

**Alternative Service Plan of Activities Template**

Below are changes to the scope of the activities being performed by Missouri AmeriCorps Members serving with our AmeriCorps State program.

The awarded sub-grantee to which this notification applies is:

**GRANT NUMBER**



**LEGAL APPLICANT NAME**



**NUMBER OF MEMBERS INVOLVED (include number of total slots not MSYs)**



**THE TYPES OF SERVICE THAT MEMBERS MAY BE PERFORMING IN RESPONSE TO EXTRANEOUS CIRCUMSTANCES**



**DATE SUBMITTED**



**DATE APPROVED BY CNCS**



**NAME OF CNCS PROGRAM OFFICER**



**NAME OF MCSC PROGRAM OFFICER**



**Disclaimer: Prohibited Activities must still be adhered to and alternative service activities must in no way change the program scope or design.**