**AmeriCorps Planning Grant Title Page**

**Project Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**National Focus Area:** *Check all that apply*

Education

Environmental Stewardship

Healthy Futures

Veterans & Military Families

Economic Opportunity

Disaster Services

Capacity Building

|  |  |
| --- | --- |
| **Legal Applicant Organization** | |
| Organization Name: |  |
| Address (please do not list P.O. Box): |  |
| City: |  |
| State: |  |
| Zip: |  |
| **Authorized Legal Applicant Contact** | |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Fax: |  |
| **Primary Contact Person** | |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Fax: |  |
| **Grant Request** | |
| CNCS Request Amount: |  |
| CNCS Share %: |  |
| Grantee Share Amount: |  |
| Grantee Share %: |  |
| Total Operating Budget: |  |