

		APPLICANT INFORMATI	ON			
	Organization Name			EIN		
1	Mailing Address					
	City		State	Zip		
	Office Telephone		Ext.			
	Secondary Sponsor Organization Name			EIN		
	Mailing Address					
	City		State	Zip		
	Office Telephone		Ext.			
		Community-Based Nonprofit Organiza	ation National No	onprofit		
	O	Federal Government	School			
2	Organization Type	Tribal Nation	rnment			
		Local Government or Municipality				
	Authorized Representative					
	Organization Title					
3	Phone Number		Ext.			
	Email Address					
		PROJECT INFORMATIO	ON			
	Project Title					
4	Project Start Date		Fixed or Flexible?			
4	Project End Date		Fixed or Flexible?			
	Estimated Completion Time (Weeks)					
		OTHER				
		☐ I am an NCCC alum.	From an AmeriCorp	s State or VISTA member.		
	How did you hear about AmeriCorps NCCC?	☐ I am a past NCCC sponsor.	From a community partner.			
		☐ I am a past NCCC staff member.	☐ By email.			
5		From an NCCC alum.	On social media.			
		From an NCCC staff member.	☐ On the AmeriCorps	website.		
		From a current NCCC member.	Other:			
		From an AmeriCorps Office.				



OMB Control	Number	·: 3045-0010
Expirati	on Date:	10/31/2025

	Is your organization currently funded wholly or in part by AmeriCorps?				O No
	If 'Yes,' is the proposed p AmeriCorps VISTA resour	roject funded by an AmeriCorps Strees?	ate and National grant or any	O Yes	O No
	If 'Yes,' to either of the ab utilization of those funds	oove questions, please provide det	ailed information concerning the f	unding sourc	e and
		•			
6					
7	Will the proposed service contracted labor?	e replace any of your organization	s current or projected staff or	O Yes	O No
		ADDITIONAL Q	JESTIONS		
		eviously sponsored an AmeriCorp	NCCC team?	O Yes	O No
8	If 'Yes,' how many teams organization?	have served with your			
	If 'Yes,' when did a team organization?	most recently serve with your			
		er had a "Fee-for-Service" arrange	ment with a Youth Corps or	O Yes	O No
			•	l O Yes	O NO
	Conservation Corps prog If 'Yes,' AmeriCorps NCC	gram? C has effectively been used in past	projects to augment and support	$\perp$ existing Youth	n Corps
	Conservation Corps prog If 'Yes,' AmeriCorps NCCO partnerships with organiz	gram? C has effectively been used in past zations. Please describe how you p	projects to augment and support	$\perp$ existing Youth	n Corps
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9	Conservation Corps prog If 'Yes,' AmeriCorps NCCO partnerships with organiz	gram? C has effectively been used in past zations. Please describe how you p	projects to augment and support lan to utilize the AmeriCorps NCC	$\perp$ existing Youth	n Corps
9	Conservation Corps prog If 'Yes,' AmeriCorps NCCO partnerships with organiz	gram? C has effectively been used in past zations. Please describe how you p e-for-Service" Corps.	projects to augment and support lan to utilize the AmeriCorps NCC	$\perp$ existing Youth	n Corps
9	Conservation Corps prog If 'Yes,' AmeriCorps NCCo partnerships with organiz partnership with the "Fee	gram? C has effectively been used in past zations. Please describe how you pe-for-Service" Corps.  PROJECT FOCU	projects to augment and support plan to utilize the AmeriCorps NCC	$\perp$ existing Youth	n Corps
9	Conservation Corps prog If 'Yes,' AmeriCorps NCCO partnerships with organiz	PROJECT FOCL	projects to augment and support plan to utilize the AmeriCorps NCC	$\perp$ existing Youth	n Corps
	Conservation Corps prog If 'Yes,' AmeriCorps NCCo partnerships with organia partnership with the "Fee	PROJECT FOCL  Energy Conservation  Environmental Stewardship a	projects to augment and support plan to utilize the AmeriCorps NCC	$\perp$ existing Youth	n Corps



	NARRATIVES
11	Need



12	Project Design



	LOCATIONS							
		PRIMARY LOCATION OF S	SERVICE					
	Organization							
13	Street Address							
	Address Line 2							
	City		State Zip					
	Accessible for people with disabilities?	O Yes O No						
	Site Supervisor Name							
	Organizational Title							
	Email Address							
	Phone Number							
		PRIMARY LODGING S	SITE					
	Lodging Provider							
	Anticipated Arrival Date	Antici	pated Departure Date					
		Apartment or Condo	Hotel					
		☐ Armory	☐ Military Facility					
	Type of Lodging	☐ Bed and Breakfast	☐ NCCC Campus					
		☐ Cabin	Recreational Vehicle					
		☐ Campsite	School Room or Classroom					
		Church or Other Faith-Based Organiz	zation					
14		☐ Community Center	☐ Vacant Home					
		Dorm	☐ Volunteer Housing					
		Short Term Rental	☐ Yurt					
		☐ Hostel	Other					
		Community or Faith-Based Organiza	ntion  Military					
		Federal Government	☐ National Nonprofit					
	Lodging Category	☐ Tribal Nation	☐ National or State Park					
		☐ Institute of Higher Education	Other					
		Local Government or Municipality						



PRIMARY LODGING SITE (CONTINUED)										
	Street Address									
	Address Line 2									
	City					State		Zip		
	Accessible for people with disabilities?		O Yes	O No	'		Beds provide	d?	) Yes	O No
		Full Kitchen (including stove and fridge) on site?		O No		If no full kitchen, microwa oven on si			) Yes	O No
	Showers on site?		O Yes	O No			Laundry on sit	e?	) Yes	O No
	Please use the space pro	vided below	to further	describe tea	ım lodgir	ng accon	nmodations	l		
14										
<u>SIGNATURE</u>										
The Project Concept Form must be signed by a representative of the sponsoring organization. An										
electronic signature will be accepted.										
Project Sponsor Signature Date										