



## 2023-24 AmeriCorps State and National Formula Grants Program Grant Notice of Intent to Apply (NOIA)

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

Contact Name and Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

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

UEI (SAM): \_\_\_\_\_ EIN/Tax ID: \_\_\_\_\_

Eligible Applicant Type: \_\_\_\_\_

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



**Number of AmeriCorps members the program is expecting to enroll:**

**Total expected federal budget request (not detailed):**

**Names and amounts of anticipated match source(s):**