Service Opportunity Listing Template

Use this optional template to develop and draft your service opportunity listing prior to inputting the information into eGrants. Service opportunity listings cannot be partially saved throughout the input process. Thus this template provides the option to work on a new service opportunity listing at your own pace.

* = Required field by eGrants

****** = Required field by CNCS

Question or Prompt	Response or Selection
PAGE ONE	•
**Do you want to make this Listing to be available	
now? Select: Yes or No	
*Project Name:	
*Project Type:	
Select: AmeriCorps State / National (dropdown)	
*Program Code:	
Select: Program Code (dropdown)	
*Start Date:	
*End Date:	
*Term of Service:	
Select one: Full-Time, Part-Time, or Summer	
*First Name	
*Last Name:	
*Street Address1:	
Street Address2:	
*City:	
*State:	
*Zip:	
*Contact Phone:	
E-mail:	
Fax Number:	
Website:	
*In what states will you have members?	
Select: State(s) and/or territories (dropdown)	
In what metropolitan area will you have members? Select: Metro area(s) (dropdown)	

PAGE TWO	
*Give a brief two (2) line description of the program (200 characters or less):	
*Enter your program description (2000 characters or less):	
*Are you accepting applications now? Select: Yes or No	
**Accepting applications from:	
**Application deadline:	
*Do you accept AmeriCorps application? Select: Yes or No	
If you require your own application, how do applicants get it?	
Phone:	
E-mail:	
Website:	
 **What benefits does your program offer? <i>Full Time (Select at a minimum):</i> Childcare assistance if eligible Education award upon successful completion of service Health coverage Stipend or Living Allowance If the program is an Education Award Only program, Program Benefits do not need to include living allowance or health coverage. If the program is a Professional Corps program, Program Benefits do not need to include living allowance, health coverage, or childcare assistance. Part time, Summer, Less than Full Time (Select at a minimum): Education Award upon successful completion of service Other Benefits: Housing Relocation Allowance Training Other (fill in the blank) 	
Note: AmeriCorps State and National members are not eligible for Choice of Education Award of End of Service Stipend	
 Select the terms and conditions of member service that apply to your program? Options include: Car recommended Permits attendance at school during off hours Permits working at another job during off hours Prohibits paid work outside of the sponsoring agency at any time Uniforms provided and required 	

PAGE THREE	
**Minimum Age:	
Generally minimum age should be 17 or above; there are	
exceptions for approved opportunity youth programs.	
**Maximum Age:	
Generally maximum age should be 99 or none; there are	
exceptions for approved youth corps programs.	
Desired Education Level:	
Select one: Education Level (dropdown)	
Associates Degree	
College Graduate	
Some College	
Graduate Degree	
High School Diploma/GED	
Less than High School	
Technical school/apprenticeship/vocational	
What skills would you like potential members to	
possess?	
Select: Skill(s) (dropdown)	
Counseling	
Architectural Planning	
Business/Entrepreneur	
Communications	
Community Organization	
Computers/technology	
Conflict Resolution	
Education	
• Fine Arts/Crafts	
• First Aid	
• Fund raising/Grant Writing	
• Law	
• Leadership	
Medicine	
Public Health	
Public Speaking	
Recruitment	
Teaching/Tutoring	
Trade/Construction	
Writing/Editing	
Youth Development	
General Skills	
Environment	
Non-Profit management	
Social Service	
Urban Planning	
Disaster Services	
Veterans	
Team Work	
Do you have a language requirement?	
Select: Language(s) (drop down)	
*What will your AmeriCorps member(s) do? (1000	
characters or less):	
Define the field of service areas in which your	
members are serving?	
Select: Service Area(s) (dropdown)	
Community and Economic Development	
Community Outreach Children Wouth	
Children/Youth	

	<u>r</u>
Disaster Relief	
Education	
Entrepreneur/Business	
• Elder Care	
Ex-Offender Reentry	
Environment	
• Health	
• Hunger	
Hurricane Katrina	
Homelessness	
Housing	
Homeland Security	
Neighborhood Revitalization	
Public Safety	
Technology	
• Tribal	
Veterans	
*Explain the purpose of modification	
h h - h	
Submitted by	
Submitted by:	
*First Name:	
*Last Name:	
Vour aboro number	
Your phone number:	
Your E-mail address:	