



## FY 2025 AmeriCorps State and National Competitive Grants 25AC-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 short paragraphs) of what the program is proposing.**



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

<b>Service Term</b>	<b>Minimum # of Hours</b>	<b>Number of Members Expected to Enroll</b>
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	

**A general budget (not detailed)**

**Estimated Match Source(s)**