**2024 AmeriCorps Education Supplemental State Funding Opportunity 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. |
| **Grant ID (14-digit # from eGrants):** | Click or tap here to enter text. |

**Instructions:** Please address all prompts below thoroughly. Submit this form and all other required documents to [Funding@CaliforniaVolunteers.CA.GOV](mailto:Funding@CaliforniaVolunteers.CA.GOV) by **5:00 PM PST Thursday, November 30, 2023**.

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| 1. Describe the specific challenges your organization and site partners have faced in recruiting AmeriCorps members to serve. Include a summary of actions taken or will be taken to improve recruitment. |
| Click or tap here to enter text. |
| 1. Describe the circumstances that prevent you from raising the match necessary to meet the minimum living allowance requirement. |
| Click or tap here to enter text. |
| 1. Describe how, if selected, the temporary state supplemental funding will help make it easier for your organization to raise the match necessary to sustain member living allowance increase beyond the current grant period. |
| Click or tap here to enter text. |
| 1. Describe your plans to raise the match necessary to meet the minimum living allowance requirement for your next recompete application. |
| Click or tap here to enter text. |
| 1. Will your program incur any additional costs related to the increased member living allowance? If so, identify the budget section and category of the costs and describe how each cost was calculated. Please be aware that these costs are not included in this funding opportunity and will need to be covered by the program. |
| Click or tap here to enter text. |