



**Delta Regional Authority**  
236 Sharkey Avenue, Suite 400  
Clarksdale, MS 36814  
Phone: 501-569-8479



2016-2017 DeltaCorps: A Program of AmeriCorps and the Delta Regional Authority  
**NOTICE OF INTENT TO APPLY**

For DeltaCorps members to serve in the eight state Delta Regional Authority area beginning September 1, 2016 for Program Year 2016-2017.

The Delta Regional Authority is looking for applicants who can deploy DeltaCorps members to effectively solve problems as identified in the eight state Delta Regional Authority area (AL, AR, IL, KY, LA, MO, MS, and TN). DRA works to improve regional economic opportunity by helping to create jobs, build communities, and improve the lives of the 10 million people who reside in the 252 counties and parishes of the eight-state Delta region.

DeltaCorps is an AmeriCorps National program that was developed by a federal memorandum of understanding between DRA and Corporation for National and Community Service (CNCS). The broad vision for DeltaCorps is to advance economic opportunities in communities across the nation using unique service solutions developed at a grassroots level. DeltaCorps members will be considered AmeriCorps members and will serve in similar capacities to other AmeriCorps members serving through their operating site organizations while being placed at unique service locations in the DRA region.

Additional information on AmeriCorps can be found on the Corporation for National and Community website at [www.nationalservice.gov](http://www.nationalservice.gov).

A completed Notice of Intent to Apply must be submitted for an organization to be considered for DeltaCorps. Notices of Intent to Apply are due **10 days prior to submission of an application** at 5:00 p.m. Central Time.

**Due date:** \*Specific to the 2016 NOFA: Applications from organizations interested in hosting DeltaCorps members will be accepted beginning August 1, 2016 on a rolling basis, with awards made for members to begin service by September 1, 2016. We expect to have new member enrollment periods every other month, with the first enrollment period September 1-30, 2016, and to award DeltaCorps members to organizations throughout 2016-2017. Partial application submissions will not be accepted.

**Email** your Notice of Intent to Apply to: [apinckard-hale@dra.gov](mailto:apinckard-hale@dra.gov). Subject line: Intent to Apply.

Use this document to submit your intent to apply for DeltaCorps.

**Eligibility Requirements:** Please check these boxes, indicating that you meet these requirements.

- Organization is a 501(c)3 nonprofit, school, institution of higher learning, or government agency operating in the eight state Delta region.
- Has ability to host, supervise, and support DeltaCorps members
- Has ability to supply matching funds at \$2,000 per DeltaCorps member
- Has provided an A-133 Audit or an Independent Financial Audit

**Please mark the appropriate box:**

- Nonprofit Organization
- Higher Education
- Labor Organization
- Partnership/Consortia
- Government: please specify \_\_\_\_\_

Legal Name of Applicant Organization:		
Address:		
City:	State:	Zip Code:
Tax ID Number:		
Name of Contact Person:		
Title:		
Phone:	Email:	
Match Dollar Amount to be Provided:		

**Number of members:** Please show below the number of members that you are requesting. All DeltaCorps members will be FT (1700 hours) members, earning a living allowance of \$12,530, as well as receiving health insurance and an education award upon successful completion of service. Please see our full NOFA at the [DRA website](http://dra.gov/images/uploads/content_files/2016DeltaCorps_NOFA.pdf) for more information: [http://dra.gov/images/uploads/content\\_files/2016DeltaCorps\\_NOFA.pdf](http://dra.gov/images/uploads/content_files/2016DeltaCorps_NOFA.pdf).

Number of DeltaCorps Members	Full Time (FT) 1700 hours

**In one or two sentences describe the population DeltaCorps members will serve:**

**List the geographic area(s), counties, cities, or locations in which DeltaCorps members will serve, including any organizations they may serve:**

**In a brief paragraph, please tell us about the service DeltaCorps members will provide if awarded to your program/organization:**