



2010 - 2011 MICHIGAN'S AMERICORPS TITLE PAGE



Name of Proposed Program:

Name of Applicant Organization:

Contact Person:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Name of Organization Operating Program (if different from Applicant Organization):

Contact Person:

Title:

Address:

City:

State:

Zip:

Phone

Fax:

Email:

County, region, or city in which program will operate:

Does the proposed program specifically focus on any of the following? Check all that apply.

Education

Prisoner Re-Entry

Healthcare

Mentoring

Energy & the Environment

Nonprofit Capacity Building

Economic Renewal

Other

Members (please enter the appropriate number in the blanks below):

Full-time (1700 Hours)

Reduced Half-time (675 hours)

Half-time (900 hours)

Minimum-time (300 hours)

Quarter-time (450 hrs)

Budget:

CNCS Share Requested:

Grantee Share:

Authorized Signature:

Title:

Date: