



AmeriCorps Program Title Page

Type:

1. Legal Applicant

First Name:

Middle Name:

Last Name:

Title:

Organization:

DUNS Number:

Address:

City:

County:

State:

Zip Code:

Phone: Ex: (555)

Fax: Ex: (555)

Email:

Website:

Primary Contact

Secondary Contact

Fiscal Contact

Press Contact

Primary Emergency Coordinator Contact

Secondary Emergency Coordinator Contact

Disaster and Emergency Program Resources

Will your program provide safety and emergency training to AmeriCorps members?

If yes, please describe the training and the date by which they will have completed it.:

What safety and emergency response resources does your program have access to?:

Is your program able to offer resources or assistance (including member service time) to assist with a local disaster or incident in your community? .

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Is your program able to offer resources or assistance (including member service time) to assist with a disaster or incident in another part of California?

2. AmeriCorps Program

Program Name:

Program Director First Name:

Program Director Middle Name:

Program Director Last Name:

Title:

Organization:

Address:

City:

State:

Zip Code:

Phone: 555-1212 Ex:(555)

Fax: 555-1212 Ex:(555)

Email:

Website:

3. Application Type

Status: -- v

Total Years of CV Funding:

4. Issue Areas

Areas: Education Environment Health and Other Public Safety

5. Grant Type

Grant Type: -- v

6. Executive Summary

Summary of Program:

7. National Service Focus Area

Performance Measure Types are: National Performance Measures (NPM), and/or Applicant-Determined Measures (ADM). Check any that apply.

- Disaster Services NPM: ADM:
- Economic Opportunity NPM: ADM:
- Education NPM: ADM:
- Environmental Stewardship NPM: ADM:
- Healthy Futures NPM: ADM:
- Veterans and Military Families NPM: ADM:

8. Organizational Type

- CNCS-AMC National Direct
- CNCS-Foster Grandparent
- CNCS-LSA - Higher Ed
- CNCS-Retired Senior Volunteer Program
- CNCS-VISTA
- Education (K-12)-Elementary School
- CNCS-CalServe Program
- CNCS-LSA - CBO
- CNCS-NCCC
- CNCS-Senior Companion
- Education (K-12)-County Office of Education
- Education (K-12)-High School

- Education (K-12)-Middle School
- Education (K-12)-School Association
- Education (K-12)-School District
- Higher Education-Community College
- Higher Education-CSU
- Higher Education-Higher Ed Association
- Higher Education-Independent College
- Higher Education-UC
- Media Organization-Local Print
- Media Organization-Local Radio
- Media Organization-Local TV
- Media Organization-National Print
- Media Organization-National Radio
- Media Organization-National TV
- Media Organization-State Print
- Non-Profit Organization-Civic Organization
- Non-Profit Organization-Direct Service Provider
- Non-Profit Organization-Faith Based Organization
- Non-Profit Organization-Local Conservation Corps
- Non-Profit Organization-Non-Profit Association
- Non-Profit Organization-Policy and Advocacy
- Non-Profit Organization-Volunteer Center
- Other
- Private Sector-Business Donations
- Private Sector-Corporate Volunteer Program
- Private Sector-Foundations
- Private Sector-Private Sector Association
- Public Sector-County Agency
- Public Sector-Elected Official
- Public Sector-Local Agency
- Public Sector-State Agency

Other:

[9. Partnership Type](#)

Partnership Type:

Other:

[10. Budget](#)

Total Operating Cost:
(Numbers Only)

Total CNCS Request:
(Numbers Only)

Total AmeriCorps MSYs:

Number of Member Slots:

[11. Files](#)

Please upload a copy of your application containing Application Checklist Items 1-13. (PDF Format Only)

(PDF) file to upload: