**AmeriCorps Planning Grant NOFO**

**Application Checklist**

**Instructions:** A “complete” AmeriCorps application consists of **5 items** as stated in the checklist below. Place a checkmark [√] next to each item included in your application. ***You must include a signed copy of this checklist with your application.***

|  |  |
| --- | --- |
| **Legal Applicant Organization** | |
| Organization Name: |  |
| UEI Number: |  |
| Employer Identification Number |  |
| Address (please do not list P.O. Box): |  |
| City: |  |
| State: |  |
| Zip: |  |
| **Authorized Legal Applicant Contact** | |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| **Primary Contact Person** | |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |

|  |  |
| --- | --- |
|  | **Application Components** |
|  | 1. Application Checklist |
|  | 1. Project Narrative (use ServeNebraska Word Template)   □ No more than 3double-spaced pages in­ portrait format  □ 12 point Times New Roman font  □ One-inch margins  □ Use ServeNebraska narrative headings in the order provided |
|  | 1. Planning Grant Deliverables Timeline (Reviewed and agree to the timeline) |
|  | 1. Budget Narrative (use *ServeNebraska Excel Template*) |
|  | 1. Financial Management Survey |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Applicant Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Title of Person Signing