

STATE OF DELAWARE  
DIVISION OF SOCIAL SERVICES

APPENDIX F - LETTER OF INTENT

Governor's Commission on Community and Volunteer Service  
HSS-26-042 - AMERICORPS FORMULA GRANT APPLICATIONS 2026-2027

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 of focus (city/town, county, statewide): \_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_

**Briefly describe the purpose of your proposed program, including "the need" to be addressed and the desired impact on the community (300-word limit).**

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

- Disaster Services
- Economic Opportunity
- Education
- Environmental Stewardship
- Healthy Futures

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Veterans and Military Families

Describe how your program will address the following expectations of the Governor's Commission on Community and Volunteer Service (600-word limit):

- A collaborative approach to program planning, design, and delivery (examples of working with other organizations/partners):
  
- Demonstrated ability to successfully administer an AmeriCorps or other federal grant (examples of projects or grants managed):
  
- Addressing underserved or areas of extreme poverty that are not currently served by AmeriCorps programs (geographic and demographic references):

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

\*Note: Planning grants are not required to fill at this portion as they will not have members.

\_\_\_ Full-Time (1700 hours)

\_\_\_ Reduced Full-time (1200 hours)

\_\_\_ Half-time (900 hours)

\_\_\_ Reduced Halftime (675 hours)

\_\_\_ Quarter-time (450 hours)

\_\_\_ Minimum-time (300 hours)

\_\_\_ Total members

Print Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_