

Initial Consultation Form

State Service Commission Contact Person Date						
Legal Applicant Information	Organization Contact Person Address Email Phone					
AmeriCorps Grant Type	<input type="checkbox"/> National Direct <input type="checkbox"/> Education Award <input type="checkbox"/> Professional Corps <input type="checkbox"/> Indian Tribe					
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 – limited direct control) <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"/> Recompete <input type="checkbox"/> Continuation (Year ___ of 3 Year Cycle)					
Proposed National Program Overview						
Program Name Start Date End Date						
Number of AmeriCorps Slots	Minimum Time	Quarter Time	Reduced Half Time	2 Yr Half Time	Half Time	Full Time
Application Total for this state						
Total CNCS Budget Request within state Total Operating Budget Number of MSYs Cost per MSY						
Proposed Source of Match						
AmeriCorps Program Focus <i>(brief narrative; community need being addressed)</i>						
Description of Primary AmeriCorps Program Activities <i>(Brief succinct description of how members will achieve the result. Explain exactly what <u>members</u> will be doing. Give a clear picture of member activity.)</i>						

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Beneficiaries within the state	
Proposed Primary Outcome Target	
Prior Years Data on Primary Outcome Performance Measure	
Prior Year Member Enrollment Rate	_____ [Year]
Prior Year Member Retention Rate	_____ [Year]
AmeriCorps Program Staff <i>(How many staff in state to oversee the program? If none in state, what staff will oversee?)</i>	Number of FTEs =
Role of Parent in Administration of Program at state level; <i>(i.e. site monitoring; background checks; training and development)</i>	
Skills and Resources to share	
Date of most recent A133 Audit <i>(How were any findings resolved?)</i>	
Overview of proposed Site/s <i>(For each proposed site, provide the following information Operating site: sub-site; service site: exact location where member serves)</i>	
Operating or service site? Location of site Number of members: Does this site oversee members from any other AmeriCorps program? If so, please name.	
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