**AmeriCorps Montana Program Progress Report**

Submit a progress report to [serve@mt.gov](mailto:serve@mt.gov) for each applicable period as a Word document. Click or tab to each field to enter data. This report is cumulative for the grant year, not the 3-year grant cycle.

**At least one photo must be submitted for each reporting period.** Photos should ideally show members performing service activities, with an AmeriCorps Montana logo clearly visible.

**Requests for extension of time must be received before the report’s due date*.*** After submission, GOCS or AmeriCorps may request clarification or additional documentation.

*By submitting this report, the submitting organization certifies that all backup documentation is on-file with the organization. Backup documentation can be requested at any time by GOCS or AmeriCorps.*

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| **Program Name** |  |
| **Grant Number** |  |
| **Person(s) completing report** |  |
| **Period of Reporting** | Period 1 – Grant Start to March 31, due April 20  Period 2 – April 1 to September 30, due October 20  Period 3 – Winter start grants and no-cost extensions only –  October 1 to December 31, due January 20 |
| **During this reporting period, has the AmeriCorps program been selected for and/or participated in a site visit or audit from the Montana Department of Justice covering criminal history checks for grant-covered individuals?**  **If the program has received a follow-up letter, submit a copy to GOCS.** | No  Yes, selected for audit/visit to occur on [date]:  Yes, selected and audit/visit occurred on [date]:  Check this box if the audit/visit occurred, but the follow-  up letter has not yet been received. |
| Comments: |

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| **Media coverage.** Provide links to published articles/videos here. Media should clearly reflect the subject is the program, preferably as an AmeriCorps MT program. Do NOT submit the program’s social media posts.  *Programs are strongly encouraged to submit media to GOCS as it is published.* | |
| Date of publication | Link |
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**Section I. Performance Data Elements**

This section addresses indicators of interest to AmeriCorps the agency and to the Montana Commission on Community Service. Enter numbers for **documented information only**. Definitions are at <https://serve.mt.gov/_docs/americorps/Program-Management/ASN_2020_GPR_Supplemental_Instructions.pdf>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 (if applicable) | Year Total |
| Number of individuals who applied to be AmeriCorps members |  |  |  |  |
| Number of episodic volunteers recruited or managed by AmeriCorps members |  |  |  |  |
| Number of ongoing volunteers recruited, coordinated, or supported by the program |  |  |  |  |
| Number of hours served by recruited or managed volunteers |  |  |  |  |
| Number of children and youth served |  |  |  |  |
| Number of veterans serving as AmeriCorps members |  |  |  |  |
| Number of veterans served |  |  |  |  |
| Number of veterans’ family members served |  |  |  |  |
| Number of military family members served |  |  |  |  |
| Number of active-duty military members served |  |  |  |  |
| Number of individuals assisted in preparing for disasters |  |  |  |  |
| Number of individuals receiving job training or placement |  |  |  |  |
| Number of Americans age 55+ served by AmeriCorps members |  |  |  |  |
| **Comments (optional):** provide 1-3 sentences describing the data reported above. | | | | |
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**Section II. Performance Measures**

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| **Performance Measure 1**  Insert the performance measure as it appears in the program’s approved grant application for this period: | | | | | | | |
|  | | | | | | | |
| Insert output statement from approved grant application: | Output Target: | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 (or NA) | Year total | Status: |
|  |  | |  |  |  |  | Ongoing  Met  Unmet |
| Insert outcome statement from approved grant application: | Outcome Target: | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 (or NA) | Year total | Status: |
|  |  | |  |  |  |  | Ongoing  Met  Unmet |
| **Comments: These fields are required.** For ongoing targets, provide a date of expected completion including data availability, which may be the end of the program year. For met targets, write “NA.” For met targets exceeding 100%, provide an explanation. For unmet target(s), provide an explanation and corrective action(s). | | | | | | | |
| Comments for period ending 3/31 | |  | | | | | |
| Comments for period ending 9/30 | |  | | | | | |
| Comments for period ending 12/31 | |  | | | | | |

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| **Performance Measure 2**  Insert the performance measure as it appears in the program’s approved grant application for this period: | | | | | | | |
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| Insert output statement from approved grant application: | Output Target: | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 (or NA) | Year total | Status: |
|  |  | |  |  |  |  | Ongoing  Met  Unmet |
| Insert outcome statement from approved grant application or NA if output only: | Outcome Target: | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 (or NA) | Year total | Status: |
|  |  | |  |  |  |  | Ongoing  Met  Unmet |
| **Comments: These fields are required.** For ongoing targets, provide a date of expected completion including data availability, which may be the end of the program year. For met targets, write “NA.” For met targets exceeding 100%, provide an explanation. For unmet target(s), provide an explanation and corrective action(s). | | | | | | | |
| Comments for period ending 3/31 | |  | | | | | |
| Comments for period ending 9/30 | |  | | | | | |
| Comments for period ending 12/31 | |  | | | | | |

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| **Performance Measure 3**  Insert the performance measure as it appears in the program’s approved grant application for this period: | | | | | | | |
|  | | | | | | | |
| Insert output statement from approved grant application: | Output Target: | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 (or enter NA) | Year total | Status: |
|  |  | |  |  |  |  | Ongoing  Met  Unmet |
| Insert outcome statement from approved grant application or NA if output only: | Outcome Target: | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 (or enter NA) | Year total | Status: |
|  |  | |  |  |  |  | Ongoing  Met  Unmet |
| **Comments: These fields are required.** For ongoing targets, provide a date of expected completion including data availability, which may be the end of the program year. For met targets, write “NA.” For met targets exceeding 100%, provide an explanation. For unmet target(s), provide an explanation and corrective action(s). | | | | | | | |
| Comments for period ending 3/31 | |  | | | | | |
| Comments for period ending 9/30 | |  | | | | | |
| Comments for period ending 12/31 | |  | | | | | |

**Section III. A Narratives and Special Topics (all reporting periods)**

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| **Service in Indian Country** | | | | | |
| Number of service projects on Tribal Lands | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 | Year Total |
|  |  |  |  |
| Number of service projects in partnership with Tribal entities | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 |  |
|  |  |  |  |
| Number of Tribal AmeriCorps members serving in the program (note below in stories if they are serving in their own community) | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 |  |
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| Number of Tribal members retained | | Period ending 3/31 | Period ending 9/30 | Period ending 12/31 |  |
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| Share up to three stories (for the grant year) addressing the service in Indian Country reported above. | | | | | |
| **Story 1** | | | | | |
| Period submitted | Period ending 3/31  Period ending 9/30  Period ending 12/31 | | | | |
| Member name |  | | | | |
| Service location (site) |  | | | | |
| Narrative (200 word limit) |  | | | | |
| **Story 2** | | | | | |
| Period submitted | Period ending 3/31  Period ending 9/30  Period ending 12/31 | | | | |
| Member name |  | | | | |
| Service location (site) |  | | | | |
| Narrative (200 word limit) |  | | | | |
| **Story 3** | | | | | |
| Period submitted | Period ending 3/31  Period ending 9/30  Period ending 12/31 | | | | |
| Member name |  | | | | |
| Service location (site) |  | | | | |
| Narrative (200 word limit) |  | | | | |

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| **Civic Reflections.** List relevant information for three required civic reflections held by the program. | | | |
| Reflection 1 | | | |
| Date of reflection |  | Number of members who participated |  |
| Facilitator |  | | |
| Title of reflection piece (e.g., article or video) |  | | |
| Relevant link(s) |  | | |
| Comments (what went well, could be improved) |  | | |
| Reflection 2 | | | |
| Date of reflection |  | Number of members who participated |  |
| Facilitator |  | | |
| Title of reflection piece (e.g., article or video) |  | | |
| Relevant link(s) |  | | |
| Comments (what went well, could be improved) |  | | |
| Reflection 3 | | | |
| Date of reflection |  | Number of members who participated |  |
| Facilitator |  | | |
| Title of reflection piece (e.g., article or video) |  | | |
| Relevant link(s) |  | | |
| Comments (what went well, could be improved) |  | | |

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| **Member Great Stories.** Share up to 5 stories for the grant year that illustrate a positive member experience in service or highlight the impact of a member’s service on the community. The [State Service Plan](https://serve.mt.gov/who-we-are/State-Service-Plan) priority should be an AmeriCorps focus area or special initiative (e.g., “economic opportunity”) or a Governor priority (e.g., “increase access to mental health care”). | |
| **Member Story 1** | |
| Period submitted | Period ending 3/31  Period ending 9/30  Period ending 12/31 |
| Member name |  |
| Service location (site) |  |
| State Service plan priority |  |
| Narrative (200 word limit) | |
|  | |
| **Member Story 2** | |
| Period submitted | Period ending 3/31  Period ending 9/30  Period ending 12/31 |
| Member name |  |
| Service location (site) |  |
| State Service plan priority |  |
| Narrative (200 word limit) | |
|  | |
| **Member Story 3** | |
| Period submitted | Period ending 3/31  Period ending 9/30  Period ending 12/31 |
| Member name |  |
| Service location (site) |  |
| State Service plan priority |  |
| Narrative (200 word limit) | |
|  | |
| **Member Story 4** | |
| Period submitted | Period ending 3/31  Period ending 9/30  Period ending 12/31 |
| Member name |  |
| Service location (site) |  |
| State Service plan priority |  |
| Narrative (200 word limit) | |
|  | |
| **Member Story 5** | |
| Period submitted | Period ending 3/31  Period ending 9/30  Period ending 12/31 |
| Member name |  |
| Service location (site) |  |
| State Service plan priority |  |
| Narrative (200 word limit) | |
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**Section III.B Narratives. Complete this section** **for the period ending 9/30**. For the period ending 12/31 if applicable (winter start or grant extension), note any changes or new information in the last question of each table below.

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| **Analysis of Impact** |
| Describe how AmeriCorps members’ service activities impact the community in ways that would not have been possible through existing staff and volunteers. |
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| If applicable, describe how AmeriCorps has enabled the program to leverage new partnerships, funding, and other resources. |
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| Describe any factors or trends that positively or negatively affected the program’s performance. |
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| *Period ending 12/31, if applicable:* provide any updates, changes, and/or new information about the three questions above. |
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| **Program Management** | |
| How has the program ensured members consistently find satisfaction, meaning, and opportunity? | |
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| Describe the training and technical assistance the program has provided to service locations during the grant year. | |
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| Describe how the program has monitored itself and service locations during the grant year (e.g., planning for or conducting host site visits, running reports, checking in with members/supervisors, checking member files, etc.). *Do not address GOCS monitoring activities here.* | |
|  | |
| State the program’s current Enrollment rate *(expectation 100%)* and Retention Rate *(expectation 90%)*, as stated in the associated eGrants S&N Reports. | |
| Enrollment Rate |  |
| Retention Rate |  |
| If the program did not fill or retain all awarded slots, explain why and identify corrective actions to address recruitment and/or retention, or any plans to reduce the slots requested. | |
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| A review of compliance with 8-day enrollment and 30-day exit requirements will be conducted as part of progress report review. In cases where non-compliance was due to **a situation beyond the program’s control**, provide an explanation. If compliant, simply state “all members were enrolled within 8 days and exited within 30 days.” | |
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| *Period ending 12/31, if applicable:* please provide any updates, changes, and/or new information about the three questions above. | |
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| **Training & Technical Assistance** |
| Is a professional development framework for each pertinent staff member completed and on file with GOCS? |
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| What requests for training and/or technical assistance does the program have? If none, write NA. |
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