



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 Start Date			Fixed or Flexible?			
	Project End Date			Fixed or Flexible?			
	Estimated Completed Time (Weeks)						
OTHER							
6	How did you hear about AmeriCorps NCCC?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> I am an AmeriCorps NCCC alum. I am a past NCCC Sponsor. I am a past NCCC Staff member. From an AmeriCorps NCCC alum. From an NCCC Staff member. From a current NCCC member. From a state AmeriCorps office. </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> From an AmeriCorps State or VISTA member. From a community partner. By email. On social media (e.g. Facebook, Twitter, Instagram, YouTube, LinkedIn). On the AmeriCorps Website. Other </td> </tr> </table>				<ul style="list-style-type: none"> I am an AmeriCorps NCCC alum. I am a past NCCC Sponsor. I am a past NCCC Staff member. From an AmeriCorps NCCC alum. From an NCCC Staff member. From a current NCCC member. From a state AmeriCorps office. 	<ul style="list-style-type: none"> From an AmeriCorps State or VISTA member. From a community partner. By email. On social media (e.g. Facebook, Twitter, Instagram, YouTube, LinkedIn). On the AmeriCorps Website. Other
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OTHER (CONTINUED)		
7	Is your organization currently funded wholly or in part by AmeriCorps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes,' is the proposed project an AmeriCorps State and National funded by 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 source and utilization of concerning the funding those funds.	
8	Will the proposed service or projected staff replace any of your organization's current 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 years 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	<p>Energy Conservation</p> <p>Environmental Stewardship and Conservation</p> <p>Infrastructure Improvement</p> <p>Natural and Other Disasters</p> <p>Urban and Rural Development</p>



NARRATIVES

12

Need

A large, empty rectangular box with a black border, intended for the user to provide a narrative description for the project concept.



13	Project Design



LOCATIONS					
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	Apartment or Condo Armory Bed and Breakfast Cabin Campsite Church or Other Faith-Based Organization Community Center Dorm Homestay Hostel	Hotel Military Facility NCCC Campus Recreational Vehicle School Room or Classroom Trailer Vacant Home Volunteering 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			



PRIMARY LODGING SITE (CONTINUED)					
15	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