

Ethnic Community Self-Help (ECSH) Program Data Indicators

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

ORGANIZATIONAL DEVELOPMENT

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	
	First Reporting Period	Second Reporting Period
<i>Please list all planned Outputs 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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