

# 2026 AmeriCorps State and National Continuation Application

\* Required

## Applicant Overview

The legal applicant name and address below must match EXACTLY with information registered in [SAM.gov](https://sam.gov)

1. Legal Applicant Name \*

2. AmeriCorps Program Name \*

3. Applicant Organization Address (Street Address, City, State, and Zip Code) \*

4. Name of Primary Grant Contact- Full Name (First, Last) \*

5. Primary Grant Contact Phone Number (XXX) XXX-XXXX \*

6. Primary Grant Contact Email \*

7. UEI Number \*

8. EIN (Employer Identification Number) \*

9. Type of Applicant \*

- Non-Profit
- State or Local Government, including school districts
- Indian Tribe
- Institution of Higher Education

10. Areas Affected by Project (List Cities, Counties, States, etc.) \*

## Grant Award Request

11. Federal Share Request \*

12. Applicant Match \*

13. Proposed Start Date (must not be before August 15th, 2026) \*

14. Proposed End Date (must not exceed 12 months from start date) \*

15. Focus Area(s) \*

- Disaster Services
- Economic Opportunity
- Education
- Environmental Stewardship
- Healthy Futures
- Veterans and Military Families

16. Please select each of the priority areas that are a significant part of your program design: \*

- Expand AmeriCorps opportunities in Oregon by providing access to AmeriCorps members for small organizations and rural communities through intermediary programs.
- Provide funding to programs that offer support to community members with insecure housing such as conducting outreach to unhoused community members, delivery of services to unhoused individuals, and supporting affordable housing initiatives.
- Provide funding for programs that focus on environmental equity such as wildfire mitigation, renewable energy and energy efficiency, sustainable food systems, conservation, and habitat preservation; activities that promote climate resiliency; activities that provide capacity and support for local communities to develop and execute climate action plans and projects.
- Provide programming to increase access to behavioral health care.
- Provide programming to advance early literacy success.

## Narratives



### 17. Executive Summary \*

Please fill in the blanks of these sentences to complete the Executive Summary. Do not deviate from the template below.

The [Name of the organization] proposes to have [Number of] AmeriCorps members who will [service activities the members will be doing] in [the locations the AmeriCorps members will serve]. At the end of the first program year, the AmeriCorps members will be responsible for [anticipated outcome of project]. In addition, the AmeriCorps members will leverage [number of leveraged volunteers, if applicable] who will be engaged in [what the leveraged volunteers will be doing.]

### 18. Continuation Changes \*

**Provide a summary of any changes and justification for those changes in the following categories:**

- Changes in Services Sites
- Significant Changes in Program Scope or Design
- Changes to Performance Measures
- Significant Changes to Monitoring or Staffing Structures
- Budget Changes

## Budget Development Worksheet

19. Please fill out the CR Budget Development Worksheet attachment located on the OregonServes website and email it to [oregon.serves@hecc.oregon.gov](mailto:oregon.serves@hecc.oregon.gov) \*

## Performance Measures Worksheet

20. Optional: Complete the Performance Measures Worksheet attachment located on the OregonServes website and email it to [oregon.serves@hecc.oregon.gov](mailto:oregon.serves@hecc.oregon.gov), if you are making changes to last year's performance measures.

### Legal Authorized Signatory Contact

21. First Name \*

22. Last Name \*

23. Email \*

24. Phone Number \*

25. Job Title/Position \*

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