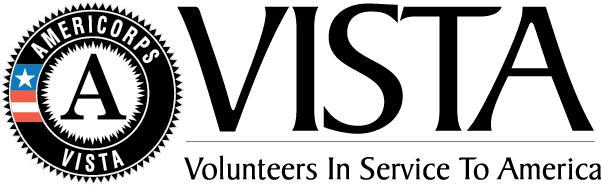
Logo, company name

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**The Plantory Network**

2021-2022 AmeriCorps VISTA Program Application

|  |  |
| --- | --- |
| **VISTA Project Title:** |  |
| **Address where VISTA will serve** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name** |  | **Address:** |  |
| **Host Site Tax ID/EIN #** |  | **City, State, Zip Code** |  |
| **Site Supervisor** |  | **Title** |  |
| **Email** |  | **Phone #** |  |

Total number of AmeriCorps VISTA member requesting: \_\_\_\_\_\_\_\_\_

**By signing below, we understand that:**

* We are required to provide a cost share of $6,000 thirty day prior to our VISTA members start date. We will be paying by the following: \_\_\_ Electrically Deposit \_\_\_ Organization check
* Our institution is responsible for covering expenses (such as supervision, service-related travel, site-specific training, site-specific background checks, at least $150.00 for AmeriCorps VISTA member professional development, phone, office supplies, business cards, etc.) above the required cost share.

**We are submitting the following:**

* Completed Proposal Cover Page
* Completed application and narrative
* Acknowledge of the AmeriCorps Prohibited Activities
* VISTA Assignment Description (VAD)
* AmeriCorps VISTA Member Position Description
* Organizational Capacity Checklist

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative Signature Date

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| **Institution/Organization Name:** |  |

Has your institution/organization ever hosted a Campus Compact AmeriCorps VISTA?

* Yes
* No

Institution/organization type

* Nonprofit Organization
* K-12 School project

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| --- | --- |
| EIN Number |  |
| Mailing Address |  |
| City, State, |  |
| Zip Code (Must include 4-digit code extension) |  |

**Host Site Contact Informaton:**

|  |  |
| --- | --- |
| Host Supervisor Name |  |
| Host Supervisor Title |  |
| Host Supervisor Phone # |  |
| Host Supervisor Email |  |

Will this person have full or part-time responsibility for supervision?

* Full time responsibility
* Part time responsibility

Is there an additional person who will be supervising the VISTA?

* Yes
* No

Who is the primary contact with the authority to commit funds on behalf of the applicant?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Budget Authority Phone |  |
| Budget Authority Email |  |

**Project Information:**

VISTA Project Year

* Year 1
* Year 2
* Year 3
* Request beyond year 3

Project Focus Area: Please Select One

* Economic Opportunity: financial literacy, housing, job readiness and access
* Education: K-12 readiness & success, post-secondary readiness and success
* Healthy Futures: nutritious food access & education, access to health care
* Veterans and Military Families

**Narrative Section**

* Opportunity listing

This abstract is a promotional pitch for your project. Please give a summary of your proposed project and the VISTA’s role within the project, including the general tasks and activities the VISTA will perform in order to implement the proposed project. Include how the selected Project Focus Area will impact the community and fulfill the anti-poverty goals of the AmeriCorps VISTA program. If your potential project is accepted, the abstract is used to market your positions, so you are encouraged to make it compelling and memorable.

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* Community Need Statement

Describe the unmet poverty-related need(s) that this project addresses, emphasizing statistical data and citing reliable sources. Clearly describe which populations the project will serve, why the needs are not currently being met, and how the planned program strategy will ultimately strengthen the community. Include any evidence that suggests your approach will be successful. Include evidence of past performance, results from credible research, or results from a similar, successful program. Evidence will provide the basis for decisions about the design, frequency, and intensity of the proposed intervention.

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* Partnership- Year 1 projects only

Describe your community partner’s role in designing this project proposal. Describe the history, strengths and assets that exist in the partnership. Explain how there will be a balance of power among partners enabling resources to be shared in the scope of the VISTA project.

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* Strengthening Communities: Goals and Outcomes

Describe VISTA activities and results. Cleary explain how leveraging a Plantory AmeriCorps VISTA will result in increased capacity to meet unmet needs.

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* Strengthening Communities: Continuous Improvement Plan and Sustainability

Please address the following elements: 1) how will your approach for impact change over time as the work-plan is implemented; 2) what process will be used to identify progress and make changes as needed; 3) plan for long-term sustainability of the partnership.

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* Strengthening Communities: Campus Connections and Alignment

Please address the following elements: 1) how does the proposed VISTA project align with existing community initiatives or Civic Action Plan (if completed); 2) If this proposal is being initiated by a department that is not located within the existing civic engagement/service programs on campus, describe how you will share information and collaborate with the current campus community engagement efforts.

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Capacity Building

Capacity Building and Leverage

Please select relevant outputs.

G3-3.4: Number of organizations that received capacity building services

G3-3.1A: Number of community volunteers recruited or managed

G3-3.16A: Dollar value of cash or in-kind resources leveraged

Capacity Building & Leverage Interventions (choose at least one)

Volunteer management training

Resource development

Systems development

Donations management

Outcomes (choose at least one)

Please select relevant outcomes.

G3-3.10A: Number of organizations that increase their efficiency, effectiveness, and/or program reach

Economic Opportunity

Economic Opportunity

Please select relevant outputs.

Financial Literacy O1A: Number of individuals served

Housing O1A: Number of individuals served

Housing O4: Number of units developed or repaired

Employment O1A: Number of individuals served

Employment outcomes

Please select relevant outcomes

O10: Number of individuals who secure employment

O21: Number of individuals with improved job readiness

Employment interventions

Please select relevant interventions

Job training

Job placement

GED education

Other adult education

Financial literacy outcomes

Select relevant outcomes

O9: Number of individuals with improved financial knowledge

O19A: Dollar value of tax returns generated

Financial literacy interventions

Please select relevant interventions

Financial literacy education

Financial fraud prevention

Tax preparation

Education

Please select relevant outputs.

School Readiness ED1A: Number of individuals served

K-12 Success ED1A: Number of individuals served

Post-HS Education Support ED1A: Number of individuals served

K-12 success interventions

Please select relevant interventions

ED5A: Number of students with improved academic performance

ED9: Number of students graduating from high school on time

ED10: Number of students enrolling in post-secondary education/training

ED27C: Number of students with improved academic engagement or social-emotional skills

ED6: Number of students with increased attendance

ED7A: Number of students with decreased disciplinary incidents

Post-HS education support outcome

Please select relevant outcomes

ED11: Number of individuals earning a post-secondary degree or technical certification

School readiness outcome

Please select relevant outcomes

ED23A: Number of children demonstrating gains in school readiness

Post-HS education support interventions

Please select relevant interventions

Tutoring

Mentoring

Family involvement

Service-learning

Summer learning

School readiness interventions

Please select relevant interventions

Tutoring

Mentoring

Other classroom

Support out-of-school time

Family involvement

Service-learning

Summer learning

Classroom teaching

Social and emotional support

**Healthy Futures**

Healthy Futures

Please select relevant outputs.

Obesity and Food H4A: Number of individuals served

Obesity and Food H10A: Number of pounds of food provided

Access to Care H4A: Number of individuals served

Access to Care interventions

Please select relevant interventions

Outreach

Education/Training

Referrals

Medical Services

Counseling/Coaching

Opioid/Drug Intervention

Disability Inclusion

Food security interventions

Please select relevant interventions

Outreach

Education/Training

Referrals

Medical Services

Nutrition/Food Support

Physical Activities

Counseling/Coaching

Opioid/Drug Intervention

Assessment

Assessment Plan

Describe your plans for assessing progress toward achieving your selected project projected outputs and outcomes. Include details regarding measurement tools to be used (e.g., surveys, databases, etc.) data tracking, collection and aggregation. If applicable include a description of how you will work with partners to collect data and collectively assess impact

Bottom of Form