### 2015-2016 End of Year AmeriCorps Progress Report

### WORKSHEET

Top of Form

**Contact Information**

Select Your **Legal Applicant Organization: \***

*(A dropdown menu is provided in the form)*

Name of Person Completing This Report: **\***

Reporting Period: *The time period covered in the Final APR spans the start of your grant budget period through July 31, 2016 or August 31, 2016. Enter your budget period start and end date below.***\***

Budget Start Date: Click here to enter a date.**\***

Budget End Date: Click here to enter a date.**\***

Top of Form

#### 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.

**Performance Measure #1**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #2**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

 Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #3**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #4**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #5**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

 Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #6**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #7**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #8**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

 Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #9**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #10**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #11**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\***  | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #12**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

\*If you answered **Yes**, please complete the next page. If you answered **No**, please move onto the Analysis of Impact section.

**Performance Measure #13**

National Performance Measure Indicator: **\***

*(A dropdown menu is provided in the form)*

Click here to enter text.

If you have selected "Applicant Determined" for your Measure Indicator, please describe the specifics of your measure here: **\***

Click here to enter text.

**Indicate if this measure is an: \***

[ ]  Output

[ ]  Outcome

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Percent** |
| **Target Value** | Enter the target number that you expect to meet. This should match the target number from your approved eGrants application. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the target percent that you expect to meet. This should match the target percent from your approved eGrants application. |
| **Actual Performance** | Enter the actual number reflecting your performance. **\*** | APPLICANT DETERMINED MEASURE ONLY: Enter the actual percent reflecting your performance. |

**Measure Status \***

[ ]  Unmet

[ ]  Met

[ ]  Exceeded

If you selected "Unmet" in the Status question above, please provide an explanation for why the measure is unmet, and your plans for improvement. **\***

Click here to enter text.

Do you have an additional performance measure to report on?

[ ]  Yes

[ ]  No

**Members/MSY Info**

CNCS requests OneStar to report your actual MSYs by Objective (for example, School Readiness, Housing, etc). Please ensure that the total MSYs you report are accurate and clearly add up to the total MSYs enrolled. Please refer to your 2015-16 grant application in the performance measures section to determine your program’s objectives. Some programs may only have one objective, please complete as many as are listed in your grant application.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Objective** | **MSYs** | **Slots/Members** |
| **1** | Enter the objective. This should match objectives in your approved eGrants application.  *(A dropdown menu is provided in the form)* | Enter the actual MSYs that were working towards the activities in this measure. | Enter the actual slots/members that were working towards the activities in this measure. |
| **2** | Enter the objective. This should match objectives in your approved eGrants application.  *(A dropdown menu is provided in the form)* | Enter the actual MSYs that were working towards the activities in this measure. | Enter the actual slots/members that were working towards the activities in this measure. |
| **3** | Enter the objective. This should match objectives in your approved eGrants application.  *(A dropdown menu is provided in the form)*. | Enter the actual MSYs that were working towards the activities in this measure.  | Enter the actual slots/members that were working towards the activities in this measure.  |
| **4** | Enter the objective. This should match objectives in your approved eGrants application.  *(A dropdown menu is provided in the form)* | Enter the actual MSYs that were working towards the activities in this measure.  | Enter the actual slots/members that were working towards the activities in this measure.  |
| **5** | Enter the objective. This should match objectives in your approved eGrants application.  *(A dropdown menu is provided in the form)* | Enter the actual MSYs that were working towards the activities in this measure.  | Enter the actual slots/members that were working towards the activities in this measure.  |
| **6** | Enter the objective. This should match objectives in your approved eGrants application.  *(A dropdown menu is provided in the form)* | Enter the actual MSYs that were working towards the activities in this measure.  | Enter the actual slots/members that were working towards the activities in this measure.  |

If the actual number of MSYs/Slots/Members is significantly different from the target MSY/Slot/Member values in the grant application, please explain the difference.  **\***

Click here to enter text.

**Analysis of Impact**

\*Programs are required to submit at least one Analysis of Impact.

Describe how AmeriCorps members' service is making an impact in the community that would not have been possible through existing staff and/or volunteers. Please consider including the following:

* 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\*

Click here to enter text. [REQUIRED]

Analysis of Impact #2

Click here to enter text. [OPTIONAL]

Top of Form

Top of Form

**Impact Snapshots**

\*Programs are required to submit at least one Impact Snapshot.

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 locations
* 2-3 sentences describing the problem, intervention and quantifiable change in beneficiaries

Impact Snapshot #1\*

 Click here to enter text. [REQUIRED]

Impact Snapshot #2

 Click here to enter text. [OPTIONAL]

Impact Snapshot #3

 Click here to enter text. [OPTIONAL]

Impact Snapshot #4

 Click here to enter text. [OPTIONAL]

Top of Form

**Accomplishments and Challenges**

**SIGNIFICANT PROGRAM CHANGES:**Identify any noteworthy changes to your program and/or AmeriCorps grant during the reporting period. [OPTIONAL]

Click here to enter text. [OPTIONAL]

**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]

Click here to enter text. [OPTIONAL]

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

Click here to enter text. [OPTIONAL]

**SUSTAINABILITY EFFORTS:** Describe activities conducted during this reporting period that will help ensure the sustainability of your organization. [OPTIONAL]

Click here to enter text. [OPTIONAL]

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

Click here to enter text. [OPTIONAL]

**OTHER CHALLENGES:** Describe 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]

Click here to enter text. [OPTIONAL]

**ONESTAR SUPPORT:** What non-monetary support can OneStar provide to ensure the success of your program goals and objectives?

Click here to enter text. [OPTIONAL]

 Bottom of Form

Bottom of Form

Bottom of Form

**Demographics about Population Served**

This section contains a list of demographic indicators of interest to OneStar and CNCS. Please provide cumulative totals. If the category does not apply to your program or you do not collect that specific data, enter "0".

Total # of children and youth (*up to age 25*) served by the program: **\***

 

Total # of children and youth (*up to age 25*) of incarcerated parents served by the program: **\***

 

Total # of disadvantaged children and youth (*up to age 25*) served by the program: **\***



Total # of adults served by the program: **\***

 

Total # of veterans served by the program: **\***

 

Total # of veteran family members served by the program: **\***

 

Total # of military family members served by the program: **\***

 

Total # of active duty military family members served by the program: **\***

 

Total number of veterans serving as AmeriCorps members in the program: **\***

 

Total # of individuals mentored served by the program: **\***



Total # of clients who received independent living services: **\***

 

**POPULATION SERVED:** Provide unique descriptive information about the individuals and/or communities benefited by your services: **\***

Click here to enter text.

**Demographics about Population Served (continued) \***

Select features that best describe the target population you serve. Check all that apply.

|  |  |  |
| --- | --- | --- |
|  | **Children/Youth** | **Adult** |
| Economically disadvantaged | [ ]  | [ ]  |
| Exceptional or special needs | [ ]  | [ ]  |
| Former juvenile offenders at-risk of delinquency | [ ]  | [ ]  |
| High school drop-outs | [ ]  | [ ]  |
| Historically disadvantaged minority groups | [ ]  | [ ]  |
| Homeless or run-away from home | [ ]  | [ ]  |
| In or aging out of foster care | [ ]  | [ ]  |
| Limited English proficiency | [ ]  | [ ]  |

|  |  |
| --- | --- |
|  | **Children/Youth** |
| Early Childhood | [ ]  |
| Grade Level Pre-K through 1st Grade | [ ]  |
| Grade Level 2nd through 5th Grade | [ ]  |
| Grade Level 6th through 8th Grade | [ ]  |
| At-risk to leave school without a diploma | [ ]  |
| Out-of-school, including out-of-school youth who are unemployed | [ ]  |

**School Turnaround Demographics**

**\*This section is for Austin ISD only**

This section contains a list indicators of interest to OneStar and CNCS for School Turnaround programs. Please provide cumulative totals. If the category does not apply to your program or you do not collect that specific data, enter "0".

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**

**Enrollment**

**Applications:\***

# of individuals who applied to be AmeriCorps members in your program.

**Enrollment Rate: \***



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

Provide an explanation for why your enrollment rate is less than 100%. *Enter "N/A" if your enrollment rate is 100%.* **\***

Click here to enter text.

If your enrollment rate is less than 100% describe the corrective action(s) already taken by your program and plans for future improvement. *Enter "N/A" if your enrollment rate is 100%.* **\***

Click here to enter text.

**Retention**

**Retention Rate: \***



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

Provide an explanation for why your retention rate is less than 100%. *Enter "N/A" if your retention rate is 100%.* **\***

 Click here to enter text.

If your retention rate is less than 100% describe the corrective action(s) already taken by your program and your plans for future improvement. *Enter "N/A" if your retention rate is 100%.* **\***

Click here to enter text.

**30-Day Enrollment Cycle Time**

**Enrollment Cycle Time Percent: \***

 

Calculation formula: Download "Enrollment Cycle Approval Time" report from eGrants. Numerator = # of members enrolled in **31** days or less. Denominator = total # of members enrolled to date.

Provide an explanation for why your enrollment cycle time percent is less than 100%. *Enter "N/A" if your enrollment cycle time rate is 100%.* **\***

Click here to enter text.

If your enrollment cycle time is less than 100% describe the corrective action(s) already taken by your program and your plans for future improvement. *Enter "N/A" if your enrollment cycle time rate is 100%.***\***

 Click here to enter text.

**30-Day Exit Cycle Time**

**Exit Cycle Time Percent: \***

 

Calculation formula: Download "Exit Cycle Approval Time" report from eGrants. Numerator = # of members exited in **31** days or less. Denominator = total # of members exited to date.

Provide an explanation for why your exit cycle time percent is less than 100%. *Enter "N/A" if your exit cycle time rate is 100%.* **\***

 Click here to enter text.

If your exit cycle time is less than 100% describe the corrective action(s) already taken by your program and your plans for future improvement. *Enter "N/A" if your exit cycle time rate is 100%.* **\***

Click here to enter text.

**Significant Changes**

**Significant Changes**

Identify any noteworthy changes in Member Terms of Service, Positions or other elements of the Program Design.[OPTIONAL]

Click here to enter text. [OPTIONAL]

**Success & Best Practices**

Describe what worked. Which specific practices and resources seemed key to achieving member recruitment and retention goals including member diversity?[OPTIONAL]

Click here to enter text. [OPTIONAL]

**Challenges + Continuous Improvement**

What practices or strategies will be improved upon based on lessons learned?

Click here to enter text. [OPTIONAL]

**Disaster Preparedness and Response**

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."

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 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 individuals 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\*

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text. [OPTIONAL]

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

Click here to enter text. [OPTIONAL]

**Member Development Information**\*

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

[ ]  Technical Skills Related to Carrying Out Their Service Assignments

[ ]  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]

Click here to enter text. [OPTIONAL]

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

Click here to enter text. [OPTIONAL]

**MEMBER DEVELOPMENT ACTIVITIES** [OPTIONAL]

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

Click here to enter text. [OPTIONAL]

**Community Awareness Presentations and National Days of Service**

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."

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

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

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) \*

[ ]  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

[ ]  AmeriCorps 20th Anniversary

[ ]  Mayor’s Day

[ ]  Other:

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

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

Click here to enter text. [OPTIONAL]

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

Click here to enter text. [OPTIONAL]

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

Click here to enter text. [OPTIONAL]

**Volunteer Data**

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:** \*



**Number of Volunteer Hours**\*



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

 Number of **episodic volunteers** generated by AmeriCorps members:\*

 Number of **on-going volunteers** generated by AmeriCorps members:\*

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

Click here to enter text.

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

Select the best choice.

[ ]  Not Skill Specific

[ ]  Highly Skilled/Professional

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

Click here to enter text. [OPTIONAL]

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

Click here to enter text. [OPTIONAL]

Click here to enter text.Click here to enter text.**School Turnaround DemographicsSchool Turnaround DemographicsSchool Turnaround DemographicsSchool Turnaround Demographics**Bottom of Form

Bottom of Form