

**2017-18 AmeriCorps State Letter of Intent**

## **Priority Area: Reducing and/or Preventing Prescription Drug and Opioid Abuse**



**Proposed Program Name:**

**Contact Person:**

**Title:**

**Name of Applicant Organization:**

**Address:**

**City/State/Zip:**

**Telephone:**

**Email address:**

**Website address**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Applicant (Nonprofit, State or Local Government, etc):**

**Geographic Area to be served (town, county, etc.):**

**U.S. Congressional District to be served:**

**Who will benefit from this proposed program’s activities (children, veterans, homeless, etc.)?**

**Estimated federal funds to be requested:  
*Maximum Cost per MSY = $13,730. 20 MSYs = $274,600 (20 x $13,730) maximum federal funds.***

**Anticipated source of required grantee share/match:**

**Please list federal grant funds previously (or currently) administered by your organization:**

**(expand chart as necessary)**

|  |  |  |
| --- | --- | --- |
| **YEAR** | **FEDERAL AGENCY** | **FEDERAL DOLLARS RECEIVED** |
|  |  |  |
|  |  |  |
|  |  |  |

**AmeriCorps Members**

How many AmeriCorps positions do you anticipate requesting for the proposed program? This is only an estimate to provide Serve Alabama with an idea of the number of positions which will be requested by all applicants.

|  |  |  |
| --- | --- | --- |
| STIPEND  (LIVING ALLOWANCE THROUGH GRANT) | POSITION | EDUCATION AWARD ONLY  (NO LIVING ALLOWANCE THROUGH GRANT) |
|  | FULL TIME  (1700 HOURS) |  |
|  | HALF TIME  (900 HOURS) |  |
|  | REDUCED HALF TIME (675 HOURS) |  |
|  | QUARTER TIME  (450 HOURS) |  |
|  | MINIMUM TIME  (300 HOURS) |  |

**Mission Statement of Organization:**

**Mission Statement for proposed AmeriCorps program:**

**Indicate the Corporation for National and Community Service (CNCS) Focus Area(s) to be addressed by this proposed program.**

○ Disaster Services

○ Economic Opportunity

○ Education

○ Environmental Stewardship

○ Healthy Futures

○ Veterans and Military Families

○ Other (please explain)

**Will your program -**

○ Propose national performance measures? \_\_\_Yes \_\_\_No

**Briefly describe:**

○ The need to be addressed by this AmeriCorps program.

○ Activities AmeriCorps members will perform in order to address that need.

○ Why AmeriCorps members are a highly effective means to solve the community needs your program proposes to address.

If you have any questions, please contact Lisa Castaldo at [Lisa.Castaldo@ServeAlabama.gov](mailto:Lisa.Castaldo@ServeAlabama.gov) or call 334.954.7440

Please send completed Letter of Intent via email attachment to: [Lisa.Castaldo@ServeAlabama.gov](mailto:Lisa.Castaldo@ServeAlabama.gov)

Subject Line: AmeriCorps Letter of Intent

## **Due Dates**

March 15, 2017

*Letters of Intent are not required but are highly encouraged.*