

AMERICORPS*STATE
PROGRESS REPORT - Due Date: October 20, 2017

Sub-applicant Name:

Program Name:

Program Director:

Address:

City/State/Zip:

Telephone:

Email:

Fax ()

Grant Number:

Period Covered: (00/00/0000) format
From:
To:

Section I: Demographics

**Number
(to date)**

Applicants - # of individuals who applied to be AmeriCorps members	
MSY – Actual # of enrolled for the reporting period	
Number of episodic volunteers generated by AmeriCorps Members	
Number of ongoing volunteers generated by AmeriCorps Members	
Number of AmeriCorps members who participated in at least one disaster services project	
Number of disasters to which AmeriCorps members have responded	
Number of individuals affected by disasters receiving assistance from members	
Number of veterans serving as AmeriCorps members	
Number of veterans served	
Number of veteran family members served	
Number of military family members served	
Number of active duty military members served	
Number of opportunity youth enrolled as AmeriCorps members	
Number of SIG schools (School Turnaround)	
Number of priority schools (School Turnaround)	
Number of urban schools (School Turnaround)	
Number of rural schools (School Turnaround)	
Number of elementary schools (School Turnaround)	
Number of middle schools (School Turnaround)	
Number of high schools (School Turnaround)	
Number of English learners (School Turnaround)	
Number of students with disabilities (School Turnaround)	

Section II: Performance Measures (PM)

1. Copy section II as needed to report on all PMs in your grant
2. Complete all sections, regardless of the quarter.
3. "Results to date" should be a cumulative total. If you have not collected data yet, **do not leave it blank**, put the date you expect to have data in the "results to date" column.
4. Make sure that any changes to the anticipated result, indicator or target have been approved by your program officer before completing the report.

PM Title and Number:		
Is this a National Performance Measure? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Anticipated Service Activity	Actual Service Activity:	
Output Identifying Number:		
Anticipated Output Result:		
	Anticipated Target	Results to date (cumulative)
Number		
<input type="checkbox"/> original <input type="checkbox"/> approved Indicator		
What instrument did you or will you use?	Is it the same instrument stated in your grant?	
When were or will data be collected?	How many instruments were completed?	
Are you on track to meet your target?		
Outcome Identifying Number:		
Anticipated Outcome Result:		
	Anticipated Target	Results to date (cumulative)
Change (Number)		
Change (Percent %)		
<input type="checkbox"/> original <input type="checkbox"/> approved Indicator		
What instrument did you or will you use?	Is it the same instrument stated in your grant?	
When were or will data be collected?	How many instruments were completed?	
Are you on track to meet your target?		

Is there any other information you would like to share about the results or data collected?

Section III: Success and Challenges

Section IV: Great Stories

Section V:

Please answer the following question

Did you meet all your performance measures?

If no please refer to the measure and explain why and provide a corrective action:

Did your program recruit all awarded slots?

If no please explain and provide a corrective action plan:

Did your program retain all awarded slots?

If no please explain and provide a corrective action plan:

Did you meet the 30 day exit period?

If no please explain and provide a corrective action plan:

Did you meet the 30 day enrollment period?

If no please explain and provide a corrective action plan:

If your program has addressed the following areas: *Economic Opportunity, Education, Environmental Stewardship, Disaster Services, Healthy Futures, and Veterans & Military Families* effectively please describe those activities here:

Individual completing report: _____ Date completed: _____