



## 2023-2024 AmeriCorps Program Grant Application Form

### New and Recompete Formula Program Grant Applicant Information

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

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

Name of Primary Grant Contact: \_\_\_\_\_

Phone Number of Primary Grant Contact: \_\_\_\_\_

Email Address of Primary Grant Contact: \_\_\_\_\_

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

### **Narratives**

Please fully answer all questions.

#### **Executive Summary**

**Using the template language below, create your executive summary in the box provided, using this exact format:**

The [Name of the organization] proposes to have [Number of] AmeriCorps members who will [service activities the members will be doing] in [the locations the AmeriCorps members will serve]. At the end of the first program year, the AmeriCorps members will be responsible for [anticipated outcome of project]. In addition, the AmeriCorps members will leverage [number of leveraged volunteers, if applicable] who will be engaged in [what the leveraged volunteers will be doing.]



**What is the need you will address through your proposed AmeriCorps program? Explain why the need exists, who it impacts, and why it matters.**



**How did you identify the need? Provide information on how you engaged in outreach to partners, community members, and potential beneficiaries in designing your program? Provide examples of any surveys, data, community input, etc. used in the process.**

A large, empty rectangular box intended for the applicant to provide detailed information regarding their outreach and program design process.



**How does the proposed program fit into your organization's strategic plan or meet your organization's greater mission?**

A large, empty rectangular box intended for the applicant to provide their response to the question above.



**Why is AmeriCorps the right program model to meet the identified need?**

A large, empty rectangular box with a black border, intended for the applicant to provide their response to the question above.



**Using the Instructions document in this RFP, provide Performance Measure(s) the program is expecting to use:** Provide a brief description and include an Output and Outcome

**How many AmeriCorps members are you requesting?**

Member Positions: How many members per position?

- \_\_\_\_ Full-time (1700 hours)
- \_\_\_\_ Three Quarter-time (1200 hours)
- \_\_\_\_ Half-time (900 hours)
- \_\_\_\_ Reduced half-time (675 hours)
- \_\_\_\_ Quarter-time (450 hours)
- \_\_\_\_ Minimum-time (300 hours)
- \_\_\_\_ Abbreviated-time (100 hours)

**Will your members be serving at your organization, at your organization *and* other organizations, or 100% at other organizations?**

- Your organization?
- Your organization *and* other organizations?
- 100% at other organizations?



**Who is the average recipient (e.g., beneficiary, target population served, or population experiencing need) of your AmeriCorps services? Examples can include demographics (e.g., age, education, or income), geographic location, etc.**

**What types of activities will your AmeriCorps members be engaging in?**

Provide examples in list form below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**What type of training will you provide your members?**



**What type of ongoing support will you offer members through their service year?** For example: integration into organization, professional development opportunities, mental health support, benefits, etc.

**Members are required to wear the AmeriCorps brand during their service, what types of branded items do you plan to provide members?** Give examples.

**What qualifications/skills do you want your AmeriCorps members to have? How do you plan to recruit members?**





**How will you ensure that you are providing an inclusive and safe service experience for all members?**

**Who will supervise the members? What will that supervision look like?**

**What experience does your organization have in working with AmeriCorps members?**



**Which staff positions will oversee the AmeriCorps program?**

**What experience does your organization have with federal grants?**

**What oversight does your organization use to ensure that funds are spent appropriately?**

**If applicable, has your organization had any major audit findings in the past 5 years?**

### **Cost Effectiveness and Budget Adequacy**

Budget templates have been provided separately and should be submitted at the same time as this application form. Please reference the Budget Instructions for guidance.

Serve Alaska is not obligated to fund grant proposals in their entirety and reserves the right to request applicants to revise any portion of their organization's proposal.

### **Contact Information and Applicant Assistance**

For general assistance, please contact Jill Furbish ([jill.furbish@alaska.gov](mailto:jill.furbish@alaska.gov)) or Katie Abbott ([katie.abbott@alaska.gov](mailto:katie.abbott@alaska.gov)).