**APPENDIX C-LETTER OF INTENT**

**Governor’s Commission on Community and Volunteer Service**

2019 AmeriCorps State Grant Application

Proposed Project Title:

Contact Person:

Name of Applicant Organization:

Address:

City/State/Zip:

Telephone: Fax:

Email Address:

(Note: All AmeriCorps programs must have Internet access at the time of the program’s start date)

Type of Applicant (nonprofit, government, etc.):

Geographic Area to be Served:

Amount of Funds Requested: Total Project Budget:

Question 1: Brief Description of Program (300 word limit):

Question 1: (continuation if needed)

Issue Areas – Which Federal focus area(s) will this program address?

Corporation for National and Community Service Focus Areas:

* Disaster Services
* Economic Opportunity
* Education
* Environmental Stewardship
* Healthy Futures
* Veterans and Military Families

The Governor’s Commission on Community and Volunteer Service also has the following expectations of all AmeriCorps programs:

* Disability Inclusion in the design and delivery of the program
* A collaborative approach to program planning, design, and delivery
* Demonstrated ability to successfully administer an AmeriCorps or other federal grant
* Addressing underserved or areas of extreme poverty that are not currently served by AmeriCorps programs

Question 2: Describe how your program will address these expectations (300 word limit):

**AMERICORPS MEMBERS:** How many members (and what terms of service) will be recruited under the proposed program?

\_\_\_Full-Time (1700 hours) \_\_\_Reduced Full-time (1200 hours) \_\_\_Half-time (900 hours)

\_\_\_Reduced Half–time (675 hours) \_\_\_Quarter-time (450 hours) \_\_\_Minimum-time (300 hours)

\_\_\_Total members \_\_\_Planning Grant

Please submit the completed letter of intent as part of the proposal packet to the Procurement Office by **~~June 4, 2019~~**~~,~~ JUNE 12, 2019 AT 11:00 a.m. in order to be eligible for a 2019 AmeriCorps Competitive Grant.

Print Name of Authorized Representative:

Signature of Authorized Representative: