



**EELCorps AmeriCorps Service Site Application**

**Section 1: Site Information**

**ORGANIZATION INFORMATION**

**Organization Name:** \_\_\_\_\_

**Contact for Application:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_

**EIN:** \_\_\_\_\_

**Organization Status:**

- 501(c)3
- Government Agency
- Educational institution
- Other

**Social Media Handles and Website (if applicable):**

Website - \_\_\_\_\_

Facebook - \_\_\_\_\_

Instagram - \_\_\_\_\_

Other - \_\_\_\_\_

**Does your organization have previous AmeriCorps experience?**       Yes    No

**Populations your organization serves:**

**Annual Operating Budget:** \_\_\_\_\_

**Age of Organization:** \_\_\_\_\_

**STAFF INFORMATION**

**Executive Director:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Site Supervisor\*:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\*If different than the Executive Director. This person is described in the Site Application Guidance.

**Finance Contact\*\*:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\*\*The service site cost share invoice will go directly to this individual.

**ADDITIONAL INFORMATION AND SLOT REQUEST**

Each AmeriCorps service site partner must provide a cost-share contribution to EELCorps for each member slot they are awarded.

Please tell us the number of members you are requesting and find your total cost-share contribution by completing the table below:

Type of Member slot	Number of slots requested	Cost-share contribution per slot	Cost-share contribution
Full-time 1700 hour member		x \$8,500 =	
Half-time 900 hour member		x \$4,500 =	
Quarter-time 450 hour member		x \$2,250 =	
<b>Total Cost-Share Contribution expected is</b>			<b>=</b>

EELCorps must report any federal money used to pay for the site contribution. Will any portion of your cost-share contribution be paid using federal funds?     Yes    No

*If yes, please complete the following:*

What amount will be paid using federal funds? \_\_\_\_\_

Grant number: \_\_\_\_\_

CDEFA Number: \_\_\_\_\_

Agency/Grantor: \_\_\_\_\_

*Please include with your application a waiver from your source of federal funds stating that your organization is approved to use funding to pay for the cost-share contribution.*

## Section 2: Narratives

### **NEED**

EELCorps seeks to cultivate environmental literacy in Kentucky by supporting environmental education (EE) to foster meaningful connections with the natural world and to coordinate AmeriCorps members in support of nonprofits and governmental agencies that provide environmental literacy and education programs in the state. We envision a Kentucky where EELCorps members co-create environmental connectedness through EE, strengthening the capacity of Kentucky nonprofits and harnessing their individual perspectives to diversify and empower the field of EE in the Commonwealth.

**What is the mission (or purpose/vision, etc.) of your organization? What programs and services do you provide to increase environmental literacy in Kentucky? How does this align with the those of the EELCorps program listed above?**

**Please describe the needs and/or challenges your organization faces regarding EE outreach. How will the requested EELCorps member(s) help address these needs and challenges?**

### **MEMBER RECRUITMENT AND RETENTION**

EELCorps enrolls members from every region of the state, both urban and rural areas, of varied ages from various socioeconomic, racial, and religious backgrounds. They have different beliefs, ideologies, and experiences that allow for a unique group of individuals to be brought together for a single purpose: serving their communities. Recruitment is a collaboration between the service site and EELCorps. Service sites are expected to begin recruiting for members when the member position is awarded.

**Tell us your plans to recruit if awarded a member position. Include details like how you will advertise, on what platforms, and who will be involved/responsible for recruitment.**

## **MEMBER SUPERVISION AND REQUIREMENTS**

One individual from your organization will need to supervise the member(s). They will attend site training and required meetings, provide supervision and support to member(s), help ensure member(s) fulfill AmeriCorps responsibilities, and maintain communication with EELCorps program staff.

**Why is the person named as site supervisor the right person? Do they have a direct connection to the member's responsibilities?**

**EELCorps has policies for members that supersede site policies, including disciplinary measures. The site must notify EELCorps if and as soon as any conflicts or issues arise. EELCorps has an open-door policy – members reserve the right to contact us to share concerns or issues.**

*Our organization, the Executive Director, and Site Supervisor understand and agree.*

**Your organization is required to provide a space for the member to serve from, as well as access to a computer, internet, and a phone, and all other requirements found in the Service Site Agreement.**

*Our organization, the Executive Director, and Site Supervisor understand and agree.*

**Describe your organization's capacity to host an AmeriCorps member. This can include a description of administering grants, and/or experience hosting community-based volunteers. If you have experience with AmeriCorps through a different program, please describe that instead.**