**REQUEST to WAIVE**

**Single Member Placement Policy**

**Purpose:** This form should be completed by any Program proposing to have sites with just one AmeriCorps member. CaliforniaVolunteers has a long-standing policy of not approving or encouraging single member placements. Exception to this policy is rare. This has been included in the RFA you responded to for funding.

The program must demonstrate ***real*** added value to program outcomes [not just outputs]. Aside from issues of esprit de corps and member identification with AmeriCorps, there are also considerations related to organizational design and capacity. These include adequate on-site member supervision/support; timely training, management, and support of host sites; added value to current design and the community.

Please answer each item below succinctly. Email the completed form to your Program Officer. Please allow **30 days** for a response from CaliforniaVolunteers.

[1] Program:

[2] Contact Person/Title:

[3] Phone and email:

[4] If this is a change, please explain why it is needed and include the date of the proposed change:

**Type here**

[4]] Please address ***each*** of the following items.

|  |
| --- |
| 1] How will single member placement add value to your program design? **Type here**  2] What mechanisms are in place to prevent disruptions to service for events such as--member gets sick, quits, or wants to be moved? **Type here**  3] What plans are in place for member supervision and support?  **Type here**  4] How this will impact the host sites—#, supervision, training, etc  **Type here**  5] Will member hours on PMWs change? **Type here**  6] Will this change the primary PMW? **Type here**  7] How and how often, will single placement members interact with other members? **Type here**  8] What will be the member to beneficiary ratio [e.g. 1:10] at the single placement site[s]? Please list each site separately **Type here**  9] How will this be addressed in the future to avoid single member placement? **Type here**   |

[6] Has your partnership reviewed this request? [ ] Yes [ ] No

[7] Has your legal applicant approved this request? [ ] Yes [ ] No

[8] Have you attached the revised program diagram (using track changes)? [ ] Yes [ ] No

[9] Does this change your budget? (If yes, include changes below) [ ] Yes [ ] No

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| --- |
| **Type ONLY proposed budget changes here**   |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do not write below this line

**CV Response to Program REQUEST**

**Single Member Placement**

Program:

Date Received : PO:

Number of requested changes in this grant cycle by year:

Number of budget changes this year:

PO Recommendation:

Approve [ ] Yes [ ] No Date:

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| --- |
| **Explain**   |