# Disability Community Development Plan

\*\*\* Please type all information.

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| Program Name: | **Director/Coordinator:** |
| Current Program Contract Start Date: | Service Provided by Members: |
| **Output:** AmeriCorps programs will increase the number of partnerships with disability organizations resulting in increased capacity to include persons with disabilities in AmeriCorps.*Output Target = Three partnerships***First – Third Year Outputs: 3 partnerships** To increase the capacity of AmeriCorps programs to include greater numbers of persons with disabilities in AmeriCorps, AmeriCorps grantees will establish (3) three on-going partnerships with disability organizations identifying reciprocal strategies that: 1. provide opportunities for person with disabilities to have individual service experience, 2. assist the disability partners in strengthening its mission. |
| PartnershipsIn this section of the DCDP template AmeriCorps grantees need to provide the following information about their partner: 1. Name of disability organization, 2. Contact information for the agency representative you maintain on-going communication with, (name, position, e-mail, phone number, 3. A description of the services provided by the organization and the population the organization serves. |
| 1. Organization Name: |
| 2. Agency Representative & Contact Information: |
| 3. Services Provided & Population Served: |
| Collaboration and Outreach ActivitiesProvide a brief but detailed description of how the AmeriCorps program and disability partner will work together to create/provide opportunities for persons with disabilities to: Shadow, Volunteer or complete internships with the AmeriCorps program. The AmeriCorps program must also describe how the disability organization will benefit from the collaboration with the AmeriCorps program. |
| **Collaboration and Outreach Activity Description:** |
| **Outcome:** Persons with disabilities will complete a service experience with an AmeriCorps program. As a result of the creation of partnerships with disability organizations a minimum of ten (10) individuals with varying disabilities will complete an individual service experience with the AmeriCorps program each year.Outcome Target = 10 (minimum) |
| 1. **Individual Service Experiences**

Individual service experiences provide an opportunity for persons with disabilities to learn about the service your program provides through a “hands on” interaction with the program. The service experiences will come as a result of the partnership the AmeriCorps grantee establishes with their disability partner. The overall outreach activity should result in individuals with disabilities interacting with the program through one or more of the following activities: 1. Shadowing, 2. Volunteering, 3. Internships. |
| **Number of Shadowing Experiences** |  |
| Describe Activity: |  |
| **Number of Volunteer Experiences** |  |
| Describe Activity: |  |
| **Number of Internship Experiences** |  |
| Describe Activity: |  |
| Partnership 2 |
| 1. Organization Name: |
| 2. Agency Representative & Contact Information: |
| 3. Services Provided & Population Served: |
| Collaboration and Outreach Activity Description: |
|  |
| **Individual Service Experiences**  |
| **Number of Shadowing Experiences** |  |
| Describe Activity: |  |
| **Number of Volunteer Experiences** |  |
| Describe Activity: |  |
| **Number of Internship Experiences** |  |
| Describe Activity: |  |
| Partnership 3 |
| 1. Organization Name: |
| 2. Agency Representative & Contact Information: |
| 3. Services Provided & Population Served: |
| Collaboration and Outreach Activities Description |
| **Individual Service Experiences**  |
| **Number of Shadowing Experiences** |  |
| Describe Activity: |  |
| **Number of Volunteer Experiences** |  |
| Describe Activity: |  |
| **Number of Internship Experiences** |  |
| Describe Activity: |  |
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