**AmeriCorps Innovation Grant Application: *Letter of Intent (LOI)***

**Legal Applicant Name:** Click or tap here to enter text.

Type of Organization (Nonprofit, Local Government, Indian Tribe, State, etc.): Click or tap here to enter text.

Is the Legal Applicant registered on SAM.gov?

Yes

No

Legal Applicant Address Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Physical

Mailing

Primary Contact Name: Click or tap here to enter text.

Primary Contact Email: Click or tap here to enter text. Telephone: Click or tap here to enter text.

Secondary Contact Name (if applicable): Click or tap here to enter text.

Secondary Contact Email (if applicable): Click or tap here to enter text. Telephone: Click or tap here to enter text.

**Executive Summary, 500 words maximum**

**Please fill in the blanks of these sentences to complete the Executive Summary. Do not deviate from the template.**

The [Name of the organization] proposes an AmeriCorps Innovation grant to support the development of the organization’s existing AmeriCorps Montana program. At the end of the grant period, [Name of the organization] will be responsible for developing program operations, program staff, and/ or AmeriCorps members, which will result in [anticipated outcome]. The organization will complete programming and and financial reporting on time.

### The AmeriCorps investment of $[amount of request] will be matched with $[amount of projected match], $[amount of local, state, and federal funds] in public funding and $[amount of non-governmental funds] in private funding.

### 

**AmeriCorps Funds Requested:** Click or tap here to enter text.

**Total Project Budget (funds requested + match):** Click or tap here to enter text.

*I certify that I am authorized to submit this Letter of Intent on behalf of my organization.*