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

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

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

Organization Address: Click or tap here to enter text.

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

Telephone: Click or tap here to enter text.

email: Click or tap here to enter text.

**Program Title:** 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 to plan to utilize AmeriCorps members to [service activities the members will be doing] in [the locations the AmeriCorps members will serve]. The organization will learn about AmeriCorps grant and financial management. The organization will complete planning and financial reporting on time. At the end of the planning period, the [Name of the organization will be responsible for developing an AmeriCorps program that will result in [anticipated outcome/benefit and for whom]. In addition, organization will plan to leverage [number of leveraged volunteers, if applicable] who will be engaged in [what the leveraged volunteers will be doing.]

### This program will focus on the CNCS focus area(s) of [Focus Area(s)]. \* The CNCS 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.

\*If the program is not operating in a CNCS focus area, omit this sentence

**Program CNCS Focus Area(s):** Click or tap here to enter text.

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

**Member Service Years Requested:** Click or tap here to enter text. **Members Requested:**Click or tap here to enter text.

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

**Primary contact person, list secondary contact if applicable:** Click or tap here to enter text.