![AmeriCorpsMONTANA [Converted]]()

AmeriCorps

**Progress Report for period ending 3.31.**

**Program Name**: Click or tap here to enter text.

**Person(s) Completing this Report**: Click or tap here to enter text.

**Grant#:** Click or tap here to enter text.

**Reporting Period Dates**:Click or tap here to enter text.

**Reporting Period**

The reporting period is from the beginning of your AmeriCorps program year, through March 31. Note this progress report is cumulative for the program year to date (*not the entire 3-year grant period*).

If you have data from the previous year or previous reporting period that was not included in the prior GPR (i.e. noted as “ongoing” on prior report due to continuing program activities), please include this data in the comment section of each performance measure and include a note of explanation. 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, please note the additional 10 students in the "Comment" narrative and explain that this figure is an addendum to the previous reporting period.

The report for the period ending 3.31 is due to OCS Grants Manager by April 20. Request for extension must be received before April 20. The report must be submitted as a WORD document. OCS and CNCS may request clarification or additional documentation on any portion of the report. Progress report data and information are subject to CNCS and OCS monitoring, including supporting documentation and must be retained as official grant records.

**Demographic Information**

This section contains a list of demographic indicators of interest to CNCS and the Montana Commission. Definitions can be found on the Program Directors Page, <http://serve.mt.gov/AmeriCorps/program-directors>

 **Provide cumulative (*grant year to date*) totals and indicate if data is observed or documented.**

|  |  |
| --- | --- |
| ***Category*** | **Cumulative****Total****Observed/documented** |
| **Number of individuals who applied to be AmeriCorps members** | Click or tap here to enter text. |
| **Number of episodic volunteers recruited, coordinated, or supported by your programs** | Click or tap here to enter text. |
| **Number of ongoing volunteers recruited, coordinated, or supported by your programs** | Click or tap here to enter text. |
| **Number of AmeriCorps members who participated in at least one disaster services project** | Click or tap here to enter text. |
| **Number of individuals affected by disaster receiving assistance from members**  | Click or tap here to enter text. |
| **Number of local disasters to which AmeriCorps members have responded** | Click or tap here to enter text. |
| **Number of Veterans serving as AmeriCorps members** | Click or tap here to enter text. |
| **Number of Veterans served** | Click or tap here to enter text. |
| **Number of Veterans’ family members served** | Click or tap here to enter text. |
| **Number of military family members served** | Click or tap here to enter text. |
| **Number of active duty military members served** | Click or tap here to enter text. |
| **Number of opportunity youth enrolled as AmeriCorps members** | Click or tap here to enter text. |
| **Number of Americans age 55+ engaged into service as AmeriCorps members** | Click or tap here to enter text. |
| **Number of Americans age 55+ served by AmeriCorps members** | Click or tap here to enter text. |

**Actual Vs. Target MSY**

Enter the Actual number of MSY serving in the focus area during the reporting period. If the Actual number is significantly different from the Target MSY number, please explain the difference below.

|  |  |  |
| --- | --- | --- |
| ***Focus Area*** | ***Target # of MSY*** | ***Actual # of MSY*** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**If applicable, please provide a brief explanation of the variance between the target # and actual # of MSY, and what steps are being taken to address influencing factors.**

Click or tap here to enter text.**Performance Measurement**

**Performance Measures** Please report on each measure separately.

To complete this section, enter the following information for each performance measure.

* **Actual to Date**: Enter a numerical value documenting your actual progress towards the measure.
* **Progress toward Measure**: You may elaborate on your progress toward this measure in this narrative, but do not explain unmet targets or describe corrective actions. This field is not required.
* **Challenges/Corrective Actions**: 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. If activities are ongoing, please note "Ongoing" and explain when activities will be completed and when the data will be available.
* **Comments:** If you have data from the previous year or previous reporting period that was not included in the prior GPR (i.e. noted as “ongoing” on prior report due to continuing program activities), please include this data in this section, and include a note of explanation.

Cut and paste one performance measure per page, from the approved application in eGrants. Provide the appropriate output, and outcome statements. Provide targets and the resulting data. Indicate each Performance Measure as Met, Unmet, or Ongoing and provide quantitative and qualitative data.

|  |
| --- |
| **Performance Measure** [ ]  **Output** [ ]  **End Outcome** |
| **Performance Measure Name exactly as in eGrants:** Click or tap here to enter text.**Output -** Click or tap here to enter text.**Target:** Click or tap here to enter text.**Result:** Click or tap here to enter text.**Outcome -** Click or tap here to enter text.**Target:** Click or tap here to enter text.**Result:** Click or tap here to enter text. |
| **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. If activities are ongoing, please note "Ongoing" and explain when activities will be completed and when the data will be available. |
| Click or tap here to enter text. |
| **Comments:** If you have data from the previous year or previous reporting period that was not included in the prior GPR (i.e. noted as “ongoing” on prior report due to continuing program activities), please include this data in this section, and include a note of explanation. |
| Click or tap here to enter text. |

**Section III. Narratives**

**Service in Indian Country (Required)**

Describe program involvement in Indian Country including service with Tribal Members, Tribal Governments, and Tribal Lands. Please include data points for working in Indian Country.

* Number of service projects on tribal lands, partnerships with tribal entities

Click or tap here to enter text.

* Number of AmeriCorps Tribal members serving and if they are serving in their own community

Click or tap here to enter text.

* Retention of tribal members

Click or tap here to enter text.

* AmeriCorps tribal members who obtained jobs upon completing their term

Click or tap here to enter text.

* Stories

Click or tap here to enter text.

**Impact Snapshots- beneficiaries (Required)**

Provide one or more examples of a change in beneficiary knowledge, attitude, behavior or condition that your program has been able to measure. This may be in the form of beneficiary great story. Please include:

* Geographic location(s)

Click or tap here to enter text.

* 2-3 sentences describing the problem, intervention and quantifiable change in beneficiaries.

Click or tap here to enter text.

**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 Click or tap here to enter text.

[ ]  Yes, selected for visit that occurred Click or tap here to enter text.

* *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.Click or tap here to enter text.

**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.

Click or tap here to enter text.

**Member’s Great Stories (*strongly recommended*)**

Please share Great Stories from members that highlight the impact in the community or that illustrates an innovative or highly successful aspect of program operation. Please identify the member name, program name and service location, and limit each story to 300 words or less. If you have photos, please attach separately.

Click or tap here to enter text.