| Volunteer-Tennessee-logo-final-small-2x2  AmeriCorps National Direct Initial Consultation Form | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **State Service Commission**  **Contact Person**  **Due Date** | | | Volunteer Tennessee  Daniel Sparkman ([Daniel.sparkman@tn.gov](mailto: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 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. | | |  | | | | |
| *(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. | | |  | | | | |

**Please submit this form electronically to:**

Daniel Sparkman, [daniel.sparkman@tn.gov](mailto:daniel.sparkman@tn.gov)