

New York State
Commission of National and Community Services
AmeriCorps New or Additional Project Request

Applicant Agency Name: _____

Applicant Contact Name: _____

Applicant Contact Email address: _____

Applicant Contact Phone number: _____

Please list **ALL** project names that your agency was funded through the Commission:

Please provide the name of the preferred name of the new/additional project¹:

Please be advised that New/Additional Project is not to be confused with New Application. For definition of New/Additional Project, please see [2021 AmeriCorps State & National Mandatory Supplemental Guidance “Same Project”](#) on page 8. For definition of New Application, please see [2021 AmeriCorps State and National Application Instruction Section I. Applicant Info](#).

Which of the following area is different between previous/current and new/additional projects (check all that applies and explain if checked yes):

Any meaningful difference on the objective and priorities? Yes No

¹ CNCS makes the final decision on new/additional project name, but the preference will be submitted to them for review.

Any meaningful difference on the nature of the services provided? Yes No

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Any meaningful difference on program staff, participants and volunteers involved? Yes No

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Any meaningful difference on geographic locations in which the services are provided?

Yes No

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Any meaningful difference on different populations served? Yes No

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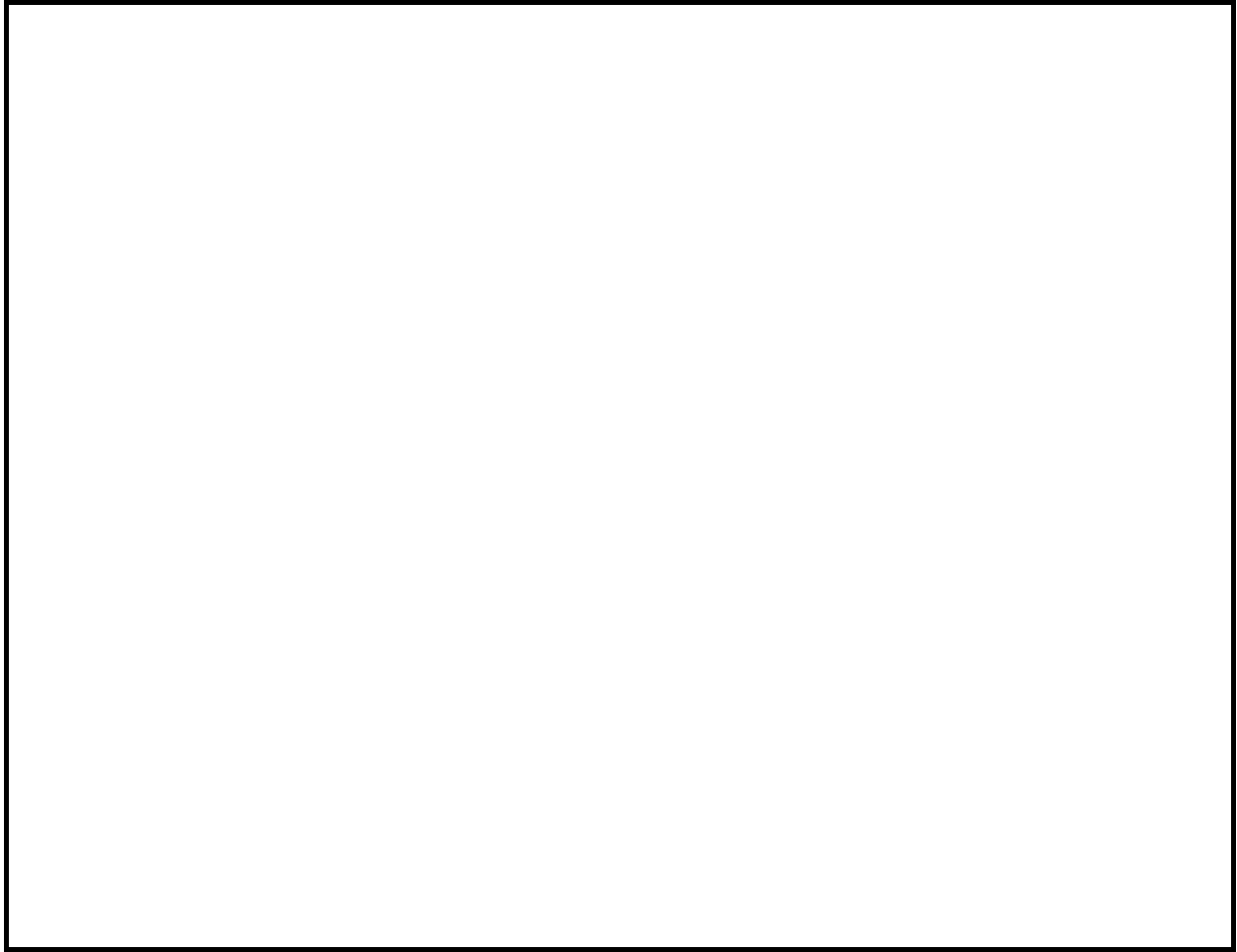
Any meaningful difference on proposed community partnerships? Yes No

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Any meaningful difference on any other areas? Yes No

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Additional comment:

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