STATE OF DELAWARE
DIVISION OF SOCIAL SERVICES

APPENDIX F - LETTER OF INTENT

Governor's Commission on Community and Volunteer Service
HSS-26-042A - AMERICORPS FORMULA GRANT APPLICATIONS 2026-2027

Proposed Project Title:_____

Contact Person:_____

Name of Applicant Organization:_____

Address:_____

City/State/Zip:_____

Telephone:_____ Fax:_____

Email Address:_____

(Note: All AmeriCorps programs must have Internet access at the time of the program's start date)

_____

Type of Applicant (nonprofit, government, etc.):_____

Geographic Area of focus (city/town, county, statewide):_____

Amount of Funds Requested:_____

Briefly describe the purpose of your proposed program, including "the need" to be addressed and the desired impact on the community (300-word limit).

Issue Areas – Which AmeriCorps focus area(s) will this program address?

- ❑ **Disaster Services**
- ❑ **Economic Opportunity**
- ❑ **Education**
- ❑ **Environmental Stewardship**
- ❑ **Healthy Futures**

❑ **Veterans and Military Families**

Describe how your program will address the following expectations of the Governor's Commission on Community and Volunteer Service (600-word limit):

- **A collaborative approach to program planning, design, and delivery (examples of working with other organizations/partners):**

- **Demonstrated ability to successfully administer an AmeriCorps or other federal grant (examples of projects or grants managed):**

- **Addressing underserved or areas of extreme poverty that are not currently served by AmeriCorps programs (geographic and demographic references):**

AMERICORPS MEMBERS: How many members (and what terms of service) will be recruited under the proposed program?

***Note: Planning grants are not required to fill at this portion as they will not have members.**

____Full-Time (1700 hours) **____Reduced Full-time (1200 hours)**

____Half-time (900 hours) **____Reduced Halftime (675 hours)**

____Quarter-time (450 hours) **____Minimum-time (300 hours)**

___Total members

Print Name of Authorized Representative:_____

Signature of Authorized Representative: _____