



NATIONAL DIRECT CONSULTATION FORM

FY20 National Direct Consultation

Why Consultation?

As part of the Serve America Act, National Direct Consultation was established to help increase collaboration and coordination among national service programs, which in turn supports the efficient use of national service funds in each state.

Consultation is a requirement outlined in the FY20 AmeriCorps NOFO for new, recompetete and continuation applicants.

The Hawaii Commission will use the information provided through the National Direct Consultation process to provide input to the Corporation for National and Community Service (CNCS) on funding decisions that may impact our state, as well as provide feedback/recommendations to the National Direct applicant. *CNCS asks each commission to provide their input on each National Direct applicant proposing to place members in the state by selecting “support,” “neutral,” or “do not support,” along with any comments associated with the opinion submitted.*

DEADLINE

This form and the accompanying requested documents are due *by January 5, 2020*. Upon completing this form, you may be contacted for additional information. When possible, it is encouraged that applicants initiate consultation with state service commissions as soon as possible.

Please fill out all sections to the best of your ability.

1. Contact information for any follow up questions regarding information submitted in this form:

First and Last Name

Contact's Job Title:

Address

City/Town

State/Territory

ZIP/Postal Code

Email Address

Phone Number

2. Program Identification Information:

Legal Applicant Name(as listed in CNCS grant system)

AmeriCorps Program Name:

Grant Application ID # (as provided in the CNCS grant system)

3. Provide the executive summary for your program (as instructed for your FY20 AmeriCorps NOFO application):

4. Estimated Program Start and End Dates (i.e.; September 2020 and May 2021)

Start Date

End Date

5. Type of Application for FY20:

- New Application
- Recompete
- Continuation (indicate whether applying for the second or third year)

Year of continuation grant, if applicable

6. Focus Area

Indicate all CNCS Focus Areas to be addressed by the members serving in state:

- Disaster Services
- Economic Opportunity
- Education
- Environmental Stewardship
- Healthy Futures
- Veterans and Military Families
- Capacity Building
- Other (please specify)

7. Please attach your AmeriCorps program Performance Measure(s), as you plan to submit them to CNCS in your FY20 AmeriCorps application.

If you have not finalized your performance measure selection, please provide as much detail as you have thus far.

8. Please attach you AmeriCorps program logic model, as you plan to submit to CNCS in your FY20 AmeriCorps application.

If you have not finalized your logic model you may skip this question.

9. Describe your AmeriCorps member(s) intervention(s)/activity(ies)? Please share any significant AmeriCorps member interventions/activities that are included in your grant but not represented within the performance measures.

10. Please complete the following as it pertains to members in your program:

Number of AmeriCorps Slots	Full-Time	Three-Quarter Time	Half Time	Reduced Half Time	Quarter Time	Minimum Time
Application Total:						
State Slots Total:						

Total MSYs requested:

MSYs requested in Hawaii:

CNCS Budget Request

Total Operating Budget:

Cost per MSY:

Percent Match:

Source of Match:

Local national program staff name(s) and email(s) (if available)

Partner service site organization name, contact name, email (if available)

11. AmeriCorps Program Model (check one)

- Nationally-Managed** (members at local organizations directly controlled by parent organization)
- Affiliates** (members at affiliates of parent – limited direct control)
- Consortium** (members at independent organizations that interact on activities beyond AmeriCorps)
- Intermediary** (members at unrelated organizations)
- Other** (please specify)

12. Describe the roles of the legal applicant and site partners in administration of the program at the state level:

(i.e. site monitoring; background checks; training and development, member supervision, etc.)