



**State Commission on  
National & Community Service**

**New York State  
2011 AmeriCorps Consultation Form**

<b>State Commission Information</b> Name of State Service Commission: Name of Contact Person: Date of Contact:						
<b>Legal Applicant Information</b> Organization: Contact Person: Address: Email: Phone:						
<b>AmeriCorps Grant Type</b>		<input type="checkbox"/> National Direct <input type="checkbox"/> Education Award <input type="checkbox"/> Professional Corps <input type="checkbox"/> Indian Tribe				
<b>AmeriCorps Program Model</b> (check one)		<input type="checkbox"/> <b>National</b> (members at local organizations directly controlled by parent) <input type="checkbox"/> <b>Affiliates</b> (members at affiliates of parent – limited direct control) <input type="checkbox"/> <b>Consortium</b> (members at independent organizations that interact on activities beyond AmeriCorps) <input type="checkbox"/> <b>Intermediary</b> (members at unrelated organizations)				
<b>Type of Application</b>		<input type="checkbox"/> New Application <input type="checkbox"/> Re-compete <input type="checkbox"/> Continuation (Year __ of 3 Year Cycle)				
<b>Proposed National Program Overview</b> Program Name: Start Date: End Date:						
<b>Number of AmeriCorps Slots</b>	Minimum Time	Quarter Time	Reduced Half Time	2 Yr Half Time	Half Time	Full Time
	<b>Application Total for this state</b>					
<b>Total CNCS Budget Request within state</b> Total Operating Budget Number of MSYs Cost per MSY						
<b>Proposed Source of Match</b>						



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<p><b>Description of Primary AmeriCorps Program Activities</b>          (Brief succinct description of how members will achieve the result. Explain exactly what <u>members</u> will be doing. Give a clear picture of member activity.)</p>	
<p><b>Beneficiaries within the state</b></p>	
<p><b>Proposed Primary Outcome Target</b></p>	
<p><b>Prior Years Data on Primary Outcome Performance Measure</b></p>	
<p><b>Prior Year Member Enrollment Rate</b>  <b>Prior Year Member Retention Rate</b></p>	<p>_____ [Year]          _____ [Year]</p>
<p><b>AmeriCorps Program Staff</b>          (How many staff in state to oversee the program?          If none in state, what staff will oversee?)</p>	<p>Number of FTEs =</p>
<p><b>Role of Parent in Administration of Program at state level:</b> (i.e. site monitoring; background checks; training and development)</p>	
<p><b>Skills and Resources to share</b></p>	
<p><b>Date of most recent A133 Audit</b>          (How were any findings resolved?)</p>	
<p><b>Overview of proposed Site(s)</b>          (For each proposed site, provide the following information Operating or service site; exact location where member serves ; # of members; Member oversight.) Please include this information for all proposed sites in this State.</p> <p><b>Site #1</b>          Operating or service site?          Location of site:          Number of members:          Does this site oversee members from any other AmeriCorps program? If so, please name.</p>	
<p><b>Site #2</b>          Operating or service site?          Location of site:          Number of members:          Does this site oversee members from any other AmeriCorps program? If so, please name.</p>	