



National AIDS Fund AmeriCorps Program
2010-2011 Host Agency Application

Answer each of the following questions in the space provided or in the equivalent space on a separate sheet.

1. Name of organization:
2. Address:
3. Telephone: _____ Fax: _____
4. E-mail:
5. Contact person:
6. Identify access to public transportation in relation to service site (i.e. bus, rail, etc):
7. Mission Statement:
8. Year organization was founded: _____
Is your organization considered a faith-based service organization?
 yes no
9. Number of full time equivalent (FTEs) staff: _____ Number of volunteers: _____
10. Has your organization been a host agency for the National AIDS Fund or another AmeriCorps program in the past?
 yes (name of program: _____) no
11. Number of full-time (4 days/week) member(s) your agency is requesting: _____
12. Please attach a service placement description outlining the service to be provided by the AmeriCorps member(s). AmeriCorps members may not displace paid staff. In your response, consider how the AmeriCorps member will provide service to the organization and its clients that the agency would have difficulty providing without the AmeriCorps member. See attached documents for more information about what AmeriCorps members can and cannot do. Use the following as an outline:

- Position title (National AIDS Fund AmeriCorps member)
 - Name of organization
 - Brief description of organization
 - Description of service activities (what the member will be doing); include other duties as assigned by the program (team days, service days, reporting, etc.)
 - Essential functions of the position (how, when, where of service activities; must be as specific as possible to comply with ADA regulations) *See attached guidelines on creating a position description.*
 - Name and title of supervisor
13. Describe any special skills or qualifications required for fulfilling the tasks expected of the AmeriCorps member(s). Be as specific as possible.
14. Please provide a detailed description of your plan for supervision, including initial orientation, training, and ongoing support/supervision. Please include the names and supervisory role descriptions for all staff who would play a role in direct member supervision.
15. How, when, and by whom would the AmeriCorps member have his/her service evaluated? (Host agency supervisors should conduct mid-year and end-of-year evaluations for each member.)
16. Are there ways in which the organization would enrich the service experience of the member(s)? (This includes experiences such as in-service training, opportunities to meet community leaders, volunteer recruitment/coordination, professional skills development, etc.)
17. Briefly state why an AmeriCorps member would benefit the target population and the community you serve. Include transition plans for the departure of the member after their service year.

18. Local recruitment is important for building community capacity. How might your agency assist with recruitment of members for next year?
19. The team of AmeriCorps members will conduct group projects, based on what they see as unmet needs in the community. What would you see as an ideal group project for your agency and the National AIDS Fund AmeriCorps members in your city? (These answers will be shared with the AmeriCorps members, whether or not a Member is placed in your agency.)
20. Describe your agency's relationship with the local Community Partnership. This could be a grantee, a subcommittee member, advisory committee member, local evaluation site, youth board member, or something else.
21. On behalf of the organization _____, I affirm that if selected as a National AIDS Fund AmeriCorps Program Host Agency, we will comply with the participation requirements as stated in this application and any other regulations as defined by the Corporation for National Service, the National AIDS Fund, and the Community Partnership; provide supervision of the AmeriCorps member(s) assigned to our agency; and submit timely reports to national funders.

Agency Contact Signature	Printed Name	
Title	Date	
Agency Exec. Dir. Signature	Printed Name	Date

21. Please attach a copy of your agency's annual report or agency brochure.

Please return this completed application to the AmeriCorps City Supervisor in your area. A copy will be kept on file, and the original will be sent to the National AIDS Fund.