



Note: This amendment is intended for Host Site applicants who wish to alter the number of Members applied for. Please complete the following information and submit this amendment to Kate O’Flathabhain: email (kboflathabhain@nyahsa.org), fax (518-434-4385).

I. Basic Information about your facility/agency:

1. Name of Applicant Organization: _____

2. Address: _____

3. Contact Person: _____

4. Contact Phone: (_____) _____ Contact Fax: (_____) _____

5. Contact Email: _____

6. Name and Title of Agency/Facility Administrator: _____

7. How many AmeriCorps Member(s) did you apply for on your **original application**? _____

8. How many AmeriCorps Member(s) are you **now seeking**? _____

9. In what of the four broad categories do you want the AmeriCorps Member(s) to work? (If you can use a volunteer in more than one category, check all that apply):

- a) ___ Recruiting and managing other volunteers and working with other newly recruited volunteers on special projects such as resident/client outings, and fundraising events whose proceeds go directly to benefit residents/clients
- b) ___ Assistance to help clients age in place (home care, senior housing, adult day health care, social adult day care)
- c) ___ Conducting staff training programs—these might include staff retention programs in nursing homes (appropriate only for people with previous experience in nursing home settings, such as recent retirees)
- d) ___ Other: (Please specify and call the FLTC ensure the service is appropriate before completing this section.) Include a separate sheet if necessary.

Please complete the following information only if it differs from what you wrote in your original application.

10. Is the Member going to serve only in one site or will the Member be shared among more than one site? If more than one site, **one entity** should complete the application and explain below how the Member will be shared and who the other sites are.

11. How many elders will benefit from the Member service, both directly and indirectly? Explain your answer. Possible sample responses are: (a) All of our nursing home residents who are able to leave the facility (200 out of 260) will benefit from the added enrichment trips our Member will organize, or (b) 150 home care clients will directly benefit from learning more about community services to help them age-in-place and about 75 family members will benefit indirectly from this Member service.

Attestation: I attest that I am an administrator of the facility/agency named in the original application and that I have read the two pages of this amendment and agree to all of the stipulations and the service description in the original application and the Member information amended here.

Printed Name _____ Title _____

Signature _____ Date _____

How to Submit

Due Date: December 16, 2009

Where to send amendment: Applications should be sent by email, mail, or fax to Kate Bliss O'Flathabhain kboflathabhain@nyahsa.org.

Acknowledgement of receipt of amendment: You should receive an email acknowledgement of receipt of this amendment within 24 business hours.

Announcement of decisions: Announcements will be made in late December, 2009.

To get answers to questions about the amendment: Please call or email Kate Bliss O'Flathabhain, (518) 449-7873 ext. 102. If Kate is not available, please call or email Carol Hegeman, (518) 449-7873 ext. 125 or chegeman@nyahsa.org.