



2024-2025 AmeriCorps Formula Program Grant Application Form

New and Recompete 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.

[Empty response box for program need explanation]



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.



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.



Performance Measure(s) (output paired with outcome)

Use the 2024 Performance Measures Instructions to guide your completion below:

Focus Area:			
Strategic Plan Objective	Selection Rules		Applicable Interventions
	Outputs	Outcomes (if applicable)	

How many AmeriCorps members are you requesting?

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	

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 a list of 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.