



## AmeriCorps National Civilian Community Corps (NCCC) Project Completion Report

Project Implementation	
1.	<i>Please provide the dollar value of the following resources leveraged and/or contributed by your organization or community stakeholders to support the project.</i>
	<i>Cash in resources:</i>
	<i>In-kind resources:</i>
2.	<i>Please specify the overall quality of the service work performed by the NCCC team on this project.</i>
3.	<i>Please describe the implementation of the project to include best practices, lessons learned, and recommendations for improvement:</i>
Post- Project Assessment	
4.	<i>Please specify the primary intended community outcome of the project:</i>
<i>If 'Other,' please specify:</i>	
5.	<i>Please specify to what extent your organization will be able to sustain the project's outcomes.</i>
6.	<i>Please specify the degree to which the project's primary objective was met by your organization.</i>
7.	<i>Please provide a summary of the project's impact on the community. Include any significant qualitative or quantitative information related to those impacts.</i>



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Signatures	
Sponsoring Organization Authorized Representative Name	AmeriCorps NCCC Region Director Name
Sponsoring Organization Authorized Representative Signature	AmeriCorps NCCC Region Director Signature

**PUBLIC BURDEN STATEMENT:** Public reporting burden for this collection is estimated to average 20 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 250 E. Street SW, Washington, D.C. 20525. You are not required to respond to the collection unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

OMB Control Number 3045-xxxx

Expiration Date xx/xx/xxxx