**Corporation for National and Community Service**

**Application for Support**

**I. To register in the system**

Salutation

 Mr.

 Ms.

 Mrs.

 Dr.

 Miss

Preferred Name

First Name

Middle Name

Last Name

Suffix

Primary Phone

Is this a Mobile Number?

 Yes

 No

Would you like to receive texts?

 Yes

 No

Secondary Phone

Email

Re-Enter Email

**II. To create an organization**

1. ***Organization Information***

EIN

DUNS #

Legal Name

Name(d.b.a)

Organization Type

 Federal Government

 For Profit Organization

Higher Education Organization – Private

Higher Education Organization – State

Indian Tribe

Local Government – County

Local Government – Municipal

Local Government – Township

National non-profit

Native American

Non-Profit

Other

State Education Agency

State Government

U.S. Territory

Unknown Designation

Phone

Organization Characteristics

 Governor’s Office

State Commission/Alt Admin Entity

State Education Agency

Other State Government

U.S. Territory

Local Education Agency

Local Affiliate of National Org

Statewide Association

Community Action Agency/Prog

Tribal Government Entity

Tribal Organization (NGO)

National Non-Profit (Multi-State)

Other Native American Organization

Vocational/Technical College

Historically Black College/Univ. (HBCU)

Hispanic-Serving College/Univ.

Community College

2-Year College

4-Year College

Tribally-controlled College/Univ.

School (K-12)

Area Agency on Aging

Chamber of Commerce/Bus. Assn.

Community-Based Org.

Service/Civic Organization

Volunteer Management Org.

Law Enforcement Agency

Health Department

Self-Inc. Senior Corps Project

Faith-based organization

Local Government, Municipal

Geographic Focus – Rural & Urban

21st Century Conservation Service Corps

Professional Corps

Other Initiative

1. ***Organization Contact Information***

Street Address 1

Street Address 2

City

State

Zip

Phone

Organization Email

**III. To create a project**

Project Name

Organization

Project Title

Project State

Project Site URL

Street Address 1

Street Address 2

City

State

Zip

Email

Phone

Project Director

**IV. Notification of Intent to Apply**

***A. Organization & Contact Information***

Organization Name

Organization City

Organization State

Contact Person

Contact Person Email

***B. Focus Area of Application***

Disaster Services

Economic Opportunity

Education

Environmental Stewardship

Healthy Futures

Veterans and Military Families

Capacity Building

Other

Estimate Total # of Applications

Intended Focus Area

 Youth Development

 Economic Opportunity

 Healthy Futures

Type of Applicant Organization

Governor-appointed State or Territory Service Commission

All Other Organizations (Not a State or Territory Service Commission)

Federally-recognized Indian Tribe

Tribal Organization or not a Federally-recognized Indian Tribe

Grant Making Institution

Eligible Partnership

Nonprofit Organization

Public or Nonprofit University

State or Local Government

Indian Tribe

Faith-based Organization

Partnership of the Above Organizations

Type of Application

Single-State\*

Continuation\*\*

AmeriCorps Indian Tribe Opportunity\*\*\*

None of the Above\*\*\*\*

Day of Service Funding Opportunity

 Martin Luther King Jr. Day of Service

 September 11th National Day of Service and Remembrance

 Both

My Organization

Nonprofit Organization

Public or Nonprofit University

State or Local Government

Tribe

Faith-based Organization

My Partner Organization

Nonprofit Organization

Public or Nonprofit University

State or Local Government

Tribe

Faith-based Organization

**V. Application**

***A. Project Information***

*Standard 424 Option*

Project Name:

Project Director:

Project Website URL

Proposed Start Date:

Proposed End Date:

***B. Areas Affected by Project***

*Areas Affected by Project Option*

State (pick list):

Counties (pick list):

Other

1. ***Other***

EO 12372 Process

 Yes

 No

If Yes, Please Explain

Applicant Delinquent on any Federal Debt

 Yes

 No

If “Yes,” provide your explanation here

State Application Identifier

Have resource history with any CNCS org?

 Yes

 No

*VISTA Other*

Program Type (pick list)

Standard

Program Grant

Support Grant

Cost Share (pick list)

Yes

No

*NCCC (All) Other*

How many teams are being requested?

 1

Number of weeks to complete project

 1

 2

 3

 4

 5

 6

 7

 8

 9

 10

 11

 12

 13

 14

 15

 16

 17

 18

 19

 20

 21

 22

 23

 24

 25

 26

 27

 28

 29

 30

 31

 32

 33

 34

 35

 36

 37

 38

 39

40

 41

 42

 43

 44

 45

 46

 47

 48

 49

 50

 51

 52

Select a round

*NCCC (Traditional) Other*

Disaster Type

 Preparedness

 Readiness

 Mitigation

 Response

 Recovery

 Firefighting

 Fire Management

Could contracted labor be used?

 Yes

 No

Funds available for contracted labor?

 Yes

 No

Will the project replace staff?

 Yes

 No

Impacted by inclement weather?

 Yes

 No

Additional background checks

 Yes

 No

Describe additional background checks

Any possible exposure to safety hazards?

 Yes

 No

Any potentially hazardous chemicals?

 Yes

 No

Possible Health Restrictions

 Yes

 No

Project Permissions & permits secured

 Yes

 No

*NCCC (Traditional Disaster Response) Other*

Disaster Type

 Response

 Firefighting

Any possible exposure to safety hazards?

 Yes

 No

Any potentially hazardous chemicals?

 Yes

 No

Possible Health Restrictions

 Yes

 No

Project Permissions & permits secured

 Yes

 No

*NCCC (Partner) Other*

Partner Project Code

Request Priority

 Low

 Medium

 High
Team Mobility

 Low

 Medium

 High

Disaster Number

Funding Code

Disaster Type

 Preparedness

 Readiness

 Mitigation

 Response

 Recovery

 Firefighting

 Fire Management

Any possible exposure to safety hazards?

 Yes

 No

Any potentially hazardous chemicals?

 Yes

 No

Possible Health Restrictions

 Yes

 No

*S&N Program 1 Other*

Other Revenue

Question 1

Question 2

*S&N Program 2 Other*

Question 1

Question 2

*S&N CSG Other*

# current voting commission brd mbrs

# mbrs of largest prty rep’d on cmmssion

*SIF Other*

Focus Area

 Geographic Focus

 Issue Focus

*Senior Corps Other*

Number of episodic volunteers

Number of ongoing volunteers

***D. Narratives***

Clarification Summary

Amendment Justification

Continuation Changes

Executive Summary

Project Design

Need

Strengthening Communities

Recruitment and Development

Project Management

Organizational Capability

Tools and Equipment

Cost Effectiveness and Budget Adequacy

Safety and Security

Evaluation Summary or Plan

Intermediary Justification

Research and Evaluation Design

VISTA Assignment

Other

***E. Focus Areas and Objectives***

Education

Teacher Corps

Post-HS Education Support

K-12 Success

School Readiness

Other Education

Veterans and Military Families

Access & Attract

Veterans & Families Served

Other Veterans

Disaster Services

Disaster Assistance Provided

Other Disaster Services

Environmental Stewardship

At-Risk Ecosystems

Awareness & Stewardship

Energy Efficiency

Green Jobs

Other Environmental Stewardship

Healthy Futures

Access to Care

Aging in Place

Inclusion of people w/ disabilities

Obesity and Food

Other Healthy Futures

Capacity Building

Capacity Building & Leverage

Other Capacity Building

Economic Opportunity

Asset Building

Community Economic Development

Employment

Financial Literacy

Find Opportunity

Housing

Microenterprise

Other Economic Opportunity

Energy Conservation

Awareness and Stewardship

Energy Efficiency

Housing

Environmental Stewardship and Conservation

At-Risk Ecosystems

Awareness & Stewardship

Environmental Conservation

Infrastructure Improvement (pick list):

Community Support

Inclusion of People with Disabilities

Infrastructure Improvement

Natural and Other Disasters

 Access to Care

At-Risk Ecosystems

Capacity Building & Leverage

Disaster Assistance Provided

Housing

Public Safety

Urban and Rural Development

Access to Care

Community Support

Education Support

Financial Literacy

Housing

Inclusion of People with Disabilities

Other Healthy Futures

Public safety

Other

***F. Demographics***

Target Populations (pick list):

Adult ESL participants

Adults

Caregivers

Children in Foster Care

Disadvantaged youth (K-12)

Families experiencing homelessness

Formerly Incarcerated Adults

Formerly Incarcerated Youth

Head Start participants

Immigrants and refugees

Individuals experiencing homelessness

Low-income communities

Low-income Hispanic/Latino

Low-income Nat-Amer./Nat-AK/Pac-Islander

Multi-focus Intermediary

None of the above

Parents

People in hospice for terminal illness

People receiving mental health services

People receiving substance abuse service

People with physical/mental disabilities

People with HIV/AIDS

Senior Citizens

Students, general

Teachers

Unemployed individuals

Veteran family members

Veterans

Victims/Survivors of violence and abuse

Youth (16-24) not in school or working

Youth ESL participants

Characteristics and Priorities

Issue Focus

Geographic Focus – Urban

Geographic Focus – Rural

21st Century Conservation Service Corps

Promise Zones

Strong Cities/Strong Communities

Governor and Mayor Initiative

Encore program

Professional corps

National Guard

Healthy State & School Ready to Learn

Summer Learning Loss Prevention

Reading at Grade Level by Third Grade

Keeping Kids on Track/Giving 2nd Chances

STEM program

STEM/Maker Community

Summer Programs

SIG/priority school

Together for Tomorrow

High School Ready for College & Career

Minority Serving Institutions /HBCUs

4-H / Land Grant

Technology Programs

Community Colleges

My Brother's Keeper/ Youth Opportunity

Successfully Entering the Workforce

Philanthropically Underserved

Multi-focus Intermediary

Human Trafficking

Public Infrastructure projects

Intergenerational programming

Evidence based programming

***G. Location (AmeriCorps National Operating Sites, NCCC Project and Lodging Sites, VISTA Project Sites, Senior Corps Stations***

Location Type

 Operating Site

 Service Location

 Member Lodging

 Inclement Weather Site

Location Name

Active

Supervisor Name

Supervisor Email

Supervisor Organization

Supervisor Phone Number

Supervisor Phone Number Extension

Undisclosed Location

 Yes

 No

Street Address 1

Street Address 2

City

State

Zip

*EIN Information Option*

Location EIN

*Site Date Information Option*

Projected Start Date

Projected End Date

Accessible for people with disabilities

Description of Accessibility

*Site Type Option*

Station Type

 Adult Correctional Facilities

 Juvenile Correctional Facilities

 Area Agency on Aging

 Before and After School Care

 Chambers of Commerce

 Community and Economic Development Organizations

 Food Security

 Pre-School Day Care

 Head Start

 Developmental Disability Organizations

 Home Health Organizations (public and private non-profit)

 Hospitals/Medical Centers/Clinics

 Environmental Stewardship Organizations

 Residential Long Term Care/Nursing Homes/Rehabilitation/Hospice

 Libraries

 Senior Centers/ Adult Day Care

 Public Housing

 Parks/Recreational Agencies

 Museums

 Native American Schools

 Mental Health Programs (non-residential)

 Police/Law Enforcement/Courts

 Post-Secondary Institutions

 Private School K-12

 Public School K-12

 Teen Pregnancy/Teen Parenting Programs

 Veterans Hospital/Organizations Serving Veterans

 Vocational Training

 Faith-based Stations/Volunteers

 Transitional Shelters/Centers (e.g. homeless, abused, other short-term)

 Service Organizations (Lions, Elks, etc.)

 Other (Please specify in text box)

Other Station Type

*Additional Operating Site Option—AmeriCorps National Operating Sites Only*

CNCS Funds Requested

Slots

*School Information Option—AmeriCorps National Operating Sites Only*

Is this a K-12 School?

Yes

No

National Center for Education Statistics ID

*Volunteer Information Option—Senior Corps Stations Only*

Number of Volunteers

Number of Unduplicated Volunteers

Veterans Served

 Yes

 No

*Focus Area and Objectives Option­—NCCC and VISTA Project Sites Only*

Education

Teacher Corps

Post-HS Education Support

K-12 Success

School Readiness

Other

Other Education

Veterans and Military Families

Access & Attract

Veterans & Families Served

Other

Other Veterans and Military Families

Disaster Services

Disaster Assistance Provided

Other

Other Disaster Services

Healthy Futures

Access to Care

Aging in Place

Other

Other Healthy Futures

Environmental Stewardship

At-Risk Ecosystems

Awareness & Stewardship

Energy Efficiency

Green Jobs

Other

Other Environmental Stewardship

Capacity Building

Effectiveness & Efficiency

Capacity Building & Leverage

Scale/Reach

Other

Other Capacity Building

Economic Opportunities

Asset Building

Community Economic Development

Employment

Financial Literacy

Find Opportunity

Housing

Micro-enterprise

Other

Other Economic Opportunities

*Site Type and Summer Associates Option­—VISTA Project Sites Only*

Site Type

 Performance Measurement

 Member Placement

 Both

Summer Associates

 Yes

 No

*Lodging Information Option*

Lodging Type

Apartment or Condo

Armory

Bed and Breakfast

Cabin

Campsite

Church or Other Faith-Based Center

Community Center

Dorm

Homestay

Hostel

Hotel

Military Facility

NCCC Campus

Other

Recreational Vehicle

School Room or Classroom

Trailer

Vacant Home

Volunteer Housing

Yurt

Lodging Category

Community or Faith-Based Organization

Federal Government

Indian Tribe

Institute of Higher Education

Local Government or Municipality

Military

National Non-Profit Organization

National or State Park

Other

Other School

Private Company

Private Individual

State Government

Lodging Description

Lodging Arrival Date

Lodging Departure Date

Beds Provided

Laundry

Kitchen

Refrigerator & Microwave

Shower

Distance to Location of Service

***H. Budget***

|  |  |  |  |
| --- | --- | --- | --- |
| **Section**  | **Subsection** | **Object Class** | **Line Item Name** |
|  |  |  |  |
| Section I - Direct Costs | IA. Operating/Support Costs | Personnel | (Applicant-defined) |
|  |  |  | Supervisor |
|  |  | Fringe Benefits | (Applicant-defined) |
|  |  |  | FICA |
|  |  |  | Health Coverage |
|  |  |  | Life Insurance |
|  |  |  | Retirement |
|  |  | Travel | (Applicant-defined) |
|  |  |  | Travel to CNCS-Sponsored Meetings |
|  |  |  | Local Travel |
|  |  |  | Long Distance Travel |
|  |  | Equipment | (Applicant-defined) |
|  |  | Supplies | (Applicant-defined) |
|  |  | Contractual | (Applicant-defined) |
|  |  |  | Payroll Processing |
|  |  |  | Legal Services |
|  |  |  | Audit Services |
|  |  |  | Meeting and Conference Management |
|  |  |  | Consultant |
|  |  | Training | (Applicant-defined) |
|  |  | Evaluation | (Applicant-defined) |
|  |  | Criminal Background Checks | (Applicant-defined) |
|  |  | Other Costs | (Applicant-defined) |
|  | IB. Member/Volunteer Costs | Member Living Allowance/Volunteer Stipends | ACSN Full-Time Members |
|  |  |  | ACSN Half-Time Members |
|  |  |  | ACSN Reduced Half-Time Members |
|  |  |  | ACSN Quarter-Time Members |
|  |  |  | ACSN Minimum-Time Members |
|  |  |  | VISTA Full-Time (Federal) Living Allowance |
|  |  |  | VISTA Full-Time (non-Federal) Living Allowance |
|  |  |  | VISTA Summer Associate (Federal) Living Allowance |
|  |  |  | VISTA Summer Associate (non-Federal) Living Allowance |
|  |  |  | FGP – CNCS Funded Stipends |
|  |  |  | SCP – CNCS Funded Stipends |
|  |  |  | FGP – Non-CNCS Funded Stipends |
|  |  |  | SCP – Non-CNCS Funded Stipends |
|  |  |  | FGP – Non-Stipended Volunteers |
|  |  |  | SCP – Non-Stipended Volunteers |
|  |  |  (Member) End-of-Service Stipends | End of Service Stipend – VISTA Leader |
|  |  |  | End of Service Stipend - VISTA Regular |
|  |  |  | End of Service Stipend – VISTA Summer Associate |
|  |  | Fringe Benefits | (Applicant-defined) |
|  |  |  | FICA |
|  |  |  | Health Coverage |
|  |  |  | Worker's Compensation |
|  |  | Travel | (Applicant-defined) |
|  |  | Equipment | (Applicant-defined) |
|  |  | Supplies | (Applicant-defined) |
|  |  | Contractual | (Applicant-defined) |
|  |  |  | Member Payroll |
|  |  | Training | (Applicant-defined) |
|  |  | Evaluation | (Applicant-defined) |
|  |  | Criminal Background Checks | (Applicant-defined) |
|  |  | Other Costs | (Applicant-defined) |
|  |  |  | Member Relocation |
|  |  |  | Accident Insurance |
|  |  |  | Liability Insurance |
|  |  |  | Excess Auto Insurance |
|  |  |  | Meals |
|  |  |  | Recognition |
|  |  |  | Uniforms |
|  |  |  | Physical (Medical) Examinations |
|  |  |  | Federal COLA Increase |
|  |  |  | Non-Federal COLA/Costshare Increase |
|  | IC. Subgrant/Pass-through Costs | Subgrant/Pass-through Costs | (Applicant-defined) |
|  | ID. Fixed Amount Costs | Volunteers | FGP Volunteer Service Years |
|  |  |  | SCP Volunteer Service Years |
|  |  | Members | ACSN Full-Time Members |
|  |  |  | ACSN Half-Time Members |
|  |  |  | ACSN Reduced Half-Time Members |
|  |  |  | ACSN Quarter-Time Members |
|  |  |  | ACSN Minimum-Time Members |
|  |  | Other Fixed Amount Award Basis | Agency Defined  |
| Section II – Indirect Costs | IIA. Negotiated Federal Indirect Cost Rate |  |
|  | IIB. 10% De Minimis Rate |  |  |
|  | IIC. AmeriCorps Program Rate |  | Commission Fixed Amount |
|  |  |  | Corporation Fixed Amount |
|  | IID. State Approved Cost Allocation Plan |  |
|  | IIE. Other Approved Cost Allocation Plan |  |
| Section III – Sources of non-CNCS Funds |  |  |
| Source TypeFederal GovernmentState GovernmentLocal GovernmentPrivateProgram IncomeCash on HandOther | Source Name or Description | ClassificationCashIn-Kind | Non-CNCS Amount |