# AmeriCorps Disaster Deployment After Action Report

*Please return to the Disaster Services Unit within two weeks of the end of your deployment.*

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| --- | --- |
| **Program Name:**  |  |
| **Point of Contact:**  |  |
| **Phone Number:**  |  | **Point of Contact Email:** |  |
| **Mission Assignment Number:**  |  | **Deployment Location(s):** |  |
| **Deployment Dates:**  |  |
| **Total Number of Members Deployed:** |  | **Total Number of Staff Deployed:** |  |
| **Total Member Hours:** |  | **Total Staff Hours:**  |  |

1. **List of partners worked with on the ground:**
2. **Description of Deployment Activities:**
3. **Summary of Quantifiable Accomplishments:**

*Please enter your program’s final accomplishment figures based on the measures reported throughout the assignment in the Daily Report. If additional quantifiables were added during the assignment, please add as needed below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Qty** | **Description** | **Qty** |
| # Work orders |  | Pounds of food collected/distributed |  |
| # Damage assessments |  | Pounds of clothing collected/distributed |  |
| # Structures mucked/gutted |  | Pounds of other supplies collected/distributed |  |
| # Cubic yards of debris cleared  |  | Pounds of donations sorted |  |
| # Hazard trees Removed |  | # VRC’s supported  |  |
| # Roofs temporarily repaired and/or tarped |  | # Volunteers registered |  |
| # Homes with minor repairs |  | # Volunteer hours leveraged |  |
| # Wellness/Safety Checks |  | # Volunteers supervised |  |
| # People assisted at mass care facilities |  | # Estimated people assisted (non-mass care) |  |
| # Meals served  |  | Other Quantifiables (insert description as needed) |  |
| # Mass Care facilities supported  |  |  |  |

1. **Summary of Community Needs Met:**
2. **Deployment Successes**

*Please list notable highlights and successes during this deployment. This could include member safety, establishment of a VRC, a high number of volunteers leveraged, specific relationships built, etc. If any, please provide additional information in specific regard to how this experience was changed or affected by the COVID-19 pandemic, please explain here.*

1. **Deployment Challenges**

*Please list notable challenges during this project and how you overcame them. This could include communication with other organizations, lack of resources, housing challenges, etc. If any, please provide additional information in specific regard to how this experience was changed or affected by the COVID-19 pandemic, please explain here*

1. **Deployment Recommendations and Solutions**

*Based on your experience on this deployment, please list any recommendations for future deployments, either for this specific disaster or for future A-DRT deployments. This could include the need for a specific training, change in chain of communication, etc. Please be specific and provide examples where possible.*

1. **Partnerships, High Profile Meetings, Media**

*Please list any notable partnerships established, meetings with dignitaries, and media coverage. This could include new program partnership with local EMA, site visit from a State Senator, an interview with the local news, etc.*