



## AmeriCorps National Direct Applicant Consultation Form: 2016 NOFO

<b>Serve DC – The Mayor’s Office on Volunteerism</b>  <a href="http://www.serve.dc.gov">www.serve.dc.gov</a>  Office line: 202-727-7925	<b><u>Staff Contact:</u></b>  AmeriCorps Program Director Pamela Weinberg 202-727-7937 <a href="mailto:pamela.weinberg@dc.gov">pamela.weinberg@dc.gov</a>
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**Legal Applicant Information**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

<b>AmeriCorps Grant Type</b>	<input type="checkbox"/> National Direct <input type="checkbox"/> Professional Corps <input type="checkbox"/> Education Award <input type="checkbox"/> Fixed Amount
<b>AmeriCorps Program Model</b> (check one)	<input type="checkbox"/> <b>National</b> (members at local organizations directly controlled by parent) <input type="checkbox"/> <b>Affiliates</b> (members at affiliates of parent) <input type="checkbox"/> <b>Consortium</b> (members at independent organizations that interact on activities beyond AmeriCorps) <input type="checkbox"/> <b>Intermediary</b> (members at unrelated organizations)
<b>Type of Application</b>	<input type="checkbox"/> New Application <input type="checkbox"/> Re-compete <input type="checkbox"/> 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	Minimum Time	Quarter Time	Reduced Half Time	2 Yr Half Time	Half Time	Full Time
Application Total for Washington, DC						

**Budget Overview**

Total CNCS Budget Request within DC: \_\_\_\_\_  
 Total Operating Budget: \_\_\_\_\_  
 Number of MSYs within Washington, DC: \_\_\_\_\_  
 Number of MSYs: \_\_\_\_\_  
 Cost per MSY: \_\_\_\_\_

<b>Proposed Source(s) of Match</b>	
<b>AmeriCorps Program Focus</b> <i>(Brief narrative; community need(s) being addressed)</i>	
<b>Description of Primary AmeriCorps Program Activities</b> <i>(Succinct description of how members will achieve the result. Explain exactly what <b>members</b> will do. Give a clear picture of member activity. )</i>	
<b>Beneficiaries within Washington, DC</b>	
<b>Proposed Primary Outcome Target</b>	
<b>Prior Year Data on Primary Outcome Performance Measure</b>	
<b>Prior Year Member Enrollment Rate</b>	___ [Year] 20__
<b>Prior Year Member Retention Rate</b>	___ [Year] 20__
<b>AmeriCorps Program Staff</b> <i>(How many staff in DC to oversee the program? If none in DC, what staff will oversee?)</i>	Number of FTEs = 1.5
<b>Role of Parent Organization in Administration of Program at State Level</b> <i>(i.e. site monitoring; background checks; training and development)</i>	
<b>Skills and Resources to Share</b>	
<b>Summary of member orientation and training</b>	
<b>Date of most recent A133 Audit</b> <i>(How were any findings resolved?)</i>	

**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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Operating or service site? \_\_\_\_\_

Location of site \_\_\_\_\_

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Location of site \_\_\_\_\_

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Does this site oversee members from any other AmeriCorps program? If so, please name:  
\_\_\_\_\_

**Please transmit completed form via email attachment to:**

Pamela Weinberg, AmeriCorps Program Director

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