AMERICORPS NATIONAL CIVILIAN COMMUNITY CORPS (NCCC)
PROJECT CONCEPT FORM

OMB Control Number: 3045-0010
Expiration Date: 10/31/2025

APPLICANT INFORMATION

1	**Organization Name**				**EIN**	
	Mailing Address					
	City		**State**		**Zip**	
	Office Telephone		**Ext.**			
	Secondary Sponsor Organization Name				**EIN**	
	Mailing Address					
	City		**State**		**Zip**	
	Office Telephone		**Ext.**			
2	**Organization Type**	◯ Community-Based Nonprofit Organization ◯ Federal Government ◯ Tribal Nation ◯ Local Government or Municipality		◯ National Nonprofit ◯ School ◯ State Government		
3	**Authorized Representative**					
	Organization Title					
	Phone Number		**Ext.**			
	Email Address					

PROJECT INFORMATION

4	**Project Title**			
	Project Start Date		**Fixed or Flexible?**	
	Project End Date		**Fixed or Flexible?**	
	Estimated Completion Time (Weeks)			

OTHER

5	**How did you hear about AmeriCorps NCCC?**	☐ I am an NCCC alum. ☐ I am a past NCCC sponsor. ☐ I am a past NCCC staff member. ☐ From an NCCC alum. ☐ From an NCCC staff member. ☐ From a current NCCC member. ☐ From an AmeriCorps Office.	☐ From an AmeriCorps State or VISTA member. ☐ From a community partner. ☐ By email. ☐ On social media. ☐ On the AmeriCorps website. ☐ Other: _____

6	**Is your organization currently funded wholly or in part by AmeriCorps?**	○ Yes ○ No
	If 'Yes,' is the proposed project funded by an AmeriCorps State and National grant or any AmeriCorps VISTA resources?	○ Yes ○ No
	If '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?**	○ Yes ○ No

ADDITIONAL QUESTIONS

8	**Has your organization previously sponsored an AmeriCorps NCCC team?**	○ Yes ○ No
	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?**	○ Yes ○ 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

10	**Primary Area of Community Need**	☐ Energy Conservation ☐ Environmental Stewardship and Conservation ☐ Infrastructure Improvement ☐ Natural and Other Disasters ☐ Urban and Rural Development

NARRATIVES

11	**Need**

12	Project Design

LOCATIONS

PRIMARY LOCATION OF SERVICE

13	Organization					
	Street Address					
	Address Line 2					
	City		State		Zip	
	Accessible for people with disabilities?	○ Yes ○ No				
	Site Supervisor Name					
	Organizational Title					
	Email Address					
	Phone Number					

PRIMARY LODGING SITE

14	Lodging Provider		
	Anticipated Arrival Date		Anticipated Departure Date	
	Type of Lodging	☐ Apartment or Condo ☐ Armory ☐ Bed and Breakfast ☐ Cabin ☐ Campsite ☐ Church or Other Faith-Based Organization ☐ Community Center ☐ Dorm ☐ Short Term Rental ☐ Hostel	☐ Hotel ☐ Military Facility ☐ NCCC Campus ☐ Recreational Vehicle ☐ School Room or Classroom ☐ Summer Camp ☐ Vacant Home ☐ Volunteer Housing ☐ Yurt ☐ Other
	Lodging Category	☐ Community or Faith-Based Organization ☐ Federal Government ☐ Tribal Nation ☐ Institute of Higher Education ☐ Local Government or Municipality	☐ Military ☐ National Nonprofit ☐ National or State Park ☐ Other

PRIMARY LODGING SITE (CONTINUED)							
14	Street Address						
	Address Line 2						
	City		State		Zip		
	Accessible for people with disabilities?	○ Yes ○ No	Beds provided?	○ Yes ○ No			
	Full Kitchen (including stove and fridge) on site?	○ Yes ○ No	If no full kitchen, microwave oven on site?	○ Yes ○ No			
	Showers on site?	○ Yes ○ 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