Multi-State AmeriCorps Applicants
State Commission Consultation Form

State Service Commission: **Contact Person:** **Due:**	PennSERVE: The Governor's Office of Citizen Service Karen Kaskey, Executive Director Prior to submission of 2013-2014 AmeriCorps application
Legal Applicant Information **Organization** **Contact Person** **Address** **Email** **Phone**	
AmeriCorps Grant Type	___ National Direct ___ Education Award ___ Professional Corps ___ Indian Tribe
AmeriCorps Program Model (check one)	___ **National** (members at local organizations directly controlled by parent) ___ **Affiliates** (members at affiliates of parent – limited direct control) ___ **Consortium** (members at independent organizations that interact on activities beyond AmeriCorps) ___ **Intermediary** (members at unrelated organizations)
Type of Application	___ New Application ___ Recompete ___ Continuation (Year __ of 3 Year Cycle
Proposed National Program Overview **Program Name** **Start Date** **End Date**	

Number of AmeriCorps Slots	Minimum Time	Quarter Time	Reduced Half Time	2 Yr Half Time	Half Time	Full Time
Application Total for this state						

Total CNCS Budget Request within state **Total Operating Budget** **Number of MSYs** **Cost per MSY**	
Proposed Source of Match	
AmeriCorps Program Focus *(brief narrative; community need being addressed)*	
Description of Primary AmeriCorps Program Activities (Brief succinct description of how members will achieve the result. Explain exactly what **members** will be doing. Give a clear picture of member activity.)	
Beneficiaries within the state	
Proposed Primary Outcome Target	
Prior Years Data on Primary Outcome	

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Performance Measure	
Prior Year Member Enrollment Rate **Prior Year Member Retention Rate**	_____[Year] _____[Year]
AmeriCorps Program Staff *(How many staff in state to oversee the program? If none in state, what staff will oversee?)*	Number of FTEs =
Role of Parent in Administration of Program at state level; *(i.e. site monitoring; background checks; training and development)*	
Skills and Resources to share	
Date of most recent A133 Audit *(How were any findings resolved?)*	
Overview of proposed Site/s *(For each proposed site, provide the following information Operating site: sub-site; service site: exact location where member serves)* Operating or service site? Location of site Number of members: Does this site oversee members from any other AmeriCorps program? If so, please name.	
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Kindly submit form to:

Karen Kaskey, Executive Director
PennSERVE: The Governor's Office of Citizen Service
Department of Labor & Industry
Room 1306, Labor & Industry Building
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Harrisburg, PA 17121
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