

AmeriCorps State Formula

Cover Sheet

Note: This form does not replace the face sheet but is to be completed and submitted in addition to the face sheet.

Name of Organization:

Address of Organization:

Status

_____ New

_____ Re-Compete

_____ Continuation

Will this program have service sites other than the address of the organization? If so, please list those sites, the name and title of the site supervisor(s), and the site addresses.

Site Name	Site Address	Site Supervisor

How many AmeriCorps Members are you applying for in your application?

_____ Full-Time

_____ Half-Time

_____ Quarter-Time

_____ Minimum-Time

Name of State Senator	Name of State Representative