

**Initial Consultation Form -
2017 National Applicants
Mississippi**

Please expand this form as necessary.

State Service Commission MCVS/VM Contact Person Date Submitted to MCVS/VM		Mississippi Commission for Volunteer Service / Volunteer Mississippi Judy Stein - JUDY@VOLUNTEERMISSISSIPPI.ORG				
Legal Applicant Information Organization Contact Person Address Email Website Phone						
AmeriCorps Grant Type		<input type="checkbox"/> National Direct <input type="checkbox"/> Education Award <input type="checkbox"/> Fixed <input type="checkbox"/> Reimbursement <input type="checkbox"/> Professional Corps <input type="checkbox"/> Indian Tribe				
AmeriCorps Program Model (check one)		<input type="checkbox"/> National (members at local organizations directly controlled by parent) <input type="checkbox"/> Affiliates (members at affiliates of parent – limited direct control) <input type="checkbox"/> Consortium (members at independent organizations that interact on activities beyond AmeriCorps) <input type="checkbox"/> Intermediary (members at unrelated organizations)				
Type of Application		<input type="checkbox"/> New Application <input type="checkbox"/> Recompete <input type="checkbox"/> Continuation (Year ___ of 3 Year Cycle)				
Proposed National Program Overview Program Name Start Date End Date						
	Minimum Time	Quarter Time	Reduced Half Time	2 Yr Half Time	Half Time	Full Time
# slots total for Mississippi						
	Minimum Time	Quarter Time	Reduced Half Time	2 Yr Half Time	Half Time	Full Time
# slots total for all states						
In what other states will AC members be serving?						
Total CNCS Budget Request within MS Number of MSYs to be sited in MS Cost per MSY						
Proposed Source of Match						
AmeriCorps Program Focus <i>(brief narrative; community need being addressed)</i>						

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<p>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.)</p>	
<p>Beneficiaries within the state</p>	
<p>Proposed Primary Outcome Target</p>	
<p>Prior Years Data on Primary Outcome Performance Measure</p>	
<p>Prior Year Member Enrollment Rate Prior Year Member Retention Rate</p>	
<p>AmeriCorps Program Staff (How many staff in state to oversee the program? If none in state, what staff will oversee?)</p>	
<p>Role of Parent in Administration of Program at state level; (i.e. site monitoring; background checks; training and development)</p>	
<p>Skills and Resources to share</p>	
<p>Date of most recent A133 Audit (How were any findings resolved?)</p>	
<p>Overview of proposed Site/s (For each proposed site, provide the following information Operating site: sub-site; service site: exact location where member serves)</p> <p align="center">Operating or service site? Contact Information</p> <p align="center">Number of members:</p> <p>Does this site oversee members from any other AmeriCorps program? If so, please name.</p>	
<p>(For each proposed site, provide the following information)</p> <p align="center">Operating or service site? Location of site Number of members:</p> <p>Does this site oversee members from any other AmeriCorps program? If so, please name.</p>	
<p>Commission expectations of all AmeriCorps programs:</p> <ul style="list-style-type: none"> *Please add judy@volunteermisississippi.org to email lists for newsletters and other program updates. *All program staff are encouraged and welcome to attend any commission events. *All program staff are encouraged and welcome to meet with commission staff when they are in our state. *All AmeriCorps members are welcome to attend any commission-sponsored events for members. *All AmeriCorps programs should notify judy@volunteermisississippi.org should any serious member or program issues arise, and, if desired, request assistance from the commission. 	<p>Please tell us your expectations of our commission:</p>

We look forward to working with you!