**Program Summary Form**

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| **Program Name:** | Enter the name of your proposed program. |
| **Legal Applicant Organization:** | Enter the name of the Legal Applicant Organization. |
| **DUNS Number:** | Enter the DUNS Number for the Legal Applicant Organization. |

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| **Legal Applicant Contact Information** |  |
| **Full Name:** | Click or tap here to enter text. |
| **Title:**  | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **City:**  | Click or tap here to enter text. |
| **State:**  | Click or tap here to enter text. |
| **Zip Code:** | Click or tap here to enter text. |
| **Phone:**  | Click or tap here to enter text. |
| **Email:**  | Click or tap here to enter text. |
| **Primary Contact Information** | **Secondary Contact Information** |
| **Full Name:** | Click or tap here to enter text. | **Full Name:** | Click or tap here to enter text. |
| **Title:**  | Click or tap here to enter text. | **Title:**  | Click or tap here to enter text. |
| **Organization:** | Click or tap here to enter text. | **Organization:** | Click or tap here to enter text. |
| **Phone:**  | Click or tap here to enter text. | **Phone:**  | Click or tap here to enter text. |
| **Email:**  | Click or tap here to enter text. | **Email:**  | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | **Address:** | Click or tap here to enter text. |

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| **Grant Type:** | Choose the type of grant for which you are applying. |
| **Anticipated Start Date:** | Enter your program’s anticipated start date. |
| **Anticipated End Date:** | Enter your program’s anticipated end date. |
| **Grant Request Amount (CNCS Share):** | Enter the Total CNCS Share from the budget. |
| **Proposed Match Amount (Grantee Share):** | Enter the Total Grantee Share from the budget. |
| **MSY Requested:** | Enter the amount of MSY requested. |
| **Slots Requested:** | Enter the number of AmeriCorps member slots requested. |

**Program Summary**

Provide a short description of your proposed program here.

**Partnership Information**

To satisfy the Community Partnership Requirements (see RFA), please provide a short narrative description of the involvement of at least three partners in the program. Include the name of the organization, whether it is a public or private organization, and its role in the program.

Describe at least three partners here.

**Focus Area**

Check all the focus areas that the proposed program will cover.

[ ]  Disaster Services - improving community resiliency through climate change mitigation, including carbon emission reduction, food systems sustainability, lighting in disadvantaged communities, regenerative agriculture, and energy efficiency, etc.

[ ]  Economic Opportunity - improving economic opportunity for economically disadvantaged people, including the homeless population.

[ ]  Education - supporting and/or facilitating access to services and resources that contribute to improved educational outcomes for economically disadvantaged children; improved school readiness for economically disadvantaged children; and/or help economically disadvantaged students prepare for success in post-secondary educational institutions or post-secondary employment opportunities.

[ ]  Healthy Futures - improving access to primary and preventative care for uninsured and/or low-income individuals and families and other populations with high health disparity, including providing healthcare enrollment and navigation support, connecting service recipients to affordable healthcare programs, providing health education, patient rights and responsibilities, and health care access and benefits; and/or strengthening families by providing family stabilizing services, building Family Protective Factors, and building the parenting knowledge, skills, and practices of mothers and fathers living in poverty.