



# AmeriCorps ReadyWisconsin Disaster Preparedness Program



## Host Organization Application

2014-2015

**Application Deadline:** Email to Kimberly Berginnis at [kimberly.berginnis@wisconsin.gov](mailto:kimberly.berginnis@wisconsin.gov), by 4:00 p.m. on Monday, June 23, 2014.

<b>WEM Region:</b> <input type="checkbox"/> East Central <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest <input type="checkbox"/> West Central		
<b>County/Tribal/Municipal EM:</b>	<b>Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Re-enrollment	<b>Number of Members Requested (up to 3):</b>
<b>Street Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Proposed Member Supervisor:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Non-Governmental Organization (NGO) Partner (for joint applications only):</b>		
<b>Street Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>NGO Representative:</b>	<b>Phone:</b>	<b>Email:</b>
<p><b>1. Please describe any prior experience your organization has had working with AmeriCorps members.</b></p>          		
<p><b>2. Please describe your organization's emergency volunteer management program, including plans, training, and recruitment activities. Describe strengths as well as gaps or shortfalls. How will your AmeriCorps member support and enhance your volunteer management program?</b></p>          		
<p><b>3. Please describe your organization's program for emergency preparedness education or outreach, including examples of activities and/or projects over the past two years. Describe strengths as well as gaps or shortfalls. How will your AmeriCorps member support and enhance your preparedness outreach program?</b></p>          		

**4. Please describe your plan to collaborate with partner organizations in your jurisdiction (joint county/non-governmental organizations: include description of how the partnership between your two organizations will be coordinated).**

**5. Which of the following resources will your organization be able to provide for an AmeriCorps member?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Desk   | <input type="checkbox"/> Desktop computer | <input type="checkbox"/> Laptop computer             |
| <input type="checkbox"/> Desk phone   | <input type="checkbox"/> Cell phone       | <input type="checkbox"/> Office supplies (as needed) |
| <input type="checkbox"/> Costs for travel within the county for preparedness outreach |   |  |
| <input type="checkbox"/> Other (describe below):                                      |   |  |

**6. Please indicate the activities to which you can reasonably make a commitment for the grant year.**

- |   |   |
|---|---|
| <input type="checkbox"/> Participate in hiring interviews   | <input type="checkbox"/> Review and approve time sheets   |
| <input type="checkbox"/> Participate in bi-weekly conference calls  | <input type="checkbox"/> Submit quarterly progress reports  |
| <input type="checkbox"/> Attend a one-day orientation   | <input type="checkbox"/> Conduct performance evaluations  |
| <input type="checkbox"/> Attend a one-day mid-term meeting  | <input type="checkbox"/> Provide member supervision and organizational support  |
| <input type="checkbox"/> Attend a one-day final event   | <input type="checkbox"/> Document in-kind match for supplies, travel, and other expenses incurred by the organization |
| <input type="checkbox"/> Participate in periodic consultations with project leaders and WEM Program Coordinator |   |

*The CNCS places considerable emphasis on the requirement for grantees to provide support “that enables the AmeriCorps members to have powerful service experiences that produce community impact and lead to continued civic participation and connectivity with other AmeriCorps and national service participants”.*

**7. Please describe how your organization is prepared to provide such support.**

*For joint county/NGO applications only: the program requires that the county is the official host site providing coordination and support to the NGO, who will have the members at their facility. Both signatures are required to indicate that the roles and responsibilities of each organization have been communicated and agreed upon.*

<b>Emergency Management Director:</b>	<b>Signature:</b>	<b>Date:</b>
<b>NGO Representative (joint applications):</b>	<b>Signature:</b>	<b>Date:</b>