Updated: 5/3/23

**2023-2024 Be Well Fox ValleyHost Site Application**

The Be Well Fox Valley(BWFV)AmeriCorps Program is accepting applications for organizations in Calumet, Outagamie, Winnebago, and neighboring Wisconsin Counties to serve as AmeriCorps host sites.

Hosting an AmeriCorps member is a low-cost option that provides your organization with extra people-power. The extra support can enhance your organization’s capacity by supporting health and well-being programs and initiatives. Members can provide a variety of service activities to support your organization’s health and well-being goals. Primarily, members provide capacity building services on health and well-being topics that align with at least 1 of the 5 BWFV Goals. ***Please note that this opportunity is contingent on program funding, which will be confirmed when the federal budget is approved.***

***PLEASE NOTE:***

* Before reviewing this application, please review the BWFV AmeriCorps Program Information document. This document provides important information regarding the program. The application will make references to the Program Information document. **[CLICK HERE TO REVIEW THE BWFV AMERICORPS PROGRAM INFORMATION DOCUMENT](https://drive.google.com/file/d/1SYBcVz77qhTApJx9FPPXy2h9JFbmqsAJ/view?usp=sharing)**
* Due to federal AmeriCorps rules, there are certain eligibility criteria host site organizations must meet to host an AmeriCorps member. Please review “Part 5: Host Site Checklist” on this application for more information.

**APPLICATION TIMELINE:**

Due to the number of service term options for the 2023-2024 BWFV AmeriCorps Program, applications will be accepted on a rolling basis through the final acceptance dates listed on the chart below. Applicants are encouraged to apply earlier than the listed deadline to allow for adequate time to recruit and onboard their member(s). Applications will be considered based on the number of remaining, available positions.

For more information about the service term options, please refer to the “When” section, found on page 5 of the Program Information document.

|  |  |  |
| --- | --- | --- |
| Service Term Option | Service Term Start-End Dates | Applications will be accepted through: |
| Option 1: Yearlong | 9/1/2023-8/31/2024 | 6/16/2023 |
| Option 2: First Half Service Term | 9/1/2023-2/28/2024 | 6/16/2023 |
| Option 3: 2024 Service Term | 1/3/2024-8/31/2024 | 9/15/2023 |
| Option 4: Second Half Service Term | 3/1/2024-8/31/2024 | 1/05/2024 |
| Option 5: Summer Service Term | 6/03/2024-8/31/2024 | 3/15/2024 |

**APPLICANTS WILL BE CONSIDERED BASED ON:**

1. Completed all parts of the application
2. Demonstrated community need
3. Demonstrated alignment with BWFV and BWFV AmeriCorps
4. Proposed member service activities
5. Demonstrated ability to meet the requirements as noted in Part 5: Host Site Checklist
6. FOR RETURNING HOST SITES ONLY: Reviewing the host site’s past success and performance (such as past member performance, timely reporting, communication, etc.)

Questions about the program, application, host site eligibility or requirements, member activities, application timeline, etc. can be directed to Amanda Ross: [amanda.ross@unitedwayfoxcities.org](mailto:amanda.ross@unitedwayfoxcities.org) or 608-387-6533.

***Due dates, cash amounts, and program goals may change at the request of the funder.***

**BWFV AmeriCorps Host Site Application**

**APPLICATION REQUIREMENTS:**

* PART 1: Application information
* PART 2: Member service term(s)
* PART 3: Member goals and proposed activities
* PART 4: Narratives
* PART 5: Host Site Checklist
* PART 6: Signature. Applicants have the option of “e-signing” their application by typing the first and last name of the submitter.
* Completed applications can be submitted either in Word or PDF and sent to Amanda Ross: [amanda.ross@unitedwayfoxcities.org](mailto:amanda.ross@unitedwayfoxcities.org). If unable to submit your application by email, please contact Amanda Ross to discuss an alternative submission.
* Applications will be received on a rolling basis until the due date associated with each service term as listed on page 1 of this application (or the “Application” section, found on page 6 of the Program Information document). Applications received will be considered based on the remaining number of available positions.

**PART 1: APPLICATION INFORMATION**

|  |  |
| --- | --- |
| * **Organization Name:** |  |
| * **Contact Person:** |  |
| * **Address (Street, City, State, Zip):** |  |
| * **Phone number and email address:** |  |
| * **Name of selected site supervisor.** * **Please write “unknown” if unknown at this time.** * **If supervisor is the same as the contact person above, leave this blank.** |  |
| * **Site supervisor phone number and email address.** * **Please write “unknown” if unknown at this time.** * **If supervisor is the same as the contact person above, leave this blank.** |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Has your organization hosted a BWFV AmeriCorps member in the past? |  |  |
| If yes, are you requesting an AmeriCorps member to continue an existing or previous project that a past AmeriCorps member has supported? |  |  |
| If yes, what year(s) has your organization hosted a member? *[click here to add text]* |  |  |

**PART 2: REQUEST THE SERVICE TERM OPTION(S) AND THE NUMBER OF REQUESTED MEMBER(S)**

Please select which service term(s) your organization wishes to host a member. Once a term(s) is selected, please write how many of each member position your organization is requesting (i.e. selecting option 1. Requesting one 1,700 hour member, zero 900 hour members).

Applicants may:

* Select multiple members to serve within one service term
* Select multiple service terms to host multiple members
* Share a member with another organization. If your organization is interested in sharing a member, please contact Amanda Ross.
* For more information about the service term and member service position options, please refer to the “When” section, found on page 5 of the Program Information document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Check all options that apply | Service Term Option | Service Term Start-End Dates | Number of members per position organization is requesting | Types of member positions available for the Term Option. |
|  | Option 1: Yearlong | 9/1/2023-8/31/2024 | *[# of requested members here]* | 1700 hours (35-40 hrs/wk) |
| *[# of requested members here]* | 1200 hours (23-29 hrs/wk) |
| *[# of requested members here]* | 900 hours (18-22 hrs/wk) |
| *[# of requested members here]* | 675 hours (13-17 hrs/wk) |
| *[# of requested members here]* | 450 hours (8-12 hrs/wk) |
|  | Option 2: First Half Service Term | 9/1/2023-2/28/2024 | *[# of requested members here]* | 900 hours (35-40 hrs/wk) |
| *[# of requested members here]* | 675 hours (26-31 hrs/wk) |
| *[# of requested members here]* | 450 hours (18-22 hrs/wk) |
| *[# of requested members here]* | 300 hours (12-15 hrs/wk) |
|  | Option 3: 2024 Service Term | 1/3/2024-8/31/2024 | *[# of requested members here]* | 1,200 hours (35-40 hrs/wk) |
| *[# of requested members here]* | 900 hours (27-31 hrs/wk) |
| *[# of requested members here]* | 675 hours (20-24 hrs/wk) |
| *[# of requested members here]* | 450 hours (14-16 hrs/wk) |
|  | Option 4: Second Half Service Term | 3/1/2024-8/31/2024 | *[# of requested members here]* | 900 hours (35-40 hrs/wk) |
| *[# of requested members here]* | 675 hours (26-31 hrs/wk) |
| *[# of requested members here]* | 450 hours (18-22 hrs/wk) |
| *[# of requested members here]* | 300 hours (12-15 hrs/wk) |
|  | Option 5: Summer Service Term | 6/3/2024-8/31/2024 | *[# of requested members here]* | 450 hours (35-40 hrs/wk) |
| *[# of requested members here]* | 300 hours (24-28 hrs/wk) |

**PART 3: MEMBER ACTIVITIES AND GOALS:**

Please refer to the member activity descriptions and definitions, please refer to the “Goals” and “How” sections, which can be found on pages 3-5 of the Program Information document.

1. What capacity building activities will the member be performing? This may be a bulleted list, paragraph form, etc. *If requesting multiple members, please provide an itemized list for each proposed member’s activities.* Please note that this list will be utilized to create a member position description.

*[click here to add text]*

1. How many organizations will receive capacity building services from the member? This may include your host site organization and/or a partner organization(s) that may receive capacity building services from your member.

*[click here to add text]*

|  |  |
| --- | --- |
| Yes | No |
|  |  |

1. Will the member be managing and/or recruiting volunteers?
2. If yes, how many volunteers are you anticipating the member will manage?

*[click here to add text]*

**PART 4: APPLICATION NARRATIVES:**

**Please answer the following narrative questions:**

1. What are your organization’s mission and vision statements?

*[click here to add text]*

1. The member service activities must align with at least 1 of the 5 Be Well Fox Valley goals. Select the goals the proposed member service activities will align with (check all that apply):

|  |  |
| --- | --- |
|  | 1. A vibrant regional food system that provides access to healthy, affordable food for all people. |
|  | 1. A cohesive and connective multi-model network that provides recreational and transportation options for all people. |
|  | 1. Local settings (hospitals, communities and neighborhoods, schools, early care centers, worksites, and faith institutions) that promote healthy choices and behaviors. |
|  | 1. Strong community-clinical partnerships that help prevent and manage chronic disease. |
|  | 1. Inclusive public spaces that foster social connection. |

1. Are the proposed member activities addressing identified community needs? Please explain.

*[click here to add text]*

1. How will the member’s proposed activities expand or enhance capacity within your organization?

*[click here to add text]*

1. Please include any additional information you would like to be considered about your organization.

*[click here to add text]*

**PART 5: HOST SITE CHECKLIST:**

Please complete the checklist below. If you answer “no” to any questions or have questions or concerns, please contact Amanda Ross

|  |  |  |
| --- | --- | --- |
| Yes | No | Question |
| **Organization specific**: | | |
|  |  | Your organization is eligible to apply as an AmeriCorps host site and is one of the following non-federal entities listed below. For more information on eligible organizations, please see the “Where” section, found on page 4 on the Program Information document.   * Federally Recognized Indian Tribes * Educational Institutions * Governments Agencies * Nonprofit Organizations |
|  |  | Your organization has a physical office location that the member can report to (either on a day-to-day basis and/or a hybrid format) |
|  |  | Is your organization able to provide payment (non-federal funds) for the host site cash match? Please see the “Host site financial obligations” section found on page 6 of the Program Information document. Please note, financial assistance may be available. Please contact Amanda Ross to discuss and learn more. |
|  |  | Financial assistance ***may be*** available. Is your organization interested in learning about this financial assistance? If so, Amanda Ross will contact you to discuss. |
|  |  | Will your organization be able to store AmeriCorps grant documents? This is to comply with the Federal AmeriCorps Grant Retention and Records policies. |
|  |  | Will your organization provide opportunities for the AmeriCorps member to receive an orientation to site-specific policies, procedures, and curriculum, as well as site-specific training opportunities? |
|  |  | Will your organization allow the integration of the AmeriCorps member as part of the site staff team, invite the AmeriCorps member to attend staff meetings and trainings, and ensure that participating staff understand the role of the AmeriCorps member and the goals of the BWFV AmeriCorps program? Please be mindful of including members as part of a team while not violating the AmeriCorps rules of non-duplication and displacement (see Attachment C). |
|  |  | Will your organization provide the AmeriCorps member with adequate workspace, including access to a workspace, computer, phone with voicemail, filing space, internet access, printer, access, incidental office supplies, printer costs, and materials? If necessary, provide the member with essential items and accommodations needed to perform the service virtually via hybrid service format (i.e., due to COVID-19 safety practices and procedures, host site organization policies and procedures, etc.)? |
| **Supervisor specific:** | | |
|  |  | Will your organization have a dedicated host site supervisor who meets, at minimum, on a bi-weekly basis with the BWFV AmeriCorps member to oversee activities, provide training, oversight, support, mentoring, and approve service hours? |
|  |  | Will the dedicated site supervisor be able to attend the required AmeriCorps orientations, trainings, and meetings? A schedule will be provided in advance for the supervisors. |
|  |  | Will the dedicated site supervisor be able to submit any AmeriCorps-required reports? |
|  |  | Will the dedicated site supervisor work with the AmeriCorps member to identify appropriate service opportunities to complete the member’s hourly requirements. |
| **Prohibited activities:** | | |
|  |  | The applicant has read Attachment A which reviews the BWFV AmeriCorps partner expectations (can be found after Part 6 of this application or on page 8 of the Program Information document). |
|  |  | The applicant has read Attachment B, which reviews prohibited activities for a member (can be found after Part 6 of this application or on page 9 of the Program Information document). |
|  |  | The applicant has read Attachment C, which reviews rules of non-duplication and non-displacement (can be found after Part 6 of this application or on page 10 of the Program Information document). |
|  |  | The applicant understands that AmeriCorps members cannot: participate in prohibited activities while serving or displace or replace staff or volunteer positions or time. By submitting this application, the applicant confirms their understanding that AmeriCorps members cannot participate in prohibited activities or displace or replace staff positions or time. |

**PART 6: SIGNATURE**

Applicants have the option of “e-signing” their application by typing the first and last name of the submitter. Please submit applications electronically to Amanda Ross at [Amanda.Ross@unitedwayfoxcities.org](mailto:amanda.ross@unitedwayfoxcities.org).

Thank you for your interest in the BWFV AmeriCorps Program!

|  |  |
| --- | --- |
| **Site Director’s Signature** |  |
| **Date** |  |

ATTACHMENT A – BWFV AMERICORPS PARTNER EXPECTATIONS

Below are the expectations that host sites must commit to during the grant period:

# **Expectations related to AmeriCorps provisions**

1. Ensure member activities are following the AmeriCorps grant provisions as outlined in the Memorandum of Understanding (MOU) between the BWFV AmeriCorps Program host sites. This includes ensuring member activities do not violate the AmeriCorps Prohibited Activities (see Attachment B and C). Please note that someone from the host site organization will need to sign this document. Please be aware of your organization's legal processes and timelines. [Click here to view a template of the MOU.](https://drive.google.com/file/d/1GmH0EDLBopby61Z7tesaGKicAfJMPHlS/view?usp=sharing)

# **Expectations related to the members**

1. Ensure a positive work environment and service activity opportunities for member to complete their hourly requirements
2. Assist with recruitment and onboarding of members at the host site organization
3. The host site organization has a physical office location that the member can report to (either on a day-to-day basis and/or a hybrid format)
4. Provide the member with workspace, basic office supplies, access to a phone, internet, computer, and business cards. If necessary, provide the member with essential items and accommodations needed to perform the service activities virtually via hybrid service format (i.e., due to COVID-19 safety practices and procedures, host site organization policies and procedures, etc.).
5. Ensure a positive work environment and offer enough service activity opportunities that allow members to meet their hourly requirements.
6. Ensure member activities align with the member activity (or activities) that are selected in this application.
7. Support member professional development by:
   1. Orientating and training members to their host site and community
   2. Ensuring members have the necessary training and resources to successfully meet their responsibilities.
   3. Completing the member service plan (template will be provided by the BWFV AmeriCorps Program) outlining programming responsibilities, their schedule, and individual professional development goals.
   4. Engaging in a discussion of member goals and offering opportunities to explore professional interests. This may include providing the member with professional development training.
   5. Holding (at a minimum) bi-weekly supervisory meetings.
   6. Encouraging participation in the larger national service network.
8. Allow members to fully participate in any BWFV AmeriCorps Program:
   1. Member orientation, required trainings and/or meetings, and professional development meetings.
   2. Service projects.
9. As host site organization policies and finances allow, provide the member travel reimbursement for host site required travel. BWFV AmeriCorps will provide travel reimbursement for BWFV AmeriCorps-specific travel.
10. Identify and provide a site supervisor, who will:
    1. Participate in supervisor orientation and meetings.
    2. Meet with the member (at minimum) on a bi-weekly basis to discuss goals, activity opportunities, activity progress, data reports (as needed), and provide assistance and advice (as needed).
    3. Review, validate, and approve member timecards weekly via the OnCorps platform.
    4. Conduct member performance evaluations (BWFV will provide templates to use).
    5. Ensure members wear service gear that has the AmeriCorps logo whenever logging hours. This service gear will be supplied by the BWFV AmeriCorps Program.

# **Expectations related to BWFV AmeriCorps administration**

1. Participate in partnership activities and program oversight through BWFV AmeriCorps Program director meetings (estimated to be one to four meetings for the grant period of 9/1/2023-8/31/2024).
2. Maintain timely, open, and honest communication with BWFV AmeriCorps Program director and partners
3. Share responsibility for BWFV AmeriCorps Program projects.
4. Immediately communicate issues related to member performance or host site integrity to the BWFV AmeriCorps Program director.
5. Submit required documentation promptly including, but not limited to:
6. Host site reporting documents (pre and post capacity building assessment)
7. Member service plan (template to be provided)
8. Member performance evaluations for all awarded members (template to be provided)
9. Review, validate, and approve member timecards weekly (BWFV AmeriCorps utilizes the online platform OnCorps)
10. Review and validate member-submitted data as necessary. Other data review and validation may occur as needed, including member monthly reports and other auditable data.

ATTACHMENT B – PROHIBITED ACTIVITIES

45CFR § 2520.65 - <http://www.americorps.gov/help/ac_sn_all_2012/WebHelp/index.htm>

While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise

performing activities supported by the AmeriCorps program or CNCS, staff and members may not engage

in the following activities:

1. Attempting to influence legislation;
2. Organizing or engaging in protests, petitions, boycotts, or strikes;
3. Assisting, promoting, or deterring union organizing;
4. Impairing existing contracts for services or collective bargaining agreements;
5. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;
6. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
7. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
8. Providing a direct benefit to—
   * 1. A business organized for profit;
     2. A labor union;
     3. A partisan political organization;
     4. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 related to engaging in political activities or substantial amount of lobbying except that nothing in these 9 provisions shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
     5. An organization engaged in the religious activities described in paragraph 3.g. above, unless CNCS assistance is not used to support those religious activities;
9. Conducting a voter registration drive or using CNCS funds to conduct a voter registration drive;
10. Providing abortion services or referrals for receipt of such services; and
11. Such other activities as CNCS may prohibit.

AmeriCorps members may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above. Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non- CNCS funds. Individuals should not wear the AmeriCorps logo while doing so.

In the [AmeriCorps Grant Terms and Conditions](https://www.americorps.gov/grantees-sponsors/directs-territories-tribes), additional activities were included to this list:

1. Census Activities. AmeriCorps members and volunteers associated with AmeriCorps grants may not engage in census activities during service hours. Being a census taker during service hours is categorically prohibited. Census-related activities (e.g., promotion of the Census, education about the importance of the Census) do not align with AmeriCorps State and National objectives. What members and volunteers do on their own time is up to them, consistent with program policies about outside employment and activities.
2. Election and Polling Activities. AmeriCorps member may not provide services for election or polling locations or in support of such activities.
3. All locations where members serve should post a list of the prohibited activities.

**ATTACHMENT C—RULES OF NON-DUPLICATION AND NON-DISPLACEMENT**

[§ 2540.100 What restrictions govern the use of Corporation assistance?](https://www.gpo.gov/fdsys/pkg/CFR-2013-title45-vol4/pdf/CFR-2013-title45-vol4-sec2540-100.pdf)

Subpart A—Requirements Concerning the Distribution and Use of CNCS Assistance

* + - * 1. Supplantation. CNCS assistance may not be used to replace State and local public funds that had been used to support programs of the type eligible to receive CNCS support. For any given program, this condition will be satisfied if the aggregate nonfederal public expenditure for that program in the fiscal year that support is to be provided is not less than the previous fiscal year.
        2. Religious use. CNCS assistance may not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization.
        3. Political activity. CNCS assistance may not be used by program participants or staff to assist, promote, or deter union organizing; or finance, directly or indirectly, any activity designed to influence the outcome of a Federal, State or local election to public office.
        4. Contracts or collective bargaining agreements. CNCS assistance may not be used to impair existing contracts for services or collective bargaining agreements.
        5. Nonduplication. CNCS assistance may not be used to duplicate an activity that is already available in the locality of a program. And, unless the requirements of paragraph (f) of this section are met, CNCS assistance will not be provided to a private nonprofit entity to conduct activities that are the same or substantially equivalent to activities provided by a State or local government agency in which such entity resides.
        6. Nondisplacement:

1. An employer may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the use by such employer of a participant in a program receiving Corporation assistance, in this case a Member.
2. An organization may not displace a volunteer by using a Member.
3. A service opportunity will not be created under this chapter that will infringe in any manner on the promotional opportunity of an employed individual.
4. Members may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee.
5. Members may not perform any services or duties, or engage in activities, that: i) will supplant the hiring of employed workers; or, ii) are services, duties or activities with respect to which an individual has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures.
6. Members may not perform services or duties that have been performed by or were assigned to any:
   1. Presently employed worker;
   2. Employee who recently resigned or was discharged;
   3. Employee who is subject to a reduction in force or who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures;
   4. Employee who is on leave (terminal, temporary, vacation, emergency or sick); or
   5. Employee who is on strike or is being locked out