# The Governor’s Office of Volunteer Services

Alabama State Service Commission

**2021-22 AmeriCorps State Letter of Intent –**

**Recompete and Continuation Applicants Only**

This is a fillable document. Plesae type your response in the provided text boxes.

APPLICANT CONTACT INFORMATION

**Program Name:** Click or tap here to enter text.

**Contact Person:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Name of Applicant Organization:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City/State/Zip:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

APPLICANT GENERAL INFORMATION

1. **Number of years funded by CNCS as current AmeriCorps program:** Click or tap here to enter text.
2. **Applicant Type:** [ ] Nonprofit [ ] State Gov’t [ ] Local Gov’t [ ] Other:Click or tap here to enter text.
3. **Geographic Area (cities, towns):** Click or tap here to enter text.
4. **Geographic Area (counties):** Click or tap here to enter text.
5. **U.S. Congressional District to be served:** Click or tap here to enter text.

*In the geographic areas (cities, towns, counties), list all locations new and existing for the 2021-22 program year.*

APPLICANT INFORMATION (PROPOSED AMERICORPS)

1. **Indicate the CNCS Focus Area(s) to be addressed by your program.**

|  |  |
| --- | --- |
| [ ]  Disaster Services[ ]  Economic Opportunity[ ]  Education | [ ]  Healthy Futures[ ]  Veterans and Military Families[ ]  Environmental Stewardship |
| [ ]  Capacity Building  |  |
| [ ]  Other (please explain): Click or tap here to enter text. |

1. **If the need/problem addressed by the existing AmeriCorps program is changing in any way, please provide an explanation? If no changes, enter NA.**

Click or tap here to enter text.

1. **If the scope or intervention of the existing AmeriCorps program is changing in any way, please provide an explanation? If no changes, enter NA.**

Click or tap here to enter text.

1. **If existing member activities will be changing in any way, please explain? If no changes, enter NA.**

 Click or tap here to enter text.

1. **If the existing beneficiaries will be changing in any way, please explain? If no changes, enter NA.**

Click or tap here to enter text.

1. **Provide a Mission Statement for the proposed AmeriCorps State program if there are changes. If no changes, enter NA.**

Click or tap here to enter text.

1. **Will your proposed AmeriCorps State program participate in CNCS National Performance Measures?**  [ ]  Yes [ ]  No

AL State Service Commission strongly encourages applicants to select CNCS National Performance Measures.

1. **Estimated federal funds to be requested:**

Click or tap here to enter text.

**ONLY AN EXAMPLE: USE THE COST PER MSY FROM THE NOFO.**

If Maximum Cost per MSY is $15,000. 20 MSYs = $300,000 (20 x $15,000) maximum federal funds.

1. **Anticipated source of required grantee share/match:**

**List federal grant funds previously (or currently) administered by your organization:**

(expand chart as necessary)

|  |  |  |
| --- | --- | --- |
| **Year** | **Federal Agency** | **Federal Dollars Received** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |

1. **Required match percentage for the 2021-22 program year:** Click or tap here to enter text.
2. **How many AmeriCorps positions do you anticipate requesting for the proposed program?**

This is only an estimate to provide GOVS with an idea of the number of positions that will be requested by all applicants.

|  |  |  |
| --- | --- | --- |
| **STIPEND** (LIVING ALLOWANCE THROUGH GRANT) | **POSITION** | **EDUCATION AWARD ONLY** (NO LIVING ALLOWANCE THROUGH GRANT) |
|  | FULL TIME (1700 HOURS) |  |
|  | THREE QUARTER TIME(1200 HOURS) |  |
|  | HALF TIME (900 HOURS) |  |
|  | REDUCED HALF TIME (675 HOURS) |  |
|  | QUARTER TIME (450 HOURS) |  |
|  | MINIMUM TIME (300 HOURS) |  |
|  | ABBREVIATED-TIME (100 HOURS/YEAR OR LESS) |  |

If you have any questions, contact Cesily Means at Cesily.Means@ServeAlabama.gov or call (334) 242-1549

**How to Submit:**

* Please send the completed **Letter of Intent** via email to: [Info.AmeriCorps@ServeAlabama.gov](file://isdfilesrv/ServeAlabama/AmeriCorps/AmeriCorps%202018-19/NOFOApplicationTimelines/Posted%20to%20Serve%20AL/1.%20Funding%20Process%20Documents/Info.AmeriCorps%40ServeAlabama.gov)
* **Subject Line:** AmeriCorps Letter of Intent 2021-22

## **Due Dates:** (AmeriCorps State Timeline posted at [www.ServeAlabama.gov](http://www.ServeAlabama.gov))

* Competitive: **10/20/2020**
* Formula: **12/6/2020**