

Family Services Expansion Grant APPLICATION COVER FORM



Local Partnership: _____

Award Type: *select all that apply*

- Parenting Program Expansion Award AmeriCorps Award - Parent Educator
 AmeriCorps Award - Family Support AmeriCorps Award - Community Outreach

Total Funding Request Amount: \$ _____ Projected Number of Families/Children Served: _____

AmeriCorps Member Slot Type(s): _____ (include ONLY if applying for one or more AmeriCorps Awards)

Targeted Population for Services: _____

Statement of Need: Describe the need that the Local Partnership is addressing with award funding, and the targeted population that will be served.