**Nevada AmeriCorps State Pre-Application 2018-19**

*This form is used to submit the required pre-application for all new applicants for AmeriCorps funding for 2018-2019. Please be sure to include all required attachments as noted in the Nevada Volunteers NOFO GY 2018-2019.*

**Agency/Organization Legal Name \***

**EIN Number**

**DUNS Number**

**Contact Person \***

**First**

**Last**

**Email \***

**Phone Number \***

**Address \***

**Street Address**

**Address Line 2**

**City**

**State / Province / Region**

**Postal / Zip Code**

**Country**

**Organization Mission Statement \***

***AmeriCorps Program Information***

**Title of Proposed AmeriCorps Program \***

**How many AmeriCorps Members would your program model ideally support during the first year of operations? \***

**How many MSY would your program model ideally support during the first year of operations? \***

 **Which of the following focus area(s) does your proposed program model address (see NOFO)? \***

* Environmental Stewardship
* Economic Opportunity
* Healthy Futures
* Education
* Veterans and Military Families
* Disaster Services
* Other

**Please select any additional categories below that apply to your program model. Please see the NOFO Glossary for definitions.**

* Governor and Mayor Initiatives
* Programming that supports My Brother’s Keeper Choice
* Rural Intermediary Model
* Evidence Based Intervention Planning Grants
* Encore Programs
* Safer Communities

**Has your organization hosted AmeriCorps State or VISTA members in the past? \***

**If so, how many years have you hosted members?**

**Has your organization hosted Senior Corps Volunteers in the past? \***

**If so, how many years have you hosted members?**

**Program Design**

Please answer the following questions: What population do you plan to serve? What community need will the AmeriCorps members be addressing? What core activities will members be implementing or delivering? (300 words max)

**Organizational Capacity**

Briefly describe how your organization has the experience, staffing and management structure to implement the proposed program. (250 words max)

**Cost Effectiveness and Budget Adequacy**

Briefly describe how the match will be met by your organization. List the staff positions that will be funded by the grant. (250 words max)

**Performance Measures**

Please list the Performance Measures you will be using.

**Authorization**

I have submitted the Organizational Readiness Assessment if needed. \*

**To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the funding is awarded. \***