### New Applicant Certification

**Purpose:** This form is used to understand a new applicant’s level of experience with AmeriCorps grants and to determine whether an applicant meets CVs’ definition of “New Applicant.”

**Instruction:** Place a check next to each statement that is true by double clicking on the chosen box.

**Legal Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **√** | **Statement** |
|  | * + 1. The applicant organization has operated an AmeriCorps program funded by CV at any time in the past. |
|  | * + 1. The applicant has operated an AmeriCorps program funded by another state commission at any time in the past. |
|  | * + 1. The legal applicant has operated a national or multi-state AmeriCorps program funded directly by CNCS/AmeriCorps. |
|  | * + 1. Individuals and/or partners involved in developing the proposed application have operated an AmeriCorps program at any time in the past. |
|  | * + 1. Individuals involved in developing the proposed application have been employed as a core program staff of an AmeriCorps funded program, a National Direct, state service commission, or CNCS/AmeriCorps at any time in the past. |
|  | * + 1. The applicant organization has served as an operating and/or placement site for AmeriCorps members. |
|  | * + 1. One or more partners involved in developing the proposed application have served as an operating and/or placement site for AmeriCorps members. |
|  | * + 1. The applicant organization worked with a consultant and/or grant writer who has developed a successful AmeriCorps grant application funded. |
|  | * + 1. The proposed application stems from an AmeriCorps planning grant funded by CV. |
|  | * + 1. The applicant organization has not directly received AmeriCorps funding before. |

On behalf of [LEGAL APPLICANT ORGANIZATION NAME] I have reviewed and verified that the above answers are true for the [PROPOSED PROGRAM NAME].

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Print Authorized Applicant Agent Title

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Signature Authorized Applicant Agent Date

CV Use Only

New Applicant Status Approved: \_\_\_\_Yes \_\_\_\_No

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Print Authorized CV Agent Signature Date

Request