**AmeriCorps Planning Grant Title Page**

**Project Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**National Focus Area:** *Check all that apply*

[ ]  Education

[ ]  Environmental Stewardship

[ ]  Healthy Futures

[ ]  Veterans & Military Families

[ ]  Economic Opportunity

[ ]  Disaster Services

[ ]  Capacity Building

|  |
| --- |
| **Legal Applicant Organization** |
| Organization Name: |  |
| Address (please do not list P.O. Box): |  |
| City: |  |
| State: |  |
| Zip: |  |
| **Authorized Legal Applicant Contact** |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Fax:  |  |
| **Primary Contact Person** |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Fax:  |  |
| **Grant Request** |
| CNCS Request Amount: |  |
| CNCS Share %: |  |
| Grantee Share Amount: |  |
| Grantee Share %: |  |
| Total Operating Budget: |  |

Date