



**Insert Program Name AmeriCorps
Program Host Site Application 2020-21**

This application must be submitted to Insert Contact Name at Insert Email Address or (fax) Insert FAX Number on or before Friday, December 13, 2020. Late applications will not be considered.

1. Organization Name: _____

2. Primary Contact Name: _____

3. Primary Contact Title: _____

4. Address: _____

5. City, State, Zip: _____

6. Host sites are selected based on how positions meet the organization and community need. Selecting any of the following priorities is not binding and strictly helps to understand how to serve you best. (Check all that apply)

- _____ Energy Efficiency/Weatherization
- _____ Strategic Goal
- _____ Service Expansion or New Program
- _____ Rural Community (cities, towns or counties with less than 20,000 residents)
- _____ Other: Please explain. _____

7. Number of members requesting for the 2020-2021 program year. _____

8. What community need will be addressed by AmeriCorps members at your organization?

9. Describe your community and the people who will be impacted by the AmeriCorps member's service.

10. Has your organization hosted AmeriCorps members in the past? Yes No

11. If yes, please list the AmeriCorps program(s) your organization has been affiliated with.



Host Site Responsibilities

11. Describe how you will provide AmeriCorps member orientation and on-going training including who will provide the training and the training topics. **Insert Program Name** will provide forms, templates, policies and coaching to assist.

12. Does your site have appropriate office space (phone, computer, telephone, etc.) and materials for AmeriCorps members? If not, can you procure office space and materials by August 2021? If you have office space currently, is the building accessible for people with disabilities?

13. Does your organization agree to complete and return all reports, requests for data and performance reports in a timely manner? Yes No

Host Site Environment

14. What skills do AmeriCorps members need to be successful at your site? (Reminder: AmeriCorps members will not necessarily have specific skills – AmeriCorps is a learn-by-doing program.)

15. Who will supervise the AmeriCorps member(s)? Please describe the site supervisor's time availability and suitability to manage AmeriCorps members.

16. How will your organization provide professional development opportunities to AmeriCorps members through your site and in your community? **Insert Program Name** AmeriCorps will provide forms, templates, policies and coaching to assist.

Partners and Funding

17. Does your agency plan to work with any partners? If yes, describe partners.



18. What funding sources will you pursue or utilize to secure the AmeriCorps member match costs? (Foundation funds, general operating, corporate grant, reserves, other)

I certify on behalf of _____ (organization name) that all of the information provided in this application is true and accurate.

Printed Name and Title: _____

Signature: _____ Date: _____