



AmeriCorps National Direct Applicant Consultation Form: 2018 NOFO

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

Organization Name: _____

Contact Person: _____

Address: _____

Telephone: _____

Email Address: _____

Website: _____

AmeriCorps Grant Type	<input type="checkbox"/> National Direct <input type="checkbox"/> Professional Corps <input type="checkbox"/> Education Award <input type="checkbox"/> Fixed Amount
AmeriCorps Program Model (check one)	<input type="checkbox"/> National (members at local organizations directly controlled by parent) <input type="checkbox"/> Affiliates (members at affiliates of parent) <input type="checkbox"/> Consortium (members at independent organizations that interact on activities beyond AmeriCorps) <input type="checkbox"/> Intermediary (members at unrelated organizations)
Type of Application	<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): _____

Email address for point of contact: _____

Address: _____

Telephone: _____

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: _____

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

AmeriCorps Program Staff

(How many staff in DC to oversee the program? If none in DC, what staff will oversee?)

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

What Performance Measures is the organization tracking?

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, AmeriCorps Program Director

pamela.weinberg@dc.gov