**AmeriCorps Montana Program**

**Alternative Match Schedule Request Form**

Process:

AmeriCorps Montana programs may request an Alternative Match Schedule at the time of application (new, recompete, or continuation). Programs submit this document to the Governor’s Office of Community Service (GOCS) as an additional document during application. If no clarification is needed, then GOCS approves and submits the information to the AmeriCorps Office of Grant Administration on behalf of the program via an online form.

* Be Concise. AmeriCorps has placed undisclosed character limits on each answer field.
* Only narrative responses will be accepted. Charts, tables, or other graphics cannot be submitted.

Background:

AmeriCorps State and National grantees are required to meet an overall matching rate that increases over time. Grantees have the flexibility to meet the overall match requirements in any of the three budget areas, as long as they maintain the minimum match of 24% for the first three years and the increasing minimums in years thereafter maxing out at 50% at year ten. See 45 CFR §§2521.35–2521.90 for the specific regulations.

What is Alternative Match Schedule:

Under certain circumstances, applicants/grantees may qualify to meet alternative matching requirements that increase over the years to 35% instead of 50% as specified in the regulations at [45 CFR §§2521.60(b)](https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XXV/part-2521/subject-group-ECFR30615c285e05d4c/section-2521.60). To qualify, you must demonstrate that your program is either a) located in a rural county, or b) in a severely economically distressed community as defined below.

The Match Share Chart available [45 CFR §§ 2521.60(b)](https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XXV/part-2521/subject-group-ECFR30615c285e05d4c/section-2521.60) demonstrates the difference between standard grantee share and AMS through the grant funding years.

1. **Rural County Applicant** List what county and state your program currently operates in (If your program does not operate in a rural county, but you want to be considered as a ‘severely economically distressed’ applicant then write “NA” for question 1 and skip to question 2.

*Eligibility:* The U.S. Department of Agriculture publishes [**Beale** **codes (Rural-Urban Continuum Codes)**](https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/), which are used to classify counties as being more urban or more rural. If this county has a Beale Code of 4,5,6,7,8 or 9 then the program is eligible to apply for the alternative match requirement.

1. **Severely Economically Distressed Applicant.** List what county and state your program currently operates in. (If your program meets the definition in Question 1 as a rural county you do not need to complete Question 2 and simply write “NA”.) If you do wish to be considered, please fill the space below with relevant data that would support your claim that your program is in a severely economically distressed area and cite sources of where this data is collected.

Relevant information would include:    
a) the county-level per capita,    
b) county poverty rate,    
c) county-level unemployment rate, and    
d) any description if the areas served by the program lack basic infrastructure like water or electricity.

1. What is the current program year? (i.e., how many years has this ASN Program been funded?) If the answer is over 10 years, please write “10+”.
2. What is the organization’s name?
3. What is the AmeriCorps Grant Number, or Application ID if applying for a new grant?
4. Who is the Authorized Representative [inclusion of name constitutes certification of accuracy of facts included in this request]?
5. What is the Email Address and Phone Number of Authorized Representative?