Iowa National Service Corps Application

Introduction

Thank you for your interest in seeking approval as an Iowa National Service Corps program. We encourage you to fully review the administrative rules (<u>Iowa Administrative Code 817 Ch. 14</u>) for this program in advance of submitting your application.

All Iowa National Service Corps programs must provide meaningful service opportunities to individuals and meet the following eligibility criteria:

1. The program is approved via the automatic approval, reciprocal approval, or regular approval process.

2. The program is located in Iowa or has sites operating in Iowa.

3. The program is operated by one of the following entities: a state agency, a political subdivision of the state, or a private, nonprofit organization (state agencies or political subdivisions of the state may establish lowa national service corps programs or contract with a third-party vendor to assist the agency or political subdivision in establishing such programs).

4. The program is developed to meet state and local needs and to provide more opportunities for lowans to serve their state and country and foster a cultural expectation of service in lowa through a unified service corps.

Existing programs and service positions in the following categories are automatically approved and should NOT submit this application as they are already recognized as Iowa National Service Corps programs:

-AmeriCorps programs in Iowa created pursuant to 42 U.S.C. §12501,

-Senior Corps and AmeriCorps VISTA in Iowa created pursuant to 42 U.S.C. §4950 et seq.,

-the lowa summer youth corps program created pursuant to lowa Code section 15H.5,

-the lowa green corps program created pursuant to lowa Code section 15H.6,

-the lowa reading corps program created pursuant to lowa Code section 15H.7,

-the RefugeeRISE AmeriCorps program created pursuant to Iowa Code section 15H.8, and

-the lowa conservation corps created pursuant to lowa Code section 84A.7.

Additional documentation may be required to verify elements of the application. Each program shall provide relevant information upon the commission's request in order to be considered for approval. National service corps programs may be requested to provide documentation of continued eligibility at any time during and after approval.

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Contact Information & Approval Requested

* 1. Provide the name of the organization sponsoring the program/position(s):

* 2. Please enter information for the primary contact person for this application.

Name	
Title (and Organization, if different from the applicant organization)	
Address	
Address 2	
City/Town	
State/Province	select state
ZIP/Postal Code	
Email Address	
Phone Number	

* 3. Please enter information for the secondary contact person for this application

Name		
Title (and Organization, if different from the applicant organization)		
Address		
Address 2		
City/Town		
State/Province	select state	
ZIP/Postal Code		
Email Address		
Phone Number		

* 4. What is the name of the proposed Iowa National Service Corps program/position?

* 5. How many positions do you anticipate supporting on an annual basis?

Number of full-time (FT) members (i.e. serving in	
a FT capacity for 10-12 months):	
Number of part-time (PT) members (i.e. serving in a PT capacity for 10-12 months, or a FT capacity for a shorter time period):	
Number of summer-only members (i.e. serving in a FT or PT capacity over the course of a summer):	

* 6. What type of approval are you requesting?

Reciprocal approval (for existing programs and service positions recognized by another service year certifying body, such as The Corps Network or Service Year Alliance).

Regular approval (for all other entities seeking approval for their service programs or positions)

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Reciprocal Approval

* 7. **Other certifying body**. Please identify the certifying body(ies) that have recognized your program (select all that apply):

Service Year Alliance

The Corps Network

Jesuit Volunteer Corps or Lutheran Volunteer Corps

21st Century Conservation Service Corps

Other (please specify)

8. **Expiration of reciprocal approval.** Please indicate the expiration date of your certification with the other entity(ies), if applicable. If there are multiple dates from various entities, indicate the latest date through which your program is approved.

Date / Time

Date	
MM/DD/YYYY	

9. **Reciprocal approval documentation.** Please submit a copy of your approval letter(s) or notification from the other certifying body by uploading here.

Allowable file types are PDF, DOC, DOCX, PNG, JPG, and GIF. File size limit is 16MB.

Choose File Choose File No file chosen

* 10. **Compliance process**. The program has a process for ensuring that the program, including all service sites, stay in compliance with the Iowa National Service Corps program standards.

- O Yes
- O No

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Regular Approval

Please respond to the following questions to describe your program and to confirm that it meets Iowa National Service Corps program requirements.

* 11. **Program design.** Please provide a narrative description of the national service corps program's design, defining the impact the program will have on the community, sponsor organization, and service corps members. The program design must identify how the national service program will address a state or local need and how the program will promote a sense of civic engagement in program participants.

* 12. **Corps member position description.** The national service corps program has written descriptions/plans for high-quality service activities. National service corps member activities are clearly delineated from those of employees of the sponsoring organization and host site.

YesNo

* 13. **Orientation.** The national service corps program has/will have an orientation for national service corps members, including clarification on how the member service activities differ from employee responsibilities.

Yes

🔵 No

* 14. **Eligibility screening**. The national service corps program conducts/will conduct eligibility screening for national service corps members, commensurate to the service activities to be conducted and the population to be served. The program has developed its own requirements for screening, which include at least the following:

a. Criminal background and sex offender registry checks for corps members age of 18 and over.

b. Reference checks for corps members under the age of 18.

O Yes

O No

* 15. **Training and professional development.** The national service corps program provides/will provide ongoing training and professional development to the national service corps members.

O Yes

🔵 No

* 16. **Member supervision**. The national service corps program has a plan and process to effectively supervise the national service corps members.

YesNo

* 17. **Program impact.** The national service corps program has a method for tracking progress towards the established goals of the program. The program tracks the number of program participants on an annual basis for reporting to Volunteer Iowa.

YesNo

18. **Previous accomplishments (for re-certifying programs).** Recertifying programs should provide a brief narrative describing their accomplishments and program impact over the previous three-year certification period.

* 19. **Organizational capacity.** The sponsoring organization has the necessary organizational and staff capacity and experience to allow it to effectively oversee the national service corps program.

- O Yes
- O No

* 20. **Financial capacity, cost effectiveness and budget adequacy.** The sponsoring organization certifies that it has financial capacity to administer the national service corps program, including any living allowances or stipends provided to national service corps members. The national service corps program budget is sufficient to provide the national service corps member(s) with the tools needed to be effective in their assigned tasks.

Yes

* 21. **Risk management.** The national service corps program practices appropriate risk management strategies for the approved national service corps positions. (This should include managing both individual risk to the member and those served, as well as organizational risk, including liability).

- O Yes
- 🔵 No

* 22. **Compliance process**. The program has a process for ensuring that the program, including all service sites, stay in compliance with the Iowa National Service Corps program standards.

O Yes

🔵 No

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Certification & Submission

* 23. **Certification of member service.** The sponsor organization agrees that upon successful completion of the term of service by the Iowa national service corps member, the sponsor will issue a certification of service letter to the corps member. The letter should include, at a minimum, the name of the corps member, whether the corps member served in a full-time or less than full-time capacity, the dates of service (if the corps member served in a full-time capacity) or the hours of service (if the corps member served in a less than full-time capacity), the name of the sponsor organization, and a contact person at the sponsor organization.

O Yes

O No

* 24. Please type your name to certify that the information to be submitted is true and accurate to the best of your knowledge.