|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SDC LogoAmeriCorps National Direct ApplicantConsultation Form: 2015 NOFO | | | | | | | | | |
| **Serve DC – The Mayor’s Office on Volunteerism**  [www.serve.dc.gov](http://www.serve.dc.gov)  Office line: 202-727-7925 | | | | | **Staff Contact:**  Grants Management Specialist  Pamela Weinberg  202-727-7937  [pamela.weinberg@dc.gov](mailto:pamela.weinberg@dc.gov) | | | | |
| **Legal Applicant Information**  **Organization Name:**  **Contact Person:**  **Address:**  **Telephone:**  **Email Address:**  **Website:** | | | | | | | | | |
| **AmeriCorps Grant Type** | | | | National Direct  Professional Corps  Education Award  Fixed Amount | | | | | |
| **AmeriCorps Program Model** (check one) | | | | **National** (members at local organizations directly controlled by parent)  **Affiliates** (members at affiliates of parent)  **Consortium** (members at independent organizations that interact on activities beyond AmeriCorps)  **Intermediary** (members at unrelated organizations) | | | | | |
| **Type of Application** | | | | New Application  Re-compete  Continuation (Year \_\_\_ of 3 Year Cycle) | | | | | |
| **Proposed National Program Overview**  **Program Name:**  **Start Date/End Date:**  **Point of Contact for DC Operations (Name):**  **Address:**  **Telephone:**  **Email Address:** | | | | | | | | | |
| **Number of AmeriCorps Slots**  **Application Total for Washington, DC** | Minimum Time | Quarter Time | | | | Reduced Half Time | 2 Yr Half Time | Half Time | Full Time |
|  |  | | | |  |  |  |  |
| **Budget Overview**    **Total CNCS Budget Request within DC:**  **Total Operating Budget:**  **Number of MSYs within Washington, DC:**  **Number of MSYs:**  **Cost per MSY:** | | | | | | | | | |
| **Proposed Source(s) of Match** | | |  | | | | | | |
| **AmeriCorps Program Focus**  *(Brief narrative; community need(s) being addressed)* | | |  | | | | | | |
| **Description of Primary AmeriCorps Program Activities**  *(Succinct description of how members will achieve the result. Explain exactly what* ***members*** *will do. Give a clear picture of member activity. )* | | |  | | | | | | |
| **Beneficiaries within Washington, DC** | | |  | | | | | | |
| **Proposed Primary Outcome Target** | | |  | | | | | | |
| **Prior Year Data on Primary Outcome Performance Measure** | | |  | | | | | | |
| **Prior Year Member Enrollment Rate**  **Prior Year Member Retention Rate** | | | \_\_\_ [Year] 20\_\_  \_\_\_ [Year] 20\_\_ | | | | | | |
| **AmeriCorps Program Staff**  *(How many staff in DC to oversee the program? If none in DC, what staff will oversee?)* | | | Number of FTEs = 1.5 | | | | | | |
| **Role of Parent Organization in Administration of Program at State Level**  *(i.e. site monitoring; background checks; training and development)* | | |  | | | | | | |
| **Skills and Resources to Share** | | |  | | | | | | |
| **Summary of member orientation and training** | | |  | | | | | | |
| **Date of most recent A133 Audit**  *(How were any findings resolved?)* | | |  | | | | | | |
| **Overview of Proposed Site**  *(For each proposed site, provide the following information)*  Operating or service site?  Location of site  Number of members:  Does this site oversee members from any other AmeriCorps program? If so, please name: | | | | | | | | | |
| Please Use for Additional Sites | | | | | | | | | |
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**Please transmit completed form via email attachment to:**

Pamela Weinberg, Grants Management Specialist

[pamela.weinberg@dc.gov](mailto:pamela.weinberg@dc.gov)