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| SDC LogoAmeriCorps National Direct Applicant Consultation 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 SpecialistPamela Weinberg202-727-7937pamela.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