**Request for Proposal Cover Page**

**Campus Compact of Oregon**

**2016-2017 AmeriCorps VISTA Program**

VISTA Project Title:

Institution/Organization:

Host Site Tax ID/ EIN:

Department:

Mailing address:

Address where VISTA will serve:

Site Supervisor:

Title:

Phone:

Email:

## Total number of AmeriCorps VISTA Members requested (please note that you must submit an application for each AmeriCorps member you apply for): \_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, we understand that:**

* We are required to provide a cost share as outlined in the RFP by Friday, April 29, 2016. Currently, the cost share is (please mark the appropriate designation):  Secure  Pending
* Our institution is responsible for covering host site project operating expenses (such as supervision, service related travel, site-specific training, at least $150.00 for AmeriCorps VISTA Member professional development, phone, office supplies, business cards, etc.) above the required cost share.

## We are submitting the following:

Completed Proposal Cover Page

Completed application goals and narrative in provided template

Acknowledgment of the AmeriCorps Prohibited Activities

VISTA Assignment Description (VAD)

AmeriCorps VISTA Member Position Description

Organizational Capacity Checklist

A letter of support from community partner identified in Campus/Community Need section

One letter of support verifying commitment of the cost share from a campus Dean, Chief Academic Officer, Student Affairs Officer, or Vice President (with copy sent to President). If the proposal is submitted from a community organization or public agency, one letter of support is required from the Executive Director.

Supervisor’s resume with contact information

­Supervisor Name Signature Date

Authorized Representative Name Title

Authorized Representative Signature Date