



APPLICATION INFORMATION					
1	Organization Name				
	Mailing Address				
	City		State		ZIP
	Office Telephone		Ext.		
	Secondary Sponsor Organization Name				
	Mailing Address				
	City		State		ZIP
	Office Telephone		Ext.		
2	EIN		Secondary Sponsor EIN		
3	Organization Type	<ul style="list-style-type: none"> • Community-Based Nonprofit Organization • Federal Government • Indian Tribe • Local Government or Municipality • National Nonprofit • School • State Government 			
4	Authorized Representative				
	Organizational Title				
	Phone Number		Ext.		
	Email Address				
PROJECT INFORMATION					
5	Project Title				
	Project Start Date		Fixed or Flexible?		
	Project End Date		Fixed or Flexible?		
	Estimated Completed Time (Weeks)				
OTHER					
6	How did you hear about AmeriCorps NCCC?	<input type="checkbox"/> I am an NCCC alum. <input type="checkbox"/> From an AmeriCorps State or VISTA member. <input type="checkbox"/> I am a past NCCC Sponsor. <input type="checkbox"/> From a community partner. <input type="checkbox"/> I am a past NCCC Staff member. <input type="checkbox"/> By email. <input type="checkbox"/> From an NCCC alum. <input type="checkbox"/> On social media (e.g. Facebook, Twitter, Instagram, YouTube, LinkedIn). <input type="checkbox"/> From an NCCC Staff member. <input type="checkbox"/> On the CNCS Website. <input type="checkbox"/> From a current NCCC member. <input type="checkbox"/> Other <input type="checkbox"/> From a state CNCS office.			



OTHER (CONTINUED)		
7	Is your organization currently funded wholly or in part by the Corporation for National and Community Service?	<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.	
8	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		
9	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?	
10	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		
11	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



12 Need

Empty text area for describing the need.



13

Project Design

A large, empty rectangular box with a black border, intended for project design details.



PRIMARY LOCATION OF SERVICE																									
14	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																									
15	Lodging Provider																								
	Anticipated Arrival Date		Anticipated Departure Date																						
	Type of Lodging	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Apartment or Condo</td> <td><input type="checkbox"/> Hotel</td> </tr> <tr> <td><input type="checkbox"/> Armory</td> <td><input type="checkbox"/> Military Facility</td> </tr> <tr> <td><input type="checkbox"/> Bed and Breakfast</td> <td><input type="checkbox"/> NCCC Campus</td> </tr> <tr> <td><input type="checkbox"/> Cabin</td> <td><input type="checkbox"/> Recreational Vehicle</td> </tr> <tr> <td><input type="checkbox"/> Campsite</td> <td><input type="checkbox"/> School Room or Classroom</td> </tr> <tr> <td><input type="checkbox"/> Church or Other Faith-Based Organization</td> <td><input type="checkbox"/> Trailer</td> </tr> <tr> <td><input type="checkbox"/> Community Center</td> <td><input type="checkbox"/> Vacant Home</td> </tr> <tr> <td><input type="checkbox"/> Dorm</td> <td><input type="checkbox"/> Volunteering Housing</td> </tr> <tr> <td><input type="checkbox"/> Homestay</td> <td><input type="checkbox"/> Yurt</td> </tr> <tr> <td><input type="checkbox"/> Hostel</td> <td><input type="checkbox"/> Other</td> </tr> </table>				<input type="checkbox"/> Apartment or Condo	<input type="checkbox"/> Hotel	<input type="checkbox"/> Armory	<input type="checkbox"/> Military Facility	<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> NCCC Campus	<input type="checkbox"/> Cabin	<input type="checkbox"/> Recreational Vehicle	<input type="checkbox"/> Campsite	<input type="checkbox"/> School Room or Classroom	<input type="checkbox"/> Church or Other Faith-Based Organization	<input type="checkbox"/> Trailer	<input type="checkbox"/> Community Center	<input type="checkbox"/> Vacant Home	<input type="checkbox"/> Dorm	<input type="checkbox"/> Volunteering Housing	<input type="checkbox"/> Homestay	<input type="checkbox"/> Yurt	<input type="checkbox"/> Hostel	<input type="checkbox"/> Other
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**AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC)
PROJECT CONCEPT FORM (PCF)**

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

Street Address					
Address Line 2					
City		State		ZIP	
Accessible for people with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beds provided?	Yes	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?	Yes	No	
Showers on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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.

Project Sponsor Signature

Date