## **Ethnic Commnity Self-Help (ECSH) Program Data Indicators** 1. Grantee Name: 2. Grant Number: 3. Reporting Period End Date: **DIRECT SERVICES Second Reporting First Reporting Cumulative Budget Period** Period Period **Program Activities** 4. Number of New Enrollments this Reporting Period 5. Number of Refugees Served **Second Reporting First Reporting** 6. Number of Clients Served According to **Cumulative Budget Period** Period Period Status 6a. Refugee 6b. Asylee 6c. Other status eligible for ORR services **First Reporting Second Reporting** Period Period 7. Types of Services Provided Yes ('1')/No ('0') Yes ('1')/No ('0') 7a. Navigation Services 7b. Cultural/community orientation 7c. Health-related services 7d. Home management services 7e. Transportation 7f. Translation and interpretation services 7g. Case management services 7h. English language training 7i. Employability services

7j. Academic enrichment/college preparation			
7k. Emotional wellness services			
7l. Referral services			
7m. Citizenship preparation/civic engagement			
7n. Other (list):			
ORGA	ANIZATIONAL D	EVELOPMENT	
Program Activities	First Reporting Period	Second Reporting Period	Cumulative Budget Period
8. Number of New Partnerships Developed			
9. Type of New Partnership Developed	First Reporting Period	Second Reporting Period	Cumulative Budget Period
9a. Educational organization			
9b. Local/state government entity			
9c. Medical service provider			
9d. Legal service provider			
9e. Faith-based group			
9f. Other (list)			
10. Types of Training Provided to Staff	First Reporting Period Yes ('1')/No ('0')	Second Reporting Period Yes ('1')/No ('0')	
10a. Case management			
10b. Case documentation			
10c. Interpretation			
10d. Cultural sensitivity and awareness			
10e. Self-care			

10f. Cultural orientation provision				
10g. Public benefits				
10h. Health services and systems				
10i. Non-profit management				
10j. Other (list)				
CIVIC ENGAGEMENT				
11. Types of Community Engagement Activities Conducted	First Reporting Period	Second Reporting Period		

## LOGIC MODEL OUTPUTS & OUTCOMES

Logic Model Outputs Progress	Semi-Annual Results	
ga	First Reporting Period	Second Reporting Period
Please list all planned <b>Outputs</b> from the Logic Model in the following spaces. Add more spaces as necessary.	Identify progress towards each Output for Months 1-6	Identify progress towards each Output for Months 7-12.
Logic Model Outcomes Progress	Semi-Annua	l Results

	First Reporting Period	Second Reporting Period
Please list all planned <b>Outcomes</b> from the Logic Model in the following spaces. Add more spaces as necessary.	Identify progress towards each Outcomes for Months 1-6	Identify progress towards each Outcomes for Months 7-12.

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## **Cumulative Budget Period** Describe progress towards Outputs for the current fiscal year. **Cumulative Budget Period**

Describe progress towards each Outcome for the current fiscal year.

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