



FY 2023 AmeriCorps State and National Public Health AmeriCorps Notice of Intent to Apply –23AC-PHA

Organization Name

Contact Information:

Name and Title:

Phone number:

Email:

SAM UEI:

EIN/Tax ID:

Summary (one or two paragraphs) of what the program is proposing

Number of AmeriCorps members the program is expecting to enroll

Public Health AmeriCorps Performance Measure(s) (output paired with outcome)

A general budget (not detailed)