Ethnic Commnity 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 Sex			
6a. Female			
6b. Male			
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.*

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0490.

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