**AmeriCorps State and National Programs**
**Alternative Match Schedule Request**
*December 2022*

This is a revised process for AmeriCorps State and National Program Applicants and Grantees to request an Alternative Match Schedule (AMS) for current and upcoming grant years.

**IMPORTANT NOTE**: An Alternative Match Schedule (AMS) is not the same as a Match Waiver Request. An AMS is a different match schedule based on certain conditions, as set out in regulations and outlined below and in the FY 2023 AmeriCorps State and National Application Instructions. Match Waivers have their own request process where the grantee must demonstrate hardship in order to waive the required match in a given year or years. Match waiver request forms are also on the AmeriCorps Manage Your Grant webpage.

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). 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.

***This Match Share Chart available 45 CFR §§ 2521.60(b) demonstrates the difference between standard grantee share and AMS through the grant funding years. Please review that chart to see the match difference.***

To request an alternative match schedule, please respond to each of the items below and submit. Programs applying through a State Service Commission must submit requests for alternative match to the Commission, who will then submit it to AmeriCorps via this form on their behalf.

AmeriCorps' Office of Grant Administration (OGA) will review and evaluate all justifications and/or submitted data provided on this form for accuracy to ensure statute requirements are met.  OGA will make every effort to respond within 30 calendar days of receiving the initial request with a decision or request for additional information.

Required

**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**, 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.

**2.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.

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.

Please cite sources of where this data is collected.

**3.**What is your current program year? (ie, how many years has this ASN Program been funded?) If the answer is over 10 years, please write “10+”.

**4.**Organization Name.

**5.**AmeriCorps Grant Number, or Application ID if applying for a new grant.

**6.**Authorized Representative Name [Inclusion of name constitutes certification of accuracy of facts included in this request.]

**7.**Email Address and Phone Number of Authorized Representative.

**8.**Date of Request.