



# AmeriCorps ACCESS Partnership Application 2024-25


**Agency Information**

<b>Agency Name:</b>		<b>Date:</b>	
<b>Address:</b>			
	<i>Street Address</i>	<i>Suite</i>	
	<i>City</i>	<i>NC State</i>	<i>Zip Code</i>
		<i>County</i>	
<b>Agency Website:</b>		<b>Phone</b>	<b>Fax</b> (    )

<b>Contact Person:</b>			
<i>Person completing this application</i>	<b>Name</b>	<b>Title</b>	
	<b>E-mail Address</b>	<b>Phone</b>	
<b>Staff Supervising AmeriCorps Member's Site Supervisor</b>			
	<b>Name</b>	<b>Title</b>	
	<b>Email Address</b>	<b>Phone</b>	

**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.**

<b>Is your organization handicap accessible?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Please indicate the <u>NUMBER</u> of AmeriCorps positions your agency is requesting to host.</b>			
<b>FT (1700 hours)</b> <i>(\$15,000 cash match required)</i>		<b>FT (1700 hours)</b> <i>(\$15,000 cash match required)</i>	
<b>PT (900 hours)</b> <i>(\$7,500 cash match required)</i>		<b>PT (900 hours)</b> <i>(\$7,500 cash match required)</i>	

**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: \_\_\_\_\_

**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?**

**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?**

- Submit required documentation by the established deadlines
- Attend required site supervisor trainings
- Provide ACCESS member(s) with *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

**How many years has your agency been hosting AmeriCorps members from the ACCESS Project?**