| Volunteer-Tennessee-logo-final-small-2x2AmeriCorps National Direct Initial Consultation Form |
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|  |
|  **State Service Commission** **Contact Person** **Due Date** | Volunteer TennesseeDaniel Sparkman (Daniel.sparkman@tn.gov)Prior to submission of AmeriCorps application to CNCS |
| **Legal Applicant Information****Organization****Contact Person****Address****Email****Phone****Web Site** |  |
| **AmeriCorps Grant Type** | \_\_\_ National Direct\_\_\_ 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\_\_\_ Recompete\_\_\_ Continuation (Year \_\_ of 3 Year Cycle |
| **Proposed National Program Overview** **Program Name** **Start Date** **End Date**  |  |
| **Number of AmeriCorps Slots** **Application Total for Tennessee** | Minimum Time | Quarter Time | Reduced Half Time | 2 Yr Half Time | Half Time | 3 Quarter Time | Full Time |
|  |  |  |  |  |  |  |
|  **CNCS Budget Request within TN** **Total CNCS Budget** **Total Number of MSYs** **Cost per MSY** |  |
| **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 the state** |  |
| **Proposed Primary Outcome Target** |  |
| **Prior Years Data on Primary Outcome Performance Measure** |  |
| **Prior Year Member Enrollment Rate****Prior Year Member Retention Rate** | \_\_\_% [Year of program operations]\_\_\_% [Year of program operations] |
| **AmeriCorps Program Staff**  *(How many staff in state to oversee the program? If none in state, what staff will oversee the program?)* |  |
| **Role of Parent in Administration of Program at state level;***(i.e. site monitoring; background checks; training and development)* |  |
| **Skills and Resources to share** |   |
| **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 siteNumber of members:Does this site oversee members from any other AmeriCorps program? If so, please name. |  |
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**Please submit this form electronically to:**

Daniel Sparkman, daniel.sparkman@tn.gov