**2013-2014 FINAL AmeriCorps Progress Report (APR) WORKSHEET**

Top of Form





Form available for submission online at:

<https://docs.google.com/forms/d/1g_ks-6Y7AzXZP-zL49ZAWoOivR450q8doCABAvyrVbY/viewform?usp=send_form>

\*OR use the link you saved when you completed the Mid-Year APR report. If you choose this option, responses from Mid-Year will appear in the Final APR form.

**FINAL APRs due in the online form above**

**by 11:59pm Central on Thursday, October 16th, 2014.**

## Contact Information

All fields on this page are **REQUIRED**

**Legal Applicant:**

**Program Name:**

**Name of Person Completing this Report:**

**Reporting Period**

The time period covered in the Final APR is the start of your budget period through the end of your budget period. Enter your Program Start Date

**Report:**

 6-Month Midyear (NON-Final)

 12-Month Final

 Extension Period/Other

**Please choose which option describes your type of program: [NEW FIELD]**

 School Turnaround (Austin ISD ONLY)

 Cost Reimbursement/Formula

 Cost Reimbursement/Competitive

 Full Time Fixed Award (FTFA)/Formula

 Full Time Fixed Award (FTFA)/Competitive

## Performance Measures

Provide information about your approved National Performance Measures. Please note that National Performance Measures can only be reported in eGrants using numbers, not percentages. Percentages can only be used for Applicant-determined Measures. CNCS requests us to report your Actual MSYs by Focus Area (for example, Education and Healthy Futures). Please ensure that the total MSYs in this form are accurate and clearly add up to the total MSYs enrolled to date.

## Performance Measure 1

**All items on this page are REQUIRED unless otherwise noted**

**National Performance Measure Indicators:**

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**Measure Type:**

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**Percentages (applicant determined measures only):**

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**Instruments:**

Measurement—What instruments were used to collect the data?

**Actual MSYs**

Number of actual MSYs allocated to the measure. Enter the Actual number of MSYs serving in the focus area during the reporting period.



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## Performance Measure Narratives

**PERFORMANCE MEASUREMENT OBSERVATIONS + FUTURE ADJUSTMENTS [Required at end of year]**

How well did your program meet its targets this year? If your program did not meet 100% of your PM targets above, please provide additional context and justification and explain if you plan to adjust your targets accordingly next year. If your program significantly exceeded any of its PM targets, please discuss how your program plans to adjust your target for the following program year.

**SUCCESSES + BEST PRACTICES related to National Performance Measure activities. [OPTIONAL]**

What worked? What specific practices and resources seem key to achieving the outputs and outcomes listed above? Enter Text Here. [OPTIONAL FIELD]

**CHALLENGES + CONTINUOUS IMPROVEMENT related to your National Performance Measure activities. [REQUIRED FIELD IF 1 OR MORE MEASURES WERE UNMET]**

What did not work? What lessons were learned for future improvement? What actions will your program take to resolve these challenges and implement these lessons learned?

## Analysis of Impact (NEW and REQUIRED)

Describe how AmeriCorps members’ service is making an impact in the community that would not have been possible through existing staff and/or volunteers.

* If applicable, describe how AmeriCorps has enabled the program to leverage new public-private partnerships, funding and other resources.
* Describe any factors or trends that positively or negatively affected your program’s performance

**Analysis of Impact #1 [REQUIRED]**

**Analysis of Impact #2 [OPTIONAL]**

## Impact Snapshots [NEW]

Please share a total of 2 "impact snapshots"

\*Please note the instructions have changed since the 2013-2014 mid-year APR for this section. If you already provided one or more Impact Snapshot at mid-year, please ensure you provide one new response that meets the following requirements:

* Provide one or more examples of a change in beneficiary knowledge, attitude, behavior or condition that your program has been able to measure. Include the following:
	+ Geographic location(s)
	+ 2-3 sentences describing the problem, intervention and quantifiable change in beneficiaries

**Impact Snapshot #1 [REQUIRED]**

**Impact Snapshot #2 [REQUIRED]**

**Impact Snapshot #3 [OPTIONAL]**

**Impact Snapshot #4 [OPTIONAL]**

**SIGNIFICANT PROGRAM CHANGES**

Identify any noteworthy changes to your program and/or AmeriCorps grant during the reporting period. **[REQUIRED FIELD IF APPLICABLE]**

**ORGANIZATIONAL EXCELLENCE**

Describe any activities that took place during the reporting period that illustrate your AmeriCorps program's continuous self-assessment and improvement efforts. [OPTIONAL]

**COLLABORATION**

Describe activities that illustrate your program's success in building and/or maintaining collaborations and partnerships. [OPTIONAL]

**SUSTAINABILITY EFFORTS**

Describe activities conducted during this reporting period that will help ensure the sustainability of your AmeriCorps program's efforts. [OPTIONAL]

**OTHER ACCOMPLISHMENTS**

Describe any other noteworthy accomplishments that have not previously been addressed in this report. [OPTIONAL]

**OTHER CHALLENGES**

Discuss any other challenges that have not previously been addressed in this report and describe actions taken or that will need to be taken to resolve them. [OPTIONAL]

**ONESTAR SUPPORT**

What non-monetary support can OneStar provide to ensure the success of your program goals and objectives? [OPTIONAL]

## Demographics about Population Served

This section contains a list of demographic indicators of interest to OneStar, CNCS, and our stakeholders. Please provide cumulative totals. If the category does not apply to your program or you do not collect that specific data, enter "0." **[ALL ITEMS ON THIS PAGE ARE REQUIRED]**

**Total Number of CHILDREN and YOUTH (up to age 25) Served by the Program:**



**Total Number of Children of Incarcerated Parents Served**

Children and youth up to age 25, who have one or both parents or legal guardians serving or having served a period of time in jail and/or prison.



**Total Number of DISADVANTAGED Children and Youth Served**

Children and youth up to age 25 for whom one or more of the following apply 1) exceptional or special needs 2) economically disadvantaged 3)out-of-school, including out-of-school youth who are unemployed; 4) in or aging out of foster care; 5) limited English proficiency; 6) homeless or have run away from home; 7) at-risk to leave school without a diploma; and 7) former juvenile offenders at risk of delinquency.



**Total Number of ADULTS served**

Individuals over the age of 25 Served by the Program:



**Total Number of VETERANS served**



**Total number of VETERAN FAMILY MEMBERS served**



**Total number of MILITARY FAMILY MEMBERS served**



**Total number of ACTIVE DUTY MILITARY FAMILY MEMBERS served**



**Total Number of INDIVIDUALS Mentored:**



**Total Number of CLIENTS who received independent living services:**



**POPULATION SERVED**

Provide unique descriptive information about the individuals and/or communities benefitted by your services:

## Demographics about Population Served (continued)

Select features that best describe the target population you serve.

**[ALL ITEMS ON THIS PAGE ARE REQUIRED]**

**At-risk to leave school without a diploma**

 Adult

 Youth

**Economically disadvantaged**

 Adult

 Youth

**Exceptional or special needs**

 Adult

 Youth

**Former Juvenile Offenders at risk of delinquency**

 Adult

 Youth

**Early Childhood**

 Youth

**Grade Level--Pre-K through 1st Grade**

 Youth

**Grade Level--2nd through 5th grade**

 Youth

**Grade Level--6th through 8th grade**

 Youth

**High School Drop Outs**

 Adult

 Youth

**Historically Disadvantaged Minority Groups**

 Adult

 Youth

**Homeless or Run Away from Home**

 Adult

 Youth

**In or Aging Out of Foster Care**

 Adult

 Youth

**Limited English Proficiency**

 Adult

 Youth

**Out of School, including out-of-school youth who are unemployed**

 Youth

**School Turnaround Demographics**

If your program is a School Turnaround program (Austin ISD only), you are **[REQUIRED]** to provide the following information:

**Total number of SIG schools served:**



**Total number of PRIORITY schools served:**



**Total number of URBAN schools served:**



**Total number of RURAL schools served:**



**Total number of ELEMENTARY schools served:**



**Total number of MIDDLE schools served:**



**Total number of HIGH schools served:**



**Total number of ENGLISH LEARNERS served:**



**Total number of STUDENTS WITH DISABILITIES served:**



## Member Data and Hours

Please provide cumulative totals.

**Applications [REQUIRED]**

Number of individuals who applied to be AmeriCorps Members in your program.

**ENROLLMENT RATE [REQUIRED]**

Calculation Formula: Numerator = # of slots filled (cumulative data); Denominator = total # of slots awarded

**If your enrollment rate is less than 100%, you are [REQUIRED] to provide the following:**

1. Explanation for why it is less than 100%

2. Corrective action(s) already taken by your program

3. Your plan for future improvement

**% COMPLIANCE WITH 30-DAY ENROLLMENT CYCLE TIME [REQUIRED]**

Calculation Formula: Download "Enrollment Cycle Approval Time" Report from eGrants. Numerator = # of members enrolled in 30 days or less. Denominator = total # of members enrolled to date

**If your % compliance with 30-day Enrollment Cycle Time is less than 100%, you are [REQUIRED] to provide the following:**

1. Explanation for why it is less than 100%

2. Corrective action(s) already taken by your program

3. Your plan for future improvement

**COMPLETION/RETENTION RATE [REQUIRED]**

Calculation Formula: Numerator = # of active members + # of members exited with award (partial or full); Denominator = total # of members enrolled (cumulative data):

**If your completion/retention rate is less than 100%, you are [REQUIRED] to provide the following:**

1. Explanation for why it is less than 100%

2. Corrective action(s) already taken by your program

3. Your plan for future improvement

**% COMPLIANCE WITH 30-DAY EXIT CYCLE TIME [REQUIRED]**

Calculation Formula: Download "Exit Cycle Approval Time" Report from eGrants. Numerator = # of members exited in 30 days or less. Denominator = total # of members exited to date:

**If your % compliance with 30-day Exit Cycle Time is less than 100%, you are [REQUIRED] to provide the following:**

1. Explanation for why it is less than 100%:

2. Corrective action(s) already taken by your program

3. Your plan for future improvement

**Comments related to members' progress toward completing service hours**

**[Required Field]**

**SIGNIFICANT CHANGES - Identify any noteworthy changes in Member Terms of Service, Positions, or other elements of Program Design**

**[Required Field if applicable]**

**SUCCESSES + BEST PRACTICES - Describe what worked; which specific practices and resources seemed key to achieving member recruitment and retention goals including member diversity?**

[Optional Field]

**CHALLENGES + CONTINUOUS IMPROVEMENT- What practices or strategies will be improved upon based on lessons learned?**

[Optional Field]

## Disaster Preparedness + Response [Collected for FINAL APR only]

Please list details about any local, state, and national disaster activities. If the category does not apply to your program or you do not collect that specific data, enter "0." **[ALL FIELDS ARE REQUIRED UNLESS OTHERWISE NOTED]**

**Number of AmeriCorps members who have participated in one or more disaster services projects.**



**Number of AmeriCorps members who have been trained and/or certified in disaster preparedness and response.**



**Number of AmeriCorps members available for deployment in support of a LOCAL disaster.**

 OneStar requires AmeriCorps programs to commit 25% of their members and one staff member. OneStar will follow-up with your program to obtain members' names and contact information for use in the event of a declared disaster.



**Number of AmeriCorps members Number of AmeriCorps members available for deployment in support of a STATE disaster.**

OneStar requires AmeriCorps programs to commit at least 10% of their members. OneStar will follow-up with your program to obtain members' names and contact information for use in the event of a declared disaster.



**Number of AmeriCorps members available for deployment in support of a NATIONAL disaster.**

(Only applicable to programs that have an approved Cooperative Agreement on file)



**Number of LOCAL or STATE disasters to which AmeriCorps members have responded.**



**Number of NATIONAL disasters to which AmeriCorps members have responded.**



**Number of leveraged volunteers responding to disasters and participating in preparedness, response, and recovery. (State or Local disasters ONLY)**



**Number of community members affected by disaster who received assistance from members. (State or Local disasters ONLY)**



**COMMUNITY PARTNERSHIPS—Name any disaster-related organizations (nonprofits/community-based groups, VOAD members, or local emergency management agencies) that your program has a relationship with and briefly describe your relationship with each.**

**[REQUIRED FIELD IF APPLICABLE]**

**ACTIVITIES—If your members participated in any type of disaster services projects or trainings, please describe the activities and impact. [REQUIRED IF APPLICABLE]**

**SUCCESSES related to disaster preparedness, response and recovery activities. [OPTIONAL FIELD]**

**CHALLENGES related to disaster preparedness, response and recovery activities and action taken to resolve them. [OPTIONAL FIELD]**

## Member Development [Collected for FINAL APR only]

**Please check below which types of member development training events your members attended this year:**

 Technical Skills Related to Carrying Out Their Service Assignments

 Civic Engagement and Social Responsibility: Development opportunities that foster Members' skills, knowledge or abilities related to pathways or engagement strategies that strengthen communities.  Development activities that foster a commitment, interest, or understanding to participate and contribute to the improvement of one’s community, neighborhood and nation.

 Service and/or Civic Reflection: Structured reflection to enhance the learning, critical thinking, and problem-solving skills from service experiences. Reflection that encourages AmeriCorps members to go explore central questions to the larger dimensions of their service.

 Life After AmeriCorps

 How to use your AmeriCorps Education Award

 Leadership Skills

 Academic Support Toward Earning GED or High School Diploma

 National Service History and Identity

 Disaster Preparedness, Response and Recovery

 Disability Inclusion and Awareness

 Other: 

**SUCCESSES/ACCOMPLISHMENTS related to AmeriCorps member training and development. [OPTIONAL FIELD]**

**CHALLENGES related to AmeriCorps member training and development and action taken to resolve them. [OPTIONAL FIELD]**

**MEMBER DEVELOPMENT ACTIVITIES [OPTIONAL FIELD]**

Provide unique descriptive information about the member development activities and events you provide.

## Community Awareness Presentations and National Days of Service [Collected for FINAL APR only]

Please list details about any community awareness presentations and National Days of Service you or your AmeriCorps program participated in. If a question or category does not apply to your program or you do not collect that specific data, enter "0." **[ALL FIELDS ARE REQUIRED]**

**Please list SUCCESSES related to raising the profile in the community of the resources and benefits available through National Service and AmeriCorps.**

**Please list the number of AmeriCorps Awareness & Communication Outreach Presentations conducted by your program:**



**Please list the number of individuals who benefited from your AmeriCorps Awareness & Communication Outreach Presentations conducted by your program:**



**Select the relevant categories that best apply to the organizations you partnered with for your Days of Service and other events**

\*Check all that apply

 AmeriCorps\*State Program(s)

 AmeriCorps\*National Program(s)

 AmeriCorps\*VISTA

 Senior Corps

 Institution(s) of Higher Education

 AmeriCorps Alums Local Chapter(s)

 Local Volunteer Connector Organization (Volunteer Center, Hands On Affiliate)

 Local Nonprofit(s)

 Corporate Partner(s)

 State/Local Government(s)

 Other: 

**Please list the Days of Service in which you participated in (Check all that apply)**

\*Check all that apply

 9/11 National Day of Service and Remembrance

 Make a Difference Day

 Veteran's Day

 Family Volunteer Day

 Martin Luther King, Jr. Day

 AmeriCorps Week

 National Volunteer Week

 National and Global Youth Service Day

 Join Hands Day

 Other: 

**MEDIA Did your activities result in any media attention or related news coverage? Please list. [OPTIONAL FIELD]**

Please include links to articles or email them to your Grants Officer.

**SUCCESSES/ACCOMPLISHMENTS related to Community Awareness and National Days of Service Events [OPTIONAL FIELD]**

**CHALLENGES related to Community Awareness and National Days of Service Events and action taken to resolve them [OPTIONAL FIELD]**

## Volunteer Data [Collected for FINAL APR only]

Provide information about volunteers of all ages who are recruited, coordinated, or supported by your programs. Leveraged volunteers do not include AmeriCorps members or other National Service participants. Volunteers are individuals recruited or directly supervised by AmeriCorps members who help the program achieve its community service objectives. They are additional volunteers whose contributions are made possible by the AmeriCorps members.

**Number of Volunteers Leveraged:**

**[Required if applicable]**



**Number of Volunteer Hours**

**[Required if applicable]**



**Number of Volunteers serving who are Disadvantaged Children/Youth**

**[Required if applicable]**



**Number of Volunteers serving who are Baby Boomers (born 1946-1964):**

**[Required if applicable]**



**Number of Volunteers serving who are College Students (those enrolled in a degree-seeking program)**

**[Required if applicable]**



**VOLUNTEER ACTIVITIES please share examples of the service activities that volunteers engaged in.**

**[Required if applicable]**

**Which characteristics would best describe the type of work performed by the volunteers:**

Select the best choice. **[Required if applicable]**

 Not Skill Specific

 Highly Skilled/Professional

**Which characteristics would best describe the duration of the service performed?**

Select the best choice. [Required if applicable]

 Episodic

 Long-Term

**CHALLENGES related to recruitment, coordination, or support of volunteers and action taken to resolve them. [Required if applicable]**

**SUCCESSES related to recruitment, coordination, or support of volunteers.**

**[Required if applicable]**

**THEN HIT SUBMIT!**

Thank you! Your response has been recorded. IMPORTANT: Click the "Edit your response" link below. Refer to the Final APR email for instructions on saving the link so you can edit your response later if needed.

Edit your response **🡪 IF YOU HAVE NOT YET SAVED THE LINK, MAKE SURE TO CLICK THIS BUTTON AND SAVE YOUR NEW CUSTOMIZED REPORT HYPER LINK, WHICH WILL ALLOW YOU TO EDIT THIS REPORT !**

Submit another response