

**The Rio Grande Valley RSVP State Funds
County of Hidalgo Community Service Agency**

Application ID: 17SR196802

	Budget Dates:			
	Total Amt	CNCS Share	Grantee Share	Excess Amount
Section I. Volunteer Support Expenses				
A. Project Personnel Expenses	34,997	17,497	17,500	0
B. Personnel Fringe Benefits				
FICA	0	0	0	0
Health Insurance	0	0	0	0
Retirement	0	0	0	0
Life Insurance	0	0	0	0
Total	\$0	\$0	\$0	\$0
C. Project Staff Travel				
Local Travel	1,200	1,200	0	0
Long Distance Travel	1,000	1,000	0	0
Total	\$2,200	\$2,200	\$0	\$0
D. Equipment				
E. Supplies	3,839	3,839	0	0
F. Contractual and Consultant Services	1,300	1,300	0	0
I. Other Volunteer Support Costs				
Criminal Background Check	0	0	0	0
Total	\$0	\$0	\$0	\$0
J. Indirect Costs				
Section I. Subtotal	\$42,336	\$24,836	\$17,500	\$0
Section II. Volunteer Expenses				
A. Other Volunteer Costs	3,000	3,000	0	0
Meals	1,200	1,200	0	0
Uniforms	0	0	0	0
Insurance	0	0	0	0
Recognition	6,000	6,000	0	0
Volunteer Travel	0	0	0	0
Total	\$10,200	\$10,200	\$0	\$0
Section II. Subtotal	\$10,200	\$10,200	\$0	\$0
Budget Totals	\$52,536	\$35,036	\$17,500	\$0
Funding Percentages		66.7%	33.3%	
Required Match		n/a		
# of years Receiving CNCS Funds		n/a		

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PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

17SR196802

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: County of Hidalgo Community Service Agency

DUNS NUMBER: 161811138

ADDRESS (give street address, city, state, zip code and county):

PO Box 204
Edinburg TX 78540 - 0204
County:

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Sylvia Sepulveda
TELEPHONE NUMBER: (956) 316-2005
FAX NUMBER: (956) 380-4324
INTERNET E-MAIL ADDRESS: sylvia.sepulveda@co.hidalgo.tx.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

742234352

7. TYPE OF APPLICANT:

7a. Local Government - County

7b. Local Government, Municipal

8. TYPE OF APPLICATION (Check appropriate box).

NEW NEW/PREVIOUS GRANTEE
 CONTINUATION AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The Rio Grande Valley RSVP State Funds

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Texas: Hidalgo, Cameron and Willacy Counties

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 09/01/17 END DATE: 08/31/18

14. CONGRESSIONAL DISTRICT OF: a.Applicant TX 15 b.Program TX 15

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	\$ 35,036.00
b. APPLICANT	\$ 17,500.00
c. STATE	\$ 0.00
d. LOCAL	\$ 0.00
e. OTHER	\$ 17,500.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 52,536.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

YES if "Yes," attach an explanation. NO

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 REPRESENTATIVE:

Dora Rangel

b. TITLE:

c. TELEPHONE NUMBER:

(956) 383-6240 45

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

06/20/17

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Narratives

Executive Summary

NA

Strengthening Communities

NA

Recruitment and Development

NA

Program Management

NA

Organizational Capability

NA

Other

NA

PNS Amendment (if applicable)

NA

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Performance Measures

Primary Focus Area: Healthy Futures
% of Unduplicated Volunteers in Work Plans that result in Outcomes: 100%
% of Unduplicated in the Primary Focus Area: 100%

Performance Measure: 1.1 Food Delivery	
Community Need to be Addressed: None required for this grant	
Focus Area: Healthy Futures	Objective: Aging in Place
Anticipated Unduplicated Volunteers: 97	Number of Volunteer Stations: 4
Anticipated Volunteer Contributions: 97	
Service Activity: Food Delivery	
Service Activity Description: none required for this grant	
Anticipated Output: (PRIORITY) H8: Number of individuals receiving independent living services	
Target: 1	How Measured: Client Tracking Database
Instrument Description none require for this grant	
Anticipated Outcome: (PRIORITY) H9: Number of individuals with increased social support.	
Target: 1	How Measured: Survey
Instrument Description none required for this grant	

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Required Documents

<u>Document Name</u>	<u>Status</u>
Aggregate Dollar Amounts of funding	Sent
Board of Directors	Sent
Community Advisory Group Names and Addresses	Sent
Federal Financial Report User Form	Sent
Financial Management Survey	Sent
Financial Statement Audit or SF-990	Not Applicable
IRS Certification of Non-Profit Status	Already on File at CNCS
Negotiated Indirect Cost Agreement	Not Applicable
Organizational Chart	Sent
Project Director's Job Description	Sent
Recipient Contact Form	Sent
Roster of Volunteer Stations	Sent
Statement of Audit Status	Sent