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| Agency Information | | | | | | | | | |
| **Agency Name**: |  | | | | | Date: | | |  |
|  |  | | | | |  | | |  |
| **Address:** |  | | | | | | | |  |
|  | *Street Address* | | | | | | | | *Suite* |
|  |  | | | NC |  | | | |  |
|  | *City* | | | *State* | *Zip Code* | | | | *County* |
| **Agency Website:** |  | **Phone** | ( ) | | | Fax | | ( ) | |
|  | | | | | | | | | |
| **Contact Person:** |  | |  | | | | | | |
| *Person completing this application* | *Name* | | *Title* | | | | | | |
|  |  | |  | | | |  | | |
|  | *E-mail Address* | | *Phone* | | | | *Fax* | | |
| **Person supervising AmeriCorps Member’s Supervisor** |  | |  | | | | | | |
|  | *Name* | | *Title* | | | | | | |
|  |  | |  | | | |  | | |
|  | *Email Address* | | *Phone Fax* | | | | | | |
|  | | | | | | | | | |
| Please give a brief description of the services provided by your agency: | | | | | | | | | |
|  | | | | | | | | | |
| **Please attach a copy of your agency’s 501(c)3 documentation.** *Regrettably, we are unable to partner with any organization that has not been issued 501(c)3 status.* | | | | | | | | | |

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| Is your organization handicap accessible? | | Yes  No | |
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| **Please indicate the NUMBER of AmeriCorps positions your agency is requesting. Please indicate your preferred number of positions under “First Choice” and an alternate number of slots under “Second Choice” should your preference not be available.** | | | |
| **First Choice** | | **Second Choice** | |
| **FT (1700 hours)**  *($10,000 cash match)* |  | **FT (1700 hours)**  *($10,000 cash match)* |  |
| **PT (900 hours)**  *($5,000 cash match)* |  | **PT (900 hours)**  *($5,000 cash match)* |  |

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| **Background Checks** |
| **Does your agency conduct background checks on AmeriCorps applicants?**  Yes  No  **If yes, please check all that apply:**  Criminal background check  DMV check  Drug test  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Transportation** |
| **If your agency requires AmeriCorps member(s) to provide transportation using their personal vehicle, what benefits does your agency offer to the member? (i.e. mileage reimbursement, etc.)**  **Please list benefits:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Explain how the AmeriCorps members will help enhance activities at your agency.** |
|  |
| **AmeriCorps members ARE NOT employees and CANNOT be used to DISPLACE employees. What plan does your agency have in place to ensure that members are not perceived or utilized as staff members?** |
|  |
| **How will your agency ensure that AC members will not be asked to perform job responsibilities that are the responsibility of your agency staff?** |
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| --- | --- |
| **AmeriCorps ACCESS Partner Agencies are required to submit monthly and quarterly reporting documents, attend site supervisor trainings, and provide members with the tools and site specific training necessary to carry out their service activities.** | |
| **Does your organization have the capacity to *fulfill* the following:**   * Submitting required documentation by the established deadlines * Attending *all* site supervisor trainings * Provide ACCESS members with *all of the following*:   + Designated AmeriCorps Site Supervisor * Workstation/Desk * Access to a Telephone, Computer & Internet Service * Site-Specific Training relevant to the member service responsibilities | Yes  No |

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| **How many years has your agency been our partner?** |  | | |
| **For the 2019-20 program year, has your agency been submitting reporting documents to the ACCESS Project in accordance with established deadlines (i.e. in-kind monthly reports, quarterly reports, etc.)?** | | Yes  No | **Not Applicable** |
| *If* ***NO*** *above, please provide a brief explanation and tell us your agency’s plan to ensure that all reporting documents will be submitted to ACCESS by the established due dates. Feel free to attach a document if more space is needed.* | | | |
|  | | | |
| **Have you missed any supervisor trainings?** | | Yes  No | **Not Applicable** |
| **Given the designated AmeriCorps member supervisor’s other responsibilities, what priority will be given to AmeriCorps duties? Please address time commitment to member supervision, site supervisor training attendance, completion/submission of AmeriCorps documents, etc.** | | | |
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| Slot Award Considerations |
| **In determining the slot allocations for the partner agencies, priority consideration will be determined based on the alignment of the proposed member service activities with the overall ACCESS Focus Areas (Education, Employment Coaching & Placement, Volunteer Recruitment, and Disaster Preparedness). In addition, the following criteria will also be taken into consideration:** |
| * Available AmeriCorps positions * The AmeriCorps position DOES NOT displace a staff position. The AmeriCorps position is intended to enhance the agency’s services to clients. * For Continuing Agencies: * 2019-20 member placements & successful completion of service term * Timely submission of AmeriCorps documents * Timely payment of cash match * Site evaluation feedback from previous members * Supervisor participation in quarterly meetings * Support of member training participation * Member experience and satisfaction |