

Ethnic Community Self-Help (ECSH) Program Data Indicators

1. Recipient Name:			
2. Grant Number:			
3. Reporting Period End Date:			
DIRECT SERVICES			
Program Activities	First Reporting Period	Second Reporting Period	
4. Number of New Enrollments			
5. Number of Clients Served			
6. Number of Clients Served According to Gender			
6a. Female			
6b. Male			
6c. X (Other/Unspecified)			
7. Number of Clients Served According to Status			
7a. Refugee			
7b. Asylee			
7c. Cuban/Haitian Entrants			
7d. Special Immigrants Visa Holders			
7e. Afghan Humanitarian Parolees			
7f. Amerasians			
7g. Victims of Human Trafficking			
7h. Ukraine Humanitarian Parolees			
8. Types of Services Provided	First Reporting Period	Second Reporting Period	
8a. Navigation Services			
8b. Cultural/community orientation			
8c. Health-related services			
8d. Home management services			
8e. Transportation			

8f. Translation and interpretation services			
8g. Case management services			
8h. English language training			
8i. Employability services			
8j. Academic enrichment/college preparation			
8k. Emotional wellness services			
8l. Referral services			
8m. Citizenship preparation/civic engagement			
8n. Other (list):			
ORGANIZATIONAL DEVELOPMENT			
Program Activities	First Reporting Period	Second Reporting Period	
9. Number of New Partnerships Developed			
10. Type of New Partnerships Developed			
10a. Educational organization			
10b. Local/state government entity			
10c. Medical service provider			
10d. Legal service provider			
10e. Faith-based group			
10f. Other (list)			
11. Types of Training Provided to Staff	First Reporting Period	Second Reporting Period	
11a. Case management			
11b. Case documentation			
11c. Interpretation			
11d. Cultural sensitivity and awareness			
11e. Self-care			
11f. Cultural orientation provision			

11g. Public benefits			
11h. Health services and systems			
11i. Non-profit management			
11j. Other (list)			
CIVIC ENGAGEMENT			
12. Types of Community Engagement Activities Conducted (list)	First Reporting Period	Second Reporting Period	
LOGIC MODEL OUTPUTS & OUTCOMES			
13. Logic Model Outputs Progress	Semi-Annual Results		
	First Reporting Period	Second Reporting Period	
Please list all planned Outputs 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.	
14. Logic Model Outcomes Progress	Semi-Annual Results		
	First Reporting Period	Second Reporting Period	
Please list all planned Outcomes 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.	

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 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 03/31/2026. If you have any comments on this collection of information, please contact Zahra Cheema, ACF/ORR, by email at Zahra.Cheema@acf.hhs.gov.

OMB Control Number: 0970-
0490
Expiration Date: 3/31/2026