



AmeriCorps Project Conserve Certification of Understanding



Organization Name: TLL / ROC

Please respond **Yes** or **No** to the following statements certifying that you understand the information presented in the Host Site Fact Sheet and that you agree to uphold your responsibilities as a host site if awarded an AmeriCorps member for the 2020 – 2021 program year.

	Yes	No
Our organization has experience working with state and federal government grants and completing grant reporting requirements.	☒	☐
Our organization is a 501c3 nonprofit or government agency (local, state, or national).	☒	☐
The staff who would be working with the member have a basic understanding of AmeriCorps.	☒	☐
Our organization agrees that AmeriCorps members will not be used to displace or replace staff or to fill any current (or planned) volunteer, staff, intern, or seasonal staff vacancies.	☒	☐
Our organization understands that all AmeriCorps members and persons reporting in-kind time must submit to a three-part National Service Criminal History Check.	☒	☐
Our organization understands and will assure that the primary focus of AmeriCorps members is direct service to the public and not administrative or clerical work.	☒	☐
Our organization understands the financial obligations (cash and in-kind) of our involvement in this project, and if selected, will commit to meet the financial obligations of this program.	☒	☐
Our organization understands that no part of the required cash and in-kind match provided by our organization can come from federal funding sources (contact program staff for exceptions).	☒	☐
Our organization understands that we are required to reimburse members for all service-related travel, including travel to Project Conserve team events.	☒	☐
Our organization understands that members will spend a significant amount of time (up to 9 hours per month) on performance measure reporting and other programmatic requirements, and agrees to support and assist members with fulfilling these requirements.	☒	☐
Our organization is committed to providing each AmeriCorps member with active and qualified supervision that will average 12-15 hours per month.	☒	☐
Our organization is committed to providing AmeriCorps members with the training needed to assure their success and professional development, including support for obtaining relevant certifications. We have (or will have) at least \$300 of funds set aside for this purpose.	☒	☐
Our organization understands that AmeriCorps members will be required to participate in up to 26 Project Conserve team days, in which they will be away from their host site organizations. Host site supervisors will be required to participate in up to 3 trainings or events, including a full-day supervisor orientation.	☒	☐
Our organization understands that participation in this program requires adherence to the rules and regulations established by the Corporation for National and Community Service and the NC Commission on Volunteerism and Community Service. We will comply with the rules as presented in the policies and procedures manual and as instructed by the Program Director.	☒	☐
Our organization understands the AmeriCorps Prohibited Activities and will ensure that AmeriCorps members at our organization do not participate in these activities during their service hours. We understand that our organization will be responsible for repaying federal funds if our AmeriCorps member is found to have engaged in Prohibited Activities.	☒	☐
Our organization understands that AmeriCorps members may be called upon to serve their state or country in times of natural disasters, and we agree to allow our AmeriCorps member to	☒	☐

assist in disaster response and relief as needed.

Our organization agrees to provide the AmeriCorps member with an office and workspace (can be shared, but not remote/home office) and any resources and equipment required to successfully complete their service (phone, computer, supplies, etc.).



Comments / Questions:

Click here to enter text.

By signing below, I am verifying that I have read and understand the conditions of hosting an AmeriCorps Project Conserve member at my organization.

Town of Lake Lure

Organization Applying To AmeriCorps Project Conserve

Shannon Baldwin



1/23/20

Executive Director or Board President

Signature

Date

Dana Bradley



1-16-2020

Supervisor Name

Signature

Date

Click here to enter text.

Supervisor Name

Signature

Date

Click here to enter text.

Supervisor Name

Signature

Date

Click here to enter text.

Supervisor Name

Signature

Date