**2020 AMERICORPS STATE-SUPPORTED GRANTS**

**CONTINUATION APPLICATION FORM**

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| **Program Information** | |
| **Legal Applicant:** | Click or tap here to enter text. |
| **Program Name:** | Click or tap here to enter text. |
| **Contact Information** | |
| **Legal Applicant Contact Name** | Click or tap here to enter text. |
| **Legal Applicant Contact Phone:** | Click or tap here to enter text. |
| **Legal Applicant Contact Email:** | Click or tap here to enter text. |
| **Primary Contact Name:** | Click or tap here to enter text. |
| **Primary Contact Phone:** | Click or tap here to enter text. |
| **Primary Contact Email:** | Click or tap here to enter text. |
| **Secondary Contact Name:** | Click or tap here to enter text. |
| **Secondary Contact Phone:** | Click or tap here to enter text. |
| **Secondary Contact Email:** | Click or tap here to enter text. |

**Compliance with Grant Requirements**

**Member Enrollment**

Describe your member enrollment progress to date, including any challenges and steps you have taken to address those challenges.

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**Member Retention**

Describe your member retention progress to date, including any challenges and steps you have taken to address those challenges.

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**Progress Toward Meeting Targets**

Provide a brief update on the program's progress to date in collecting pre/baseline, mid, and/or post data toward the performance measures identified in your 2019 grant award. What percentage of your primary outcome target has been achieved to date? Share any key findings from your analysis of the data and how you plan to use this information to strengthen your program (i.e. the level of anticipated dosage is sufficient or insufficient to meet the targeted outcome, adjustment to trainings, number of beneficiaries that achieve the outcome at a lower dosage, etc.).

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| Click or tap here to enter text. |

Describe any challenges your program has encountered that may prevent you from meeting your performance measurement targets by the end of the program year and the steps you have taken to address those challenges. If targets were not met or will not be met, what plans do you have to address these challenges in the upcoming program year?

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| Click or tap here to enter text. |

**National Service Criminal History Checks Compliance**

Describe your program's compliance with National Service Criminal History Check requirements in running checks for all covered staff and members in your program. If any checks were run late or were otherwise noncompliant, describe how you will ensure those errors will not occur in the next program year.

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**Other Grant Compliance Requirements**

Describe any challenges your program has experienced in meeting compliance requirements in the 2019 program year and the steps you have taken to address those challenges.

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**Request to Waive Requirements**

Provide justification if you are requesting less than 10 MSY or if your program will not meet the minimum number of members per service site (at least two members per site).

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| Click or tap here to enter text. |

**Proposed Changes Summary**

**Program Design**

Briefly describe the changes you have made to your proposed program design (Program Narrative, Logic Model, and Performance Measures) compared to your original application.

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| Click or tap here to enter text. |

**Budget**

Briefly describe the changes you have made to your proposed Budget compared to the budget included in your original application.

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