



AmeriCorps Utah

UTAH STATE AMERICORPS

Planning Grant Proposal

Fillable PDF Application Form

Program Year 2026-2027

Intent to Apply due September 3, 2026

Applications due October 5, 2026

AmeriCorps Utah Planning Grant Title Page

Sponsoring Organization:

Organization Name:

Contact Person:

Title:

Address:

City/State/Zip:

Telephone: Fax:

Email Address:

List All Counties Impacted by the Project:

Issue Area

Which PRIMARY AmeriCorps focus area will this program address (check ONLY ONE):

- | | | |
|---|--|---|
| ☐ Education | ☐ Environmental Stewardship | ☐ Multi-Focus Intermediary |
| ☐ Healthy Futures | ☐ Veterans | |
| ☐ Economic Opportunity | ☐ Disaster Services | |

Proposed AmeriCorps Member Intervention Type(s)

- | | | |
|---|--|-------------------------------|
| ☐ Direct Service | ☐ Capacity Building | ☐ Both |
|---|--|-------------------------------|

Members

Planning Grant Only - No AmeriCorps Members

**Executive Summary
(1,500 Character Limit)**

Planning Grant Budget Worksheet

Section I. Program Operating Costs

A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	Grant	Match
Totals				0	0	0

B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	Grant	Match
Totals		0	0	0

C. Staff Travel

Purpose	Calculation	Total Amount	Grant	Match
Totals		0	0	0

D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	Grant	Match
			0		
Totals			0	0	0

E. Supplies

Purpose	Calculation	Total Amount	Grant	Match

Totals		0	0	0

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	Grant	Match
Totals			0	0	0

G. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	Grant	Match
Totals			0	0	0

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	Grant	Match
Totals			0	0	0

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	Total Amount	Grant	Match
Totals			0	0	0

Subtotal Section I:	Total Amount	Grant	Match
	0	0	0

Section II. Member Costs - Not Applicable to Planning Grants**Section III. Administrative/Indirect Costs**

Please Complete Option A or B - See Application Instructions for Details.

A. Corporation Fixed Percentage Method

Purpose	Calculation	Total Amount	Grant	Match
Subgrantee Share				
Commission Share				
Totals		0	0	0

B. Federally Approved Indirect Cost Rate Method

	Cost Type	Basis	Calculation	Rate	Rate Claimed	Total Amount	Grant	Match
Subgrantee Share								
Commission Share								
Totals						0	0	0

Total Sections I + II + III:	Total Amount	Grant	Match
	0	0	0

Budget Total: Validate this budget Required Match Percentages:	Total Amount	Grant	Match
	100%	0.00%	0.00%

Source of Match For All Sections

Description of Match:	Match Amount:	Type of Match:	Source Type:	Description of Source:

Note: Legislation permits the use of non-AmeriCorps federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that grantees that use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to the AmeriCorps agency. **UServeUtah requires applicants (sub-grantees) to have written approval on file, for any federal funds used as match, from the granting federal agency.**

Technical assistance for these applications is available by contacting Janessa Edwards at janessaedwards@utah.gov

END OF APPLICATION