



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

OMB Control Number: 3045-0010
Expiration Date: 10/31/2025

APPLICANT INFORMATION

1	Organization Name				EIN	
	Mailing Address					
	City		State		Zip	
	Office Telephone		Ext.			
	Secondary Sponsor Organization Name				EIN	
	Mailing Address					
	City		State		Zip	
	Office Telephone		Ext.			
2	Organization Type	<input type="checkbox"/> Community-Based Nonprofit Organization <input type="checkbox"/> National Nonprofit <input type="checkbox"/> Federal Government <input type="checkbox"/> School <input type="checkbox"/> Tribal Nation <input type="checkbox"/> State Government <input type="checkbox"/> Local Government or Municipality				
	Authorized Representative					
	Organization Title					
	Phone Number		Ext.			
	Email Address					

PROJECT INFORMATION

4	Project Title				
	Project Start Date		Fixed or Flexible?		
	Project End Date		Fixed or Flexible?		
	Estimated Completion Time (Weeks)				

OTHER

5	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. <input type="checkbox"/> From an NCCC staff member. <input type="checkbox"/> On the AmeriCorps website. <input type="checkbox"/> From a current NCCC member. <input type="checkbox"/> Other: _____ <input type="checkbox"/> From an AmeriCorps Office.			
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6	Is your organization currently funded wholly or in part by AmeriCorps?	<input type="radio"/> Yes <input type="radio"/> No
	If 'Yes,' is the proposed project funded by an AmeriCorps State and National grant or any AmeriCorps VISTA resources?	<input type="radio"/> Yes <input type="radio"/> No
	If 'Yes,' to either of the above questions, please provide detailed information concerning the funding source and utilization of those funds.	

7	Will the proposed service replace any of your organization's current or projected staff or contracted labor?	<input type="radio"/> Yes <input type="radio"/> No
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ADDITIONAL QUESTIONS

8	Has your organization previously sponsored an AmeriCorps NCCC team?		<input type="radio"/> Yes <input type="radio"/> No
	If 'Yes,' how many teams have served with your organization?		
	If 'Yes,' when did a team most recently serve with your organization?		

9	Has your organization ever had a "Fee-for-Service" arrangement with a Youth Corps or Conservation Corps program?	<input type="radio"/> Yes <input type="radio"/> 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

10	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
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NARRATIVES

11 Need



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12 Project Design



LOCATIONS																									
PRIMARY LOCATION OF SERVICE																									
13	Organization																								
	Street Address																								
	Address Line 2																								
	City		State		Zip																				
	Accessible for people with disabilities?	<input type="radio"/> Yes <input type="radio"/> No																							
	Site Supervisor Name																								
	Organizational Title																								
	Email Address																								
	Phone Number																								
PRIMARY LODGING SITE																									
14	Lodging Provider																								
	Anticipated Arrival Date		Anticipated Departure Date																						
	Type of Lodging	<table style="width: 100%; border: none;"> <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"/> Summer Camp</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"/> Volunteer Housing</td> </tr> <tr> <td><input type="checkbox"/> Short Term Rental</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"/> Summer Camp	<input type="checkbox"/> Community Center	<input type="checkbox"/> Vacant Home	<input type="checkbox"/> Dorm	<input type="checkbox"/> Volunteer Housing	<input type="checkbox"/> Short Term Rental	<input type="checkbox"/> Yurt	<input type="checkbox"/> Hostel	<input type="checkbox"/> Other
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PRIMARY LODGING SITE (CONTINUED)						
14	Street Address					
	Address Line 2					
	City		State		Zip	
	Accessible for people with disabilities?	<input type="radio"/> Yes	<input type="radio"/> No	Beds provided?	<input type="radio"/> Yes	<input type="radio"/> No
	Full Kitchen (including stove and fridge) on site?	<input type="radio"/> Yes	<input type="radio"/> No	If no full kitchen, microwave oven on site?	<input type="radio"/> Yes	<input type="radio"/> No
	Showers on site?	<input type="radio"/> Yes	<input type="radio"/> No	Laundry on site?	<input type="radio"/> Yes	<input type="radio"/> 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