

# SERVICE & EDUCATION TEAM

## HOST SITE PLACEMENT PROPOSAL COVER SHEET

**Please Note:** Intermountain AmeriCorps host site placements for the 2011-2012 program term are contingent on availability of Federal and State program funding from AmeriCorps.

**Directions:** Please complete all pages of the cover sheet. Double-click on check boxes to select.

### Contact information for legal applicant organization:

Legal applicant/Sponsoring agency: Cascade Columbia Fisheries Enhancement Group  
Washington Water Project of Trout Unlimited  
(Organization responsible for the contract e.g. XYZ Social Service Agency)

Address: CCFEG: 101 N. Wenatchee Ave Suite 206 Wenatchee, WA 98801  
WWPTU: 103 Palouse St #14, Wenatchee, WA 98801

Project Contact: Jason Lundgren Title: Executive Director-CCFEG

Project Contact: Szilvia Rideg Title: Project Associate-WWPTU

Phone: 509.476.3444 (CCFEG)/509-888-0970 (WWPTU) Fax: \_\_\_\_\_

E-mail: jason@ucrfeg.org Web Address: www.ucrfeg.org

E-mail: srideg@tu.org Web Address: www.tu.org

Alternative email address and phone number (if applicable, e.g., during summer months):

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Contact information for on-site supervisor: (if different from legal applicant)

Site organization: same as above  
(Organization where the member will serve e.g. Thompson Elementary School)

Address: \_\_\_\_\_

On-site supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Alternative email address and phone number (if applicable, e.g., during summer months):

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Contact information for individual responsible for signing legal contracts in your organization: (Check with your business office)

Contract signee: Jason Lundgren/Lisa Pelly Title: Executive Director/ Director of Washington Water Project-TU

Address: same as above

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Contact information where contract should be sent: (if different from the contract signee)

Name: same as above Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact information for individual who should receive billing:**

Name: Lisa Pelly-Washington Water Project-TU Title: Director

Address: 103 Palouse Wenatchee, WA 98801

Phone: 509-888-0970 Fax: \_\_\_\_\_ E-mail: LPelly@TU.org

**COVER SHEET (CONTINUED)**

**PROGRAM RESOURCES & REQUIREMENTS**

1. How many SET members are you applying for?

One  Two  Three  Other: \_\_\_\_\_

2. Are you applying to be a first-time sponsor with IMAC?  Yes  No

3. Which start date are you applying for?  September 2011  September 2012

4. Which objective(s) best represents your placement's focus?

- Assist students (either youth or adult) to increase academic proficiency
- Assist students in improving English language skills
- Create programs that actively involve parents in their child's learning process
- Educate students in citizenship skills such as leadership, peer mediation, and team building
- Mobilize and recruit volunteers of all ages in education-, environmental-, and social service-related issues to help sustain the program, agency, or school
- Civically engage community members in their own communities by implementing service learning projects
- Coordinate out-of-school, after-school, weekend, winter break, or spring break education activities for youth or adults in disadvantaged circumstances
- Increase the capacity of schools, agencies, or organizations in meeting unmet community needs
- Engage in outreach to educate the community about available resources and assistance
- Other: The incumbent would be assigned to assist and manage natural resource (primarily fishery related) outreach, education and restoration projects throughout Chelan and Okanogan Counties.

5. Will your organization be able to assist your AmeriCorps volunteer in securing local affordable housing?  Yes  No  
This is not a requirement for a partner site, but could be beneficial for the AmeriCorps member.

6. Type of transportation available for member(s) to get to service site: (check all that apply)

Carpool  Public Transportation  Personal vehicle required  Bike/Walk

7. Transportation requirements for service: (Keep in mind that some of our applicants do not own personal vehicles.)

An organizational vehicle is available for service-related activities and **the member is covered by organization's vehicle insurance policy.**

Personal vehicle is necessary for member service activities and mileage reimbursement is approved.

Bus passes/tickets for member service activities are approved.

Does your organization require driver or other training to do this placement?  Yes  No

8. *The project site is wheelchair accessible:  Yes  No ?*

9. The member will conduct the majority of the service activities in the following (list up to 3):

Counties: Chelan and Okanogan Counties

Legislative districts: 12<sup>th</sup> District

Congressional districts: District 4

10. The member will have access to the following resources for service activities: (Check those that apply)

Telephone/Voicemail

Fax machine

Computer

Email Account

Internet

Office space, *please specify square feet:* Approx 400 sq ft.

Other *please specify* \_\_\_\_\_

