Operational Grant Cover Letter Worksheet

General Organization Information

Organization Legal Name: _____
Unique Entity Identifier (UEI): _____
SAM Registration Expiration Date: _____
Mailing Address: _____
Organization Establishment Year _____

Program Staff Information (Name, Email, Phone)

Legal Representative: _____
Primary Contact: _____
Alternative Contact: _____

AmeriCorps Kansas Program Information

AmeriCorps Kansas Program Name: _____
Program Focus Area: _____
Years Received Funding: _____
Other AmeriCorps grants receiving/apply:

Number of AmeriCorps Members in each Slot Type

Full-Time: _____
Three-Quarter Time: _____
Half-Time: _____
Reduced Half-Time: _____
Quarter-Time: _____
Minimum-Time: _____
Abbreviated-Time: _____
Total MSY Requested: _____

Service Locations

Confirmed Service Location(s) (Name of organization, City/County): _____
Pending Service Location(s) (Name of organization, City/County): _____

Amount Requested

AmeriCorps Share: _____
Subgrantee Share: _____