**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.

**Primary contact person (list secondary contact if applicable):** 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] will have [# of] AmeriCorps members in [locations AmeriCorps members will serve]. AmeriCorps members will [service activities the members will be doing]. At the end of the first program year, the AmeriCorps members will be responsible for [anticipated outcome(s) of project]. In addition, the AmeriCorps members will leverage [number of leveraged community volunteers, if applicable] who engage in [what the leveraged volunteers will be doing.]

### *Additional language for Cost Reimbursement applicants:*

### The AmeriCorps investment 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.

*Additional language for Fixed Amount applicants (Full-Cost, EAP, No Cot Slots):*

### In addition to the AmeriCorps investment, $[amount of local, state, and federal funds] in public funding and $[amount of non-governmental funds] in private funding will support the project.

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

**AmeriCorps 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.

[ ] Check box to indicate if not funded competitively, your program would like to be considered for Formula Funding.