The purpose of these data indicators is to help the Office of Refugee Resettlement (ORR) assess the progress of the Ethnic Community Self-Help (ECSH) Program in terms of the Program’s three main objectives. [[1]](#footnote-1)

*Please report on the following ECSH Data Indicators for activities conducted during the past six-months of the budget period. Instructions are included underneath each item. This report follows the semi-annual reporting deadlines of April 30th and October 30th. This information is requested in addition to the Performance Progress Report (SF-PPR).*

|  |  |
| --- | --- |
| **1. Recipient Organization** | **2. Federal Grant Number** |
|

|  |
| --- |
|  |

*Enter name of the grantee organization.* |

|  |
| --- |
|  |

*Enter grant/award number contained in the award document.* |
| **3. Reporting Period End Date**

|  |
| --- |
|  |

*Enter ending date of the reporting period. The following period and dates shall be used: 3/31 and 9/29.*  | **4. Number of New Enrollments this Reporting Period**

|  |
| --- |
|  |

*Enter the number of refugees (and other populations eligible for ORR services) enrolled into the ECSH Program for the first time during this reporting period.*  |
| **5. Number of Refugees Served**

|  |
| --- |
|  |

*Enter the total number of refugees (and other populations eligible for ORR services) served during this reporting period.*  | **6. Number of Clients Served According to Status**

|  |  |
| --- | --- |
| Refugee |  |
| Asylee |  |
| Other status eligible for ORR services |  |

*Enter the number of clients served according to status during this reporting period.* |

**7. Types of Services Provided**

|  |  |
| --- | --- |
| * Navigation services
 | * English language training
 |
| * Cultural/community orientation
 | * Employability services
 |
| * Health-related services
 | * Academic enrichment/college preparation
 |
| * Home management services
 | * Emotional wellness services
 |
| * Transportation
 | * Referral services
 |
| * Translation and interpretation services
 | * Citizenship preparation/civic engagement
 |
| * Case management services
 |  |

*Check all boxes that apply to the services provided during this reporting period.*

**7a. Other Services Provided**

|  |
| --- |
|  |

*List other types of services provided during this reporting period that are not included in item 7 above.*

**8. Number of Clients Who Completed Services**

|  |
| --- |
|  |

*Enter the total number of clients who completed services*

*during this reporting period.*

OMB Approval Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

|  |  |
| --- | --- |
| **9. Number of New Partnerships Developed**

|  |
| --- |
|  |

*Enter the number of new partnerships developed through the program during this reporting period.*  |

 **10. Ways that New Partnerships Strengthened Organizational Development**

|  |  |
| --- | --- |
| Partner  | How the partnership has strengthened organizational development |
|  |  |
|  |  |
|  |  |
|  |  |

*Enter the name of the partner in the left column. In the right column, enter how the partnership has strengthened the organization’s development during this reporting period. This could include strengthening referral mechanisms, staff capacity building, increasing the ability to provide a broader range of services, etc.*

**11. Types of Training Provided to Staff**

|  |  |
| --- | --- |
| * Case management
 | * Cultural orientation provision
 |
| * Case documentation
 | * Public benefits
 |
| * Interpretation
 | * Health services and systems
 |
| * Cultural sensitivity and awareness
 | * Non-profit management
 |
| * Self-care
 | * Board development
 |

*Check all boxes that apply to the training provided to, or attended by, staff and other members of the organization, such as the Board of Directors, during this reporting period.*

**11a. Other Training Provided to Staff**

|  |
| --- |
|  |

*List other types of training provided to, or attended by, staff and other members of the organization, such as the Board of Directors, during this reporting period that are not included in item 11 above.*

**12. Types of Community Engagement Activities Conducted**

|  |
| --- |
|  |

*List the types of community engagement activities conducted for refugee AND receiving communities, as applicable, during this reporting period. These activities could include informational workshops, refugee community meetings, community-wide service projects, etc.*

OMB Approval Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

**THE PAPERWORK REDUCTION ACT OF 1995** (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

OMB Approval Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

1. ECSH Data Indicators and ECSH Program objectives are referred to in Funding Opportunity HHS-2016-ACF-ORR-1129 in *Section I. Program Description*. [↑](#footnote-ref-1)