



FY 2024 AmeriCorps State and National Competitive Grants 24AC-C Notice of Intent to Apply

Organization Name: _____

Contact Name and Title: _____

Phone number: _____

Email: _____

Organization Address: _____

UEI (SAM): _____ EIN/Tax ID: _____

Eligible Applicant Type: _____

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



Number of AmeriCorps members the program is expecting to enroll.

Service Term	Minimum # of Hours	Number of Members Expected to Enroll
Full-time	1,700	
Three Quarter-time	1,200	
Half-time	900	
Reduced Half-time	675	
Quarter-time	450	
Minimum-time	300	
Abbreviated-time	100	

Performance Measure(s) (output paired with outcome) Use the 2024 Performance Measure Instructions

Strategic Plan Objective	Selection Rules	
	Outputs	Outcomes (if applicable) *

A general budget (not detailed)

Estimated Match Source(s)