**2020 AMERICORPS STATE-SUPPORTED GRANTS**

**EXPANSION APPLICATION**

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| **Program Information** |
| **Legal Applicant:**  | Click or tap here to enter text. |
| **Program Name:**  | Click or tap here to enter text. |

Provide the details of your expansion request in the table below:

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| --- | --- | --- | --- |
|  | **Current Year****Contracted Award** | **Expansion Request** | **Total Request** |
| **Grant Amount (Federal):** | Enter Current Grant Amount (Federal Share). | Enter Additional Expansion Request (Federal Share). | Enter Total Request (Federal Share). |
| **Grant Amount (State):** | Enter Current Grant Amount (State Share). | Enter Additional Expansion Request (State Share). | Enter Total Request (State Share). |
| **Cost Per Member:** | Enter Current Cost Per MSY. | Enter Additional Cost Per MSY Request. | Enter Total Cost Per MSY. |
| **Total MSY:** | Enter Current MSY. | Enter Additional MSY Request. | Enter Total MSY. |
| **Total Slots:** | Enter Current Slots. | Enter Additional Slots Request. | Enter Total Slots. |
| **Slot Types:** | 1700: Enter Number.1200: Enter Number.900: Enter Number.675 : Enter Number.450 : Enter Number.300 : Enter Number. | 1700: Enter Number.1200: Enter Number.900: Enter Number.675 : Enter Number.450 : Enter Number.300 : Enter Number. | 1700: Enter Number.1200: Enter Number.900: Enter Number.675 : Enter Number.450 : Enter Number.300 : Enter Number. |

Provide a justification for the expansion. The justification should include an explanation of the problem/need that will be met, how or whether member activities will differ from those already included in the approved grant, and a description of the organizational capability to support the expansion, including the organizational staffing and experience to manage the expansion and ensure quality and compliant programming and member experience.

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| Click or tap here to enter text. |