

# AmeriCorps State Program Director Handbook 2012-2013

## *Appendix*

Serve DC – The Mayor's Office on Volunteerism

---



## 1.1 AmeriCorps Member File Checklist (example)

Member Name: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Service Term: 1,700  900  675  450  300

**Education Requirement (check only one; required for all service terms)**  
 High School Diploma/Official Transcript  
 Provide Name of High School, City, State: \_\_\_\_\_  
 GED  
 Neither a GED nor a High School Diploma. Provide a signed copy of GED Agreement letter.

### Enrollment Documents

Document Name	1,700	900	675	450	300
AmeriCorps Application or Resume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNCS Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled into egrants within 30 days					
I-9 Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship can now be verified in My AmeriCorps. Serve DC staff must be able to view verification for all members.					

Document Name	1,700	900	675	450	300
Member Eligibility and Verification Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Enrollment/ Waiver	<input type="checkbox"/>				
Proof of Health Care Enrollment	<input type="checkbox"/>				

**Statewide Criminal Background Check** (initiated before start of service)  
 ▪ State where service will be performed:  YES  NO  
 ▪ State where applicant applied from:  YES  NO  N/A (*application state is state of service*)  
 If yes, date completed or copy received: \_\_\_\_\_  
**National Sex Offender Public Registry Check:**  YES  NO (*printed or electronic copy with date of search included*)  
 (completed before the start of service)  
**FBI Check** for those who have access to those  YES  NO  
 in the vulnerable population (initiated before start of service) :

### Other Documents

Document Name	1,700	900	675	450	300
AmeriCorps Member Agreement (signed before start of service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo Release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid-Term Performance Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Exit Documents

Document Name	1,700	900	675	450	300
CNCS Member Exit Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End-of-Term Performance Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 1.2 AmeriCorps Member Agreement

### I. PURPOSE

It is the purpose of this agreement to delineate the terms, conditions, and rules of membership regarding the participation of \_\_\_\_\_ (hereinafter referred to as the member) in the \_\_\_\_\_ AmeriCorps Program (hereinafter referred to as the Program).

### II. MINIMUM QUALIFICATIONS

The member certifies that he/she is a United States citizen, a United States national, or a lawful permanent resident alien and at least 17 years of age (or at least 16 years of age if the member is an out-of-school youth and a participant in one of two types of youth corps defined under the National and Community Service Act of 1990, as amended).

### III. TERMS OF SERVICE

A. The member's term of service begins on \_\_\_\_\_ and ends on \_\_\_\_\_.

The Program and the member may agree, in writing, to extend this term of service for the following reasons:

1. The member's service has been suspended due to compelling personal circumstances.
2. The member's service has been terminated, but a grievance procedure has resulted in reinstatement.

B. The member will complete a minimum of \_\_\_\_\_ hours of service during this period.

1. Full-Time Members must serve 1700 hours during a period of not less than nine months and not more than one year.
2. Half Time Member must serve at least 900 hours over a time not to exceed one year.
3. Reduced Half-Time Members must serve at least 675 hours over a time not to exceed one year.
4. Quarter-Time Members must serve at least 450 hours over a time not to exceed one year.
5. Minimum Time Members must serve at least 300 hours over a time not to exceed one year.

C. The member understands that to complete the term of service successfully (as defined by the program and consistent with regulations of the Corporation for National and Community Service and to be eligible for the education award, he/she must complete all the hours of service (as noted in B above) and satisfactorily complete pre-service training and the appropriate education/training that relates to the member's ability to perform service.

D. The member understands that to be eligible to serve a second term of service the member must receive satisfactory performance reviews for any previous term of service. The member's eligibility for a second term of service with this program will be based on at least a mid-term and end-of-term evaluation of the member's performance focusing on factors such as whether the member has:

1. Completed the required number of hours
2. Satisfactorily completed assignments, tasks, or projects
3. Met any other criteria that were clearly communicated both orally and in writing at the beginning of the term of service

E. The member understands, however, that the mere eligibility for an additional term of service does not guarantee selection or placement.

### IV. POSITION DESCRIPTION (See attached Member Position Description)

The name of the member's direct supervisor is \_\_\_\_\_.

### V. BENEFITS

The member will receive from the Program the following benefits:

A. Living Allowance Calculation (2003 Provisions 11.b). The living allowance is designed to help members meet the necessary living expenses incurred while participating in the AmeriCorps Program. Programs must not pay a living allowance on an hourly basis. It is not a wage and should not fluctuate based on the number of hours members serve in a given time period. Programs should pay the living allowance in increments, such as weekly or biweekly. Programs may use their organization's payroll system to process members' living allowances. However, if a payroll system cannot be altered and must show 40 hours in order to distribute a living allowance, then members' service hours should be documented separately to keep track of their progress toward the Program's total required AmeriCorps service hours.

1. A living allowance in the amount of: \_\_\_\_\_

2. The living allowance is taxable, and taxes will be deducted directly from the living allowance.
3. The living allowance will be distributed [**weekly/biweekly**] by [**direct deposit**] [**check**] starting on \_\_\_\_\_ [date] \_\_\_\_\_ . The biweekly amount will be \_\_\_\_\_ .
  - a. [Health benefits (if the member is eligible). The health insurance policy is attached.]
  - b. If applicable, a child care allowance of \_\_\_\_\_ will be provided by GAP Solutions, Inc. directly to the provider, if the member qualifies for the allowance.

B. Upon successful completion of the member’s term of service, the member will receive an education award from the National Service Trust. For successful completion of a full-time term, the member will receive an education award in the amount of \$5,550.00. For successful completion of a part-time term, the member will receive an education award of [**up to \$2,775.00.**]

1. If the member has not yet received a high school diploma or its equivalent (including an alternative diploma or certificate for individuals with learning disabilities), the member agrees to obtain a high school diploma or its equivalent before using the education award.
2. This requirement can be waived if the member is enrolled in an institution of higher education on an ability to benefit basis or the program has waived this requirement due to the results of the member s education assessment. The member understands that his or her failure to disclose to the program any history of having been released for cause from another AmeriCorps program will render him or her ineligible to receive the education award.

C. If the member has received forbearance on a qualified student loan during the term of service, the National Service Trust will repay a portion or all of the interest that accrued on the loan during the term of service.

## VI. RULES OF CONDUCT

A. At no time may the member:

1. Engage in any activity that is illegal under local, state, or federal law
2. Engage in activities that pose a significant safety risk to others
3. Engage in any AmeriCorps-prohibited activities that include:
  - a. Any activity involving attempting to influence legislation or an election or aid a partisan political organization
  - b. Helping or hindering union activity
  - c. Engaging in religious instruction
  - d. Conducting worship services
  - e. Providing instruction as part of a program that includes mandatory religious instruction or worship
  - f. Constructing or operating facilities devoted to religious instruction or worship
  - g. Maintaining facilities primarily or inherently devoted to religious instruction or worship
  - h. Engaging in any form of religious proselytizing
  - i. Organizing or engaging in protests, petitions, boycotts, or strikes
  - j. Impairing existing contracts for services or collective bargaining agreements
  - k. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political candidates, political platforms, proposed legislation, or elected officials
  - l. Providing a direct benefit to a for-profit entity, a labor union, a partisan political organization, a religious organization, or a nonprofit that engages in lobbying
  - m. Providing abortion services or referrals for receipt of such services; and
  - n. Such other activities as the Corporation may prohibit.

Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non-Corporation funds. Individuals should not wear the AmeriCorps logo while doing so.

B. The member is expected to, at all times while acting in an official capacity as an AmeriCorps member:

1. Comply with the rules and standards of the host agency.
2. Demonstrate mutual respect toward others
3. Follow directions
4. Direct concerns, problems, and suggestions to [**designate the appropriate program official here**]

C. The member understands that the following acts also constitute a violation of the Program’s rules of conduct:

1. Unauthorized tardiness
2. Unauthorized absences

3. Repeated use of inappropriate language (i.e., profanity) at a service site
4. Failure to wear appropriate clothing to service assignments
5. Stealing or lying
6. Engaging in any activity that may physically or emotionally damage other members of the program or people in the community
7. Unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance or illegal drugs during the term of service
8. Consuming alcoholic beverages during the performance of service activities
9. Being under the influence of alcohol or any illegal drugs during the performance of service activities
10. Failure to notify the program of any criminal arrest or conviction that occurs during the term of service

D. Under the Drug-Free Workplace Act, you must immediately notify the Program Director if you are convicted under any criminal drug statute. Your participation in the Program is conditioned upon compliance with this notice requirement, and we will take action for violation of this.

E. In general, for violating the above stated rules in section VI(C), the Program will do the following (except in cases where during the term of service the member has been charged with or convicted of a violent felony, possession, sale, or distribution of a controlled substance):

1. For the member's first offense, an appropriate program official will issue a verbal warning to the member.
2. For the member's second offense, an appropriate program official will issue a written warning and reprimand the member.
3. For the member's third offense, the member may be suspended for one day or more without compensation and will not receive credit for any service hours missed.
4. For the fourth offense, the Program may release the member for cause.

F. The member understands that he/she will be either suspended or released for cause in accordance with paragraphs (B), (D), and (E) of section VII of this agreement for committing certain acts during the term of service including but not limited to being convicted or charged with a violent felony, possession, sale, or distribution of a controlled substance.

## **VII. RELEASE FROM TERMS OF SERVICE**

A. The member understands that he/she may be released for the following two reasons:

1. For cause, as explained in paragraph (B) of this section
2. For compelling personal circumstances as defined in paragraph (C) of this section

B. The Program will release the member for cause for the following reasons:

1. The member has dropped out of the program without obtaining a release for compelling personal circumstances from the appropriate program official.
2. During the term of service the member has been convicted of a violent felony or the sale or distribution of a controlled substance.
3. The member has committed a fourth offense in accordance with paragraph (E) of section VI of this agreement.
4. The member has committed any of the offenses listed.
5. The member has committed another serious breach that, in the judgment of the program director, would undermine the effectiveness of the Program.

C. The Program may release the member from the term of service for compelling personal circumstances if the member demonstrates that:

1. The member has a disability or serious illness that makes completing the term impossible.
2. There is a serious injury, illness, or death of a family member which makes completing the term unreasonably difficult or impossible for the member.
3. The member has military service obligations.
4. The member has accepted an opportunity to make the transition from welfare to work.
5. Some other unforeseeable circumstance beyond the member's control makes it impossible or unreasonably difficult for the member to complete the term of service, such as a natural disaster, a strike, relocation of a spouse, or the nonrenewal or premature closing of a project or the Program.

D. Compelling personal circumstances which do not constitute leaving the Program:

1. To enroll in school
2. To obtain employment, other than moving from welfare to work
3. Because of dissatisfaction with the Program

E. The Program may suspend the member's term of service for the following reasons:

1. During the term of service the member has been charged with a violent felony or the sale or distribution of a controlled substance. (If the member is found not guilty or the charge is dismissed, the member may resume his/her term of service. The member, however, will not receive back living allowances or credit for any service hours missed.)
2. During the term of service the member has been convicted of a first offense of possession of a controlled substance. (If, however, the member demonstrates that he/she has enrolled in an approved drug rehabilitation program, the member may resume his/her term of service. The member will not receive back living allowances or credit for any service hours missed.)

F. The Program may suspend the member's term of service for violating the rule of conduct provisions in accordance with the rules set forth in paragraph (C) of section VI of this agreement.

G. If the member discontinues his/her term of service for any reason other than a release for compelling personal circumstances as described in paragraph (B), (D), and (E), the member will cease to receive the benefits described in paragraph (A) of section V and will receive no portion of the education award or interest payments.

H. If the member discontinues his/her term of service due to compelling personal circumstances as described in paragraph (C) of section VII of this agreement, the member will cease to receive benefits described in paragraphs (B) and (C) of section V.

I. Program director must submit written notification to NCLR and health care providers and cancel health insurance within one week of the member's exit date and submit written notification to NCLR and First Financial (child care) providers and cancel child care.

#### **VIII. GRIEVANCE PROCEDURES (See attached Grievance Procedure and AmeriCorps Provisions, Sec. 34)**

A. The member understands that the Program has a grievance procedure to resolve disputes concerning the Member's suspension, dismissal, service evaluation, or proposed service assignment.

B. The member understands that, as a participant of the program, he/she may file a grievance in accordance with the Program's grievance procedure.

#### **IX. Program has written policies that address:**

- a. Grievance Procedures
- b. Drug-Free Workplace
- c. Nondiscrimination
- d. Reasonable accommodation for members with disabilities

#### **X. AMENDMENTS TO THIS AGREEMENT**

This agreement may be changed or revised only by written consent by both parties.

#### **XI. AUTHORIZATION**

The member and Program hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of this agreement. (If member is less than 18 years old, the member's parent/legal guardian must also sign.)

\_\_\_\_\_  
AmeriCorps Member AmeriCorps Program Director

\_\_\_\_\_  
Member or Parent/Legal Guardian

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date

### 1.3 AmeriCorps Member Service Log

Name: \_\_\_\_\_

Service for the week(s) of: \_\_\_\_\_

Date	Activity Code	Location	Morning Hours			Afternoon Hours			Total Hours	Activity Hours		
			Time In	Time Out	# of Hours	Time In	Time Out	# of Hours		Fund Raising	Training	Direct Service
<b>Total Hours</b>												

\_\_\_\_\_  
Member Signature/Date

\_\_\_\_\_  
Site Supervisor Signature/Date

**Service Log Instructions:**

- Use the following fractions below for tracking hours: 15 minutes = .25 30 minutes = .50 45 minutes = .75 On the hour = .00
- Lunch breaks do not count as service hours, so complete the form accordingly.
- Add AM/PM hours and put total under Total Hours; divide total hours according to activities performed (direct service or training); record activity hours in appropriate columns. **Note: adding hours in activity columns should equal the number in Total Hours column.** \*Direct Service: non-training or fund development hours; Training: year total can be only 20% of hours; Fund Development: year total can be only 10% of hours
- Ensure hours are correct; service log will be sent back for corrections if there are errors, which could delay your living allowance check.
- Service logs must be signed/dated by member and site supervisor; service logs without signatures/dates will be sent back, which could delay your living allowance check.
- Fax service logs to AC Program Director at XXX.XXX.XXXX. Sites must maintain a file with the original service logs.

## 1.4 AmeriCorps Tutoring Program Requirements Checklist

Any programs that engage AmeriCorps members as tutors must comply with the requirements specified below. A tutor is defined in **Sec. 2522.900** as:

- Someone whose primary goal is to increase academic achievement in reading or other core subjects through planned, consistent, one-to-one or small-group sessions and activities that build on the academic strengths of K-12 students and target their academic needs.
- A tutor is not someone engaged in other academic support activities, i.e. mentoring and after-school program support, whose primary goal is something other than increasing academic achievement. For example, providing a safe place for children ≠ tutoring, even if activities focus on homework help.

Requirement	Y	N	N/A	Comments
<b>A. Tutor qualifications [Sec. 2522.910]</b>				
<i>If member is considered to be an employee of Local Education Agency or school, as determined by State law, then program ensures member meets Paraprofessional qualifications under No Child Left Behind Act, as required in 34 CFR 200.58</i>				
<i>If member is not considered to be an employee of Local Education Agency or school, as determined by State law, then the program ensures member: (1)(i) Has a high School diploma or its equivalent, or a higher degree OR (ii) Proficiency test, as described in § 2522.930 of this subpart (2) Successfully completes pre- and in-service specialized training, as required in § 2522.940 of this subpart.</i>				
<b>B. Exceptions to qualification requirements [Sec. 2522.920]</b>				
Program is not required to meet the qualifications requirements in § 2522.910 if a member is a K–12 student tutoring younger children in the school or after school as part of a structured, school-managed cross-grade tutoring program				
<b>C. Appropriate proficiency test [Sec. 2522.930]</b>				
If a member serving as a tutor does not have a high-school diploma, its equivalent, or a higher degree, program ensures member passes a proficiency test that the program has determined effective in ensuring that members serving as tutors have the necessary skills to achieve program goals.				
The program maintains in the member file of each member who takes the test documentation on the proficiency test selected and the results.				
<b>D. Program requirements [Sec. 2522.940]</b>				
Program has appropriate criteria for selecting and qualifying tutors, including the requirements in § 2522.910.				
Program identifies the strategies or tools it will use to assess student progress and measure student outcomes.				
Program certifies that the tutoring curriculum is high-quality and research-based, consistent with instructional program of the local educational agency or with State academic content standards.				
Program certifies that the pre-service and in-service training content are high-quality and research-based, consistent with the instructional program of local educational agency or with State academic content standards.				
Program provides specialized high-quality and research-based, member pre-service and in-service training consistent with the activities member will perform.				
Program provides appropriate member supervision by individuals with expertise in tutoring.				
<b>E. Requirements &amp; qualifications for programs that focus on supplemental academic support activities other than tutoring. [Sec. 2522.950]</b>				
If program does not involve tutoring as defined in Sec. 2522.900, then requirements in Secs. 2522.910-2522.940 do not apply.				
At a minimum, program articulates in its application how it will recruit, train and supervise members to ensure they have qualifications and skills necessary to provide the service activities in which they will be engaged.				



## 1.5 GED Agreement Letter (example)

This agreement between the **Local initiatives Support Corporation (LISC), (the CDC), and (AmeriCorps Member)** signifies an understanding that the AmeriCorps Member shall obtain a high school diploma or GED certificate during the course of the term of service with the participating community development corporation. To participate in the AmeriCorps Program and receive the education award of \$5,550.00, the AmeriCorps Member is required to have completed high school equivalency before the term of service has ended. If the AmeriCorps Member has not obtained a high school diploma or GED certificate by that time, the AmeriCorps Member will forego receiving the education award until the National Service Trust receives documentation of successful GED completion.

By signing this agreement LISC, the CDC, and the AmeriCorps Member acknowledge the high school equivalency requirement as defined by the Corporation for National Service and support the AmeriCorps Member's efforts to meet this requirement in an expeditious manner. In addition to the mandatory AmeriCorps reporting requirements, the AmeriCorps Member is expected to add completing his/her GED as a yearlong objective and shall be required to make progress reports on a quarterly basis. If it is apparent that no effort has been made by the CDC or the LISC AmeriCorps Member to move this process forward, appropriate action will be taken by LISC to ensure that this requirement is properly fulfilled.

Please indicate your acknowledgement and understanding of this agreement by signing below:

---

(Name)	Date
Local Initiatives Support Corporation	

---

(Supervisor Name)	Date
CDC Name	

---

AmeriCorps Member Name	Date
LISC AmeriCorps Member	

## 1.6 AmeriCorps Health Insurance Verification Form

AmeriCorps provides health insurance to any member who does not already have coverage that meets **ALL** of the following minimum services:

- Physician services for illness or injury
- Hospital room and board
- Emergency room care
- X-ray and laboratory costs
- Prescription drugs
- Mental or nervous conditions (limited coverage)
- substance abuse (limited coverage)
- Annual deductible of not more than \$250 per individual
- Co-pay requirement of not more than 20% or a comparable fixed fee
- Out-of-pocket expenditure of not more than \$1,000 per individual and,
- At least a \$50,000 maximum benefit
- Do you currently have a health insurance policy that, at a minimum, covers **ALL** of the minimum services required by the Corporation for National and Community Service (CNCS)?

Yes, I am currently covered by a health insurance policy that meets the above minimum standards set by the CNCS. I have given a copy of my insurance card to my AmeriCorps Program. Coverage provided by: \_\_\_\_\_

No, I am not currently covered by a health insurance policy that meets the above minimum standards set by the CNCS.

---

Name

---

Signature

---

Date

## 1.7 AmeriCorps State & National: Service Location Procedure FAQs

### 1. What is an operating site?

An operating site is the organization that manages the AmeriCorps program and places members into service locations. State subgrantees (programs) are operating sites. National grantees have had the option of listing all of their operating sites in the portal, or assigning all members to one operating site. The new requirement makes it mandatory for national grantees to enter at least one operating site to which they can assign service locations in each state where they are placing members.

### 2. What is a service location?

A service location is the organization where a member provides most of his/her service in the community. Typical service locations are schools, food banks, health clinics, community parks, etc. Service locations can also be operating sites, if the member actually serves at the operating site most of the time.

### 3. What if I do not know member service locations at the time of member enrollment?

Programs have up to 30 days from start of service to enroll a member in the portal, and we expect programs to determine where a member will provide service within this timeframe.

### 4. By when must service locations be assigned to members who are already enrolled?

We expect all members enrolled on or after 7/1/12 to be assigned to a service location by 8/1/2012, or within 30 days of start of service, whichever is later.

### 5. How do I create a service location if I am a national grantee?

First, you must create all of your operating sites. Then, click the manage programs link, search by 14 digit program code and/or program name of the operating site to which the service location is linked, select the appropriate program name, click view service locations, click create, complete the required fields, and save.

### 6. How do I create a service location if I am a state subgrantee?

Click the 'manage programs' link, search by 14 digit program code and/or program name, select the appropriate program, click 'view service locations,' click 'create,' complete the required fields, and save.

### 7. How do I assign already-enrolled members to a service location?

After new service locations have been created, search for the member, navigate to the Member Home screen, select the 'change service location' link, choose appropriate service location from the dropdown menu, and save.

### 8. How do I assign members to service locations at the time of enrollment?

In the Placement Information part of the enrollment form, select the appropriate service location from the dropdown menu. Service locations that have been created and linked to the selected program title will populate the drop-down service location menu.

### 9. What if a member serves in more than one location?

Enter the service location where the member serves a majority of his or her time. If the member serves equal amounts of time at more than one location, pick one location to enter. You cannot assign a member to more than one service location.

### 10. What if a member is assigned to one service location and then moves to another service location?

Reassign member to the new service location via the "change service location" link available on the member home page in the portal.

### 11. To what extent will grantees be able to access data from the service location screens in the portal?

The service location information for an individual member is viewable on the member's service term information screen. To view a list of all the members in your program with their service location information, first click the 'Manage Service Locations' link, and then click on the operating site you would like to view and 'View Members' link. This brings up a list view of all the members at that operating site and the service locations to which each of the members is assigned. By clicking on the column heading name Service Location you can sort all the members into their assigned service locations. In addition, if you click the 'Reports' option, you can run the Member Download Report to pull in the members and their service location information.

**12. An EAP has almost 70 operating sites across the country. Most members meet at the operating site every day and serve on many different projects. Can we use the operating sites as their service location?**

If members are assigned to operating sites only, create one service location for each operating site and assign the members to this service location.

**13. May we use a school district as the service location if we will not have assigned members to individual schools by the 30-day deadline?**

Yes, you may use a school district as a service location if it only covers one zip plus four. If it covers multiple zips plus four you should create service locations for the actual location of the schools. You may create a service location which is the same as an operating site for now, and then move members to their actual locations once they are determined.

**14. Do I have to create the service locations or can operating site users create them for themselves?**

Operating site users can create service locations.

**15. Can the same staff person have permissions at the operating site and service location levels at the same time?**

The Operating Site User Role includes all of the functions of someone with the Service Location User Role. The Service Location User Roles does not include all of the functions of someone with the Operating Site User Role. In other words, roles are more inclusive of functionality the higher your assigned role is in the hierarchy of roles.

**16. Does this requirement apply to a member's start date, or when their enrollment is approved?**

You are required to enter member service locations on or before the date you approve their enrollment. So in the example above, you will have to add a service location for the member that started on 6/25/2012 and was approved on 7/1/2012.

**17. How do I run a report that will show all approved enrollments?**

Run the Member Download Report from the Reports page. The "TERM INFO UPDATE" column indicates the date that enrollments were approved.

## 2.1 Performance Measure Worksheet

Please fill in the performance measure information for each section.
<b>General Info</b>
Performance Measurement Title:
Measure Category (choose one): Needs and Service Activities Participant Development Strengthening Communities
Service Category addressed by this Performance Measure Worksheet (see Appendix A, Service Categories):
<b>Needs and Activities</b>
Briefly describe the need to be addressed (4,000 characters or less):
Briefly describe how you will achieve this result (4,000 characters or less):
How many AmeriCorps members will be participating in this activity?
How many days per week (on average) will this activity occur?
How many hours per day (on average) will this activity occur?
When does this activity begin?
When does this activity end?
<b>Results</b>
The outputs and outcomes you intend to track for a particular activity:
<b>Result Type</b>
<b>Outputs</b> are counts of the amount of service members or volunteers have completed, but do not provide information on benefits to or other changes in the lives of members and/or beneficiaries.
<b>Intermediate-outcomes</b> specify changes that have occurred in the lives of members and/or beneficiaries, but are short of a significant benefit for them.
<b>End-outcomes</b> specify changes that have occurred in the lives of members and/or beneficiaries that are significant.
<b>Result: Output</b>

<b>Result Statement: 1-2 sentences stating the expected result.</b>
<b>Indicator: A specific, measurable item of information that specifies progress toward achieving a result.</b>  Indicator:
<b>Other Indicator:</b>
<b>Targets</b>
<b>Target Description:</b>
<b># (number) or % (percent):</b>
<b>Instruments: Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).</b>
<b>Result: Intermediate Outcome</b>
<b>Result Statement: 1-2 sentences stating the expected result.</b>
<b>Indicator: A specific, measurable item of information that specifies progress toward achieving a result.</b>  Indicator:
<b>Other Indicator:</b>
<b>Targets</b>
<b>Target Description:</b>
<b># (number) or % (percent):</b>
<b>Instruments: Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).</b>
<b>Result: End Outcome</b>
<b>Result Statement: 1-2 sentences stating the expected result.</b>

--

**Indicator: A specific, measurable item of information that specifies progress toward achieving a result.**

**Indicator:**

**Other Indicator:**

**Targets**

**Target Description:**

**# (number) or % (percent):**

**Instruments: Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).**

**Performance Measure Statement (summary)**

**Combine expected results and targets into a sentence:**

## 2.2 Volunteer Generation Report

<b>Program Name:</b>		<b>Reporting Period:</b>	
<b>Program Director:</b>		<b>Date Submitted:</b>	

**Activities:** In what activities did members engage to achieve this performance measure this period?

- Recruit volunteers                       Manage volunteers                       Train volunteers  
 Project development                       Other: \_\_\_\_\_

**Outputs:** What are your outputs for **member led projects**?

- \_\_\_\_\_ Number of volunteer projects created  
 \_\_\_\_\_ Number of volunteer projects conducted  
 \_\_\_\_\_ Number of volunteer opportunities/slots created  
 \_\_\_\_\_ Number of volunteer opportunities/slots filled  
 \_\_\_\_\_ Number of volunteer hours  
 \_\_\_\_\_ Number of new volunteers  
 \_\_\_\_\_ Number of continuing/repeat volunteers

<b>Impact Area</b>	<b># of Projects</b>
Disaster Relief Services	
Adult Education & Literacy	
Animal Support	
Children & Youth	
Employment/Career Assistance	
Housing and Homelessness	
Health & Wellness	
Community Revitalization	
Public Safety	
Other:	

*If you would like to provide additional information regarding your activities (such as project descriptions, pictures, etc.), please feel free to attach to this report.*



## 2.3 Member Development Report

<b>Program Name:</b>		<b>Reporting Period:</b>	
<b>Program Director:</b>		<b>Date Submitted:</b>	
<b>Number of members enrolled:</b>		<b>Number of members exited:</b>	

**Types of Training:** What types of trainings were your members engaged in during this reporting period?

- Citizenship     
  Leadership     
  National Service     
  Life After AmeriCorps  
 Other: \_\_\_\_\_

**Training Sessions:** Please provide the following information related to each training session.

Date	Training Title	# of Members	Hours

**Total Training Hours Completed this Reporting Period:** \_\_\_\_\_

If you would like to provide additional information regarding your training sessions (such as training guides, surveys, etc.), please feel free to attach to this report.

## 2.4 Training Survey

### Instructions for Program Staff

On the next two pages you will find two versions of the Training Survey:

1. Training Survey - AmeriCorps Service
2. Training Survey - Life After AmeriCorps

Use version 1 to collect feedback on training sessions that prepare members for their service assignments.

Use version 2 to collect feedback on training sessions that prepare members for “life after AmeriCorps.”

The only difference between versions 1 and 2 is the wording of question 6. Data from these two versions of the training survey should be aggregated separately when reporting to Serve DC.

**Please do not combine data from the two versions of the training survey when reporting to Serve DC.**

Question 7 on both versions of the training survey asks members to describe any significant knowledge and skills they gained from the training session. This information provides supporting evidence for question 6.

**When reporting survey data to Serve DC, please include a selection of representative comments from question 7 (from at least three members).** Please report these comments exactly as they appear on the members’ surveys.

**Training Survey-AmeriCorps Service**

Date: \_\_\_\_\_

Training Topic: \_\_\_\_\_

Facilitator: \_\_\_\_\_

**Presentation**

Please rate the following sessions and activities using a scale of 1 (strongly disagree) to 5 (strongly agree).  
Provide additional comments to help us continue to make this a meaningful experience for our network leaders.

1. Topics were presented effectively.	1	2	3	4	5
2. The facilitator was knowledgeable.	1	2	3	4	5
3. The written materials were useful.	1	2	3	4	5
4. The meeting included appropriate examples and interactive practice exercises.	1	2	3	4	5
5. There were enough opportunities for discussion.	1	2	3	4	5
6. As a result of this session, my knowledge/skills have increased to perform my AmeriCorps service.	1	2	3	4	5

Briefly describe any significant knowledge and skills you gained from this session.

---

---

---

How will you use the knowledge and skills acquired?

---

---

---

Briefly describe any follow-up training or assistance that would assist in building your capacity and competency in this content area.

---

---

---

What would have improved this session?

---

---

---

**Training Survey: Life After AmeriCorps**

Date: \_\_\_\_\_

Training Topic: \_\_\_\_\_

Facilitator: \_\_\_\_\_

**Presentation**

Please rate the following sessions and activities using a scale of 1 (strongly disagree) to 5 (strongly agree).  
Provide additional comments to help us continue to make this a meaningful experience for our network leaders.

1. Topics were presented effectively.	1	2	3	4	5
2. The facilitator was knowledgeable.	1	2	3	4	5
3. The written materials were useful.	1	2	3	4	5
4. The meeting included appropriate examples and interactive practice exercises.	1	2	3	4	5
5. There were enough opportunities for discussion.	1	2	3	4	5
6. As a result of this session, I am better prepared					
7. for life after AmeriCorps.	1	2	3	4	5

Briefly describe any significant knowledge and skills you gained from this session.

---

---

---

How will you use the knowledge and skills acquired?

---

---

---

Briefly describe any follow-up training or assistance that would assist in building your capacity and competency in this content area.

---

---

---

What would have improved this session?

---

---

---

**Print Name and Title:** \_\_\_\_\_

**Supervisor's Email Address:** \_\_\_\_\_

### 3.1 Sample In-Kind Donation Form

Date of Contribution: \_\_\_\_\_

Name of Donor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of Contributed Item(s) or Service (include quantity):

Estimated Value of Contribution: \$

Description of basis for valuation:

---

---

Was contribution obtained with or supported by federal funds? If so, indicate source.

---

Authorized Signature of Donor \_\_\_\_\_ Date \_\_\_\_\_

---

Authorized Signature of (Insert Program Name) \_\_\_\_\_ Date \_\_\_\_\_

### 3.2 Time and Effort Record Sample

**Organization X**

TIME AND EFFORT RECORD: FEDERAL FUNDS

Employee Name: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Program/Activity Code (PBB) or Org Code: \_\_\_\_\_

Pay Period Beginning: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Grant	Date	WEEK 1							WEEK 2							Total		
		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT			
																		0.0
																		0.0
																		0.0
																		0.0
																		0.0
																		0.0
																		0.0
<b>TOTAL HOURS</b>		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

### 3.3 Audit Analysis and Feedback

Date Audit Received Sent: \_\_\_\_\_

Revised Monitoring Date (if needed): \_\_\_\_\_

Date Agenda/ Monitoring Tool Sent: \_\_\_\_\_

Date(s) of Monitoring: \_\_\_\_\_

Date Feedback Sent: \_\_\_\_\_

Date Response Expected: \_\_\_\_\_

Date Response Received: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Name of Program: \_\_\_\_\_

# Full Time Members Granted: \_\_\_\_\_ # at this time: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

# Part Time Members Granted: \_\_\_\_\_ # at this time: \_\_\_\_\_

Analysis		
The audit examined financial records for one year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The audit report coincides with the required grant year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The audit report includes a management letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Match requirements are properly documented	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time and activities are based on budget rather than actual costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clearly defined programmatic and fiscal policies and procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proper segregation of financial duties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Program regulations comply with Serve DC-The Mayor's Office on Volunteerism and AmeriCorps Provisions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Financial Reports reconcile (FSR/ General Ledger/ FCTR)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Highlights of the Management Letter

#### Corrective Action Plan

Feedback Sent to Grantee: \_\_\_\_\_

Monitor: \_\_\_\_\_