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**Instructions: Please review the information below and complete the form after completing the CNCS Core Curriculum. Please complete this and submit it to** **info@serveindiana.gov** **by December 18, 2020.**

**New Program Staff Certification:**

* (YOUR ORGANIZATION) is new to AmeriCorps State funding in the 2020-2021 Program Year. I, (YOUR NAME), am the main contact for my program and have completed the core curriculum trainings around Evaluations and Performance Measures

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_