

# National Direct Initial Consultation Form

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## Legal Applicant Information:

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## AmeriCorps Grant Type:

\_\_\_\_ National    \_\_\_\_ Education Award    \_\_\_\_ Professional Corps    \_\_\_\_ Indian Tribe

## AmeriCorps Program Model: (check one)

\_\_\_\_ **National** (members at local organizations directly controlled by parent)

\_\_\_\_ **Affiliates** (members at affiliates of parent – limited direct control)

\_\_\_\_ **Consortium** (members at independent organizations that interact on activities beyond AmeriCorps)

\_\_\_\_ **Intermediary** (members at unrelated organizations)

## Type of Application:

\_\_\_\_ New Application    \_\_\_\_ Re-compete    \_\_\_\_ Continuation (Year \_\_\_\_ of 3 Year Cycle)

## Proposed National Program Overview:

Program Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

## Number of AmeriCorps Slots:

Total Application \_\_\_\_\_

Total for Alaska \_\_\_\_\_:    Minimum Time \_\_\_\_\_    Quarter Time \_\_\_\_\_    Reduced Half Time \_\_\_\_\_

2 Yr Half Time \_\_\_\_\_    Half Time \_\_\_\_\_    Full Time \_\_\_\_\_

## Total CNCS Budget Request within Alaska:

Total Operating Budget: \_\_\_\_\_

Number of MSYs for Alaska: \_\_\_\_\_

Cost per MSY for Alaska: \_\_\_\_\_

**Proposed Source of Match:** \_\_\_\_\_

**AmeriCorps Program Focus:** *(brief narrative; community need being addressed).*

**Description of Primary AmeriCorps Program Activities:** *(Brief succinct description of how members will achieve the result. Explain exactly what members will be doing. Give a clear picture of member activity.)*

**Beneficiaries within Alaska:**

Proposed Primary Outcome Target: \_\_\_\_\_

Prior Years Data on Primary Outcome Performance Measure: \_\_\_\_\_

Prior Year Member Enrollment Rate: \_\_\_\_\_ [Year]

Prior Year Member Retention Rate: \_\_\_\_\_ [Year]

**National Service Days:** *(Brief description of activities/events and how members will be involved).*

**Role of Parent in Administration of Program at state level:** *(i.e. site monitoring; background checks; training and development).*

**AmeriCorps Program Staff:** *(How many staff in Alaska to oversee the program? If none in Alaska, what staff will oversee?).* \_\_\_\_\_

**Number of FTEs =** \_\_\_\_\_

**Date of most recent A133 Audit:** *(How were any findings resolved?).*

**Overview of proposed Site/s:** *(For each proposed site, provide the following information. Operating site: sub-site; service site: exact location where member serves).*

Operating or service site? \_\_\_\_\_

Location of site: \_\_\_\_\_

Number of members: \_\_\_\_\_

Does this site oversee members from any other AmeriCorps program? If so, please name.

*(For each proposed site, provide the following information)*

Operating or service site? \_\_\_\_\_

Location of site: \_\_\_\_\_

Number of members: \_\_\_\_\_

Does this site oversee members from any other AmeriCorps program? If so, please name.

*(For each proposed site, provide the following information)*

Operating or service site? \_\_\_\_\_

Location of site: \_\_\_\_\_

Number of members: \_\_\_\_\_

Does this site oversee members from any other AmeriCorps program? If so, please name.

**AmeriCorps Recruitment:** *(Briefly describe your recruitment practices including any target populations)*