

**Line B.** Personnel Fringe Benefits - Enter in the appropriate column the cost of fringe benefits to which employees are entitled, calculated on the same percentage time indicated under line A for each individual. In your Budget Narrative, provide details concerning the benefits provided. (e.g., Retirement contributions for all staff working over 60% time, calculated at 5% of total annual salaries of \$80,000 = \$4,000).

Personnel Fringe Benefits: [add a new budget item](#)

Item	Description	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
FICA		\$0	\$0	\$0	\$0	edit	
Health Insurance		\$0	\$0	\$0	\$0	edit	
Retirement		\$0	\$0	\$0	\$0	edit	
Life Insurance		\$0	\$0	\$0	\$0	edit	
<b>Subtotal</b>		\$0	\$0	\$0	\$0		

Once you have clicked the 'edit' or 'add a new budget' link under Personnel Fringe Benefits, you will be able to enter a short description of the calculations of the benefits. Identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe benefit amount is over 30%, please list covered items separately and justify the high cost. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates, but are absorbed into the personnel expenses (salary) budget line item.

Description:

\* Total Amount: \$  .00

\* CNCS Share: \$  .00

\* Grantee Share: \$  .00

\* Excess Amount: \$  .00

**Line C.** Local Travel – Enter travel costs on the local lines, as appropriate, on the Budget form. Include only travel costs for staff listed under budget line A and who directly support the grant activities described in your application. Local travel is travel within the project service area as shown in item 12 of the Face Sheet. Briefly list the purpose of anticipated local travel and the basis for cost calculations. Provide a calculation that includes itemized costs multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the federal mileage rate unless a result of applicant policy and justified in the budget narrative.

**Line D.** Long Distance Travel – Enter travel costs on the long distance lines, as appropriate, on the Budget form. Include only travel costs for staff listed under budget line A and who directly support the grant activities described in your application. All travel outside the service area is long distance travel. For long distance travel, show the purpose for each trip and break out for each the cost of transportation, per diem, lodging, and other travel costs multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the federal mileage rate unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable.

**Line E.** Equipment - Enter on the Budget form the cost of equipment. Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in Supplies. Provide a brief justification for the purchase of the equipment under Item/Purpose.

**Line F.** Supplies – List the types of supplies and their respective costs. Please itemize any single item costing \$1,000 or more.

**Line G.** Contractual and Consultant Services - Enter the cost of contracts and consultants as appropriate. Itemize each contract or consultant and provide a brief justification of the need for each. Include here all services documented in a contract, such as clerical support, training consultants, equipment repair and maintenance, or bookkeeping services.

**Line H.** Other Volunteer Support Costs – Briefly describe all other allowable Volunteer Support Expenses not included in categories A through F, such as criminal history background checks, training, evaluation services, recruitment expenses, and other items. Criminal history background checks are required for all employees or other individuals who receive a salary or similar payment from the grant (CNCS Share or Grantee Share). If funds are not budgeted for criminal history checks, an explanation for how the costs will be covered must be noted in the budget.

Other Volunteer Support Costs <a href="#">add a new budget item</a> ?						
Item	Total Amount	CNCS Share	Grantee Share	Excess Amount	edit	del
Criminal Background Check	\$0	\$0	\$0	\$0	<a href="#">edit</a>	
<b>Subtotal</b>	\$0	\$0	\$0	\$0		

For the Criminal Background check, you will have to click on the 'edit' link to add the appropriate costs to perform this action.

Please enter the necessary budget information for your project.

\* Item: Criminal Background Check

\* Total Amount: \$  .

\* CNCS Share: \$  .

\* Grantee Share: \$  .

\* Excess Amount: \$  .

For any additional Volunteer Support Costs, click on the 'add a new budget item' and complete the appropriate fields.

**Line I. Indirect Costs** - Enter indirect charges applicable to volunteer support expenses. Describe the type of rate (provisional, predetermined, final or fixed) in effect during the budget period, estimated amount of the base to which the indirect rate was applied, and total indirect expense. A copy of the current negotiated indirect cost agreement must be in place with the cognizant federal agency.

Indirect costs are an allowable budget item in CNCS grants. IAW 2 CFR §200.414 Indirect (F&A) costs, grantees have the option of using an indirect cost rate which has been negotiated with, and approved by, their cognizant federal agency; or a non-federal entity, except those receiving more than \$35 million in direct federal funding, which has never received a federally negotiated indirect cost rate may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. Grantees may also charge certain administrative costs directly as outlined in 2 CFR §200.413 Direct costs.

### Calculating Indirect Costs

CNCS allows applicants to include administrative (indirect) costs in budgets. Based on qualifying factors, applicants have the option of using a federal or state approved indirect cost rate, a 10% de minimus rate of modified total direct costs, or may claim certain administrative costs directly as outlined in 2 CFR 200.413.

### De Minimis Rate of 10% of Modified Total Direct Costs

Organizations who have never, at any point in time, held a federally negotiated indirect cost rate and who receive less than \$35 million in direct federal funding, may indefinitely use a de minimis rate of 10% of modified total direct costs (MTDC). Additional information regarding what is included in the MTDC and use of this option can be found at 2 CFR 200.414 (f) and 200.68. If this option is elected, it must be used consistently across all federal awards.

### Federally Approved Indirect Cost Rate Method

If you have a federally approved indirect cost rate, this method must be used and the rate will constitute documentation of your administrative costs. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved indirect cost rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). It is at your discretion whether or not to use your entire indirect cost rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

As specified in your indirect cost rate agreement, apply your rate against the direct costs in your budget, including both the CNCS and Grantee's shares (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.

**SUBTOTAL BUDGET SECTION I** – The subtotal will automatically be populated based on Budget section A.

### 5.2 Volunteer Expenses (eGrants “Documents” Section)

Source of Matching Funds: Please fill in the sources of non-federal share at the beginning of eGrants Sections I and II.

Budget Section II. Volunteer Expenses **Enter Source of matching funds** ?

Please enter the necessary budget information for your project.

Please enter the source of matching funds in the textbox below.

Source of Matching Funds (Max. 1000 chars)

|

**Line A. Other Volunteer Costs** – Enter line items in the respective categories for the applicable costs and reimbursable expenses in columns 1, 2, 3, and 4, as appropriate. Provide a calculation that includes itemized costs for each line item. RSVP allowable costs and reimbursable expenses include: Volunteer Travel, Meals, Volunteer Recognition, and Insurance. Insurance for volunteers when on assignment is required. Volunteers may also be reimbursed for costs incurred while performing assignments – including transportation, equipment, supplies, etc. – provided such costs are described in the Memorandum of Understanding negotiated with the volunteer station where the volunteer is assigned and there are sufficient funds available to cover these expenses and meet all other requirements of the NGA.

**SUBTOTAL BUDGET SECTION II** – The subtotal will automatically be populated based on Budget section B.

**TOTAL PROJECT COSTS** – The sum of the totals for Sections I and II in each column.

**FUNDING PERCENTAGES** - Totals will auto-calculate in eGrants.

<b>Subtotal:</b>			
Total Amount	CNCS Share	Grantee Share	Excess Amount
\$0	\$0	\$0	\$0
	0%	0%	0%

eGrants will perform a limited compliance check to validate the budget. If eGrants finds any compliance issues you will receive a warning and/or error messages. You must resolve all errors before you can submit your budget. To ensure you have validated the budget, the link will turn green with a check mark.



To complete the budget section, you will be required to provide the applicant share breakdown for the application.

## 6 VOLUNTEER STATION ROSTER (EGRANTS “VOLUNTEER STATIONS” SECTION)

While completing your continuation or renewal application, you will notice a section: Station Roster. Below are the instructions for entering your volunteer station roster.

Review the instructions for entering your volunteer station information. Click on the “add a new” link to enter you volunteer station information.

A pop-up screen will appear to enter each volunteer station. Fields with a red asterisk (\*) are required for completion of each volunteer station.

Enter data for each field. For help, click the help text ( ) to understand the description of what should be entered into that specific field. For example, the street address line should be entered as the actual physical address location where Senior Corps volunteers will serve. Do not enter post office boxes.

**Start Continuation Grant Application**

**Volunteer Stations**

Please enter volunteer station information.

Applicants for grant competitions do not need to complete this section. If selected for funding, all applicants for grant competitions will submit a station roster at a later date.

Please enter volunteer station information. A volunteer station is a public agency, secular or faith-based private non-profit organization, or proprietary health care organization that accepts the responsibility for assignment and supervision of Senior Corps volunteers in health, education, social service or related settings such as multi-purpose centers, home health care agencies, or similar establishments. Each volunteer station must be licensed or otherwise certified, when required, by the appropriate state or local government. Private homes are not volunteer stations. Provide stations in as much detail as possible. For example, rather than entering a school district, enter each school where volunteers are serving.

As each station is entered, it will populate in a list below. Please make every effort to provide complete and accurate data and to update it each year through continuation or renewal. Once a volunteer station is created it cannot be deleted. If an organization was entered in error, uncheck the "Active" box in the pop up box by clicking on "View/Edit" next to the volunteer station in the list below.

Enter stations as planned for the upcoming grant year. If the station is not yet active, when entering the station uncheck the box marked "Active" and update the station later through an amendment.

**Volunteer Stations** add a new

Volunteer Station	City	Number of Volunteers	Number of Unduplicated Volunteers	Active	view/edit

For the Focus Areas and Objectives, you will have to select one Focus Area and Objective at a time. For example, I have selected Healthy Futures – Other Healthy Futures. I will need to ‘save & close’ the pop-up screen in order to add another Focus Area and Objective for this station roster.

**Start Continuation Grant Application**

**Volunteer Station Information**

cancel **save & close**

Please enter volunteer station information.

\* Volunteer Station Name

\* Volunteer Station Supervisor First Name

\* Volunteer Station Supervisor Last Name

\* Street Address Line 1

Street Address Line 2

\* City

\* State

\* Zip code  -

\* Area Code and Phone Number:  .  .  ext.

\* Email Address

\* Station Type

\* Number of Unduplicated Volunteers

\* Number of Volunteers

\* Veterans

\* Focus Areas and Objectives

Focus Area and Objective	delete
Healthy Futures - Other Healthy Futures	<b>delete</b>

Active MOU

Active

cancel **save & close**

**Active MOU:** check this box to indicate that there is a current signed MOU with this station.

**Active:** once a volunteer station is created it cannot be deleted. If an organization was entered in error or is no longer an active Senior Corps station, uncheck this box.

To enter more than one Focus Area and Objective for a volunteer station, you will have to enter them separately. Click on the “view/edit” link to add additional Focus Areas and Objectives.

**Volunteer Stations** ? [add a new](#)

Volunteer Station	City	Number of Volunteers	Number of Unduplicated Volunteers	Active	view/edit
Sample Nursing Home	Augusta	5	3	Y	<a href="#">view/edit</a>

**\* Focus Areas and Objectives** ? [add a new](#)

Focus Area and Objective	delete
----- Select Focus Area and Objective ----- ▼	
Healthy Futures - Other Healthy Futures	<a href="#">delete</a>

You will be able to select another Focus Area and Objective for this volunteer station.

**NOTE:** Please ensure that you enter all of the Focus Areas and Objectives that occur at that particular volunteer station.

The recent entries will be included on the Volunteer Stations screen. Repeat steps above until all volunteer stations have been completely entered for this grant.

Click on the 'next' link once all volunteer stations have been added.

You will notice the next screen you will see the Review screen. Review all information to ensure that you have completed all information for this continuation or renewal grant. Click "next" to go to the next screen.

**Volunteer Stations** ? [add a new](#)

Volunteer Station	City	Number of Volunteers	Number of Unduplicated Volunteers	Active	view/edit
Example Residential Housing	Augusta	5	5	Y	<a href="#">view/edit</a>
Sample Nursing Home	Augusta	5	2	Y	<a href="#">view/edit</a>

... | disable the pictures

[back](#) [next](#)

## Review, Authorize and Submit

On the next screen, the authorizing representative will be able to select the "I Agree" radio button for the authorization, assurances, and certifications for this grant application. To submit your continuation application, click on the 'Submit application for grant continuation'

**NOTE:** The person who submits the application must be the applicant's authorized representative. The authorized representative must be using eGrants under their own account in order to submit the application.

The screenshot shows a web interface for starting a grant application. At the top, there is a header "Start Continuation Grant Application" and a "back" button. Below this is a section titled "Authorize and Submit" with instructions: "Please read the authorization, assurances and certifications below. If your name appears, 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." It also provides instructions for users whose names do not appear and for overriding previous agreements.

There are three sections, each with an "I Agree" radio button:

- Authorization:** "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." Authorized by: Faron, Barbara. Radio button:  I Agree. A red arrow points to this radio button.
- Assurances:** "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: Faron, Barbara. Radio button:  I Agree. A red arrow points to this radio button.
- Certifications:** "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: Faron, Barbara. Radio button:  I Agree. A red arrow points to this radio button.

Below these sections is a "Verify this Grant Application:" section with instructions: "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." A button labeled "Verify this Grant Application" with a green checkmark icon is present.

At the bottom, under "Available actions for this Grant Application:", there is a button labeled "Submit application for grant continuation" with a green checkmark icon, which is circled in red. A red arrow points to this button.