

AmeriCorps

Please complete this form and fax to SRC at 803-333-1902
PLEASE PRINT LEGIBLY OR TYPE ALL REQUIRED INFORMATION

PART A—GRANTEE INFORMATION

| | | | | |
|----------------|-----------------------------|-------------------|-------------------------------------|---|
| Program's Name | Program Director's Name: | E-Mail Address: | Effective Date of Grant | |
| Grantee's Name | Program Health Care Contact | | Program Year | From <small>MM/DD/YY</small> to <small>MM/DD/YY</small> |
| Grant Number | Phone Number () | Fax Number () | | |
| Street Address | City, State, & Zip Code | | Number of Full-Time To Be Enrolled: | Number of Part-Time To Be Enrolled: |

PART B—BILLING INFORMATION

| | | | | |
|-----------------------|--|-----------------|--|--|
| Billing Contact Name: | Billing Mailing Address (City, State, & Zip Code): | | | |
| Phone Number: () | Fax Number: () | E-Mail Address: | | |

PART C—REPORTING INFORMATION

- Plan elected (check one): Option I or Option II
- Is your program affiliated with: State/ National / Tribes & Territories / Learn-n-Serve?
- Your Executive Director's Name _____ Phone Number _____ Fax Number _____ (required information)
- Will Part-Time members be enrolled? Yes / No (If "No," go to Question #6)?
- If "Yes," please indicate method of payment: Payroll Deduction / Paid by Program / Other (please explain)
- Have you received your Grant Funding? Yes / No?
- Do you have sub grantees that will need administrative manuals or materials? Yes / No (If "Yes," complete #9)?
- Do you have sub grantees that will submit rosters and pay their own invoices? Yes / No (If "Yes," complete #9)?
- Complete the information below if you answered "Yes" to #7 or #8.

| Name of Program | Sub Group or Subgrantee | Mailing Address | City, State, Zip | Telephone | Fax | Contact |
|-----------------|--------------------------|--------------------------|------------------|-----------|-----|---------|
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

FAX INFORMATION

| | | | |
|--------|-----------------------|-------|---------------------------------|
| Fax #: | 803-333-1902 | Date: | _____ |
| To: | SRC/AmeriCorps | Of: | SRC 803-333-1137 – Phone |
| From: | _____ | Of: | _____ |

For SRC Office Use Only

| | |
|-------------------------|-------|
| Assigned Program Number | _____ |
| Funding | _____ |
| Date Received | _____ |



Record keeping by Strategic Resource Company (SRC)

Insurance plans are underwritten by Aetna Life Insurance Company

