



SUMMER AmeriCorps VISTA Program Application

Instructions: Please complete your application and send the finished document to ak@cns.gov as an email attachment no later than March 15.

I. Agency Information

Sponsoring Agency:

Partner Site where member will serve:

Contact Person and Title:

Email:

Phone:

City:

Zip+4:

Borough/Census Area:

1. How many VISTAs are you requesting (recommend 5 or more)?
2. Which Summer of Service Focus Areas do(es) your program address?
 - Healthy Futures
 - Education
 - Summer Feeding Program

3. Service Dates

Service must take place between May 1 – August 31 and last 8-10 weeks (56-70 days).

Proposed Start Date:

Proposed End Date:

4. Provide a brief description of the proposed project, goal, and overview of the activities the requested VISTAs will perform.

5. State the specific need(s) identified in your community that the Summer VISTA project will address. When available, please use current and local statistical data, citing the source, to substantiate the problem.

II. VISTA Assignment Description (VAD)

If the work of the VISTA members is the same for each position, one VAD for the entire team is sufficient.

Otherwise, please cut and paste additional VAD templates as necessary.

Instructions: For each VISTA requested, name the agency where they will serve and briefly describe their main tasks and activities in the table below. In the box for Performance Measure, choose one milestone and then target you will use to measure their impact on identified community needs. The milestone should be directly related to the Needs and Goals stated above and should describe the anticipated result you hope to achieve over the course of one year. Include the target quantity - the level or amount of change you expect to achieve (e.g. Develop 5 xx by doing..., Complete 12 presentations at..., Raise \$xx by doing...). If your agency is requesting more than two VISTAs, please copy and paste the following table as necessary.

Agency/Site:

City:	Zip+4:	County:
VISTA's role/title:		
VISTA project goal: <i>Describe the impact your project will have in addressing the identified community need.</i>		
VISTA Member Activities and Steps Checklist		Planned Period of Work
Activity 1: Step 1: Step 2: Step 3:		
Activity 2: Step 1: Step 2: Step 3:		
Activity 3: Step 1: Step 2: Step 3:		
Activity 4: Step 1: Step 2: Step 3:		
Performance Measure: <i>Describe the anticipated result you hope to achieve over the course of one year and the information you will collect to determine if performance milestones have been achieved.</i>		
Target: <i>The level or amount of change you expect to achieve.</i>		

Agency/Site:		
City:	Zip+4:	County:
VISTA's role/title:		
VISTA project goal: <i>Describe the impact your project will have in addressing the identified community need.</i>		
VISTA Member Activities and Steps Checklist		Planned Period of Work
Activity 1: Step 1: Step 2: Step 3:		
Activity 2: Step 1: Step 2: Step 3:		
Activity 3: Step 1:		

Step 2: Step 3:	
Activity 4: Step 1: Step 2: Step 3:	
Performance Measure: <i>Describe the anticipated result you hope to achieve over the course of one year and the information you will collect to determine if performance milestones have been achieved.</i>	
Target: <i>The level or amount of change you expect to achieve.</i>	

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