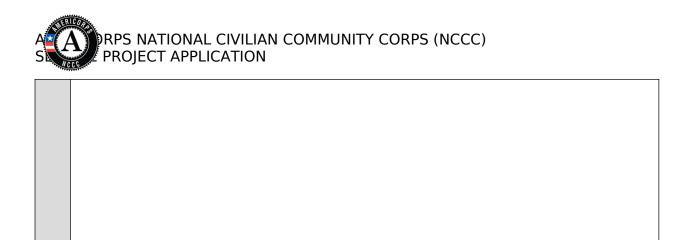
	APPLICATION INFORMATION						
	Organization Name						
	Mailing Address						
	City		Stat e			ZIP	
	Office Telephone		Ext.				
1	Casadam						
1	Secondary Sponsor Organization Name						
	Mailing Address						
	City		Stat e			ZIP	
	Office Telephone		Ext.				
2	EIN		Secon Spons EIN				
3	Organization Type	Community-Based Nonprofit Organization Federal Government Indian Tribe Local Government or Municipality National Nonprofit School State Government					
	Authorized Representative						
4	Organizational Title			1			
	Phone Number		Ext.				
	Email Address						
	Project Site Supervisor						
5	Organizational Title						
	Phone Number		Ext.				
	Email Address						
		PROJECT IN	FORM	10ITA	1		
	Project Title						
	Project Start Date		Fixed	or Flex	kible?		
6	Project End Date		Fixed	or Flex	kible?		
	Estimated Completed Time (Weeks)						
		PROJECT FOCUS ARE	AS AI	ND OE	BJECTI	VES	

7	Primary Area of Community Need				
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	Y THE PROJEC	Т	
	State or Territory	Cit	ty or County		
1.0	State or Territory	Cit	ty or County		
10	State or Territory	Cit	ty or County		
	State or Territory	Cit	ty or County		
		OTHER	R		
11	Organization Goals Relevant to the Project  1 2 3				
		ired permits or zoning variand	ces for this	Yes	
12	project?  If 'Yes,' please list have secured then requested at a late	n. Though not required at the	ing variances red e time of applica	No quired and state whether you ition, proof of permits may be	
	le vour organization	n currently funded whelly or i	n part by the	Yes	
13	Corporation for Na If 'Yes,' is the prop and National grant	n currently funded wholly or i tional and Community Service osed project funded by an Am or any AmeriCorps VISTA res	e? neriCorps State sources?	No 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 Yes						
14	current or projected	staff or contracted labor?		No			
1.5	Could this project be impacted by inclement weather?			Ye No	_		
15		sufficient alternate project east 25% of the project time ement weather?		eam Ye No	_		
	history checks on a based FBI criminal h Sex Offender Pub organization conduct	National and Community S Il members which consist istory search and a check lic Website (NSOPW.org additional background che	s of fingerp of the Nat ). Will ecks?	orint- ional your			
16	requirements will be AmeriCorps NCCC r	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	AmeriCorps NCCC m	lude possible exposure of embers to asbestos, lead aste, mold, or any other	Yes No				
18		required to work with us chemicals such as pesticides, herbicides,	Yes No				
19	Are there any health or environmental						
		does not preclude your organizati			iCorps	NCCC tea	m. You will need
to fair	Their explains any mazaras or e	LOCATION LOC		destion 50).			
	Location of Service #		)	Prim	ary te?	Yes No	
	Organization			اد	ie:	INO	
	Projected Start		Projected	d End			
20	Date Street Address		Date				
	Address Line 2						
	City		State			ZIP	
	Accessible for	Yes	_				

	people with disabilities?	No				
	Site Supervisor Name					
	Organizational Title					
	Phone Number					
	Email Address					
	Location of Service #	<i>‡</i> 2		Primary Site?	Yes No	
	Organization				'	
	Projected Start Date		Projecte Date	d End		
	Street Address		Date			
	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 #	<b>#</b> 3		Primary Site?	Yes No	
	Organization				•	
	Projected Start Date		Projecte Date	d End		
	Street Address		_   Dute			
	Address Line 2					
	City		State		ZIP	
	Accessible for people with disabilities?	Yes No				
	Site Supervisor					
	Name					
	Organizational Title					
	Phone Number					
*For	Email Address	 nan three site locations, ple	ase attach	a PDF with th	ne informa	ation required
1 01	projects with more tr	above for each addition	onal site loc		ic initialitie	adon required
		LODGING S	SITE #1			
21	Lodging Provider				I	
21	Anticipated Arrival		Anticipate	d Departure		

Date				Date		
Type of Lodging	Apartment or Condo Armory Bed and Breakfast Cabin Campsite Church or Other Faith Community Center Dorm Homestay Hostel Hotel Military Facility NCCC Campus Recreational Vehicle School Room or Class Trailer Vacant Home Volunteering Housing Yurt Other		iization			
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 provide	INC			
Full Kitchen (including stove and fridge) on site?	Yes No r	If no f kitche nicrowave ov on sit	en, Ye en No e?	1		
	Yes	aundry on cit	e? Ye			
Showers on site?	No L	aundry on sit	·C: No			
Showers on site?  Lodging Contact Name		-auriury on sit	No			



NARRATIVES					
Pleas	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
20	Strengthening Communices
29	Organizational Capacity
30	Safety and Security

31	Tools and Equipment

		ADDITIONAL Q	UESTIONS	
*	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?  ** If 'Yes,' how many teams have served with		Yes No	
	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.

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