

2026 AmeriCorps State and National New & Recompete 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. Primary Grant Contact Job Title/Position *

8. UEI Number *

9. EIN (Employer Identification Number) *

10. Type of Applicant *

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

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

Grant Award Request

12. Federal Share Request *

13. Applicant Match *

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

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

16. Grant Type *

- New
- Recompete

17. Focus Area(s) *

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

18. 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

19. 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.]

20. Program Design *

Submit a narrative explaining how your project meets the selection criteria as outlined in the AmeriCorps NOFO. Categories covered should include:

- Community Need and Logic Model
- Evidence Tier
- Evidence Quality
- Notice Priority
- Member Experience

21. Organizational Capability *

Submit a narrative explaining how your project meets the selection criteria as outlined in the AmeriCorps NOFO. Categories covered should include:

- Organizational Background and Staffing
- Member Supervision

22. Cost Effectiveness and Budget Adequacy *

Submit a narrative explaining how your project meets the selection criteria as outlined in the AmeriCorps NOFO. Categories covered should include:

- Member Recruitment
- Member Retention
- Data Collection

Logic Model

Please fill out the Logic Model attachment located on the OregonServes website and email to oregon.serves@hecc.oregon.gov

Performance Measures

Please fill out the Performance Measures Worksheet attachment located on the OregonServes website and email it to oregon.serves@hecc.oregon.gov

Budget Development Worksheet

Please fill out the CR Budget Development Worksheet attachment located on the OregonServes website and email it to oregon.serves@hecc.oregon.gov

Legal Authorized Signatory Contact

23. First Name *

24. Last Name *

25. Email *

26. Phone Number *

27. Job Title/Position *

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