



**AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC)
PROJECT CONCEPT FORM (PCF)**

OMB Control Number: 3045-0010

Expiration Date: 10/31/2022

APPLICATION INFORMATION					
1	Organization Name				
	Mailing Address				
	City		State		ZIP
	Office Telephone		Ext.		
	Secondary Sponsor Organization Name				
	Mailing Address				
	City		State		ZIP
	Office Telephone		Ext.		
2	EIN		Secondary Sponsor EIN		
3	Organization Type	<ul style="list-style-type: none"> • Community-Based Nonprofit Organization • Federal Government • Indian Tribe • Local Government or Municipality • National Nonprofit • School • State Government 			
4	Authorized Representative				
	Organizational Title				
	Phone Number		Ext.		
	Email Address				
PROJECT INFORMATION					
5	Project Start Date		Fixed or Flexible?		
	Project End Date		Fixed or Flexible?		
	Estimated Completed Time (Weeks)				
OTHER					
6	How did you hear about AmeriCorps NCCC?	<div> <div> I am an AmeriCorps NCCC alum. I am a past NCCC Sponsor. I am a past NCCC Staff member. From an AmeriCorps NCCC alum. From an NCCC Staff member. From a current NCCC member. From a state AmeriCorps office. </div> <div> From an AmeriCorps State or VISTA member. From a community partner. By email. On social media (e.g. Facebook, Twitter, Instagram, YouTube, LinkedIn). On the AmeriCorps Website. Other </div> </div>			



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OTHER (CONTINUED)		
7	Is your organization currently funded wholly or in part by AmeriCorps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes,' is the proposed project an AmeriCorps State and National funded by grant or any AmeriCorps VISTA resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes,' to either of the above questions, please provide detailed information source and utilization of concerning the funding those funds.	
8	Will the proposed service or projected staff replace any of your organization's current or contracted labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL QUESTIONS		
9	Has your organization previously sponsored an AmeriCorps NCCC team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes,' how many years have served with your organization?	
	If 'Yes,' when did a team most recently serve with your organization?	
10	Has your organization ever had a "Fee-for-Service" arrangement with a Youth Corps or Conservation Corps program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes,' AmeriCorps NCCC has effectively been used in past projects to augment and support existing Youth Corps partnerships with organizations. Please describe how you plan to utilize the AmeriCorps NCCC team with your existing partnership with the "Fee-for-Service" Corps.	
PROJECT FOCUS AREAS		
11	Primary Area of Community Need	<div>Energy Conservation</div> <div>Environmental Stewardship and Conservation</div> <div>Infrastructure Improvement</div> <div>Natural and Other Disasters</div> <div>Urban and Rural Development</div>



NARRATIVES	
12	Need



13

Project Design



LOCATIONS						
PRIMARY LOCATION OF SERVICE						
14	Organization					
	Street Address					
	Address Line 2					
	City		State		ZIP	
	Accessible for people with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Site Supervisor Name					
	Organizational Title					
	Email Address					
	Phone Number					
PRIMARY LODGING SITE						
15	Lodging Provider					
	Anticipated Arrival Date		Anticipated Departure Date			
	Type of Lodging	Apartment or Condo		Hotel		
		Armory		Military Facility		
		Bed and Breakfast		NCCC Campus		
		Cabin		Recreational Vehicle		
		Campsite		School Room or Classroom		
		Church or Other Faith-Based Organization		Trailer		
		Community		Vacant Home		
		Center Dorm		Volunteering Housing		
Homestay		Yurt				
Hostel		Other				
Lodging Category	Community or Faith-Based Organization		Local Government or Municipality			
	Federal Government		Military			
	Indian Tribe		National Nonprofit Organization			
	Institute of Higher Education		National or State Park			
			Other			



PRIMARY LODGING SITE (CONTINUED)						
15	Street Address					
	Address Line 2					
	City		State		ZIP	
	Accessible for people with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beds provided?	Yes	No	
	Full Kitchen (including stove and fridge) on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no full kitchen, microwave oven on site?	Yes	No	
	Showers on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laundry on site?	Yes	No	
	Please use the space provided below to further describe team lodging accommodations.					

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