



WESTSIDE PROMISE ZONE VISTA PROGRAM APPLICATION

APPLICANT INFORMATION

Agency/Organization Name _____

Project Site Address _____ City: _____ ZIP: _____

Location of Main Office
(if different from Project Site) _____ City: _____ ZIP: _____

Project site is ADA accessible? Yes No

Primary Contact Person: _____ Title: _____

Phone: _____ Email: _____

Number of regular staff: Full-time _____ Part-time _____

ORGANIZATION BACKGROUND

1. In the space below, provide a description of your organization's mission and program related activities.

2. Provide a statement of need detailing the problem the organization is seeking to address. Also include a description of the population the organization is serving and the geographic area where services are provided.

3. Please share recent accomplishments and benchmarks achieved, which demonstrate the organization's capacity to address the problem stated.

SCOPE OF WORK

1. Describe the proposed project for which the organization is seeking a VISTA member. How will the proposed project address the goals and priorities of the Westside Promise Zone?

2. What activities will the VISTA participate in to carry out the proposed project? Please identify which implementation strategy or strategies the project will focused (e.g. program/project assessment, development, implementation, and/or evaluation).

PERFORMANCE OUTCOMES

Describe the outcomes that are to be met during the VISTAs year of service. This should include but is not limited to measures such as numbers of residents served, programs enhancements, and/or volunteer hours completed.

Acknowledgements

We understand that the Westside Promise Zone AmeriCorps VISTA program designates certain service days and hours to program-sponsored member development and service activities. To this end, we support the in its effort to provide members with development and leadership opportunities and will accommodate occasional absences of the member (with advance notice, when possible) for this purpose.

Certifications

Drug Free Workplace

I certify that _____ has an active Drug Free Work Place Policy.
(Legal Applicant)

Non-Discrimination Policy

I certify that _____ has an active Non-Discrimination Policy.
(Legal Applicant)

Assurances

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that the applicant:

- Has the legal authority to apply for federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the local cash match) required to ensure proper planning, management and completion of the project described in this application.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
- Will keep such records and provide such information to the City of Atlanta or to the Federal government with respect to the program as may be required for fiscal audits and program evaluation, including documentation of in-kind match.
- Will comply with the non-displacement rules found in section 1777(b) of the National and Community Service Act of 1990 as amended (42 U.S.C. 12501 et seq.).
- Will comply with the ineligible service provisions found in section 132 of the Act.
- Will comply with all Prohibited Activities related to AmeriCorps*VISTA member service.
- Please supply letters of support for your organization.

By signing below, you certify that you agree to perform all actions and support all intentions in the Acknowledgement, Certification and Assurances sections above.

Organization Name: _____

Name & Title of Authorized Representative: _____

Signature: _____ **Date** _____