



AmeriCorps Kansas

Public Health Grant Cover Letter Worksheet

General Organization Information

Organization Legal Name: _____

Unique Entity Identifier (UEI): _____

SAM Registration Expiration Date: _____

Mailing Address: _____

Program Staff Information (Name, Email, Phone)

Legal Representative: _____

Primary Contact: _____

Alternative Contact: _____

AmeriCorps Program Information

AmeriCorps Program Name: _____

Program Focus Area: _____

Number of AmeriCorps Members in each Slot Type

Full-Time: _____

Three-Quarter Time: _____

Half-Time: _____

Reduced Half-Time: _____

Quarter-Time: _____

Minimum-Time: _____

Affiliate-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: _____