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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Organization Name |  | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address |  | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | State | | | | |  | | | | | ZIP | | | | |  | | |
| Office Telephone |  | | | | Ext. | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Secondary Sponsor Organization Name |  | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address |  | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | State | | | | |  | | | | | ZIP | | | | |  | | |
| Office Telephone |  | | | | Ext. | | | | |  | | | | | | | | | | | | |
| 2 | EIN |  | | | | Secondary Sponsor EIN | | | | | | |  | | | | | | | | | | |
| 3 | Organization Type | Community-Based Nonprofit Organization  Federal Government  Indian Tribe  Local Government or Municipality  National Nonprofit  School  State Government | | | | | | | | | | | | | | | | | | | | | |
| 4 | Authorized  Representative |  | | | | | | | | | | | | | | | | | | | | | |
| Organizational Title |  | | | | | | | | | | | | | | | | | | | | | |
| Phone Number |  | | | | Ext. | | | | | | |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | | | | | | | | |
| 5 | Project Site Supervisor |  | | | | | | | | | | | | | | | | | | | | | |
| Organizational Title |  | | | | | | | | | | | | | | | | | | | | | |
| Phone Number |  | | | | | Ext. | | | | | |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | | | | | | | | |
| PROJECT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Project Title |  | | | | | | | | | | | | | | | | | | | | | |
| Project Start Date |  | | | | | Fixed or Flexible? | | | | | | | | |  | | | | | | | |
| Project End Date |  | | | | | Fixed or Flexible? | | | | | | | | |  | | | | | | | |
| Estimated Completed Time (Weeks) |  | | | | | | | | | | | | | | | | | | | | | |
| PROJECT FOCUS AREAS AND OBJECTIVES | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Primary Area of Community Need | Energy Conservation  Environmental Stewardship and Conservation  Infrastructure Improvement  Natural and Other Disasters  Urban and Rural Development | | | | | | | | | | | | | | | | | | | | | |
| 8 | Disaster Type  (if applicable) | Preparedness  Mitigation  Readiness  Recovery | | | | | | | | | | | | | | | | | | | | | |
| 9 | Project Objectives | Access to Care  At-Risk Ecosystems  Awareness and Stewardship  Capacity Building and Leverage  Community Support  Disaster Assistance Provided  Education Support  Energy Efficiency  Engaging Participants  Environmental Conservation  Financial Literacy  Housing  Inclusion of People with Disabilities | | | | | | | | | | | | | | | | | | | | | |
| Other (please specify) |  | | | | | | | | | | | | | | | | | | | | | |
| AREAS AFFECTED BY THE PROJECT | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | State or Territory |  | | | | | City or County | | | | | | | | |  | | | | | | | |
| State or Territory |  | | | | | City or County | | | | | | | | |  | | | | | | | |
| State or Territory |  | | | | | City or County | | | | | | | | |  | | | | | | | |
| State or Territory |  | | | | | City or County | | | | | | | | |  | | | | | | | |
| OTHER | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Organization Goals Relevant to the Project | 1 | |  | | | | | | | | | | | | | | | | | | | |
| 2 | |  | | | | | | | | | | | | | | | | | | | |
| 3 | |  | | | | | | | | | | | | | | | | | | | |
| 12 | Are there any required permits or zoning variances for this project? | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| If ‘Yes,’ please list the specific permits or zoning variances required and state whether you have secured them. Though not required at the time of application, proof of permits may be requested at a later date. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Is your organization currently funded wholly or in part by the Corporation for National and Community Service? | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| If ‘Yes,’ is the proposed project funded by an AmeriCorps State and National grant or any AmeriCorps VISTA resources? | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| If ‘Yes,’ to either of the above questions, please provide detailed information concerning the funding source and utilization of those funds. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Will the proposed service replace any of your organization’s current or projected staff or contracted labor? | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| 15 | Could this project be impacted by inclement weather? | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| If ‘Yes,’ do you have sufficient alternate project work opportunities for at least 25% of the project time for the team should there be inclement weather? | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| 16 | The Corporation for National and Community Service conducts history checks on all members which consists of fingerprint-based FBI criminal history search and a check of the National Sex Offender Public Website (NSOPW.org). Will your organization conduct additional background checks? | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| If ‘Yes,’ please specify what additional background checks are required and how these requirements will be satisfied. If an organization requires additional background checks for AmeriCorps NCCC members, the organization is responsible for fees associated with the background checks and completing background checks prior to or at the start of the project. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Does this project include possible exposure of AmeriCorps NCCC members to asbestos, lead paint, hazardous waste, mold, or any other safety hazards?\* | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| 18 | Will members be required to work with potentially hazardous chemicals such as solvents, acids, pesticides, herbicides, adhesives, etc.?\* | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| 19 | Are there any health or environmental conditions that might preclude an AmeriCorps NCCC member from fully participating based on project location or project conditions?\* | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| \*Selection of ‘Yes’ to this question does not preclude your organization from receiving an AmeriCorps NCCC team. You will need to further explain any hazards or conditions in the Safety and Security Narrative (Question 30). | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATIONS | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Location of Service #1 | | | | | | | | | | | | Primary Site? | | | | | | Yes  No | | | | |
| Organization | |  | | | | | | | | | | | | | | | | | | | | |
| Projected Start Date | |  | | | | | | | Projected End Date | | | | | | |  | | | | | | |
| Street Address | |  | | | | | | | | | | | | | | | | | | | | |
| Address Line 2 | |  | | | | | | | | | | | | | | | | | | | | |
| City | |  | | | | | | | State | | | | |  | | | | | ZIP | |  | |
| Accessible for people with disabilities? | | Yes  No | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Site Supervisor Name | |  | | | | | | | | | | | | | | | | | | | | |
| Organizational Title | |  | | | | | | | | | | | | | | | | | | | | |
| Phone Number | |  | | | | | | | | | | | | | | | | | | | | |
| Email Address | |  | | | | | | | | | | | | | | | | | | | | |
| Location of Service #2 | | | | | | | | | | | | Primary Site? | | | | | | Yes  No | | | | |
| Organization | |  | | | | | | | | | | | | | | | | | | | | |
| Projected Start Date | |  | | | | | | | Projected End Date | | | | | | |  | | | | | | |
| Street Address | |  | | | | | | | | | | | | | | | | | | | | |
| Address Line 2 | |  | | | | | | | | | | | | | | | | | | | | |
| City | |  | | | | | | | State | | | | |  | | | | | ZIP | | |  |
| Accessible for people with disabilities? | | Yes  No | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Site Supervisor Name | |  | | | | | | | | | | | | | | | | | | | | |
| Organizational Title | |  | | | | | | | | | | | | | | | | | | | | |
| Phone Number | |  | | | | | | | | | | | | | | | | | | | | |
| Email Address | |  | | | | | | | | | | | | | | | | | | | | |
| Location of Service #3 | | | | | | | | | | | | Primary Site? | | | | | | Yes  No | | | | |
| Organization | |  | | | | | | | | | | | | | | | | | | | | |
| Projected Start Date | |  | | | | | | | Projected End Date | | | | | | |  | | | | | | |
| Street Address | |  | | | | | | | | | | | | | | | | | | | | |
| Address Line 2 | |  | | | | | | | | | | | | | | | | | | | | |
| City | |  | | | | | | | State | | | | |  | | | | | ZIP | | |  |
| Accessible for people with disabilities? | | Yes  No | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Site Supervisor Name | |  | | | | | | | | | | | | | | | | | | | | |
| Organizational Title | |  | | | | | | | | | | | | | | | | | | | | |
| Phone Number | |  | | | | | | | | | | | | | | | | | | | | |
| Email Address | |  | | | | | | | | | | | | | | | | | | | | |
| \*For projects with more than three site locations, please attach a PDF with the information required above for each additional site location. | | | | | | | | | | | | | | | | | | | | | | | |
| LODGING SITE #1 | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Lodging Provider | |  | | | | | | | | | | | | | | | | | | | | |
| Anticipated Arrival Date | |  | | | | | Anticipated Departure Date | | | | | | | | | |  | | | | | |
| Type of Lodging | | Apartment or Condo  Armory  Bed and Breakfast  Cabin  Campsite  Church or Other Faith-Based Organization  Community Center  Dorm  Homestay  Hostel  Hotel  Military Facility  NCCC Campus  Recreational Vehicle  School Room or Classroom  Trailer  Vacant Home  Volunteering Housing  Yurt  Other | | | | | | | | | | | | | | | | | | | | |
| Lodging Category | | Community or Faith-Based Organization  Federal Government  Indian Tribe  Institute of Higher Education  Local Government or Municipality  Military  National Nonprofit Organization  National or State Park  Other | | | | | | | | | | | | | | | | | | | | |
| Street Address | |  | | | | | | | | | | | | | | | | | | | | |
| Address Line 2 | |  | | | | | | | | | | | | | | | | | | | | |
| City | |  | | State | | | | | | |  | | | | | | | | ZIP | | |  |
| Accessible for people with disabilities? | | Yes  No | | Beds provided? | | | | | | | | | Yes  No | | | | | | | | | |
| Full Kitchen (including stove and fridge) on site? | | Yes  No | | If no full kitchen, microwave oven on site? | | | | | | | | | Yes  No | | | | | | | | | |
| Showers on site? | | Yes  No | | Laundry on site? | | | | | | | | | Yes  No | | | | | | | | | |
| Lodging Contact Name | |  | | | | | | | | | | | | | | | | | | | | |
| Phone number | |  | | Email Address | | | | | | | | |  | | | | | | | | | |
| Please use the space provided below to further describe team lodging accommodations. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |

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| NARRATIVES | |
| Please refer to the application instructions guide for full details on requirements for each section. | |
| 22 | Executive Summary |
|  | |
| 23 | Need |
|  | |
| 24 | Project Design |
|  | |
| 25 | Project Management |
|  | |
| 26 | Recruitment |
|  | |
| 27 | Member Development |
|  | |
| 28 | Strengthening Communities |
|  | |
| 29 | Organizational Capacity |
|  | |
| 30 | Safety and Security |
|  | |
| 31 | Tools and Equipment |
|  | |

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| ADDITIONAL QUESTIONS | | | |
| \* | How did you hear about AmeriCorps NCCC? | I am an NCCC alum.  I am a past NCCC Sponsor.  I am a past NCCC Staff member.  From a NCCC alum.  From a NCCC Staff member.  From a current NCCC member.  From a state CNCS office.  From an AmeriCorps State or VISTA member.  From a community partner.  By email.  On social media (e.g. Facebook, Twitter, Instagram, YouTube, LinkedIn).  On the CNCS Website.  Other. | |
| \*\* | Has your organization previously sponsored an AmeriCorps NCCC team? | | Yes  No |
| If ‘Yes,’ how many teams have served with your organization? | |  |
| If ‘Yes,’ when did a team most recently serve with your organization? | |  |
| \*\*\* | Has your organization ever had a “Fee-for-Service” arrangement with a Youth Corps or Conservation Corps program? | | Yes  No |
| \*\*\*\* | If ‘Yes,’ AmeriCorps NCCC has effectively been used in past projects to augment and support existing Youth Corps partnerships with organizations. Please describe how you plan to utilize the AmeriCorps NCCC team with your existing partnership with the “Fee-for-Service” Corps. | | |
|  | | |

IMPORTANT NOTICES SECTION

REQUIRED ATTACHMENTS: Supporting documentation is a critical component of the Service Project Application. The supporting materials requested below will help AmeriCorps NCCC Regional staff develop a better understanding of the proposed project during the application review process. Samples and templates are provided for your convenience at XXXXX (TBD). Please include the following documentation when submitting your application.

ON-SITE ORIENTATION: Please attach a comprehensive on-site orientation agenda to your application. This should include an overview of your organization and the project, introductions of the team to the staff of the sponsoring organization(s), tour of the work site(s) and the community, safety and security and a lodging use overview.

TRAINING PLAN: Please attach a training plan outlining the training that members will receive during the project. This plan should include tool training, safety training, and project specific training (e.g., positive youth development, tree identification, roofing instruction, etc.). If a variety of tasks have been proposed in the work plan, the training plan should identify how/when members will be trained to perform the task.

PROJECT WORK CALENDAR**:** Include a project work plan that outlines the schedule of work. The schedule will assist in planning where a team will perform work, which staff member will work with the team, the assigned task(s) for each work day and the number of members it will take to complete each task. The work plan calendar is an essential part of demonstrating how the organization will provide at least 40 hours of work for each member of the team.

OPTIONAL ATTACHMENTS: The supporting materials requested below are OPTIONAL and will help AmeriCorps NCCC Regional staff develop a better understanding of the proposed project during the application review process.

LODGING PHOTOS: Please provide at least one clearly labeled photo of the proposed team lodging. Strong applications often include photos of team living quarters, kitchen and bath facilities and storage areas for personal belongings.

WORKSITE PHOTOS OR SUPPORTING DOCUMENTS: If feasible, clearly labeled photos of work site tasks, maps of service site locations (e.g. a camp map, trail system map, community housing map, etc.), or similar supporting documentation sometimes can help support the high level of detail you have provided in the Need Narrative and the Project Design Narrative.

ADDITIONAL PAPERWORK REQUIREMENTS: If the Service Project Application is approved and teams perform the service project, the project sponsor will be required to review and sign two additional documents: the Sponsor Agreement and the Project Completion Report. Sponsoring organizations will also be asked to complete a survey to capture their evaluation of their partnership with AmeriCorps NCCC.

SPONSOR AGREEMENT: Once the Service Project Application has been approved, a formal agreement (called a Sponsor Agreement) will be executed between the sponsoring organization and AmeriCorps NCCC, which will specify the roles, responsibilities, and contributions of both parties. Teams cannot begin work on the project until this agreement is approved by signature by both parties.

PROJECT COMPLETION REPORT: After the project is completed the project sponsor will be required to review, approve, and sign the AmeriCorps NCCC Project Completion Report, and return it to AmeriCorps NCCC regional campus staff within five (5) days of receipt.

SURVEYS**:** Project sponsors and secondary sponsors who have used the services of teams will be asked to complete surveys designed to provide AmeriCorps NCCC with feedback that will inform continuous improvement of services.

DISASTER/FIRE RESPONSE**:** AmeriCorps NCCC members and staff are part of the Federal Emergency Management Agency (FEMA) and American Red Cross National Disaster Response Network. In addition, AmeriCorps NCCC assists local, state, and national forest services with wildfire suppression. Potential project sponsors should note that in the event of a natural disaster or homeland security crisis, members may be recalled from projects to serve as part of the relief efforts. This could result in a decrease in the number of members assigned to your project, a delay in the deployment of a team, or cancellation of a project.

LIABILITY AND WORKERS' COMPENSATION CLAIMS: The Corporation for National and Community Service (CNCS) is a self-insured federal agency that administers the AmeriCorps National Civilian Community Corps (NCCC) program. Consequently, AmeriCorps NCCC Corps Members, Team Leaders, and Federal employees of CNCS are covered by the provisions of the Federal Tort Claims Act (liability claims) and the Federal Employees Compensation Act (workers’ compensation claims) 42 U.S.C. §12620 (b) & (c). Accordingly, any injuries or property damage proximately caused by the negligence of an AmeriCorps NCCC Member, Team Leader, or CNCS employee will be assumed by the United States Government, if it is determined that the negligent individual was acting within the scope of his/her official service activity or employment at the time of the potentially compensable event. Similarly, any on-the-job injuries received by an NCCC member or federal employee will be processed by CNCS and the Department of Labor.

WAIVERS: No member of an AmeriCorps NCCC Team (including any Corps Member or Team Leader) shall sign any document provided by the Project Sponsor or any representative or employee of the Project Sponsor, including but not limited to: liability waivers, hold harmless agreements, indemnification agreements, or employment-related documents. In the event that a member of an AmeriCorps NCCC Team signs a document provided by the Project Sponsor or any representative or employee of the Project Sponsor, the signature on any such document shall have no force or effect of law. Neither the Team nor any Team Leader or Corps Member thereof, may legally bind the AmeriCorps NCCC Team or the AmeriCorps NCCC Program.

NON-DISCRIMINATION**:** A Project Sponsor receiving teams from AmeriCorps NCCC will comply with all federal statutes, including the National and Community Service Act of 1990, as amended, relating to nondiscrimination, which includes nondiscrimination on the basis of race, color, national origin, sex, age, disability, and in most instances, religion. CNCS prohibits all forms of discrimination based on race, color, national origin, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, or military service. All programs administered by, or receiving Federal assistance from CNCS, must be free from all forms of harassment. Project sponsors will be required to sign an assurance of non-discrimination as part of the Sponsor Agreement.

SERVICE PROJECT LIMITATIONS: In the course of performing a service project, members cannot engage in any project assignments that involves direct fundraising, financial transactions, preparation of a grant application to CNCS or to any other Federal agency, or any political or inherently religious activities.

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| SIGNATURE | |
| The Service Project Application MUST be signed by the authorized representative of the sponsoring organization. | |
|  |  |
| SIGNATURE | DATE |