



2024-25 AmeriCorps State and National Formula Grants Notice of Intent to Apply (NOIA)

Organization Name: _____

Contact Name and Title: _____

Phone number: _____

Email: _____

Organization Address: _____

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

Summary (one or two brief 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	

Total expected federal budget request (not detailed):

Names and amounts of anticipated match source(s):