**Instructions**: Subgrantees are required to send to Serve Washington a Semi-Annual Report which provides an overview of the program’s progress to date. The Semi-Annual is due in April and October (see Serve Washington Special Terms & Conditions for exact dates as they change each year). Submit by email to your Program Officer.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grantee Information** | | | | | | |
| **Legal Applicant:** | | |  | | | |
| **Program Name:** | | |  | | | |
|  | | |  | | | |
| **Type of Program:** | Competitive Grantee  Formula Grantee | | | | | |
|  | |  | | | | |
| **Type of Agency:** | | State/Local Government  Nonprofit Organization  School District  Other: | | | | |
|  | |  | | |  |  |
| **Contact Person:** | |  | | | **Title:** |  |
| **Phone Number:** | |  | |  | |  |
| **E-Mail Address:** | |  | | | | |
|  | | | | | | |
|  | | | | | | |
| **Report Information** | | | | | | |
| **Grant Number:** |  | | | | | |
| **Program Year:** |  | | | | | |
| **Report Date End:** | March 31  End of Program Year  Other: *insert* | | | | | |

**Member Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Positions (Note: Use ONLY current data from the eGrants S&N Reports; enrollment rate report and retention rate report. Please ensure totals and averages are also indicated below.)** | | | | |
| Position Type | **Enrolled** | **Enrollment Rate** | **Retained** | **Retention**  **Rate** |
| *Example* | *19* | *95%* | *17* | *89.5%* |
| **Full-Time** |  |  |  |  |
| **Three-Quarter Time** |  |  |  |  |
| **Half-Time** |  |  |  |  |
| **Reduced Half-Time** |  |  |  |  |
| **Quarter-Time** |  |  |  |  |
| **Minimum-Time** |  |  |  |  |
| **Totals** |  |  |  |  |
| **Averages** |  |  |  |  |

*If the program enrollment rate fell below 100%, and/or the program retention rate fell below 85%, please provide an explanation and detailed improvement plan. Use the Totals and Averages to assess compliance.*

**Comments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Compliance (Note: Use ONLY current data from the eGrants S&N Reports; enrollment approval cycle time report and exit approval cycle time report.)** | | | |
| Timeliness Standards | **YTD** | **Timely** | **Compliance Rate** |
| *Example* | *19* | *18* | *94.7%* |
| **8-Day Enrollment** |  |  |  |
| **30-Day Exit** |  |  |  |

*If the program failed to enroll 100% of members within 8-days or exit 100% of members within 30-days please provide an explanation and detailed improvement plan. (Please note: calendar calculations in eGrants differ; 9-day calculations for enrollment and 31-day calculations for exit are technically compliant on the eGrants S&N reports.)*

**Comments:**

**Member Recruitment/Retention**

If your program collects recruitment and retention information directly from members, please provide a short list capturing the following. (optional)

|  |  |  |  |
| --- | --- | --- | --- |
| **Top Two Ways Members Heard About AmeriCorps** | | | |
| 1. |  | **2.** |  |
| **Top Two Reasons Members Joined AmeriCorps** | | | |
| 1. |  | **2.** |  |
| **Top Two Reasons Members Completed AmeriCorps** | | | |
| 1. |  | **2.** |  |
| **Top Two Reasons Members Exited AmeriCorps (did not complete service term)** | | | |
| 1. |  | **2.** |  |

**Performance Data Elements**

Unlike the elements in the rest of this report, Performance Data Elements are reported by Federal Fiscal Year (not Program Year). The Federal Fiscal Year runs October 1 – September 30 regardless of the member cohort or program year start/end dates. Use Semi-Annual Progress Report Definitions for AmeriCorps Supplemental Guidance.

|  |  |
| --- | --- |
| **Program Information (required)** | **FFY-to-Date** |
| Number of individuals who applied to be AmeriCorps members: |  |
|  | |
| Number of volunteers recruited or managed by AmeriCorps members: |  |
|  | |
| Number of total hours contributed by volunteers: |  |
|  | |
| Dollar amount of resources leveraged by the program: |  |

**Comments:**

|  |  |
| --- | --- |
| **Other (required if relevant = significant part of program design)** | **FFY-to-Date** |
| Number of individuals affected by disaster served: |  |
|  | |
| Number of individuals assisted in preparing for disasters: |  |
|  | |
| Number of children and youth served: |  |
|  | |
| Number of individuals receiving job training or placement: |  |
|  | |
| Number of individuals receiving independent living services: |  |
|  | |
| Number of veterans served: |  |
|  | |
| Number of veteran family members served: |  |
|  | |
| Number of military family members served: |  |
|  | |
| Number of active duty military members served: |  |
|  | |
| Dollar amount of resources leveraged by AmeriCorps members: |  |
|  | |
| Number of acres of public land supported: |  |
|  | |
| Number of individuals receiving opioid/drug intervention services: |  |

**Comments:**

|  |  |
| --- | --- |
| **AmeriCorps (AC) Member Information (optional)** | **FFY-to-Date** |
| Number of previously unemployed AC members who gain employment: |  |
|  | |
| Number of veterans serving as AC members who gain employment: |  |
|  | |
| Number of AC members who earn a high-school diploma or GED: |  |
|  | |
| Number of AC members who remain in the education field post-service: |  |

**Comments:**

**Performance Measures**

**Instructions**: Using one performance measure worksheet for each approved performance measure; complete the following information on the form (page 5) of this report template. **Insert additional copies of the worksheet as needed.** Measures should be entered exactly as awarded in the grant application – performance measure module.

* Mark if the performance measure is an applicant-determined or a national performance measure. Insert a checkmark by double-clicking in the appropriate box and changing the default value from “not checked’ to “checked.”
* Insert the focus area for each measure. Select a focus area from the drop-down box by clicking on “choose an item.”
* Insert the measure number as seen in the grant application – performance measure module. *Examples: D2, EN4, OUTCM1087, etc.*
* Insert the measure type. Select either output or outcome from the drop-down box by clicking on “choose an item.”
* Insert a brief measure description. *Examples: number of individuals that received AmeriCorps-supported services in disaster response, acres of parks or public land improved, etc.*
* Insert the “target” as approved in the grant application – performance measure module.
* Insert the “actual” based on the programs data collection. *The target and actual should be a whole number, do not enter percentages. If you wish to describe the data in percentages, use the comment box to tell the fuller story.*
* Insert if the target was met. Select either yes or no from the drop-down box by clicking on “choose an item.” *Note: Ongoing is no longer an option, if the measure is ongoing, please note this in the comment section, you must still choose either yes or no.*
* Insert comments as applicable.

**Performance Measure Worksheet**

**(Insert additional copies of the worksheet as needed; refer to instructions on previous page.)**

Applicant Determined Performance Measure

National Performance Measure

|  |  |
| --- | --- |
| Focus Area | Choose an item. |
| Measure Number |  |
| Measure Type | Choose an item. |
| Measure Description |  |
| Target |  |
| Actual |  |
| Met Target | Choose an item. |

**Comments:** *If the program did not meet target or greatly exceeded target, please provide an explanation. This would also include if the measure was ongoing.*

**Narratives**

**Instructions**: Focus your remarks on the descriptive bullets provided and limit to 500 words or less for each of the four narratives. Use both quantitative and qualitative data. Submit corresponding photos whenever possible, to enrich your narrative. Send photos as a separate email attachment.

**Mid-Year Narrative** (through March 31)

**Great Stories**

* Tell us at least one great story; this can be a success story of a service recipient, a member impact story, or a summary of a program event/initiative.
* Attach corresponding photo(s) as described in the instructions.

**Diversity/Equity/Inclusion Work**

* If your organization, inclusive of the AmeriCorps program, is involved in DEI work, summarize efforts in this area. This could be, but is not limited to, a reflection on staff training, member training, organizational or consultation work, program design work, and/or enrollment or retention work. Focus on relevant work that creates change towards racial and social justice in your AmeriCorps program.

**Year-End Narratives** (through September 30)

**Analysis of Impact**

* Describe how AmeriCorps members’ service is making an impact or meaningful difference 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.

**Data Quality**

* Describe your data collection and data tracking process and how you ensure fidelity and nonduplication in final tallies (those reported as “actuals” in this report).
* If acting as an intermediary, describe the process you use to verify data quality that is collected and tracked at a sub-site.

**Performance Management**

* How does your program use performance measurement (outputs and outcomes) and program evaluation to improve? (Improvements may include, but are not limited to, process improvements, outcome improvements, program efficiency and effectiveness, service delivery, and/or meeting critical community needs.)

**Other** (optional)

* Please use this space to capture any additional information not found elsewhere in this report.