

# Ethnic Community Self-Help (ECSH) Program Data Indicators

1. Grantee Name:			
2. Grant Number:			
3. Reporting Period End Date:			
<b>DIRECT SERVICES</b>			
<b>Program Activities</b>	<b>First Reporting Period</b>	<b>Second Reporting Period</b>	<b>Cumulative Budget Period</b>
4. Number of New Enrollments this Reporting Period			
5. Number of Refugees Served			
<b>6. Number of Clients Served According to Status</b>	<b>First Reporting Period</b>	<b>Second Reporting Period</b>	<b>Cumulative Budget Period</b>
6a. Refugee			
6b. Asylee			
6c. Other status eligible for ORR services			
<b>7. Types of Services Provided</b>	<b>First Reporting Period Yes ('1')/No ('0')</b>	<b>Second Reporting Period Yes ('1')/No ('0')</b>	
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):			

**ORGANIZATIONAL DEVELOPMENT**

<b>Program Activities</b>	<b>First Reporting Period</b>	<b>Second Reporting Period</b>	<b>Cumulative Budget Period</b>
8. Number of New Partnerships Developed			
9. Type of New Partnership Developed	<b>First Reporting Period</b>	<b>Second Reporting Period</b>	<b>Cumulative Budget Period</b>
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	<b>First Reporting Period Yes ('1')/No ('0')</b>	<b>Second Reporting Period Yes ('1')/No ('0')</b>	
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

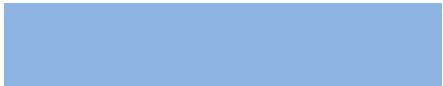
**LOGIC MODEL OUTPUTS & OUTCOMES**

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

Logic Model Outcomes Progress	Semi-Annual Results
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OMB Control Number: 0970-0490  
Expiration Date: 1/31/2020



**Cumulative Budget Period**

*Describe progress towards Outputs for the current fiscal year.*

**Cumulative Budget Period**

<i>Describe progress towards each Outcome for the current fiscal year.</i>

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