

# National Direct-Initial Consultation Form

<b>National Direct-Initial Consultation Form</b>						
<b>State Service Commission Contact Person Date</b>			Serve Idaho Renee Bade – renee.bade@labor.idaho.gov August 15, 2016			
<b>Legal Applicant Information</b>			<b>Organization Contact Person Address Email Phone</b>			
<b>AmeriCorps Grant Type</b>			<input type="checkbox"/> National Direct <input type="checkbox"/> Education Award <input type="checkbox"/> Professional Corps <input type="checkbox"/> Indian Tribe			
<b>AmeriCorps Program Model</b> (check one)			<input type="checkbox"/> <b>National</b> (members at local organizations directly controlled by parent) <input type="checkbox"/> <b>Affiliates</b> (members at affiliates of parent – limited direct control) <input type="checkbox"/> <b>Consortium</b> (members at independent organizations that interact on activities beyond AmeriCorps) <input type="checkbox"/> <b>Intermediary</b> (members at unrelated organizations)			
<b>Type of Application</b>			<input type="checkbox"/> New Application <input type="checkbox"/> Recompete <input type="checkbox"/> Continuation (Year __ of 3 Year Cycle)			
<b>Proposed National Program Overview</b>			<b>Program Name Start Date End Date</b>			
<b>Number of AmeriCorps Slots</b>	Minimum Time	Quarter Time	Reduced Half Time	2 Yr Half Time	Half Time	Full Time
<b>Application Total for this state</b>						
<b>Total CNCS Budget Request within state</b>						
<b>Total Operating Budget</b>						
<b>Number of MSYs</b>						
<b>Cost per MSY</b>						
<b>Proposed Source of Match</b>						
<b>AmeriCorps Program Focus</b> <i>(brief narrative; community need being addressed)</i>						



The Governor's Commission on Service and Volunteerism

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<p><b>Description of Primary AmeriCorps Program Activities</b>                  (Brief succinct description of how members will achieve the result. Explain exactly what <b>members</b> will be doing. Give a clear picture of member activity.)</p>	
<b>Beneficiaries within the state</b>	
<b>Proposed Primary Outcome Target</b>	
<b>Prior Years Data on Primary Outcome Performance Measure</b>	
<b>Prior Year Member Enrollment Rate</b>	_____ [Year]
<b>Prior Year Member Retention Rate</b>	_____ [Year]
<p><b>AmeriCorps Program Staff</b>                  (How many staff in state to oversee the program? If none in state, what staff will oversee?)</p>	Number of FTEs = _____
<p><b>Role of Parent in Administration of Program at state level;</b>                  (i.e. site monitoring; background checks; training and development)</p>	
<b>Skills and Resources to share</b>	
<p><b>Date of most recent A133 Audit</b>                  (How were any findings resolved?)</p>	
<p><b>Overview of proposed Site/s</b>                  (For each proposed site, provide the following information                  Operating site: sub-site; service site: exact location where member serves )</p>	
<p style="text-align: right;">Operating or service site?                  Location of site                  Number of members:                  Does this site oversee members from any other AmeriCorps program? If so, please name.</p>	
<p>(For each proposed site, provide the following information)</p> <p style="text-align: right;">Operating or service site?                  Location of site                  Number of members:                  Does this site oversee members from any other AmeriCorps program? If so, please name.</p>	
<p>(For each proposed site, provide the following information)</p> <p style="text-align: right;">Operating or service site?                  Location of site                  Number of members:                  Does this site oversee members from any other AmeriCorps program? If so, please name.</p>	
<p>(For each proposed site, provide the following information)</p> <p style="text-align: right;">Operating or service site?                  Location of site                  Number of members:                  Does this site oversee members from any other AmeriCorps program? If so, please name.</p>	



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