# The Governor’s Office of Volunteer Services

Alabama State Service Commission

**2020-21 AmeriCorps State**

**Letter of Intent – New Applicants Only**



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

APPLICANT CONTACT INFORMATION

**Proposed 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.

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

**DUNS#:** Click or tap here to enter text.

**EIN#:** Click or tap here to enter text.

APPLICANT GENERAL INFORMATION

1. **Applicant Type:** [ ] Nonprofit [ ] State Gov’t [ ] Local Gov’t [ ] Other:Click or tap here to enter text.
2. **Geographic Area (cities, towns):** Click or tap here to enter text.
3. **Geographic Area (counties):** Click or tap here to enter text.
4. **U.S. Congressional District to be served:** Click or tap here to enter text.
5. **Mission Statement of Applicant Organization:** Click or tap here to enter text.

APPLICANT INFORMATION (PROPOSED AMERICORPS)

1. **Indicate the Corporation for National and Community Service (CNCS) Focus Area(s) to be addressed by this proposed 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. **What is the need/problem to be addressed by this proposed AmeriCorps program?**

Click or tap here to enter text.

1. **What are the activities AmeriCorps members will perform in order to address the identified need/problem?**

 Click or tap here to enter text.

AmeriCorps members may not displace staff or volunteers at your organization, nor may they perform any services or duties that would supplant the hiring of employed workers.

1. **Explain why AmeriCorps members are a highly effective means to solve the community need(s) your program proposes to address.**

Click or tap here to enter text.

1. **Who will benefit from this proposed program’s activities** (children, veterans, homeless, etc.)**?**

Click or tap here to enter text.

1. **Provide a Mission Statement for the proposed AmeriCorps State program:**

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 MSY FROM THE NOFO.**

If Maximum Cost per MSY was $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. **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) |  |

**A NEW APPLICANT MAY NOT REQUEST MORE THAN 20 FULL-TIME MEMBERS.**

**NEW PROGRAMS ARE HIGH ENCOURAGED TO REQUEST A MINIMUM OF 5 FULL-TIME MEMBERS.**

If you have any questions, please 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:///%5C%5Cisdfilesrv%5CServeAlabama%5CAmeriCorps%5CAmeriCorps%202018-19%5CNOFOApplicationTimelines%5CPosted%20to%20Serve%20AL%5C1.%20Funding%20Process%20Documents%5CInfo.AmeriCorps%40ServeAlabama.gov%20)
* **Subject Line:** AmeriCorps Letter of Intent 2020-21

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

* Competitive: **10/20/2019**
* Formula: **12/6/2019**