

AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC) PROJECT CONCEPT FORM (PCF)

)	OMB Control Number: 3045-0010
	Expiration Date: 10/31/2022

			APPLICATION INFORM	MATION				
	Organization	Name						
	Mailing Addre	ess						
	City			State			ZIP	
	Office Telepho	one		Ext.				
1	Secondary Sp Organization							
	Mailing Addre	ess						
	City			State			ZIP	
	Office Telepho	one		Ext.				
2	EIN			Secon Spons	idary sor EIN			
3	Organization •	Туре	Community-Based Nonprofit Organization Federal Government Indian Tribe Local Government or Municipality National Nonprofit School State Government					
	Authorized Representativ	ve						
4	Organizationa	al Title						
	Phone Number	er		Ext.				
	Email Address	s						
			PROJECT INFORMA	TION				
	Project Start	Date		Fixe	ed or Flexib	ole?		
5	Project End D	ate		Fixe	ed or Flexib	ole?		
·	Estimated Co Time (Weeks)							
			OTHER					
			am an NCCC alum.		From an A	meriCorps Sta	ate or V	/ISTA member.
			am a past NCCC Sponsor.		From a co	mmunity partı	ner.	
	How did you	□ la	am a past NCCC Staff member.		By email.			
6	hear about AmeriCorps	□ Fr	rom an NCCC alum.		On social Instagram	media (e.g. Fa ı, YouTube, Lir	acebool nkedIn)	k, Twitter, J.
	NCCC?		rom an NCCC Staff member.		On the CNCS Website.			
			rom a current NCCC member.		Other			
		□ Fr	rom a state CNCS office.					



AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC) PROJECT CONCEPT FORM (PCF) OMB Control Number: 3045-0010 Expiration Date: 10/31/2022

	OTHER (CONTINUED)								
	Is your organization currently National and Community Ser	funded wholly or in part by the Corpor rice?	☐ Yes	□ No					
	If 'Yes,' is the proposed proj grant or any AmeriCorps VIST	ect funded by an AmeriCorps State a A resources?	☐ Yes	□ No					
7	If 'Yes,' to either of the above questions, please provide detailed information concerning the funding source and utilization of those funds.								
8	Will the proposed service current or projected staff	replace any of your organization or contracted labor?	's	☐ Yes	□ No				
		ADDITIONAL QUES	TIONS						
	Has your organization pre AmeriCorps NCCC team?	eviously sponsored an	☐ Yes	□ No					
9	If 'Yes,' how many teams organization?	have served with your							
	If 'Yes,' when did a team organization?	most recently serve with your							
	Has your organization eve	er had a "Fee-for-Service" n Corps or Conservation Corps	☐ Yes	□ No					
10	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.								
10									
		PROJECT FOCUS A	REAS						
		☐ Energy Conservation							
		☐ Environmental Stewardship and Conservation							
11	Primary Area of Community Need	☐ Infrastructure Improvement							
		☐ Natural and Other Disasters							
		☐ Urban and Rural Develo	□ Urban and Rural Development						



AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC) PROJECT CONCEPT FORM (PCF) OMB Control Number: 3045-0010 Expiration Date: 10/31/2022

	NARRATIVES
12	Need



AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC) OMB Control Number: 3045-0010 AmeriCorps PROJECT CONCEPT FORM (PCF)

Expiration Date: 10/31/2022

13	Project Design



AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC) PROJECT CONCEPT FORM (PCF) OMB Control Number: 3045-0010 Expiration Date: 10/31/2022

LOCATIONS								
	PRIMARY LOCATION OF SERVICE							
	Organization							
	Street Address							
	Address Line 2							
	City	State	ZIP					
14	Accessible for people with disabilities?	☐ Yes ☐ No						
	Site Supervisor Name							
	Organizational Title							
	Email Address							
	Phone Number							
		PRIMARY LODGING SITE						
	Lodging Provider							
	Anticipated Arrival Date	Anticipat	ed Departure Date					
		☐ Apartment or Condo	☐ Hotel					
		□ Armory	☐ Military Facility					
		☐ Bed and Breakfast	□ NCCC Campus					
		□ C abin	□ Recreational Vehicle					
	Type of Lodging	□ Campsite	□ School Room or Classroom					
		Church or Other Faith-Based Organization	□ Trailer					
15		☐ Community Center	□ Vacant Home					
		□ Dorm	□ Volunteering Housing					
		☐ Homestay	□ Yurt					
		□ Hostel	□ Other					
		 Community or Faith-Based Organization 	□ Local Government or Municipality					
	Lodging Category	☐ Federal Government	☐ Military					
		☐ Indian Tribe	□ National Nonprofit Organization					
		☐ Institute of Higher Education	☐ National or State Park					
			□ Other					



AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC) PROJECT CONCEPT FORM (PCF)

OMB Control N	vumber	13045-0010
Expiration	Date:	10/31/2022

	PRIMARY LODGING SITE (CONTINUED)									
	Street Address									
	Address Line 2									
15	City				State		z	ZIP		
	Accessible for people with disabilities?	☐ Yes		lo	Beds pr	ovided?	Yes	;	No	
	Full Kitchen (including stove and fridge) on site?	☐ Yes		lo	If no full microwa		Yes	i	No	
	Showers on site?	☐ Yes		lo	Laundry	on site?	Yes		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.										
Proj	ect Sponsor Signature				Date					