

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

<b>1. Recipient Name:</b>			
<b>2. Grant Number:</b>			
<b>3. Reporting Period End Date:</b>			
DIRECT SERVICES			
Program Activities	First Reporting Period	Second Reporting Period	
<b>4. Number of New Enrollments</b>			
<b>5. Number of Clients Served</b>			
<b>6. Number of Clients Served According to Status</b>			
<b>6a. Refugee</b>			
<b>6b. Asylee</b>			
<b>6c. Cuban/Haitian Entrants</b>			
<b>6d. Special Immigrants Visa Holders</b>			
<b>6e. Afghan Humanitarian Parolees</b>			
<b>6f. Amerasians</b>			
<b>6g. Victims of Human Trafficking</b>			
<b>6h. Ukraine Humanitarian Parolees</b>			
7. Types of Services Provided	First Reporting Period	Second Reporting Period	
<b>7a. Navigation Services</b>			
<b>7b. Cultural/community orientation</b>			
<b>7c. Health-related services</b>			
<b>7d. Home management services</b>			
<b>7e. Transportation</b>			
<b>7f. Translation and interpretation services</b>			
<b>7g. Case management services</b>			
<b>7h. English language training</b>			

7i. Employability services			
7j. Academic enrichment/college preparation			
7k. Emotional wellness services			
7l. Referral services			
7m. Citizenship preparation/civic engagement			
7n. Other (list):			
<b>ORGANIZATIONAL DEVELOPMENT</b>			
<b>Program Activities</b>	<b>First Reporting Period</b>	<b>Second Reporting Period</b>	
8. Number of New Partnerships Developed			
9. Type of New Partnership Developed			
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</b>	<b>Second Reporting Period</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**

<b>11. Types of Community Engagement Activities Conducted (list)</b>	<b>First Reporting Period</b>	<b>Second Reporting Period</b>

**LOGIC MODEL OUTPUTS & OUTCOMES**

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


PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, the Office of Refugee Resettlement (ORR) is gathering data on your grant program to understand the design and effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average 2 hours per **grantee recipient**, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (Pub. L. 105-285, section 680(b) as amended). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB# is 0970-0490 and the expiration date is 01/31/2023. If you have any comments on this collection of information, please contact Zahra Cheema, ACF/ORR, by email at [Zahra.Cheema@acf.hhs.gov](mailto:Zahra.Cheema@acf.hhs.gov).

OMB Control Number: 0970-  
0490  
Expiration Date: 1/31/2023