



**PROJECT/PROGRAM GRANT REPORT**

**United Way of Genesee County / National Service Fund**

**Section I: Grantee Information**

Date of Grant Application: \_\_\_\_\_

Legal Name of Org. Applying: \_\_\_\_\_

Organization Federal EIN: \_\_\_\_\_

Name of Person Applying: \_\_\_\_\_

National Service Program Name: \_\_\_\_\_

Program/Position Start and End Dates: \_\_\_\_\_

Grant Amount: \_\_\_\_\_

**Number of Member Slots:**

- Input the number of AmeriCorps member slots you received from AmeriCorps, MCSC, or sponsor organization.

	Full-Time	Half-Time	Quarter / Summer	Total Members	Total NSF-Supported Members
AmeriCorps State/National:					
AmeriCorps VISTA:					
<b>Total:</b>					

**Number of Members Enrolled:**

- Input the number of AmeriCorps members that you enrolled in the AmeriCorps program. Include even members who did not complete their service/exited early.

	Full-Time	Half-Time	Quarter / Summer	Total Members	Total NSF-Supported Members
AmeriCorps State/National:					
AmeriCorps VISTA:					
<b>Total:</b>					

**Number of Member who Successfully Completed their Term:**

- Input the number of AmeriCorps members who successfully completed their term of service.

	Full-Time	Half-Time	Quarter / Summer	Total Members	Total NSF-Supported Members
AmeriCorps State/National:					
AmeriCorps VISTA:					
<b>Total:</b>					

List all the service sites members served at if different from the grant receiving organization:

Did all your members complete the full term of service for which they signed on? If not, please explain:

**Section II: Use of Grant Funds**

Indicate how the program used the funding from the National Service Fund to support the program and leverage federal program dollars. (Ex. Professional Development, Supplies, Training, Travel Costs)

<b>Expense</b>	<b>Required/Budgeted Amount</b>	<b>Actual Amount Spent</b>	<b>Dollar Value of any In-Kind Support</b>	<b>Dollar Value of Host Site Contribution</b>
<i>Program Match Requirement</i>				

Explain below any differences between Budgeted Amount and Actual Amount Spent over 5% of any line item. (ex. Number of members changed, member exits, trainings changed)

- If programs do not utilize their full grant amount from the NSF, you are expected to deduct any rollover funds from next year's request.

**Section III: Impact of AmeriCorps Project/Program**

Number of program staff/site supervisors:	
Number of volunteers recruited and/or managed by members:	
Number of hours served by those volunteers:	
Number of monetary and in-kind donations leveraged by members:	
Number of community partnerships established/strengthened by members:	

**Program's Primary Objective(s):**

**Accomplishments:**

- Explain a few of the program's/members' most noteworthy accomplishments during the year. Please provide measurable examples (i.e., 100 children received tutoring, 50 blocks beautified)

**Community Contributions/Impact:**

- Explain how the greater Flint community has been impacted by having the program in place. What service gaps does your program/members fill?

**What lessons did you learn from this program year? How will you adjust your program in the future?**

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**Section IV: Member Information**

Please answer the following about the enrolled member(s) who served with your program this year. *\*Include **both** members who successfully completed and members who exited early\**

<b>Of your total members, how many are from...?</b>	<b># of Members</b>	<b>Of your total members, how many have...?</b>	<b># of Members</b>
Flint:		High School/GED:	
Genesee County:		Some College:	
Elsewhere in Michigan:		Bachelor's/Associate's:	
Out of State:		Advanced Degree:	

<b>Of your total members, how many fall in the age range...?</b>	<b># of Members</b>	<b>Of your total members, how many identify as ...?</b>	<b># of Members</b>
17-24:		Black/African American:	
25-34:		White:	
35-44:		Asian:	
45-54:		American Indian/Alaskan Native:	
55+:		Native Hawaiian/Pacific Islander:	
		Other:	

<b>Of your total members, how many terms of AmeriCorps service have they completed?</b>	<b># of Members</b>
1 term:	
2 terms:	
3 terms:	
4+ terms:	

<b>Of your total members, how many identify as?</b>	<b># of Members</b>
Veterans:	
Persons with a Disability:	

<b>Of your total members, how many will use their Segal Education Award?</b>	<b># of Members</b>

**Member Development:**

- In what ways did you see the member(s) grow and develop during the service term? How do you think the AmeriCorps experience was beneficial from a personal and/or professional standpoint for the member(s)?

**Member Challenges:**

- What challenges did you experience with your members or that your members experienced during their service? (Ex. Stipend difficulties, professional behavior, reporting data, site supervisors, communication)

**Life after AmeriCorps:**

- How have you helped your member(s) prepare for Life After AmeriCorps? (Ex. Recommendations, job referrals, resume help, career advice, networking)

**Alumni Information:**

- What is the member(s) doing/will do after completion of AmeriCorps service? How many will stay in the Flint/Genesee County area?

**Section V: Experience with the National Service Fund/National Service Accelerator**

**What could the National Service Accelerator do to better support your program in utilizing national service members and resources?**

**How has your program, organization, staff, and/or members benefitted from participation in the Flint National Service Accelerator?**

- This could include monthly professional developments, Life After AmeriCorps Day, Days of Service, individualized trainings, member recognition events, Ameri-Mentoring, Ameri-News newsletter, supervisor support, etc.)

**How do you ensure that your members attend the monthly Accelerator meetings? How do you encourage them to participate in Flint National Service Accelerator events?**

**Do you plan to apply for future funding from the National Service Fund?**

- Please explain your anticipated request to next year's National Service Fund and when you plan on applying for funding.

