



VISTA

Project Application Part A

A complete AmeriCorps*VISTA Project Application consists of both Part A and Part B. Part A of the Project Application may be used by State Offices as a preliminary screening tool. Submission of Part B will be determined by the State Office.

- As required by Section 504 of the Rehabilitation Act of 1973, as amended, this form may be available in alternate formats. **TDD/TTY** number: (202) 606-5256. Written or telephone inquiries may be made to: Deputy Director, AmeriCorps*VISTA, 1201 New York Ave., NW, Washington, DC 20525 (202) 606-5000, ext. 236.
- Burden per response for Section A estimated at 1 hour, and estimated at 8 hours for Section B. Send comments regarding this estimate or suggestions for reduction to Corporation for National Service, Clearance Officer, 1201 New York Ave., NW, Wash., DC 20525.
- 5.C.F.R. 1320.5 (b)(2)(I): "the agency informs the potential persons who are to respond to the collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number."

<h2 style="margin: 0;">AmeriCorps*VISTA Project Application Part A</h2>	For Corporation Use Only: Project Number: _____ Date Received: _____ Date Responded To: _____
---	---

APPLICANT ORGANIZATION	PROJECT DIRECTOR (If not Agency Dir.)
Name _____	Name _____
Address _____	Address _____

City _____ State _____ Zip Code _____ Telephone (____) _____ Facsimile (____) _____ Internet Email _____ Agency Director Name: _____ Title: _____	City _____ State _____ Zip Code _____ Telephone (____) _____ Facsimile (____) _____ Internet Email _____
--	---

Type Of Applicant A. State Government G. Comm. Action Agency B. Local Government H. Private Non-Profit C. Federal Government I. Tribal Government D. Statewide Assoc. J. Church-related E. Local Affiliate of K. Other (Specify): _____ National Organization F. School	Proposed number of AmeriCorps*VISTA Member(s): <input style="width: 50px; height: 20px;" type="text"/>
--	---

<p style="text-align: center;"><i>Enter Identifying Letter in Box</i></p> <div style="text-align: center; border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Geographic Location: Name each city/county in which AmeriCorps*VISTA Member(s) would serve: _____ _____ _____ _____
---	---

Was your organization previously assigned AmeriCorps*VISTA Members? _____ If yes, name of sponsor: _____ Specify year(s): _____ and number of AmeriCorps*VISTA Member(s): _____	Does your organization currently have other resources provided by the Corporation for National Service? If yes, which program(s)? _____ How many participants? _____
---	---

Submission of Part A of this Project Application does not guarantee that the Corporation for National Service will request Part B of the Project Application, or assign AmeriCorps*VISTA Members or other resources to your organization, nor does it compel your organization to accept any such resources. In the event that your organization agrees to accept any AmeriCorps*VISTA Members upon approval as an AmeriCorps*VISTA Project Sponsor, it must agree to assume full responsibility in the community(ies) served for the development, implementation, and management of their activities and the program in which they serve.

AGENCY DIRECTOR _____ Signature/Title _____ Date	BOARD OF DIRECTORS REPRESENTATIVE _____ Signature/Title _____ Date
---	---

Corporation Form 1421A Rev. 2/97
1A

**AmeriCorps*VISTA Project Application
Part A**

1. Describe your organization's mission, the community/population served, and your organization's experience in the areas of service where you wish to use AmeriCorps*VISTA resources.

2. State the problem(s) your proposed AmeriCorps*VISTA project would be designed to address within the low-income community..

3. Describe the long-range goal(s) of the AmeriCorps*VISTA project, the anticipated outcomes and the projected impact on the low-income community.

4. What activities will AmeriCorps*VISTA Members perform to accomplish those goals?

5. Estimate how many years your organization will need AmeriCorps*VISTA Members to achieve the planned goals and make the project self-sustaining.

6. What experience does your organization possess in coordinating the efforts of community volunteers and/or service participants?

7. What resources and materials exist to support your proposed project? Identify any other organizations which will be collaborating in this effort.