

**NC COMMISSION ON VOLUNTEERISM AND COMMUNITY SERVICE  
AmeriCorps National Direct Consultation Form**

If you are a **Recompete** or **Continuation** National Direct AmeriCorps program with operating sites in North Carolina, please complete this form and submit it to the NC Commission at [americorps@nc.gov](mailto:americorps@nc.gov).

|  |   |  |                   |                |           |           |
|--|---|--|-------------------|----------------|-----------|-----------|
| <b>State Service Commission Contact Person</b>                       |   | North Carolina<br>Kyle Van Dusen ( <a href="mailto:Kyle.Vandusen@nc.gov">Kyle.Vandusen@nc.gov</a> )  |                   |                |           |           |
| <b>Legal Applicant Information</b>                                   |   |  |                   |                |           |           |
| <b>Organization Contact Person Address</b><br><br><b>Email Phone</b> |   |  |                   |                |           |           |
| <b>AmeriCorps Grant Type</b>   |   | <input type="checkbox"/> National Direct<br><input type="checkbox"/> Education Award<br><input type="checkbox"/> Professional Corps<br><input type="checkbox"/> Indian Tribe   |                   |                |           |           |
| <b>AmeriCorps Program Model</b> (select one)                         |   | <input type="checkbox"/> <b>National</b> (members at local organizations directly controlled by parent)<br><input type="checkbox"/> <b>Affiliates</b> (members at affiliates of parent – limited direct control)<br><input type="checkbox"/> <b>Consortium</b> (members at independent organizations that interact on activities beyond AmeriCorps)<br><input type="checkbox"/> <b>Intermediary</b> (members at unrelated organizations) |                   |                |           |           |
| <b>Type of Application</b>   |   | <input type="checkbox"/> New Application<br><input type="checkbox"/> Recompete<br><input type="checkbox"/> Continuation (Year ___ of 3 Year Cycle)   |                   |                |           |           |
| <b>Proposed National Program Overview</b>                            |   |  |                   |                |           |           |
| <b>Program Name</b><br><br><b>Start Date</b><br><b>End Date</b>      |   |  |                   |                |           |           |
| <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>state</b>   | <b>Total CNCS Budget Request within</b> |  |                   |                |           |           |
|  | <b>Total Operating Budget</b>           |  |                   |                |           |           |
|  | <b>Number of MSYs</b>                   |  |                   |                |           |           |
|  | <b>Cost per MSY</b>                     |  |                   |                |           |           |
| <b>Proposed Source of Match</b>                                      |   |  |                   |                |           |           |

|   |                           |
|---|---------------------------|
| <p><b>AmeriCorps Program Focus</b><br/><i>(brief narrative; community need being addressed)</i></p>   |                           |
| <p><b>Description of Primary AmeriCorps Program Activities</b><br/><i>(Brief succinct description of how members will achieve the result. Explain exactly what <b>members</b> will be doing. Give a clear picture of member activity. If new or recompetete, report on success at meeting all program performance measurements. If unable to meet all performance measurements, please include an explanation.)</i></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 Measures</b></p>  |                           |
| <p><b>Prior Year Member Enrollment Rate</b><br/><b>Prior Year Member Retention Rate</b></p>   | <p>_____</p> <p>_____</p> |
| <p><b>AmeriCorps Program Staff</b><br/><i>(How many staff in state to oversee the program? If none in state, what staff will oversee?)</i></p>  |                           |
| <p><b>Role of Parent in Administration of Program at state level;</b><br/><i>(i.e. site monitoring (fiscal and programmatic); background checks; training and development)</i></p>  |                           |
| <p><b>Skills and Resources to share</b></p>   |                           |
| <p><b>Date of most recent A133 Audit</b><br/><i>(Identify findings and explain how findings were resolved?)</i></p>   |                           |

|   |  |
|---|--|
| <p><b>Overview of proposed Site/s</b><br/> <i>(For each proposed site, provide the following information<br/> Operating site: sub-site; service site: exact location where<br/> member serves )</i></p> <p>Operating or service site?<br/> Location of site<br/> Number of members:<br/> Does this site oversee members from any other<br/> AmeriCorps program? If so, please name.</p> |  |
| <p><b>*To Be Completed by NC Commission Staff*</b></p> <p><b>Date Received:</b><br/> <b>Date Reviewed:</b><br/> <b>Funding Recommendation:</b><br/> <b>Justification:</b></p>   |  |