**Serve Kentucky AmeriCorps Formula Continuation Template**

All application materials and documents must be submitted to AmeriCorps@ky.gov.

Applicant Information

Name of Organization (exactly as shown on SAM.gov): Click or tap here to enter text.

Address of Organization (exactly as shown on SAM.gov): Click or tap here to enter text.

[SAM Unique Entity ID](https://sam.gov/content/duns-uei): Click or tap here to enter text.

Name of Primary Grant Contact: Click or tap here to enter text.

Phone Number of Primary Grant Contact: Click or tap here to enter text.

Email Address of Primary Grant Contact: Click or tap here to enter text.

Program Information

The proposed project timeline may not exceed 12 months. Due to Serve Kentucky’s contract process, we may have to work with you to determine the most appropriate project timeline. Programs may not start prior to receiving the Notice of Grant Award from the AmeriCorps federal agency and signing the Memorandum of Agreement (MOA) from Serve Kentucky.

Proposed Program Start Date:

Proposed Program End Date:

Additional information (if applicable): Click or tap here to enter text.

Continuation Changes

With continuations, the original application will auto-populate in the Executive Summary and in the narrative sections. Applicants **do not** enter continuation changes in the original narrative fields, and **do not** edit any previously approved narrative. You will only add narrative in the Continuation Changes narrative field.

The AmeriCorps federal agency expects that programs will maintain a consistent program design for the duration of the three-year project period; however, AmeriCorps recognizes that, on occasion, some programmatic changes are necessary. As a result, continuation applicants may request the changes listed below during the continuation process.

Any continuation applicant not requesting changes that fit within the categories listed below should enter “N/A.”

**Is your program requesting changes in Operating Sites?**

If yes, please provide additional information.

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| Click or tap here to enter text. |

**Is your program requesting significant changes in the program scope or design?**

If yes, please provide additional information.

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| Click or tap here to enter text. |

**Is your program requesting changes to Performance Measures?**

If yes, please provide additional information.

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| Click or tap here to enter text. |

**Is your program requesting significant changes to Monitoring Structures or Staffing?**

If yes, please provide additional information.

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| Click or tap here to enter text. |

Budget Revisions

* Fixed Amount applicants must complete the Fixed Budget Template (send as an attachment to AmeriCorps@ky.gov).
* Cost Reimbursement applicants must complete the Cost Reimbursement Budget Template (send as an attachment to AmeriCorps@ky.gov). Applicants should ensure the following:
	+ 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 complies with the budget instructions and Serve Kentucky requirements (see RFA for more information).
	+ 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 (see RFA for more information).