**AmeriCorps Progress Report (APR)**

**Program Name**:

**Grant#:**

**Person(s) Completing this Report**:

Through 3/31:

Through 9/30:

Through 12/31:

**Reporting Period**

The APR has 3 reporting periods and programs respond to each period based on program design/calendar:

|  |  |  |  |
| --- | --- | --- | --- |
| Period # | Period Start Date | Period End Date | Progress Report Due Date |
| 1 | Beginning of Program Year | March 31 | April 20 |
| 2 | April 1 | September 30 | October 20 |
| 3 (if applicable) | October 1 | December 31 | January 20 |

*Request for extension must be received prior to the respective APR due date.*

This progress report form is cumulative for the entire program year (*not for the entire 3-year grant period*). Please use the same report form for all reporting periods, by adding subsequent information in its respective reporting period and resubmitting.

Include unreported data from the previous program year or reporting period that was not included in the prior APR (i.e. “ongoing” data from prior reporting periods) in the subsequent reporting period and include an explanation in the comment section of each performance measure. For example, if on your prior progress report, you indicated 30 students demonstrated increased academic achievement, but there were an additional 10 who demonstrated increased academic achievement after you submitted the last progress report, add the additional 10 students in the current reporting period then note in the "Comments" narrative this data is in addendum to the previous reporting period.

The report must be submitted as a WORD document. OCS and AmeriCorps, the agency (hereafter referred to as “the agency”), may request clarification or additional documentation on any portion of the report. Progress report data and information are subject to the agency and OCS monitoring, including supporting documentation and must be retained as official grant records.

**Section I. Demographic Information**

This section contains a list of demographic indicators of interest to the agency and the Montana Commission. Provide report period totals and **in the respective columns based on if the data is observed (Obs) or documented (Doc)** (ex: 12 observed, 6 documented). Double click on the table below to enter data. Definitions can be found on the Program Directors Page: <http://serve.mt.gov/AmeriCorps/program-directors>

****

**Section II. Performance Measurement**

**Performance Measures**

To complete this section, double click on the chart on page 7 to open the embedded excel worksheet. Then enter the following information for each performance measure.

Please report on each measure separately. Only use one of the following charts per performance measure found within the approved application in eGrants, leave other extra chart fields blank. If additional performance measure chart fields are necessary, please contact the Grants Manager for a customized reporting form.

* **Performance Measure Objective/Name:** Click on the respective cell in Column B, then use the arrow to right of cell to open the dropdown menu and select the Objective/Name the measure
* **Output:** Click on the respective cell in Column B, then use the arrow to right of cell to open the dropdown menu and select output the program is measuring
* **Outcome:** Click on the respective cell in Column B, then use the arrow to right of cell to open the dropdown menu and select the outcome the program is measuring
* **Target:** Enter the numerical value for the annual output/outcome target from the grant application’s performance measure module
* **Result**: Enter a whole number (rounded down) of actual progress towards the measure during the reporting period (as applicable). Programs that end activities by September 30 will leave the Oct 1 to Dec 31 column blank

*Do not* enter explanations for unmet targets in this field.

* **Met/Unmet/Ongoing:** Click on the cell for output/outcome, then use the arrow to the right of the cell to open the drop-down menu and select the appropriate corresponding status or results
* **Challenges/Corrective Action**: This field is required if the program performance target is unmet or if program activities are ongoing.
  + For each unmet target, explain why the program did not reach the target, and the corrective actions you will carry out to improve performance.
  + For ongoing activities, please note "Ongoing" and explain when activities will be completed and when the data will be available.
* **Prior Data Report:** If you have data from the previous program year or previous reporting period that was not included in the prior APR (i.e. noted as “ongoing” on prior report due to continuing program activities), please include this data next report period column.

*\* For narrative cells, use Alt+Enter to create a new line within the cell if necessary.\**



**(Intentionally left blank)**

**Section III. A. Narratives: Due 4/20, 10/20, and End of Grant (if applicable)**

*Complete the following narratives on the report submitted on 4.20. When submitting the 10.20 APR or, if applicable, an End of Year APR after 10.20, please modify the below narratives with any new/changes in information that was not reported in previous reporting periods.*

**Service in Indian Country**

Provide quantitative data of your program and members efforts in Indian Country. In the stories section, describe program involvement in Indian Country including service with Tribal Members, Tribal Governments, and Tribal Lands.

* Number of service projects on tribal lands:
* Number of service projects in partnership with tribal entities:
* Number of AmeriCorps Tribal members serving and if they are serving in their own community:
* Number of tribal members retained:
* Stories:

**Civic Reflections**

For each Civic Reflection completed, please provide the following:

* Date of reflection:
* Who facilitated the reflection:
* Number of members who participated:
* Title of reflection piece (article, video, work of art, etc.):
* URL to reflection piece if available:
* What is one thing that went well or you would do differently in the future?:

**Impact Snapshots- beneficiaries**

Provide one or more examples of a change in beneficiary knowledge, attitude, behavior, or condition that your program has been able to measure. Note if this this snapshot aligns with priorities listed in the [State Service Plan](https://serve.mt.gov/ServeMontana/state-service-plan) and may be in the form of beneficiary great story. In two to three sentences, please address the following: geographic location(s), the problem, intervention, and quantifiable change in beneficiaries.

**Member’s Great Stories**

Share Great Stories from members that highlight the impact of the intervention/service on the community, or that illustrate an innovative or highly successful aspect of program operation. Identify the member’s name, your program name, and their service location, and limit each story to 300 words or less. Note if the story aligns with any of the priorities in the State Service Plan. If you have photos, please attach separately.

**Media Coverage (required)**

Please include links to newspaper articles, blog posts, social media or other media coverage of your AmeriCorps program that were published in the reporting period. *Be encouraged to share media coverage of your program with OCS as it occurs.*

* Through 3/31
* Through 9/30

**MTDOJ site visit (Required)**

In the period of reporting, was your organization’s AmeriCorps program selected for, or participate in a site visit/audit from the Montana Department of Justice (MTDOJ) covering the Criminal History Checks for AmeriCorps grant covered individuals? (select one response below, provide additional explanation if needed)

No, not selected for visit in this reporting period

Yes, selected for visit that is scheduled for

Yes, selected for visit that occurred

* *If visit has occurred, include MTDOJ site visit follow-up letter with this progress report.*

If visit has occurred and follow-up letter has not been received, note that in this section.

**Section III. B. Narratives: Due 10/20 and at End of Grant (if applicable)**

*Complete the following narratives on the report submitted on 10.20, these sections may be left blank on the 4.20 Progress Report. If submitting an End of Year report after 10.20, please add any new/changes in information that was not reported on the 10.20 APR.*

**Analysis of Impact**

* Describe how AmeriCorps members’ service activities impact the community in ways 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.
* Describe any factors or trends that positively or negatively affected your program’s performance.

**Program Management (Required)**

* Describe the training and technical assistance you have provided to sites during the reporting period.
* Explain how you have implemented your monitoring plan. Discuss any significant issues or trends identified through programmatic and fiscal monitoring, and how you are responding to them.
* If a program did not fill or retain all of its awarded slots, explain why and identify corrective actions that are being planned to improve recruitment and retention practices, or any planned reduction in slots requested.
* A review of compliance with 8-day enrollment and 30-day exit requirements will be conducted as part of your progress report review. In cases where non-compliance was ***due to situations beyond your control***, provide an explanation. No other explanations are required.
* How has your organization ensured that members consistently find satisfaction, meaning and opportunity?