



### Exhibit III: CNCS National Service Criminal History Check (NSCHC)

#### Overview

Sub-grantees will comply with the Corporation for National and Community Service's (CNCS) National Service Criminal History Check (NSCHC) Requirements for staff as identified on the budget. The requirement applies to Volunteer Generation Fund (VGF) grantee staff who are considered "covered" under the NSCHC definitions. NSCHC includes a National Sex Offender Registry check, State of Florida check, and a FBI fingerprint based check, for all applicable staff. The VGF Program Manager will be responsible for NSCHC completion.

The CNCS background check requirements do not apply to individuals who do not appear in the VGF budget (federal share or match) or to contractors/consultants. Skills-based volunteers are not required to complete a CNCS background check, but should follow the organizations own policy for background checks and/or screening.

#### Due Date October 15, 2020

Volunteer Florida requires the grantee to complete Section 1 of the National Service Criminal History Checklist and submit via Blackbaud. There may be a manual hold placed on grant funds for grantees who are found to be noncompliant with the NSCHC requirement until the grantee is able to complete NSCHC compliance.

#### Resources

CNCS National Service Criminal History Check

Process: <http://www.nationalservice.gov/resources/criminal-history-check>

National Service Criminal History Check

Manual: [https://www.nationalservice.gov/sites/default/files/documents/NSCHC\\_manual\\_final\\_11-15-18\\_508.pdf](https://www.nationalservice.gov/sites/default/files/documents/NSCHC_manual_final_11-15-18_508.pdf)

### National Service Criminal History Checklist

- 1) The sub-grantee will complete Section 1 of the National Service Criminal History Checklist for the 1-2 covered staff positions. The sub-grantee will submit via Blackbaud.
- 2) Please use the complete name as listed on the government-issued ID (License or Passport).

### TrueScreen

- 1) Volunteer Florida will access <http://mytruescreen.com> to order a name check.
- 2) After a check is ordered, the applicant will receive an email prompting the sub-grantee to create an account.
- 3) The sub-grantee will create an account (create a log-in and password), complete identification forms and sign off on agreements and disclosures.
  - A) The applicant will be required to submit a digital signature using a mouse or finger on a touchscreen.
  - B) The applicant will need to upload one of the required types of identification (i.e. uploaded driver's license).
  - C) The applicant will need to select "staff" and Volunteer Generation Fund.
  - D) During this process, applicants can disclose whether or not they have been convicted of an offense under an alias.
- 4) After the applicant completes the application, Truescreen will automatically run the checks and adjudicate any convictions according to CNCS eligibility criteria.
- 5) Truescreen will notify the sub-grantee when the check has been completed.
- 6) Volunteer Florida will be covering the cost of the TrueScreen check.

### Fieldprint

To schedule a fingerprint appointment, please follow these instructions:

- 1) Visit <http://fieldprintcnscs.com/>
- 2) Enter an e-mail address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question. Once complete, click "Sign Up and Continue".
- 3) Enter the following Fieldprint Code – **FPCNCSVolunteerFL**
- 4) Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
- 5) At the end of the process, print the Confirmation Page. Please be sure to take the Confirmation Page with your fingerprint appointment, along with two forms of identification (the attached document outlines acceptable forms of identification for fingerprint appointments with Fieldprint).
- 6) Volunteer Florida will be covering the cost of the Fieldprint check.

# NATIONAL SERVICE CRIMINAL HISTORY CHECKLIST

**SUB-GRANTEE ORGANIZATION NAME:** \_\_\_\_\_

**SECTION I: To be completed by the sub-grantee:** This form is required for every individual the program adds to the Volunteer Florida VGF grant.

**APPLICANT INFORMATION** *(Please use the name as listed on the government-issued ID)*

|  |  |        |        |
|--|--|--------|--------|
| Last Name                              | First Name   | MI     | Suffix |
| Start Date                             | Title  | E-mail |        |
| State of State Issued Drivers License: |  |        |        |
| Level of Access <i>(choose one)</i>    | <input type="checkbox"/> Staff Working in a Covered Position <i>with Recurring</i> Access to Vulnerable populations<br><input type="checkbox"/> Staff Working in a Covered Position with <i>Episodic</i> or <i>No</i> Access to Vulnerable populations |        |        |

**CERTIFICATION**

I authorize Volunteer Florida to complete a National Service Criminal History Check, which includes a search of the National Sex Offender Public Website, a state of service and state of residency check, and a fingerprint-based FBI check.

I acknowledge that: refusing to submit to a background check or providing false information related my criminal history will render me ineligible, my identity must be verified with a government issued photo ID, selection into the program is contingent upon the organization’s review of my criminal history, I will have the opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from the position, any information relating to the criminal history check will remain confidential, and I will not assume the cost of performing a National Service Criminal History Check.

|               |            |       |
|---------------|------------|-------|
| Printed Name: | Signature: | Date: |
|---------------|------------|-------|

**SECTION II: To be completed by Volunteer Florida:** Volunteer Florida will set up TrueScreen and Fieldprint background checks for the above individual.

**TRUESCREEN** *(NSOPW)*

|  |   |
|--|---|
| Select One   | <input type="checkbox"/> Individual is a returning staff member who has not had a break in service of 120 days and are not required to conduct new State and FBI checks, but must conduct an annual NSOPW.<br><input type="checkbox"/> Individual is new to the grant and a NSOPW Check was run |
| <input type="checkbox"/> Checks are adjudicated. Cleared date: _____ |   |

**FIELDPRINT** *(State of Florida and FBI Fingerprinting Check)*

|  |
|--|
| <input type="checkbox"/> Checks are adjudicated. Cleared date: _____ |
|--|

**CONSIDERATION OF RESULTS**

|   |  |
|---|--|
| Statement of Eligibility <i>(choose one)</i>  | <input type="checkbox"/> This individual has been deemed <b>eligible</b> for service/work<br><input type="checkbox"/> This individual has been deemed <b>ineligible</b> for service/work |
| <input type="checkbox"/> Grantee notification of earliest date Individual can begin work on the grant uploaded in Blackbaud<br>Earliest Date: _____ |  |

**CERTIFICATION**

I have reviewed and considered the results of the National Service Criminal History checks and certify that this individual is eligible for work or service.

|                       |                                    |                                       |
|-----------------------|------------------------------------|---------------------------------------|
| Date of Consideration | Authorized Program Staff Signature | Authorized Program Staff Name Printed |
|-----------------------|------------------------------------|---------------------------------------|