

This form is only for your report planning purposes. You may use this form in preparation for completing your Semi-Annual Progress Reports. Reports must be submitted via the Smartsheet form available on the [Serve Washington Program Dashboard](#).

## Semi-Annual Progress Reports

### Grantee Information

|                 |  |
|-----------------|--|
| Legal Applicant |  |
| Program Name    |  |
| Contact         |  |
| Email           |  |

### Report Information

|                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------|--|
| Grant ID Number (Enter your grant ID number.<br><i>Example: 20AFHWA0010006. This is not your contract number</i> ) |  |
| Program Year                                                                                                       |  |

### Member Slots

Only use current data from the following eGrants S&N reports: Enrollment Rate Report and Retention Rate Report

|                         |  |
|-------------------------|--|
| Total Enrolled          |  |
| Average Enrollment Rate |  |
| Total Retained          |  |
| Average Retention Rate  |  |

Member Slot Comments - 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.

### Member Enrollment/Exit Compliance

Only use current data from the following eGrants S&N reports: Enrollment Approval Cycle Time Report and Exit Approval Cycle Time Report.

|                                    |  |
|------------------------------------|--|
| 8 Day Enrollment – Year to Date    |  |
| 8 Day Enrollment – Timely          |  |
| 8 Day Enrollment – Compliance Rate |  |
| 30 Day Exit – Year to Date         |  |
| 30 Day Exit – Timely               |  |
| 30 Day Exit – Compliance Rate      |  |

Member Compliance Comments - 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.

## Member Recruitment and Retention

|                                                                                        |  |
|----------------------------------------------------------------------------------------|--|
| Does your program collect recruitment and retention information directly from members? |  |
| If yes, list and comment on the following:                                             |  |
| Ways members heard about AmeriCorps                                                    |  |
| Reasons members joined AmeriCorps                                                      |  |
| Reasons members completed their AmeriCorps term                                        |  |
| Reasons members exited early                                                           |  |

## Data Elements

**All Data Elements are reported by the 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.

|                                                                 |  |
|-----------------------------------------------------------------|--|
| 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 programs                |  |

### Data Elements- Other

This section is required if relevant or a significant part of the program design. **All Data Elements are reported by the Federal Fiscal Year (not Program Year).**

|                                                                   |  |
|-------------------------------------------------------------------|--|
| 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 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 |  |

### Performance Data Elements – AmeriCorps Member Information (optional)

All Data Elements are reported by the Federal Fiscal Year (not Program Year).

|                                                                     |  |
|---------------------------------------------------------------------|--|
| 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 |  |

## Performance Measures

Use one performance measure section for each approved performance measure. All components of the measure should be added exactly as awarded in the grant application – performance measure module. *ex. Measure Number – D2, EN4, OUTCM1087, etc.*

☐ Applicant Determined Performance Measure

☐ National Performance Measure

|                     |  |
|---------------------|--|
| Focus Area          |  |
| Measure Number      |  |
| Measure Type        |  |
| Measure Description |  |
| Target              |  |
| Actual              |  |
| Met Target          |  |

If the program did not meet the target or greatly exceeded the target, please provide an explanation. This would also be included if the measure was ongoing.

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☐ National Performance Measure

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| Measure Type        |  |
| Measure Description |  |
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| Actual              |  |
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## Narratives (October Report Only)

Narratives are only required with the report due mid-October.

Focus your remarks on the descriptive bullets provided and limit to 400 words or less for each narrative prompt. Use both qualitative and quantitative data. Submit corresponding photos whenever possible to enrich your narrative.

### **Diversity, Equity, Inclusion, and Belonging Work**

If your organization, inclusive of the AmeriCorps program, is involved in DEIB 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.

### **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**

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