***For organizations who do not currently receive funding from Volunteer Mississippi or another CNCS funding source and want to apply for a planning grant for the 2023-2024 grant year.***

**BASIC APPLICANT INFORMATION:**

|  |  |
| --- | --- |
| Legal Name of Applicant Organization: |  |
| Address (Street, City, State, and Zip Code) |  |
| Tax ID Number: |  |
| UEI Number: |  |
| UEI Expiration Date: |  |
| SAM Number: |  |
| SAM Expiration Date: |  |
| Name of Contact Person: |  |
| Title: |  |
| Phone: |  |
| Email: |  |

**Unique Entity Identifier and System for Award Management (SAM)**

All applicants **must** register with the System for Award Management (SAM) at<https://www.sam.gov/SAM/> and maintain an active SAM registration until the application process is complete. If applicant is awarded a grant, it must maintain an active SAM registration throughout the life of the award. See the SAM Quick Guide for Grantees at: <https://sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf>.

**Applicants must use their SAM-registered legal name and address on all applications.**

AmeriCorps will not make awards to entities that do not have a valid SAM registration and DUNS or Unique Entity Identifier. If an applicant has not fully complied with these requirements by the time AmeriCorps is ready to make a Federal award, AmeriCorps may determine that the applicant is not qualified to receive an award and use that determination as a basis for making a Federal award to another applicant.

Applications must include an Employer Identification Number (Tax ID Number), as well as a valid Unique Entity Identifier (UEI) – which is generated as part of the SAM registration process.

**APPLICANT ACKNOWLEDGEMENTS AND REQUIREMENTS**

I acknowledge, by checking the boxes below, that I understand and/or have carried out the following elements:

[ ]  The mission of AmeriCorps Mississippi is to engage and support Mississippians of all ages and backgrounds in service to their communities;

[ ]  The purpose of AmeriCorps funding is to create and provide service opportunities for individuals to address one or more identified needs in Mississippi communities;

[ ]  Volunteer Mississippi expects that all applicants who apply for a fully operating program submit a program design that is evidence informed or evidence based;

[ ]  Volunteer Mississippi expects planning grantees to devote significant staff time to support the planning period and meeting regularly with Volunteer Mississippi staff and/or consultants to develop the potential operating program and important systems required;

[ ]  The minimum requirement for a fully operating AmeriCorps program is 10 member slots;

[ ]  The maximum cost/MSY (Full Time Equivalent) for 1st year operating programs is $23,000;

[ ]  A representative from the applicant organization took the required course on “Is Our Organization A Fit?” (Name of course participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**INFORMATION ON PROGRAM IDEA**

Please provide narrative on the following elements, not to exceed 5 pages total.

1. **Program Design**
2. Briefly describe the community problem/need that exists for which you think members might be a good solution to address.
3. What core activities do you think members will implement or deliver if you were to become fully operational?
4. What population and/or geographic area do you plan to serve?
5. **Organizational Capability**
6. Please list federal or state grant funds previously (or currently) administered by your organization within the last seven years.
7. Describe all staff that will play a role in supporting the planning year, that will meet regularly with Volunteer Mississippi staff to work on elements of the proposed AmeriCorps program and develop the program design and that will be responsible for the overall management of the planning grant.