AmeriCorps

INTERNAL USE ONLY:

Project Title:
Project Number:
State:
Focus Area:
APD:
Rural ◯ Urban ◯ Suburban ◯ Wilderness ◯
New Sponsor ◯ Returning Sponsor

AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC)
SERVICE PROJECT APPLICATION

APPLICANT 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	◯ Community-Based Nonprofit Organization ◯ Federal Government ◯ Tribal Nation ◯ Local Government or Municipality ◯ National Nonprofit ◯ School ◯ State Government				
4	Authorized Representative					
	Organizational Title					
	Phone Number		Ext.			
	Email Address					
5	Project Site Supervisor					
	Organizational Title					
	Phone Number		Ext.			
	Email Address					

PROJECT INFORMATION

6	Estimated Completion Time (Weeks)					
	Project Start Date		Flexible	◯	Fixed	◯
	Project End Date		Flexible	◯	Fixed	◯

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

PROJECT FOCUS AREAS AND OBJECTIVES		
7	Primary Area of Community Need	○ Energy Conservation ○ Environmental Stewardship and Conservation ○ Infrastructure Improvement ○ Natural and Other Disasters ○ Urban and Rural Development
8	Secondary Area of Community Need	○ Energy Conservation ○ Environmental Stewardship and Conservation ○ Infrastructure Improvement ○ Natural and Other Disasters ○ Urban and Rural Development
9	Disaster Type (if applicable)	○ Preparedness ○ Readiness ○ Mitigation ○ Recovery ○ Not Applicable
10	Project Objectives	☐ Access to Care ☐ At-Risk Ecosystems ☐ Awareness and Stewardship ☐ Capacity Building and Leverage ☐ Community Support ☐ Energy Efficiency ☐ Support ☐ Disaster Assistance Provided ☐ Education ☐ Financial Literacy ☐ Housing ☐ Inclusion of People with Disabilities ☐ Alleviate Poverty ☐ Advance Racial Equity ☐ Mitigate the Impacts of the COVID-19 Pandemic and Other Public Health Crises ☐ Reduce Greenhouse Gas Emissions ☐ Conserve Lands and Waters and Adapt to Changing Climate ☐ Expand Educational and Economic Opportunity ☐ Service to Undeserved Individuals and Communities

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

AREAS SERVED BY THE PROJECT				
11	State or Territory		City or County	
	State or Territory		City or County	
	State or Territory		City or County	
	State or Territory		City or County	

OTHER			
12	Organization Goals Relevant to the Project	1	
		2	
		3	

13	Are there any required permits or zoning variances for this project?	Yes	No
	If 'Yes,' please list the specific permits or zoning variances required and state whether you have secured them. Though not required at the time of application, proof of permits may be requested at a later date.		
14	Is your organization currently funded wholly or in part by AmeriCorps?	Yes	No
	If 'Yes,' is the proposed project funded by an AmeriCorps State and National grant or any AmeriCorps VISTA resources?	Yes	No
	If 'Yes,' to either of the above questions, please provide detailed information concerning the funding source and utilization of those funds.		
15	Will the proposed service replace any of your organization's current or projected staff or contracted labor?	Yes	No
16	Could this project be impacted by inclement weather?	Yes	No

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

	If 'Yes,' do you have sufficient alternate project work opportunities for at least 25% of the project time for the team should there be inclement weather? You will need to provide your inclement weather plan as part of the Need and Project Design Narrative (Question 26).		
17	AmeriCorps conducts background checks on all members which consists of fingerprint-based FBI criminal history search and a check of the National Sex Offender Public Website (NSOPW.org). Will your organization conduct additional background checks?	Yes	No
	If 'Yes,' please specify what additional background checks are required and how these requirements will be satisfied. If an organization requires additional background checks for AmeriCorps NCCC members, the organization is responsible for fees associated with the background checks and completing background checks prior to or at the start of the project.		
18	Does this project include possible exposure of AmeriCorps NCCC members to asbestos, lead paint, hazardous waste, mold, or any other safety hazards?*	Yes	No
19	Will members be required to work with potentially hazardous chemicals such as solvents, acids, pesticides, herbicides, adhesives, etc.?*	Yes	No
20	Are there any current or recent (within the last five years) environmental hazards that campus staff should be aware of near the service and/or lodging sites?* Examples could include but are not limited to: tap water that is undrinkable or not recommended to drink, chemical or hazardous waste spills, mine blowouts impacting waterways/groundwater, chemical weapon storage locations, or oil spills.	Yes	No
21	Are there any health or environmental conditions that might preclude an AmeriCorps NCCC member from fully participating based on project location or project conditions?*	Yes	No

*Selection of 'Yes' to this question does not preclude your organization from receiving an AmeriCorps NCCC team. You will need to further explain any hazards or conditions in the Safety and Security Narrative (Question 31).

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

LOCATIONS

22

Location of Service #1							Primary Site?	Yes ◯ No ◯
Organization								
Projected Start Date			Projected End Date					
Street Address								
Address Line 2								
County		City		State		ZIP		
Accessible for people with disabilities?	Yes ◯ No ◯							
Site Supervisor Name								
Organizational Title								
Email Address				Phone Number				

Location of Service #2							Primary Site?	Yes ◯ No ◯
Organization								
Projected Start Date			Projected End Date					
Street Address								
Address Line 2								
County		City		State		ZIP		
Accessible for people with disabilities?	Yes ◯ No ◯							
Site Supervisor Name								
Organizational Title								
Email Address				Phone Number				

Location of Service #3							Primary Site?	Yes ◯ No ◯
Organization								
Projected Start Date			Projected End Date					
Street Address								
Address Line 2								
County		City		State		ZIP		
Accessible for people with disabilities?	Yes ◯ No ◯							
Site Supervisor Name								
Organizational Title								
Email Address				Phone Number				

*For projects with more than three site locations, please include an attachment with the information required above for each additional location.

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

LODGING SITE #1								
23	Lodging Provider							
	Street Address							
	City		State		Zip			
	Anticipated Arrival Date		Anticipated Departure Date					
	Type of Lodging	○ Apartment or Condo ○ Armory ○ Bed and Breakfast ○ Cabin ○ Campsite ○ Church or Other Faith-Based Organization ○ Community Center ○ Dorm ○ Short Term Rental ○ Hostel	○ Hotel ○ Military Facility ○ NCCC Campus ○ Recreational Vehicle ○ School Room or Classroom Trailer ○ Summer Camp ○ Vacant Home ○ Volunteer Housing ○ Yurt ○ Other					
	Lodging Category	○ Community or Faith-Based Organization ○ Federal Government ○ Indian Tribe ○ Institute of Higher Education	○ Local Government or Municipality ○ Military ○ National Nonprofit Organization ○ National or State Park ○ Other					
	Accessible for people with disabilities?	Yes ○	No ○	Beds provided?	Yes ○	No ○	Number of sleeping spaces available?	
	If you've selected Yes, is it accessible for:	Hearing ☐	Vision ☐	Mobility ☐				
	Showers on site?	Yes ○	No ○	Laundry on site?	Yes ○	No ○	Wi-Fi access on site?	Yes ○ No ○
	Full Kitchen(including stove and fridge) on site?	Yes ○	No ○	If no full kitchen, are meals provided?	Yes ○	No ○	Is there a microwave on site?	Yes ○ No ○

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

24	LODGING SITE #1 Continued			
	Lodging Contact Name			
	Phone number		Email Address	
	Is lodging currently move-in ready? Please explain. If lodging is not currently move-in ready, when will it be ready by (include date)?			
	Please use the space provided below to address the requested information for the Lodging Narrative in the AmeriCorps NCCC Service Project Application Instructions.			

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

NARRATIVES	
Please refer to the **Service Project Application Instructions** for requirements for each narrative.	
25	Executive Summary (Include Organizational Capacity)

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

26	Need and Project Design

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

27	Project Management and Training

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

28	Recruitment

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

29	Member Development (Please include skills members will gain and an explanation of how those skills will advance member development.)

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

30	Strengthening Communities

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

31	Safety and Security

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

32	Tools and Equipment

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

IMPORTANT NOTICES SECTION

REQUIRED ATTACHMENTS: Supporting documentation is a critical component of the Service Project Application. The supporting materials requested below will help AmeriCorps NCCC Regional staff develop a better understanding of the proposed project during the application review process. Samples and templates are available from AmeriCorps NCCC Regional staff.

ON-SITE ORIENTATION: Please attach a comprehensive on-site orientation agenda to your application. This should include an overview of your organization and the project, introductions of the team to the staff of the sponsoring organization(s), tour of the work site(s) and the community, safety and security, and a lodging use overview.

TRAINING PLAN: Please attach a training plan outlining the training that AmeriCorps NCCC members will receive during the project. This plan should include tool training, safety training, and project specific training (e.g., positive youth development, tree identification, roofing instruction, etc.). If a variety of tasks have been proposed in the work plan, the training plan should identify how/when members will be trained to perform the task.

PROJECT WORK CALENDAR: Include a project work plan that outlines the schedule of work. The schedule will assist in planning where a team will perform work, which staff member will work with the team, the assigned task(s) for each work day and the number of AmeriCorps NCCC members it will take to complete each task. The work plan calendar is an essential part of demonstrating how the organization will provide at least 40 hours of work for each member of the team.

OPTIONAL ATTACHMENTS: The supporting materials requested below are OPTIONAL and will help AmeriCorps NCCC Regional staff develop a better understanding of the proposed project during the application review process.

LODGING PHOTOS: Please provide at least one clearly labeled photo of the proposed team lodging. Strong applications often include photos of team living quarters, kitchen and bath facilities and storage areas for personal belongings.

WORKSITE PHOTOS OR SUPPORTING DOCUMENTS: If feasible, clearly labeled photos of work site tasks, maps of service site locations (e.g. a camp map, trail system map, community housing map, etc.), or similar supporting documentation sometimes can help support the high level of detail you have provided in the Need Narrative and the Project Design Narrative.

ADDITIONAL PAPERWORK REQUIREMENTS: If the Service Project Application is approved and teams perform the service project, the project sponsor will be required to review and sign two additional documents: the Sponsor Agreement and the Project Completion Report. Sponsoring organizations will also be asked to complete a survey to capture their evaluation of their partnership with AmeriCorps NCCC.

SPONSOR AGREEMENT: Once the Service Project Application has been approved, a formal agreement (called a Sponsor Agreement) will be executed between the sponsoring organization and AmeriCorps NCCC, which will specify the roles, responsibilities, and contributions of both parties. This agreement must be signed by both parties before a team arrives to the project.

PROJECT COMPLETION REPORT: After the project is completed the project sponsor will be required to review, approve, and sign the AmeriCorps NCCC Project Completion Report, and return it to AmeriCorps NCCC regional campus staff within five (5) days of receipt.

SURVEYS: Project sponsors, site supervisors, and secondary sponsors who have used the services of teams will be asked to complete surveys designed to provide AmeriCorps NCCC with feedback that will inform continuous improvement of services.

DISASTER/FIRE RESPONSE: AmeriCorps NCCC members and staff are part of the Federal Emergency Management Agency (FEMA) and American Red Cross National Disaster Response Network. In addition, AmeriCorps NCCC assists local, state, and national forest services with wildfire suppression. Potential project sponsors should note that in the event of a natural disaster or homeland security crisis, members may be recalled from projects to serve as part of the relief efforts. This could result in a decrease in the number of members assigned to your project, a delay in the deployment of a team, or cancellation of a project.

LIABILITY AND WORKERS' COMPENSATION CLAIMS: AmeriCorps is a self-insured federal agency that administers the AmeriCorps National Civilian Community Corps (NCCC) program. Consequently, AmeriCorps NCCC Corps Members, Team Leaders, and Federal employees of AmeriCorps are covered by the provisions of the Federal Tort Claims Act (liability claims) and the Federal Employees Compensation Act (workers' compensation claims) 42 U.S.C. §12620 (b) & (c). Accordingly, any injuries or property damage proximately caused by the negligence of an AmeriCorps NCCC Member, Team Leader, or AmeriCorps employee will be assumed by the United States Government, if it is determined that the negligent individual was acting within the scope of his/her official service activity or employment at the time of the potentially compensable event. Similarly, any on-the-job injuries received by an AmeriCorps member of the NCCC program or federal employee will be processed by AmeriCorps and the Department of Labor.

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

WAIVERS: No member of an AmeriCorps NCCC Team (including any Corps Member or Team Leader) shall sign any document provided by the Project Sponsor or any representative or employee of the Project Sponsor, including but not limited to: liability waivers, hold harmless agreements, indemnification agreements, or employment-related documents. In the event that a member of an AmeriCorps NCCC Team signs a document provided by the Project Sponsor or any representative or employee of the Project Sponsor, the signature on any such document shall have no force or effect of law. Neither the Team nor any Team Leader or Corps Member thereof, may legally bind the AmeriCorps NCCC Team or the AmeriCorps NCCC Program.

NON-DISCRIMINATION: A Project Sponsor receiving teams from AmeriCorps NCCC will comply with all federal statutes, including the National and Community Service Act of 1990, as amended, relating to nondiscrimination, which includes nondiscrimination on the basis of race, color, national origin, sex, age, disability, and in most instances, religion. AmeriCorps prohibits all forms of discrimination based on race, color, national origin, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, or military service. All programs administered by, or receiving Federal assistance from AmeriCorps, must be free from all forms of harassment. Project sponsors will be required to sign an assurance of non-discrimination as part of the Sponsor Agreement.

SERVICE PROJECT LIMITATIONS: In the course of performing a service project, members cannot engage in any project assignments that involves direct fundraising, financial transactions, preparation of a grant application to AmeriCorps or to any other Federal agency, or any political or inherently religious activities.

SIGNATURE	
The Service Project Application MUST be signed by the authorized representative of the sponsoring organization.	
SIGNATURE	DATE

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