



# AmeriCorps National Civilian Community Corps (NCCC) Project Concept Form (PCF)

## Applicant Information

1. Organization Name:

Mailing Address:

City:

State: ZIP:

Office Telephone:

Ext:

2. EIN:

3. Organization type:

Select all that apply

4. Authorized Representative:

Title:

Phone Number:

Ext:

Email Address:

## Project Information

5. Project Title:

Number of Teams Requested:

Estimated Completion  
Time (Weeks):

Proposed Start Date:

Start Date is: Fixed or flexible

Proposed End Date:

End Date is: Fixed or flexible

### Other

6. Is your organization currently funded wholly or in part by the Corporation for National and Community Service?

If 'Yes,' is the proposed project funded by an AmeriCorps State and National grant or any AmeriCorps VISTA resources?

If you answered 'Yes' to either of the above questions, please provide detailed information concerning the funding source and utilization of those funds.

7. Will the proposed service replace any of your organization's current or projected staff or contracted labor?

8. Has your organization previously sponsored a NCCC team?

If 'Yes' how many teams have served with your organization?

If 'Yes' when did a team most recently serve with your organization?

9. Has your organization ever had a "Fee for Service" arrangement with a Youth Corps or Conservation Corps program?

NCCC has effectively been used in past projects to augment and support existing Youth Corps partnerships with organizations. Please describe how your plan to utilize NCCC will incorporate your existing partnership with the "Fee for Service" corps.

**Focus Areas**

10. Project Focus Areas

Primary area of community need:

**Narratives**

11. Need

12. Project Design

**Locations**

13. Primary Location of Service

Organization:

Street Address:

Accessible for people with disabilities?

Street Address (Line 2):

City:

State:

Zip+4:

Site Supervisor Name:

Site Supervisor Title:

Site Supervisor Phone:

Ext:

Site Supervisor Email:

14. Primary Lodging Site

Lodging Provider:

Beds Provided?

Type of Lodging:

Accessible for people with disabilities?

Lodging Category:

Laundry on Site?

Arrival Date:

Departure Date:

Kitchen on Site?

Street Address:

Microwave and Fridge?

Street Address (Line 2):

Showers on Site?

City:

State:

Zip+4:

Lodging Contact Name:

Lodging Contact Phone:

Ext:

Email:

**SIGNATURE**

The Project Concept Form must be signed by a representative of the sponsoring organization. An electronic signature will be accepted.

\_\_\_\_\_  
Project Sponsor Signature

\_\_\_\_\_  
Date