PROJECT PARTNER APPLICATION

PRIMARY APPLICANT INFORMATION
Organization Name:
Organization Address:
Primary Applicant Name:
Applicant Title:
Applicant Email:
Applicant Phone:
CONTRACT INFORMATION (IF DIFFERENT THAN PRIMARY APPLICANT)
Legal Signer Name:
Legal Signer Title:
Legal Signer Email:
Legal Signer Phone:
ON-SITE SUPERVISOR INFORMATION (IF DIFFERENT THAN PRIMARY APPLICANT)
Supervisor Name:
Supervisor Title:
Supervisor Email:
Supervisor Phone:
CO-SUPERVISOR INFORMATION (ONLY IF APPLICABLE)
Co-Supervisor Name:
Co-Supervisor Title:
Co-Supervisor Email:
Co-Supervisor Phone:
ACCOUNTS PAYABLE INFORMATION (IF DIFFERENT THAN PRIMARY APPLICANT)
Accounts Payable Name:
Accounts Payable Title:
Accounts Payable Email:



ELIGIBILITY INFORMATION

1.	 Which of the following best represents your type of organization? Nonprofit agency (local, regional, national) with valid a 501(c)(3) School based (public school, school district, college or service district) Government (local, county, city, regional, state or federal)
2.	Has your organization hosted a Confluence AmeriCorps Member before? Yes (for how many years?) No (new applicant)
3.	Are you hosting a 1700 hour or 900 hour Member?
4.	 Which of the following focus area(s) best describes your proposed project? Energy or Resource Conservation Environmental Education Environmental Health Garden or Farm Based Education Watershed Health
5.	 Which of the following counties will benefit from your Member's service activities? (check all that apply) Clackamas Multnomah Washington
6.	Is your organization accessible to people with disabilities?
7.	 Which of the following resources will be available to your Member? (check all that apply) Computer or laptop with up-to-date office software Email account with internet access Telephone with voicemail Workstation – how many square feet?
8.	Is your organization able to donate the value of your Member's workstation (at least \$200 per year)?
9.	Is your organization able to pay the cash match of \$6,750 to support Member costs?
10.	Invoicing One full invoice in March – Preferred method Two partial invoices – Enter months + corresponding amounts
11.	Funding may be available to purchase bus passes for Members. Can you share this cost (up to \$200)
12.	Which of the following sources best describes how you will fund your Member? Private Federal (must have approval to use these funds for this purpose) State Local

ASSURANCES + CERTIFICATIONS

DRUG FREE WORKPLACE:

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_____(Primary Applicant Name) certify that the organization has an active Drug Free Workplace Policy.

NON-DISCRIMINATION:

(Primary Applicant Name) certify that the organization has an active Non-Discrimination Policy.

ACKNOWLEDGEMENTS:

I understand that Confluence AmeriCorps Members serve a minimum of **906** hours of service with my organization. I understand Confluence's effort to provide Members with an additional **160+** hours of professional development and leadership opportunities and I will accommodate scheduled absences of the Member for this purpose.

ASSURANCES:

As the primary representative of the organization, I certify my organization:

Has the legal authority to apply for federal assistance, has not violated a Federal criminal statute, and has the institutional, managerial, and financial capability (including funds sufficient to pay the **cash match**) necessary to ensure proper planning, management, and completion of the project described within this application.

Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program and will keep such records and provide such information to Confluence 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 177(b) of the National and Community Service Act of 1990, as amended (42 U.S.C. 12501 et seq.). Specifically, an employer shall not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the employer using an AmeriCorps Member; a service opportunity shall not be created that will infringe on the promotional opportunity of an employed individual; an AmeriCorps Member shall not perform any services or duties or engage in activities that (1) would otherwise be performed by an employee as part of the employee's assigned duties, (2) will supplant the hiring of employed workers, (3) are services or duties with respect to which an individual has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures; or (4) have been performed by or were assigned to any presently employed worker, an employee who recently resigned or was discharged, an employee who is on leave, an employee who is on strike or is being locked out, or an employee who is subject to a reduction in force or has recall rights subject to a collective bargaining agreement or applicable personnel procedure.

Will comply with the **ineligible service** provisions found in section 132 of the Act, as amended, specifically, a program may not use AmeriCorps Members to perform service that provides direct benefit to any (1) business organized for profit; (2) labor union; (3) partisan political organization; (4) organization engaged in religious activities (unless such service does not involve the use of assistance or participants to give religious instruction, conduct worship services, provide instruction as part of a program that includes mandatory religious education or worship, construct or operate facilities devoted to religious instruction or worship, provide abortion services or referrals for receipt of such services; or engage in any form of proselytizing); or (5) nonprofit organization that fails to comply with the restrictions contained in section 501 (c)(3) of the Internal Revenue code (26 U.S.C. 501 (c)(3). However, the provisions contained in section 132 of the Act shall not be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative, and off AmeriCorps time.

Will comply with all other Prohibited Activities related to AmeriCorps (refer to Proposal Guidelines).

Will comply with **National Service Criminal History Check** policy, which states until final results of the fingerprint background checks are confirmed, Members must be **accompanied** by an authorized supervisor when in contact with vulnerable populations (youth age 18 and under, persons age 60 and older, and people with disabilities). Supervisors will complete an *Accompaniment Form* which acknowledges this requirement.

By signing below, we agree to perform all actions and support all intentions in the Acknowledgements, Certification and Assurances sections above.

PRIMARY APPLICANT FULL NAME:

PRIMARY APPLICANT SIGNATURE/DATE: _____

PROPOSAL NARRATIVE

ORGANIZATIONAL CAPABILITY

- 1. Tell us about your organization. (Include history, mission and goals.)
- 2. Describe how your organization's commitment to diversity, equity and inclusion is/isn't integrated into your work?
- 3. How will your organization provide for your Member(s) in the following areas?
 - a) <u>Supervision/Mentorship</u>: Who will be the Member's on-site supervisor? What makes them uniquely qualified to be their day-to-day supervisor, mentor and professional coach?
 - b) Onboarding: How will you prepare for and welcome your Member into your organization?
 - c) Professional Development: What skills, trainings and networking will you provide to your Member?
 - d) <u>Workspace</u>: Describe your Member's workspace. Where will the supervisor's desk be located in relation?
 - e) <u>*Risk Management*</u>: What policies and systems are in place to keep your Member safe? (Include potential risks and how you will avoid them.)

QUALITY OF PROJECT

- 4. Briefly describe the AmeriCorps Member position you are proposing.
- 5. How has this project been established as a community need?
- 6. How will this position provide environmental health, equity and leadership opportunities for people living in historically marginalized communities?
- 7. Develop a *Monthly Timeline* which outlines primary goals, outputs (supporting activities) and outcomes (desired results) for the position.

QUALITY OF RELATIONSHIPS

- 8. Please list the organizations that work with marginalized communities that you are currently working with on this project?
- 9. What relationships are you hoping your Member builds and how will you support/facilitate them?
- 10. How will you support and sustain these relationships after the project is complete?

SUSTAINABILITY

11. AmeriCorps Members cannot be guaranteed from year-to-year. How will you maintain project momentum after your Member completes their term of service? (Include both short and long term strategies in your sustainability plan.)

PERFORMANCE MEASURE WORKSHEET

- 12. Propose realistic goals for your Member to achieve in the *Performance Measure Worksheet* below. Remember, Supervisors will support Members to ensure our focus populations are being served. Members are asked to report progress three times per term. Confluence staff will lead this effort. Things to keep in mind as you develop your Members metrics:
 - All Members engage some volunteers to support the project
 - All Members focus on one or more of the remaining categories
 - 50% or more of the youth/adults served will reside in low income communities and communities of color

VOLUNTEERS ENGAGED		
Number of unduplicated volunteers engaged		
Number of accumulated volunteer hours		
YOUTH EDUCATED (PEOPLE UNDER AGE 18)		
Number of unduplicated youth educated		
Number of youth who will live in an underserved community		
Number of environmental activities delivered (ex: presentations, field trips, events)		
Number of youth surveyed who will report increased knowledge or skills		
Methods for surveying youth (ex: surveys, evaluations, reflection activities)		
Methods for capturing demographics (ex: surveys, school data, maps, zip codes)		
ADULTS ENGAGED (PEOPLE OVER AGE 18)		
Number of unduplicated adults educated		
Number of adults who live in an underserved community		
Number of environmental activities delivered (ex: presentations, workshops, tabling)		
Number of adults surveyed who report increased knowledge or skills		
Methods for surveying adults (ex: surveys, evaluations, conversations)		
Methods for capturing demographics (ex: surveys, census data, maps, zip codes)		
WATERSHED HEALTH		
Number of trees/shrubs planted		
Number of unduplicated restoration sites managed		
Number of sites that benefit an underserved community		
Number of acres of invasive, non-native weeds removed		
Number of sites monitored that show improved biodiversity		

SUPERVISION

13. How will you monitor and evaluate your Members performance?

14. How will you manage performance or interpersonal challenges if they arise?

POSITION DESCRIPTION

Create a Position Description for each position you are requesting and consider the following:

- If you are a current Partner, please build off the finalized Position Description you posted last year.
- The information you provide is essential for recruiting diverse, qualified candidates. Make it compelling and detailed while also making it accessible, inclusive and valuing lived experience.
- For tips and resources, refer to the *Proposal Guidelines* on pages 9-11.
- Confluence will incorporate this information into a position description template and send it along for review.

PROJECT PARTNER

Provide the name of the partner organization and the website where applicants can learn more about the organization.

POSITION TITLE

In **46 characters** or less (no more than **three words**), create a position title that appropriately describes what the Member will be doing and will look good on a résumé

POSITION SUMMARY

Summarize and prioritize the goals of the position. Add approximate percentages to each goal (Confluence activities will be 20%; yours will total 80%). The language should be exciting, inclusive and explain why this position is important to the community.

ESSENTIAL FUNCTIONS

Provide up to **10** essential functions of the position.

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POSITION REQUIREMENTS

Provide up to **9 requirements** specific to the position. Make sure it is a requirement – Is it a MUST or is it TEACHABLE? If a certain skill is needed, is there a lived experience that would equal it in value? Remember, these positions are intended for professional growth.

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PREFERRED QUALIFICATIONS

Provide up to **7 preferred qualifications** specific to the position. These should be skills that are not essential to the position, but would be an added benefit.

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MEMBER BENEFITS

List any benefits that the partner organization will provide to the Member

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PROJECT LOCATION & TRANSPORTATION INFORMATION

Provide the address of the site(s) the member will report to on a regular basis. List helpful transportation information and add if your site is accessible by public transportation.

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CONTACT PERSON

Provide the name, email and phone number of the person in charge of recruiting the Member.

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