



APPLICANT INFORMATION				
1	Organization Name			EIN
	Mailing Address			
	City	State		ZIP
	Office Telephone		Ext.	
	Secondary Sponsor Organization Name			EIN
	Mailing Address			
	City	State		ZIP
	Office Telephone		Ext.	
2	Organization Type	<input type="checkbox"/> Community-Based <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Local Government or Municipality <input type="checkbox"/> National Nonprofit <input type="checkbox"/> School <input type="checkbox"/> State Government		
3	Authorized Representative			
	Organizational Title			
	Phone Number		Ext.	
	Email Address			
PROJECT INFORMATION				
4	Project Title			
	Project Start Date		Fixed or Flexible?	
	Project End Date		Fixed or Flexible?	
	Estimated Completion Time (Weeks)			
OTHER				
5	How did you hear about AmeriCorps NCCC?	<input type="checkbox"/> I am an NCCC alum. <input type="checkbox"/> I am a past NCCC Sponsor. <input type="checkbox"/> I am a past NCCC Staff member. <input type="checkbox"/> From an NCCC alum. <input type="checkbox"/> From an NCCC Staff member. <input type="checkbox"/> From a current NCCC member. <input type="checkbox"/> From an AmeriCorps Office. <input type="checkbox"/> From an AmeriCorps State or VISTA member. <input type="checkbox"/> From a community partner. <input type="checkbox"/> By email. <input type="checkbox"/> On social media. <input type="checkbox"/> On the AmeriCorps Website. <input type="checkbox"/> Other _____		



6	Is your organization currently funded wholly or in part by AmeriCorps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes,' is the proposed project funded by an AmeriCorps State and National grant or any AmeriCorps VISTA resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes,' to either of the above questions, please provide detailed information concerning the funding source and utilization of those funds.	
7	Will the proposed service replace any of your organization's current or projected staff or contracted labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL QUESTIONS		
8	Has your organization previously sponsored an AmeriCorps NCCC team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes,' how many teams have served with your organization?	
	If 'Yes,' when did a team most recently serve with your organization?	
9	Has your organization ever had a "Fee-for-Service" arrangement with a Youth Corps or Conservation Corps program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes,' AmeriCorps NCCC has effectively been used in past projects to augment and support existing Youth Corps partnerships with organizations. Please describe how you plan to utilize the AmeriCorps NCCC team with your existing partnership with the "Fee-for-Service" Corps.	
PROJECT FOCUS AREAS		
10	Primary Area of Community Need	<input type="checkbox"/> Energy Conservation <input type="checkbox"/> Environmental Stewardship and Conservation <input type="checkbox"/> Infrastructure Improvement <input type="checkbox"/> Natural and Other Disasters <input type="checkbox"/> Urban and Rural Development



NARRATIVES

11

Need

A large, empty rectangular box with a black border, intended for the user to provide a narrative response to the 'Need' category.



12

Project Design

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LOCATIONS							
PRIMARY LOCATION OF SERVICE							
13	Organization						
	Street Address						
	Address Line 2						
	City		State		ZIP		
	Accessible for people with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Site Supervisor Name						
	Organizational Title						
	Email Address						
	Phone Number						
PRIMARY LODGING SITE							
14	Lodging Provider						
	Anticipated Arrival Date		Anticipated Departure Date				
	Type of Lodging	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Apartment or Condo <input type="checkbox"/> Armory <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Cabin <input type="checkbox"/> Campsite <input type="checkbox"/> Church or Other Faith-Based Organization <input type="checkbox"/> Community Center <input type="checkbox"/> Dorm <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Hostel </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hotel <input type="checkbox"/> Military Facility <input type="checkbox"/> NCCC Campus <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> School Room or Classroom <input type="checkbox"/> Summer Camp <input type="checkbox"/> Vacant Home <input type="checkbox"/> Volunteer Housing <input type="checkbox"/> Yurt <input type="checkbox"/> Other </td> </tr> </table>				<input type="checkbox"/> Apartment or Condo <input type="checkbox"/> Armory <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Cabin <input type="checkbox"/> Campsite <input type="checkbox"/> Church or Other Faith-Based Organization <input type="checkbox"/> Community Center <input type="checkbox"/> Dorm <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Hostel	<input type="checkbox"/> Hotel <input type="checkbox"/> Military Facility <input type="checkbox"/> NCCC Campus <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> School Room or Classroom <input type="checkbox"/> Summer Camp <input type="checkbox"/> Vacant Home <input type="checkbox"/> Volunteer Housing <input type="checkbox"/> Yurt <input type="checkbox"/> Other
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PRIMARY LODGING SITE (CONTINUED)				
Street Address				
Address Line 2				
City		State		ZIP
Accessible for people with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beds provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Kitchen (including stove and fridge) on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no full kitchen, microwave oven on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Showers on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laundry on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please use the space provided below to further describe team lodging accommodations.				

SIGNATURE

The Project Concept Form must be signed by a representative of the sponsoring organization. An electronic signature will be accepted.

Project Sponsor Signature

Date