**Application Checklist**

**TECHNICAL ASSISTANCE**

We are eager to provide support and feedback on all aspects and stages of your application, including *one* read-through of a full draft if submitted for review prior to the application deadline listed in our ***UCAN*** ***AmeriCorps RFP Guidelines***.

UCAN AmeriCorps

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**SUBMISSION**

Submit an electronic copy of your application by **end of day on the application deadline listed in our *UCAN* *AmeriCorps RFP Guidelines*** to meet our priority application deadline. Use the Application Checklist in the chart below to ensure all aspects of your application are completed.

1. **Download and Review UCAN AmeriCorps RFP Guidelines**
2. **Sign up for a Technical Assistance Meeting or Informational Session by using this link:** <https://forms.office.com/r/68FHi8CRTE>
3. **Full Application:** When you are ready to submit, email your application to [ucamericorps@ucancap.org](mailto:ucamericorps@ucancap.org) and Cc [julia.anselmo@ucancap.org](mailto:julia.anselmo@ucancap.org). Please include the following:
   * Completed application packet
   * Signed copy of the Certification + Assurances form
   * Proof of 501(c)(3) status, if applicable.
4. **Certificate of Insurance:** email a copy of your organization’s certificate of insurance to UCAN’s Contract and Project Specialist, Howard Kopp, at [howard.kopp@ucancap.org](mailto:howard.kopp@ucancap.org) and Cc [julia.anselmo@ucancap.org](mailto:julia.anselmo@ucancap.org).

**APPLICATION CHECKLIST**

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| **Email Submission with following materials** | **Application Sections** |
|  | **Application Overview** |
|  | 1. **Coversheet** |
|  | 1. **Eligibility Information** |
|  | 1. **Volunteer Capacity Assessment** |
|  | 1. **Project Narrative: Executive Summary** |
|  | 1. **Position Description** |
|  | **Required Supporting Documents** |
|  | 1. **Certifications + Assurances Form (include a copy of your drug free workplace, anti-harassment & nondiscrimination policies)** |
|  | 1. **Proof of eligibility: 501(c)( 3) status, if applicable** |
|  | 1. **Copy of Organization’s Certificate of Insurance (includes single occurrence general liability, aggregate general liability, and auto coverage if applicable)** |