

# AMERICORPS\*VISTA CONCEPT PAPER



## **Instructions**

Submit a completed Face Sheet of the SF-424, Application for Federal Assistance with your concept paper. When completing the SF 424, please note that #15 ESTIMATED FUNDING, should be left blank at this time.

In narrative format, develop a concept paper (between 500-750 words or 2-3 pages) that introduces your organization and summarizes your proposed project. Be sure to:

- Type, single-spaced.
- Use the same headings and lettering provided below when completing your concept paper.
- Submit to the appropriate Corporation for National and Community Service State Office

The concept paper must address the following areas:

## **I. Executive Summary**

- A. Briefly describe your organization's mission, history, and the beneficiaries of your organization's programs.
- B. Describe the project activities the requested AmeriCorps\*VISTA members will perform.

## **II. Strengthening Communities**

- A. Describe the specific poverty-related community need(s) the AmeriCorps\*VISTA project will address.
- B. Describe how the proposed project will strengthen your organization's capacity to address the need(s) of the community. What are the project's anticipated outcomes? What strategies will your organization employ to achieve these outcomes? How will you measure your success in achieving these outcomes?

## **III. Program Management**

- A. What is the estimated length of time required to complete the project? What is your proposed number of AmeriCorps\*VISTA members?
- B. Describe how you will supervise the project and member(s). In addition to the training provided by the Corporation for National and Community Service, what type of training will you provide to AmeriCorps\*VISTA members?

## **IV. Organizational Capacity**

- A. Address your organization's capacity to manage the proposed project including previous experience working with community volunteers and/or national service participants. Was your organization previously assigned AmeriCorps\*VISTA members? If so, specify the sponsoring organization (if different from your own), years and number of members. Briefly describe how the proposed service activity differs from what your members did previously. Also, if your agency is currently receiving other CNCS resources, specify which program and the number of members.
- B. What resources are available to support the project? Identify the names of partner organizations. Please indicate if you are able to support a cost-share member (approximately \$9,500 - \$10,400/year).

# CONCEPT PAPER

1. TYPE OF SUBMISSION:

Application  Non-Construction

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	
2B. APPLICATION ID:	4. a. DATE RECEIVED BY CNCS:

5. APPLICANT INFORMATION

5a. LEGAL NAME:	5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION ( <i>give area codes</i> ):
5c. ADDRESS ( <i>give street address, city, county, state and zip code</i> ):	NAME: TELEPHONE NUMBER: (     )     - FAX NUMBER: (     )     - INTERNET E-MAIL ADDRESS:

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	7.a. TYPE OF APPLICANT: ( <i>enter appropriate letter in box</i> ) <input type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____ H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization
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8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW	7.b. CNS APPLICANT CHARACTERISTICS <i>Enter appropriate code in each blank: _____, _____, _____, _____, _____</i>
	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	11. a. TITLE OF APPLICANT'S PROJECT:
Name of Program	

12. AREAS AFFECTED BY PROJECT ( <i>List Cities, Counties, States, etc.</i> ):	
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<input type="checkbox"/> FORMER GRANTEE/SPONSOR	YEARS:	# MEMBERS/PARTICIPANTS:
<input type="checkbox"/> OTHER CNCS RESOURCES	DESCRIBE:	# MEMBERS/PARTICIPANTS:
ANTICIPATED LENGTH OF PROJECT:		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	e. DATE SIGNED:	