

LISC

*Helping neighbors  
build communities*



# Member Handbook

**2004 – 2005**

## 2004 – 2005 LISC AmeriCorps Member Handbook

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*This handbook is not a legal document. It serves as a summary only and may in no way supersede any part of the Agreement of Participation. In the event of a discrepancy, determination will be ruled by the terms of conditions within the agreement of Participation.*

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## **Welcome**

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### ***Mission Statement***

The mission of the LISC AmeriCorps program is to transform distressed neighborhoods into healthy communities by placing AmeriCorps Members with Community Development Corporations (CDCs). LISC AmeriCorps will strengthen communities by engaging neighborhood residents in community revitalization efforts by recruiting volunteers, forming local associations and forming partnerships with other agencies. By training the AmeriCorps Members and offering them the opportunity to serve in communities, we will expand the pool of neighborhood leaders, particularly those that reflect the neighborhood being served, with the skills and drive to effect long term change in their communities.

### ***History of LISC***

LISC is the nation's largest support organization for grassroots community building. It mobilizes partnerships to help local people rebuild deteriorated neighborhoods and rural areas across America. LISC provides funding and technical know-how to community development corporations (CDCs). These grassroots community enterprises create affordable homes for working families, spur commercial investment, create jobs and expand opportunity in low-income neighborhoods. LISC believes that CDCs are the best vehicles for transforming their own neighborhoods because they bring together the best of the private and public sectors -- CDCs are locally controlled; they build working partnerships in neglected areas; they encourage private sector investment, and they produce tangible results.

Established by the Ford Foundation and six corporations in 1979, LISC is the nation's largest nonprofit community development support organization, with 38 local programs working in over 300 cities and urban counties across the country. LISC also works in neglected rural communities, supporting CDCs in 37 states and Puerto Rico. LISC has been a significant force in the CDC movement directly helping support over 2,200 CDCs to build or rehabilitate 128,000 affordable homes and almost 20 million square feet of retail, community, and educational space.

LISC serves as an extraordinary vehicle through which the private sector gets involved in community revitalization. Through strong relationships with over 2,300 corporations, foundations and public agencies, and increasing numbers of individual donors, LISC has raised over \$4.5 billion to support grassroots community revitalization.

The local/national partnership, through which national LISC provides matching resources and support to locally initiated programs, is integral to LISC's approach to community-based development. LISC and its affiliates provide grants, loans, and equity to CDCs for community revitalization. LISC's 38 program areas are guided by civic leaders serving on Local Advisory Committees who assist LISC staff in developing innovative financing approaches to support CDC ventures in housing, economic development, and supportive services. National LISC matches the philanthropic support received by local LISC programs from foundations and corporations to launch new programs and to maintain existing LISC areas of concentration. In addition to matching locally raised funds, National LISC provides training, technical oversight, and additional financial resources such as housing credit equity as well as resources for an array of initiatives supporting the expanding program interests of CDCs.

***LISC Affiliates: Creative Solutions to Mobilizing Capital***

In order to mobilize the maximum amount of capital for community-based development, LISC has founded three affiliates with a unique combination of skills and talents to help community groups take advantage of opportunities in the public and private sectors.

*National Equity Fund (NEF)*

[www.nefinc.org](http://www.nefinc.org)

NEF is the country's largest nonprofit syndicator that attracts corporate investment for community-based affordable housing. NEF organizes partnerships of Fortune 500 corporations interested in investing in affordable housing. In return, NEF investors receive Low Income Housing Tax Credits, which can be applied against their federal income taxes. In nine years, NEF has raised over \$1.6 billion to create more than 33,000 affordable homes for individuals and families across America.

*New Markets Support Company, LLC (NMSC)*

NMSC allocates LISC's New Markets Tax Credit (NMTC) awards from the CDFI Fund to eligible community economic development projects, thereby attracting private capital in return for federal tax credits and providing these projects with financing on more favorable terms. NMSC will use NMTCs to support a broad array of real estate projects including shopping centers, retail space, office space, brownfield redevelopment, and educational and community facilities.

*Community Development Trust (CDT)*

[www.commdevtrust.com](http://www.commdevtrust.com)

The Community Development Trust is a Real Estate Investment Trust that channels private capital into affordable housing and other community development projects. LISC provided the initial seed capital to the Community Development Trust (CDT) to further LISC's broad support for community development initiatives and finance.

***Strategic Program Areas for LISC***

In recent years, CDCs have embraced a broader agenda that includes projects aimed at bolstering the social and economic fabric of low-income communities. They have turned to LISC for financial and technical assistance in developing projects in neighborhood commercial revitalization, business development, job training, day-care and crime prevention. In an effort to address these needs, LISC offers a wide array of strategic programs targeted at assisting CDCs. They are:

- AmeriCorps
- Center for Commercial Revitalization
- Center for Homeownership
- Community Investment Collaborative for kids (CICK)
- Community Safety Initiative
- Housing Authority Resource Center (HARC)
- Housing Preservation Initiative
- Knowledge Sharing Initiative (KSI)
- Educational Facilities Financing Center
- NFL Community Football Fields Program
- Organizational Development Initiative
- Rural LISC

For more information on LISC and our programmatic activities check out our website at [www.liscnet.org](http://www.liscnet.org).

***What is LISC AmeriCorps?***

LISC AmeriCorps is part of the National Service Network which is administered by the Corporation for National and Community Service ([www.nationalservice.org](http://www.nationalservice.org)). Established by an act of Congress in 1993, it is dedicated to enabling Americans to engage in "seasons of service" and supports a range of national and community service projects. The Corporation focuses on four objectives: getting things

done with results-oriented projects, strengthening community spirit, encouraging responsibility among residents and expanding economic opportunities. There is a nice fit between these Corporation objectives and what CDCs seek to accomplish in their communities.

In 1994 LISC began its sponsorship of an AmeriCorps program as an additional strategy to help community development corporations (CDCs) help themselves. Part of the LISC AmeriCorps mission is to act as a connection point for these organizations and individuals who are committed to making better the communities in which they live and CDCs work. There is a desire for this connection to help nurture and foster positive, sustainable neighborhood change, while enabling AmeriCorps members to acquire the skills necessary to further their careers in community development and ultimately work in community development, if they so desire.

Members work at CDCs to help promote volunteerism and civic engagement by encouraging neighbors to take active roles in helping to transform the communities in which they live. The LISC AmeriCorps program combines service to the community with meaningful, hands-on work experience, training and leadership development.

LISC AmeriCorps members help to develop affordable housing units and provide home ownership counseling/ education to prospective first-time low-income homebuyers. They also participate in community building activities in neighborhoods and with residents to form crime watches, neighborhood groups, tenants associations and collaborations between local service providers. Members work with youth to provide opportunities to participate in sports, other recreation programs and after school activities that include tutoring, homework assistance and reading enrichment for underachieving students.

We've included "Getting Started: A Guide for AmeriCorps Members" in Appendix A. This guide provides more information about AmeriCorps, your rights and responsibilities as a member, the education award, and other interesting facts. To get an overview of other AmeriCorps programs or more information visit [www.americorps.org](http://www.americorps.org).

## **Member Benefits**

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### ***Stipend***

Full-time LISC AmeriCorps members will receive a stipend of \$18,000 for a full-time year of service. Pay periods will be on the 15<sup>th</sup> and last day of each month. Deductions will be made for federal and state income taxes (where applicable) and FICA. Members must submit time sheets for each service period to the National LISC office no later than one week after the service period ends. All members receiving a LISC stipend can opt to have their stipend payment made via direct deposit.

Part-time member stipends are determined and distributed on an individual basis by their placement site.

### ***Paid Absences***

Vacation, holiday, and sick time will vary with each placement site. Check with your supervisor regarding your CDC's policy. Paid absences are not counted as service hours.

### ***Health Insurance Coverage***

All full-time AmeriCorps members are eligible to receive health care benefits unless they are already covered through an alternate source. The plan has a \$100 deductible per policy year (September 1- August 31) and will pay 80% of the eligible medical expenses. When participants have reached \$1,000 in out-of-pocket expenses (including the deductible) the plan will then pay 100% of eligible medical expenses. The plan does not cover spouses or dependents. See Appendix B for a copy of the benefit brochure which has a detailed description of benefits.

Part-time members are NOT eligible for health care or childcare benefits.

### ***Child Care***

A childcare subsidy is provided to eligible members. Eligibility is based upon family income, age of dependents (up to 13 years), and whether or not the member is currently receiving childcare support from another source. See Appendix B for a description of childcare benefits.

## ***Education Award***

### ***Basics***

Members will be eligible to receive an educational award upon successful completion of all program requirements. The award amount will be based on the number of service hours completed --vacation, holiday, sick days and other time off are not included in the service hour requirement. The education award can be used to pay for attendance at an institution for higher education and to repay qualified student loans for a period of up to seven years after the completion of service. The award is considered taxable income in the year(s) that it is used.

Full-time members who complete a minimum of 1,700 hours and one year of service receive a \$4,725 education award. Part-time members receive education awards as follows: 300 hour term - \$1,000; 450 hour term - \$1,250; 900 hour term and one year of service - \$2,362.50.

The following information<sup>1</sup> describes the basics about the education award. If you have other questions, please call 1-800-433-3243 or reference [www.americorps.org](http://www.americorps.org).

### ***What can the education award be used for?***

You can use your education award in the following ways, or a combination of them:

- to repay qualified existing or future student loans;
- to pay all or part of the cost of attending a qualified institution of higher education (including certain vocational programs); or
- to pay expenses while participating in an approved school-to-work program.

### ***How much are education awards for?***

- See Education Award Basics above.

If you serve at least 15 percent of your term and leave for compelling personal circumstances (as determined by your project director), you may be eligible for a prorated award based on the number of service hours completed.

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<sup>1</sup> [www.americorps.org](http://www.americorps.org) (2004)

*How many education awards can you receive?*

Up to two. You can receive an award for your first two terms of service, regardless of whether they are full-time, part-time, or reduced part-time terms. If you end a term of service early, that term may count as one of your two chances to earn an award.

*Which colleges and universities are 'qualified institutions'?*

You can use your education award at most institutions of higher education (including graduate and professional programs), as well as some vocational schools. An institution is considered qualified for the education award if it has an agreement with the U.S. Department of Education making its students eligible for at least one of the federally backed forms of financial assistance (such as Pell Grants, Perkins Loans, Stafford Loans, National Direct Loans, and Federal Consolidated Loans). To make sure the institution you want to attend is qualified, check with the financial aid office to make sure the school is a "Title IV" institution before you make specific plans.

*What types of loans can the education award repay?*

Most postsecondary loans that are backed by the federal government are qualified for repayment with an AmeriCorps education award. Your lender should be able to tell you if your loan is qualified. Qualified loans include:

- Stafford Loans
- Perkins Loans
- Federal Direct Loans (William D. Ford Direct Loans)
- Federal Consolidated Loans
- Supplemental Loans for Students (SLS)
- Health Education Assistance Loans (HEAL)
- Health Professional Student Loans (HPSL)

*What types of expenses are considered part of the "cost of attending" an institution?*

"Cost of attending" may include tuition, room and board, books, supplies, transportation, and other expenses. The financial aid office of each school has information on expenses for specific academic programs, and that office determines the cost of attendance for the school.

*When can you use your education award?*

You can use your education award any time after you receive your voucher -- up to seven years after the date you end your service.

You can apply for an extension if you are unable to use the award for some reason during that time; or you perform another term of service in an approved program. To be considered for an extension, you must apply before the end of the seven-year period.

*Is the education award taxable?*

Yes. Payments made from Education Awards are considered taxable income in the year that the Corporation makes the payment to the school or loan holder and you will be taxed on your education award in the year you use it. For example, if you use all or part of your award for college in the fall of 2004, when you file your 2004 tax return, you must pay taxes on the portion of the award you used.

However, you may be able to take advantage of the Hope Scholarship Credit or the Lifelong Learning Credit. Those credits may provide you with significant tax relief. Both the Department of Education and the Internal Revenue Service have information on these tax provisions. The Corporation for National and Community Service does not withhold taxes from the award, but in late January it sends 1099 Forms to all AmeriCorps members who have made payments from their education awards and who have accrued interest during the previous year. The 1099 Form does not need to be included in your tax return, but it reflects the amount that the National Service Trust reports to the IRS as taxable miscellaneous income.

*What about paying student loans during your term of service?*

You may be eligible for forbearance for your qualified student loans from your loan holder. During a period of forbearance, you do not have to make payments, although interest continues to accumulate on your loans. If you qualified for loan forbearance and completed the appropriate form at the beginning of your term of service and receive an education award, AmeriCorps will pay all or a portion of the interest that accrued on your qualified student loan during your service. This amount is in addition to your education award.

## **Member Rights and Responsibilities**

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### ***Term of Service***

Full-time LISC AmeriCorps members, and members enrolled for 900 hours are expected to complete a 12-month term of service. For full-time members the number of hours served should be equivalent to a full-time schedule. Members who serve less than full-time should have schedule that allows for sufficient accumulation of hours to satisfy the requirements to successfully complete service.

Holiday, sick and vacation time are determined by the placement site and should be the same as for a first-year employee of the site.

The member and Program may change the term of service, in writing, due to compelling personal circumstances as described in Section VI (c) of the Member Agreement. Regardless of changes in dates, members must complete the required hours -- not including vacation, holiday or sick days -- to qualify for an educational award. A maximum of 20% of the hours served may be spent on training, education, or other similar approved activities. **Travel time to and from trainings does not count towards service or training hours.**

### ***Abbreviated Terms of Service***

#### **Compelling Personal Circumstances**

The Program may release a Member immediately from his or her term of service, due to compelling personal circumstances if:

1. The Member has a serious injury or illness that makes completing the term impossible;
2. There is a serious injury, illness or death of an immediate family member and the Member is needed to care for or take over the duties of the family member;
3. The Member is drafted by the Armed Services of the United States.

**Relocation, acceptance to a college or university or the acceptance of an employment offer DO NOT constitute a compelling personal circumstance.**

If the member discontinues his/her term of service due to compelling personal circumstances, he/she will cease to receive benefits under the program as described in section IV of the Member Agreement.

If, however, the member has completed at least 15% of the required service hours the member may receive a prorated portion of the education award or interest payments as described in Paragraphs (b) and (c) of section IV of the Member Agreement.

### ***Extended Terms of Service***

#### **Compelling Personal Circumstances**

The Program may place a member on temporary leave and extend the member's term of service beyond one calendar year (to no longer than three additional months) due to compelling personal circumstances when:

1. The member has a serious injury, illness or health condition that makes completing their term of service in a continuous calendar year impossible;
2. There is a serious injury, illness or death of an immediate family member and the member is needed to care for that family member or take over the duties of the family member;
3. The member is drafted by the Armed Services of the United States.

If the member is placed on temporary leave due to compelling personal circumstances as described above, the member will cease to receive benefits including the stipend under the program as described in section IV of the Member Agreement.

The member's new end-of-term date will be extended by the number of days the member was on leave. Additionally, full-time members must complete a minimum of 1,700 hours of service in order to satisfy the minimum requirement for an educational award.

### ***Second Term Eligibility***

A second year of service should not be considered as a member right or entitlement. To be eligible for a second year of service with LISC AmeriCorps:

- Members must receive satisfactory performance reviews and demonstrate an expanded scope of responsibilities at their site;
- Funds must be made available through the Corporation for National and Community Service and through LISC AmeriCorps.

### ***Rules of Conduct***

Members are expected to abide by the program's rules of conduct, which includes:

- demonstrating mutual respect toward others;
- following supervisor directions and working on assignments in a reliable and conscientious manner;
- keeping accurate and precise time records that are checked and signed by the site supervisor and forwarded to the local LISC office on the 15<sup>th</sup> and last day of each month;
- not engaging in any activity that involves proselytizing or assisting religious activities, influencing legislation or an election, aiding a partisan political organization, helping or hindering union activity, or aiding a for-profit business;
- not engaging in verbal or physical conduct which harasses, disrupts or interferes with another's performance or which creates an intimidating, offensive or hostile environment;
- not engaging in conduct, which sexually harasses others.

### ***Addressing Issues of Conflict***

If as an AmeriCorps member, you feel that you are experiencing an issue of conflict with your site supervisor, you should:

- Talk with your supervisor about the issue.
- If the problem persists let your local LISC AmeriCorps Program contact know what is going on.
- Talk to other members in the program.
- If you are still unsatisfied with the issue, note the program grievance procedures that are outlined in the Agreement of Participation.

### ***Violation of the Rules of Conduct & Progressive Discipline***

While we hope that well-established objectives, ongoing supervision and periodic feedback will result in sound relationships between LISC AmeriCorps members and supervisors, there may be times when more direct and documented feedback is required regarding conduct or performance.

If site supervisors feel that they are experiencing an issue of conflict with their LISC AmeriCorps member, the site supervisors will:

- STEP #1:** Speak to the member about the issue and call the LISC Program Officer to let them know what is going on. They may be able to help resolve the issue.
- STEP #2:** Give a verbal warning to the member, clearly describing the problem with performance and the steps that are necessary for improvement.
- STEP #3:** If the problem persists, give a written warning describing the problem with performance and the steps that are necessary for improvement. The supervisor should describe what will happen if improvement does not take place and within what timeframe. This could include suspension from service after consulting with LISC.
- STEP #4:** If there is still no improvement, the member may be released from their term of service for cause after the local LISC AmeriCorps Program Officer and national Program Director have been notified and concur that release is appropriate.

***Your Placement Site Agreement: Highlights***

The following are “highlights” of the agreement made between LISC AmeriCorps and each CDC placement site within the program.

*CDC Organizational Level*

- Participate in any meeting organized by LISC in furtherance of the Program; make key staff available for interview by LISC; and supply necessary information for LISC to complete required reports.
- Establish goals and objectives for program success and communicate with LISC concerning the development and attainment of those goals and objectives.
- Ensure adequate and safe working environments for member(s); provide appropriate materials and workspace for member(s).

*CDC Personnel Level*

- Provide regular supervision, maintain open communications with the member, and authorize by signature on the 15<sup>th</sup> and last day of each month LISC AmeriCorps time sheets.

- Provide projects, tasks, and assignments throughout the year of service that allow for leadership development opportunities for members. **Activities may not include clerical work, research, or fundraising activities unless such activities are incidental to the member's direct service.**
- Allow member(s) time during the work week for off-site LISC AmeriCorps training, including attendance at scheduled member meetings, such as orientation and other scheduled training sessions during the member's year of service.
- Provide the member with orientation to the Placement Site's organization – including but not limited to a detailed vacation, sick and holiday policies of the Placement Site. The CDC should also involve the member in appropriate staff meetings, retreats and training events.
- Notify the LISC AmeriCorps field office representative immediately of any problems or concerns with member or their work in accordance with grievance procedures.
- Understand that if for any reason the member withdraws or is released from the placement site or LISC AmeriCorps Program, LISC does not guarantee the assignment of another member to the position.

### ***Release from Service***

Members may be released for two reasons -- for “cause” or for “compelling personal circumstances.”

“Cause” is defined as: violating the rules of conduct; dropping out of the program without obtaining a release; being charged with a violent felony or the sale or distribution of a controlled substance; or any other serious breach that in the judgment of the Director, would undermine the effectiveness of the program.

“Compelling personal circumstances” would include, but are not limited to, events such as the member acquiring a serious illness or injury that makes completing the term impossible; illness or death of an immediate family member; or being drafted by the Armed Services.

### ***LISC Grievance Procedure***

The program has grievance procedures to resolve disputes concerning the member's dismissal, service evaluation, or proposed service assignment. As participants in the program, members also may file grievances. Additionally, labor unions may file grievances. The program outlines a “pre-complaint”

process to resolve issues and a “more formal” complaint process. For more detailed information regarding the grievance process, refer to the Agreement of Participation.

***Assurances Required by National Legislation***

To comply with national legislation, the Corporation for National and Community Service must be assured by all organizations benefiting from the service of an AmeriCorps member that:

- No jobs will be lost, no present employees will be replaced, and that no hours of current employees will be reduced as a result of a member's placement.
- The member is prohibited from engaging in or conducting any activities of a religious nature, or promoting or deterring union organization during working hours. The member must not violate the Hatch or Federal Anti-lobbying Acts. This means that during their service hours, the member cannot take part in any political activities including petition drives, voter registration, rallies, etc.
- The placement site will not discriminate against a member on the basis of race, color, religious creed, ancestry, union membership, age, sex, sexual orientation, national origin, non-job related handicap or disability, nor political affiliation.
- The site will ensure that the member will wear the AmeriCorps uniform, when appropriate, and the AmeriCorps name and logo will be used in connection with all service and member activity.

## **Maintaining Your Time**

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The LISC AmeriCorps time sheet is important because it:

- helps keep track of your time and ensures that you will complete the required number of hours to qualify for an education award; and
- provides an accurate record of service when the Corporation for National Service makes an appeal to Congress for refunding.

A sample and a blank timesheet are on the pages that follow.

### ***FAQs on Timesheets***

#### *Do all members have to complete time sheets?*

Yes, all members are required to submit the LISC AmeriCorps time sheet on a bi-monthly basis (the 15<sup>th</sup> and last day of the month).

#### *Who completes the time sheet?*

Members are responsible for completing their own time sheets and submitting them to the site supervisor.

#### *Who signs my timesheet?*

Site supervisors are responsible for verifying the accuracy of and signing your time sheets.

#### *How often are time sheets required?*

Time sheets are required twice a month. The first timesheet covers the 1<sup>st</sup> through the 15<sup>th</sup> of the month and the second timesheet is for the 16<sup>th</sup> through the last day of the month. When the service period has ended, members should fax a copy of the signed timesheet to the National LISC Office in NY and keep a copy for their own records. A copy of the timesheet should also be sent to the local LISC office.

#### *What constitutes a COMPLETED time sheet?*

A time sheet is considered complete when it has all of the following components:

- indicates clearly which days are being reported--either the 1st through the 15th or the 16th through the end of the month;
- includes as "Direct Service," only those hours members spend working and NOT lunch, training, vacation, holiday, sick days or other time off ;
- has all "Training" hours listed separately but included in the total hours of service;

- lists all holiday, sick, vacation and other time off in the "Other" column and DOES NOT include these hours toward total service hours;
- uses the "Reason" column to briefly explain any "Other" hours
- sums the numbers at the bottom of each column and adds “Direct Service” and “Training” hours together as the “Total” hours for the period;
- is checked for accuracy and is signed by the site supervisor.

*What happens if I don't submit my timesheets or they are incorrect?*

If you submit timesheets that have an error, either your LISC contact or Cecilia Bartley from the national office will contact you indicating the correction that is needed. If timesheets are not corrected or are more than one month in arrears, your stipend check may be held until the documents are received. However, you will receive notification via mail that this is to occur.

**Blank LISC AmeriCorps Timesheet**

AMERICORPS MEMBER – TIME SHEET					PERIOD END	
MEMBER NAME			SERVICE SITE		DATE	
					/ /	
REPORTING		HOURS IN SERVICE			OTHER: any time off, for example holiday, vacation and/or sick time	
Date	Day	Direct Service	Training	Total	Hours	Reason
1 / 16						
2 / 17						
3 / 18						
4 / 19						
5 / 20						
6 / 21						
7 / 22						
8 / 23						
9 / 24						
10 / 25						
11 / 26						
12 / 27						
13 / 28						
14 / 29						
15 / 30						
31						
TOTAL HOURS		+ =				
MEMBER SIGNATURE			DATE		SUPERVISOR'S SIGNATURE	
					DATE	

*Sample LISC AmeriCorps Timesheet*

AMERICORPS MEMBER – TIME SHEET					PERIOD END	
MEMBER NAME			SERVICE SITE		DATE	
John Pirone			New Town CDC		9/30/2002	
REPORTING		HOURS IN SERVICE			OTHER: any time off, for example holiday, vacation and/or sick time	
Date	Day	Direct Service	Training	Total	Hours	Reason
1 <del>16</del>	Fri	8		8		
2 <del>17</del>	Sat					
3 <del>18</del>	Sun					
4 <del>19</del>	Mon				8	Holiday
5 <del>20</del>	Tue	6	2	8		
6 <del>21</del>	Wed	8		8		
7 <del>22</del>	Thurs	4	4	8		
8 <del>23</del>	Fri	10		10		
9 <del>24</del>	Sat					
10 <del>25</del>	Sun					
11 <del>26</del>	Mon	6		6		
12 <del>27</del>	Tue	8		8		
13 <del>28</del>	Wed	7	1	8		
14 <del>29</del>	Thu	8		8		
15 <del>30</del>	Fri	9		9		
31						
TOTAL HOURS		74 + 7 = 81				
MEMBER SIGNATURE			DATE		SUPERVISOR'S SIGNATURE	
JOHN PIRONE			10/1/2002		Mary Smith	
10/1/2002					10/1/2002	

## **LISC Training Opportunities**

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Supervisors must allow members time away from the office to attend all official LISC AmeriCorps trainings. LISC AmeriCorps training consists of:

- a one-week national training
- twelve local monthly meetings
- six locally coordinated training opportunities

Attendance at trainings is mandatory.

Part-time members are required to attend all trainings, except for those trainings that conflict with school/class schedules.

The LISC AmeriCorps training plan was developed through discussions with LISC AmeriCorps members, site supervisors and staff, evaluations of prior LISC AmeriCorps training sessions and the designs of current, higher education degree programs that focus on community development and related fields.

In particular, the LISC AmeriCorps program uses the following training rationale as a guide:

- presenting information and developing skills within members as they need them;
- focusing on practical activities and materials;
- ensuring training relates to the current experiences of members;
- including immediate skills development and knowledge but also long-term skill development and knowledge;
- including a service project, community tour or other group activity, when possible.

### ***National Training – Mid-late October***

This training generally takes place one month after members start at their sites and focuses on providing a general orientation. The training presents an overall orientation to LISC, AmeriCorps and a general history of Community Development. It also is designed to provide exposure to community organizing, public speaking, meeting facilitation and project planning; subjects we feel are necessary to help members serve successfully.

### ***Monthly Meetings & LISC Sponsored Trainings***

Monthly meetings occur within each of the cities or local areas where Members are placed. The meetings generally last one half-day to a full day. Meetings often take place at a member's site. The goals of monthly meetings are to highlight the work of a specific member and CDC; provide locally specific training; and address still unexplored areas of skill development or need. Topics usually include: Conflict Resolution, Interviewing Techniques, Negotiation Skills, Resume Writing, Issues in Community Development, Writing for Success or other topics of interest.

### ***Training Expenses***

LISC will cover all expenses related to attending national and regional trainings, i.e., transportation, accommodations, materials, etc., with the exception of transportation to and from the member's home airport. LISC will not be responsible for member costs related to monthly meetings/training.

## **Making the Most of Your Service Year**

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### ***Your First Few Weeks at Your Site***

Members who begin their year of service well oriented to their placement site – and the community that it serves – have the greatest potential of increased productivity and personal growth. Therefore at the beginning of your term of service you should:

- learn the history and background of your organization--its mission, goals, and current programs;
- read and discuss with your supervisor written materials about your organization and neighborhood;
- get permission to spend time with other program staff, board members and community residents in order to get a broader picture of your organization and the community;
- orient yourself to office procedures and policies including: regular working hours; use of the telephone and workspaces; details regarding vacation, sick, holiday and local expense reimbursement policies; and training available.

Some organizational norms and rules are explicitly stated, others are not. Although AmeriCorps members are technically neither staff nor volunteers, you should be treated as first year employees with regard to policies and procedures. By the end of your first week, you should formally meet with your supervisor and cover the following checklist of items:

- Sick leave, vacation, personal leave and holiday policies
- Schedule and lunch breaks
- Staff contact to report absences
- Dress code
- Who might need to know where you are at all times
- Telephone protocol and etiquette
- Participation in meetings (board, staff, attendance and participation)
- Computer etiquette
- Access to organizational information
- Formality and language (addressing others by last or first name, titles)
- Rules of confidentiality (customer/client information, organizational information)
- Representation (including who may speak to the press)
- Chain of command (who to go to if you have a problem with supervision)
- Reimbursement policies for any local, service-related expenses, i.e., parking/mileage.

### ***Setting Your Service Objectives***

Outlining service expectations with your site supervisor, upon your arrival and on an on-going basis, ensures that both of you will have a clear sense of where you are going and your accomplishments during the year. Objectives should focus on outcomes within the community which are clearly linked to your service activities. The aim is for you to have a true sense of ownership in your own service plan.

Therefore:

- review with your site supervisor the specific responsibilities of your service project;
- establish goals and objectives for program success with your supervisor. Use the LISC AmeriCorps Objective Worksheets that are located in Appendix C to document your goals and objectives;
- seek projects, tasks, and assignments throughout the year that allow you to develop as a leader;
- communicate periodically with your supervisor regarding the progress and attainment of your goals and objectives;
- revisit objectives periodically and revise them if necessary with your supervisor.

**Please note that your service activities should NOT include clerical work, research, or fundraising unless such activities are directly related to your service project and do not exceed 20% of the time spent on that project.**

### ***Reporting Your Service Activities***

Once you and your site supervisor set objectives for your service, you should keep records of your activities. These records will:

- help you to provide information. (Everyone--including the placement organization and LISC AmeriCorps office staff--are interested in and benefit from knowing about your activities and accomplishments);
- assist you and your supervisor in identifying any challenges that you face in the field and develop strategies to address them;
- help you and your supervisor in planning your personal development;
- enable you and your site supervisor to address your training needs;
- help you to translate your year of service into a meaningful written statement, i.e., to assist with your career development, to enroll in a higher education program, etc.

Each month, you are required to send a written report regarding progress in meeting your service objectives to your Local LISC AmeriCorps Program Officer. LISC will provide a format (See Appendix C for the form that corresponds to your objective(s)) and assistance to you regarding the monthly reporting. If your organization already has an internal monthly reporting format, you can use the same detailed form to report to LISC AmeriCorps. All information, however, that is detailed on the regular LISC AmeriCorps reporting form should be included in your report.

Before sending the report, it should be reviewed and signed by your site supervisor. Site supervisors should keep a copy of it and respond to details that are outlined within it.

### ***Instruments to Measure Impact***

The instruments described here will assist members in determining the impact of service activities. These forms can also be utilized as information sources for monthly reports. Samples of the instruments are included in Appendix C.

#### *Housing Counseling Survey*

This form asks housing counseling clients about the impact of housing counseling services. Members who have had continuing contact with clients will use this tool. It will enable you to report on the number of clients seen, the types and amounts of services received, the effects of counseling, the numbers of homes purchased, and affordable rental units created/preserved and provide information about how to improve services. You should complete the survey with clients when service delivery is completed, but before the client's file is closed. This form should be used when objectives include Needs & Services #1: Housing Counseling and should be attached as documentation to monthly reports.

#### *Housing Development Checklist*

This instrument is intended to help document how member activities in housing development are supporting the development of affordable housing units. Complete one form at the conclusion of work on each project. You would supplement this form with details of how each activity was accomplished under the "What did you do?" column of the Member Monthly Reporting Form. This form should be used when objectives include Needs & Services #2: Housing Development and should be attached as documentation to monthly reports.

#### *Neighborhood Revitalization Survey*

Members use this instrument after they have completed the planning or implementation of a community project, which they expect to have some impact on community members. For example, use the survey

when you have just completed a community garden, extensive clean-up, or after a community-wide festival or celebration. This form should be used with those people who helped to plan and carry out the events. It will help to document the number of activities, the impact on participants, and collect suggestions about how to improve future activities. This form should be used when objectives include Needs & Services #3: Revitalize Neighborhoods and should be attached as documentation to monthly reports.

*Youth Enrichment Surveys (collected primarily from parents)*

You can complete this form with a teacher, program staff person or parent (whoever is most accessible and has frequent contact with the young person in question) after you have finished work with the young person. The survey looks at educational and social indicators of success and asks the respondent about individual youth benefits they have observed. There is also room provided for additional comments. This form should be used when objectives include Needs & Services # 4: Create Safe Spaces for Children to Learn and Grow and should be attached as documentation to monthly reports.

*Youth Enrichment Surveys for Program Staff (collected primarily from program staff)*

This instrument differs from the Youth Enrichment Survey in that it measures aggregate youth benefits (not benefits to an individual student). Complete the survey with a teacher or program staff person after you have finished working with a group of students. The survey also solicits information on member program participation and performance. This form should be used when objectives include Needs & Services # 4: Create Safe Spaces for Children to Learn and Grow and should be attached as documentation to monthly reports.

*Earned Income Tax Credit Report*

You complete this form that captures information about the tax preparation training received and the tax preparation assistance provided. It records the number and dollar amounts of returns prepared, number of volunteers, who may have helped with tax return preparation; and the hours volunteers served in providing tax preparation services. It also asks what part of the assistance worked best and what might be improved. This form should be used when objectives include Needs & Services # 5: Increase Economic Opportunities for Low and Moderate Income Neighborhoods and should be attached as documentation to monthly reports.

*Community Outreach Log*

This instrument is intended to allow you to keep track of community outreach activities you participate in; it monitors the types of activities conducted, the number of people served, resource and network

sharing and the number of volunteers that assisted with the event. This form should be used when objectives include Needs & Services # 5: Increase Economic Opportunities for Low and Moderate Income Neighborhoods and/or Community Strengthening #3: Increase Awareness of Community Resources/ Services and should be attached as documentation to monthly reports.

#### Neighborhood Association Survey

This form is similar to the Neighborhood Revitalization Survey. However, this form should be used with members of block associations, crime watches and resident/tenant/homeownership associations and other neighborhood groups to document the number of issues identified and resolved, how residents felt about their work with the groups, and to collect suggestions about how to improve future activities. The form can be used when an issue has been resolved, or at the time when your work with the group has been completed. This form should be used when objectives include Community Strengthening #2: Strengthen/ Form neighborhood Groups/ Associations and should be attached as documentation to monthly reports.

#### Volunteer Sign-In Sheet

This form can be used to track volunteers on a daily basis. One impact of recruiting volunteers is creating a source of sustainable volunteers for community organizations, so this form will allow you to report on repeat volunteers and those who intend to volunteer in the future.

#### Community Training Evaluation

This form can be used at the end of training events to measure if the participants feel more knowledgeable or gained skills as a result of the training offered. The evaluations should be given at the end of each individual workshop or training. This form should be used when the objectives include Community Strengthening #3: Increase awareness of Community Resources/ Services and should be attached as documentation to monthly reports.

#### ***Gaining Ongoing and Supportive Supervision***

The LISC AmeriCorps program has as one of its goals, providing opportunities for professional and personal development. Additionally, the program provides an opportunity for the further development of your placement site and the communities it serves. To maximize your success in the program and gain as much as you can for your placement site and the community that it serves, quality supervision is critical. Therefore:

- Seek out ongoing supervision through regularly scheduled meetings with your supervisor. Focus on reviewing and developing service plans to achieve objectives;
- Maintain open communications with your supervisor;
- Identify and document training needs and opportunities for your own professional development and share them with your supervisor;
- Seek permission to get involved in appropriate staff meetings, retreats and training events;
- Ask for direct and honest feedback on all aspects of your performance--positive aspects as well as those aspects that require change.

### ***Periodic Feedback on Your Performance***

Site Supervisors for the LISC AmeriCorps program play a crucial role in fostering your professional and personal development. As your manager--and in some cases mentor--they have the ability to observe your performance and give you feedback regarding what you do extremely well, skills you may want to develop further and what you might plan to do in the future. Given this critical role, the LISC AmeriCorps program has the following expectations regarding appraisal of your performance.

- You should receive an evaluation after six months of service and at the end of your service year;
- The evaluation should provide a summary of the feedback given over the prior months' supervision. There should be no surprises;
- A copy of both the six-month and final evaluations should be sent to the Local LISC AmeriCorps Program Officer.

## **LISC AmeriCorps Administration**

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### ***Roles of Staff***

The following is a list of the various staff that make up the LISC AmeriCorps program, along with a description of their duties. Please join our AmeriCorps Members List Serve by sending an e-mail to [srapp@lisc.org](mailto:srapp@lisc.org).

### ***Operating Site Offices***

Local LISC Operating Site Staff - LISC AmeriCorps Operating staff are the **FRONT LINE** staff of the program. They select placement sites; work with sites to recruit members; prepare quarterly reports for evaluation; help plan national and regional trainings; provide support at trainings; and raise funds necessary for local program match. The staff works closely with placement sites and members to ensure the appropriateness of member's service objectives and to help resolve conflicts.

### ***National Office***

***Program Director*** - The Program Director is responsible for setting program goals; coordinating national and regional trainings; planning and coordinating program evaluation; establishing and overseeing administrative, financial, and legal systems; working jointly with local program staff to resolve program related issues; and submitting reports to Corporation for National and Community Service and other national funders on a timely basis.

***Program Officer*** - The role of the Program Officer is to help organize and coordinate national and regional trainings; maintain the administrative, financial, and personnel systems of the program; prepare reports for program evaluation; and handle Member benefits. The Program Officer will disseminate information such as grant requirements, policies and procedures, and best practices to field staff.

***Administrative Assistant*** - The role of the Administrative Assistant is to coordinate travel arrangements for member trainings; process member expenses related to training and travel; and ensure that grant letters, placement site agreements, and member agreements are distributed to sites supervisors and members. The Administrative Assistant also maintains the members' time records and responds to general inquiries about the program.

National Staff Address and Telephone List

Address: LISC AmeriCorps  
501 7<sup>th</sup> Avenue; 7<sup>th</sup> Floor  
New York, NY 10018  
(212) 692-0465 Fax

Program Director: Pearl Jones  
pjones@lisc.org  
(212) 455-9324

Program Officer: Stacey Rapp  
srapp@lisc.org  
(212) 455-9308

Administrative Assistant: Cecilia Bartley  
cbartley@lisc.org  
(212) 455-9335

### ***Other Numbers to Call for Assistance***

<b><i>If you have questions about:</i></b>	<b><i>Call:</i></b>
<i>General questions about the Education Award</i>	National Service Trust (202) 606-5000, ext. 347 or (800) 433-3243 <a href="mailto:edawardvoucher@cns.gov">edawardvoucher@cns.gov</a>
<i>The status of a forbearance request</i>	(202) 606-5000, ext. 345
<i>Is the school I want to attend qualified to receive the Education Award?</i>	U.S. Dept. of Education Domestic Title IV (202) 708-9408
<i>Childcare application or benefits</i>	AmeriCorps*Care (800) 570-4543
<i>Healthcare benefits</i>	SRC (800) 788-6557

# Appendix A

## Getting Started: A Guide for AmeriCorps Members

(\*see pdf file posted)

# Appendix B

## Member Benefits

(\*see pdf file posted)

*Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.*

# Appendix C

**Member Objective Worksheets**  
**Monthly Reporting Forms**  
**Tools to Measure Impact**

*Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.*



# LISC AmeriCorps Member Objective Worksheet

## Needs and Services #1

### Increase Housing Opportunities for Low and Moderate Income Neighborhoods: Housing Counseling – Homeownership

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

- Homeownership Counseling/ Education
- Referral to Credit Counseling Agency
- Other: \_\_\_\_\_
- Credit Counseling
- Down Payment Assistance
- Marketing/ Outreach for Homeownership Programs

Please describe briefly what you will do, how often it will occur, for how long, and where it will take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, first time homebuyers that are from a predominately minority, low- income neighborhood.

\_\_\_\_\_  
\_\_\_\_\_

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number of services you will provide. Please place a number near all that apply.

- \_\_\_\_\_ Number of homeowner education workshops you will teach
- \_\_\_\_\_ Number of people to whom you will give homeownership counseling/ education
- \_\_\_\_\_ Number of people to whom you will provide credit counseling
- \_\_\_\_\_ Number of people you will help with down payment assistance applications
- \_\_\_\_\_ Number of people who you will be refer to credit counseling agencies
- \_\_\_\_\_ Number of people who will receive mortgage approval
- \_\_\_\_\_ Number of people who will receive marketing materials
- \_\_\_\_\_ Other:

**OUTCOMES:** What specific changes will occur as a result of your activities? Please place a number near all that apply.

- \_\_\_\_\_ Number (or percent) of people who will purchase a home
- \_\_\_\_\_ Number (or percent) of people counseled who will indicate they are more knowledgeable about the process of being a homeowner
- \_\_\_\_\_ Number (or percent) of people counseled who will indicate they are more knowledgeable about resources available to purchase a home
- \_\_\_\_\_ Other:

**MEASURE:** What tools/ methods will you use to measure outputs and outcomes?

**Housing Counseling Survey (Housing Counseling Survey.doc):** This was developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete this form and attach it to your monthly reports.

Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.



# LISC AmeriCorps Member Objective Worksheet

## Needs and Services #1A Increase Housing Opportunities for Low and Moderate Income Neighborhoods: Housing Counseling – Rental Assistance

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Identifying & securing apartments | <input type="checkbox"/> Administer rental assistance grant programs |
| <input type="checkbox"/> Help with eviction proceedings    | <input type="checkbox"/> Help with rental assistance applications    |
| <input type="checkbox"/> Help with repair issues           | <input type="checkbox"/> Referral to rental assistance programs      |
| <input type="checkbox"/> Other: _____                      |  |

Please describe briefly what you will do, how often it will occur, for how long, and where it will take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, those in need of rental assistance services that are from a predominately minority, low income neighborhood.

\_\_\_\_\_  
\_\_\_\_\_

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number of services you will provide.

Please place a number near all that apply.

- \_\_\_\_\_ Number of people to whom you will give rental assistance counseling
- \_\_\_\_\_ Number of people to whom you will provide assistance to identify and secure apartments
- \_\_\_\_\_ Number of rental assistance applications completed
- \_\_\_\_\_ Number of people you will be refer to rental assistance programs
- \_\_\_\_\_ Other: \_\_\_\_\_

**OUTCOMES:** What specific changes will occur as a result of your activities?

Please place a number near all that apply.

- \_\_\_\_\_ Number (or percent) of people who are able to secure cash assistance
- \_\_\_\_\_ Number (or percent) of people who are able to secure temporary / transitional housing
- \_\_\_\_\_ Number (or percent) of people who are able to avoid eviction/ stay in their homes/ secure permanent affordable rental housing
- \_\_\_\_\_ Other: \_\_\_\_\_

**MEASURE:** What tools/ methods will you use to measure outputs and outcomes?

**Housing Counseling Survey (Housing Counseling Survey.doc):** This was developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete this form and attach it to your monthly reports.

Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.



# LISC AmeriCorps Member Objective Worksheet

## Needs and Services #2 Increase Housing Opportunities for Low and Moderate Income Neighborhoods: Housing Development

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

- Develop Multi-Family Units
- Develop Single Family Units
- New Construction
- Rehabilitation (Major)
- Other: \_\_\_\_\_

Please describe briefly what you do, how often it will occur, for how long, and where it will take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, families seeking affordable rental or homeownership opportunities that are from a predominately minority, low-income neighborhood.

\_\_\_\_\_  
\_\_\_\_\_

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number of services you will provide

Please place a number near all that apply.

- \_\_\_\_\_ Number of units that will to complete Stage 1 of the development process
- \_\_\_\_\_ Number of units that will complete Stage 2 of the development process
- \_\_\_\_\_ Number of units that will complete Stage 3 of the development process
- \_\_\_\_\_ Number of units that will complete Stage 4 of the development process
- \_\_\_\_\_ Number of units that will complete Stage 5 of the development process

\_\_\_\_\_ Other:

**OUTCOMES:** What specific changes will occur as a result of your activities?

Please place a number near all that apply.

- \_\_\_\_\_ Number of units that will be completed and ready for occupancy
- \_\_\_\_\_ Other:

**MEASURE:** What tools/ methods will you use to measure outputs and outcomes?

**Housing Development Checklist (Housing Development Checklist.doc):** This was developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete this form and attach it to your monthly reports.

Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.



## LISC AmeriCorps Member Objective Worksheet

### Needs and Services #2A

### Increase Housing Opportunities for Low and Moderate Income Neighborhoods:

### Housing Development – Minor Repair/ Rehab Programs

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

Coordinate minor repair/ rehab programs

Other: \_\_\_\_\_

Please describe briefly what you will do, when it will occur, for how long, and where it will take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, families seeking affordable rental or homeownership opportunities that are from a predominately minority, low-income neighborhood.

\_\_\_\_\_  
\_\_\_\_\_

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number of services your activities will provide.

Please place a number near all that apply.

Number of units on which minor repairs/  
rehab will be completed

Other:

**OUTCOMES:** What specific changes will occur as a result of your activities?

Please place a number near all that apply.

Number (or percent) of clients who will  
indicate their housing situation is better

Number (or percent) of clients who will  
indicate repairs were made satisfactorily

Other:

**MEASURE:** What tools/ methods will you use to measure outputs and outcomes?

**Housing Counseling Survey (Housing Counseling Survey.doc):** This was developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete this form and attach it to your monthly reports.

Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.



# LISC AmeriCorps Member Objective Worksheet

## Needs and Services #3 Revitalize Neighborhoods

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Conduct Clean-ups                              | <input type="checkbox"/> Plan special events (block parties, festivals, etc.) |
| <input type="checkbox"/> Plant community gardens (or other green space) | <input type="checkbox"/> Restore other public spaces                          |
| <input type="checkbox"/> Improve parks                                  | <input type="checkbox"/> Administer/Manage Façade improvement programs/grants |
| <input type="checkbox"/> Other: _____                                   |   |

Please describe briefly what you will do, when it will occur, for how long, and where it will take place:

\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, residents in the neighborhood that is identified as a predominately minority low-income community.

\_\_\_\_\_

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number of services you will provide. Please place a number near all that apply.

- \_\_\_\_\_ Number of clean-ups to be completed
- \_\_\_\_\_ Number of garden(s)/ greenspace(s) to be planted/ park(s) to be improved
- \_\_\_\_\_ Number of special events (block parties, festivals, community celebrations) held
- \_\_\_\_\_ Number of people to be involved in planning events
- \_\_\_\_\_ Number of façade improvements to be completed
- \_\_\_\_\_ Number of other public spaces to be restored
- \_\_\_\_\_ Other:

**OUTCOMES:** What specific changes will occur as a result of your activities? Please place a number near all that apply.

- \_\_\_\_\_ Number (or percent) of people involved in planning activities who feel that the activities met the goal
- \_\_\_\_\_ Number (or percent) of people involved in planning activities who feel increased pride in their community
- \_\_\_\_\_ Number (or percent) of people involved in planning activities who feel more connected to their community
- \_\_\_\_\_ Number (or percent) of people involved in planning activities who will participate in a similar event in the future

\_\_\_\_\_ Other:

**MEASURE:** What tools/ methods will you use to measure outputs and outcomes?

**Neighborhood Revitalization Survey (Neighborhood Revitalization Survey.doc):** This was developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete this form and attach it to your monthly reports.

Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.



# LISC AmeriCorps Member Objective Worksheet

## Needs and Services #4

### Create Safe Spaces for Children to Learn & Grow

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Homework help       | <input type="checkbox"/> Cultural Programs | <input type="checkbox"/> Computer training | <input type="checkbox"/> Recreation             |
| <input type="checkbox"/> Tutorial assistance | <input type="checkbox"/> Arts/ Crafts      | <input type="checkbox"/> Service learning  | <input type="checkbox"/> Sports program         |
| <input type="checkbox"/> Literacy            | <input type="checkbox"/> Dance             | <input type="checkbox"/> Summer program    | <input type="checkbox"/> Leadership development |
| <input type="checkbox"/> Other: _____        |  |  |   |

Please describe briefly what you will do, how often it will occur, for how long, and where it will take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, children deemed to be "at risk" that are a predominate minority living in a low income neighborhood.

\_\_\_\_\_  
\_\_\_\_\_

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number of services you will provide

Please place a number near all that apply.

\_\_\_\_\_ Number of new students participating in activities

\_\_\_\_\_ Number of continuing students participating in activities

\_\_\_\_\_ Other:

**OUTCOMES:** What specific changes will occur as a result of your activities?

Please place a number near all that apply.

\_\_\_\_\_ Number (or percent) of parents who indicate that children involved in activities demonstrate improved attitudes, social skills, and self-esteem

\_\_\_\_\_ Number (or percent) of additional programs that the site can offer as a result of the member's activities

\_\_\_\_\_ Number (or percent) of additional children that the site can serve as a result of the member's activities

\_\_\_\_\_ Other:

**MEASURE:** What tools/ methods will you use to measure outputs and outcomes?

**Youth Enrichment Survey for Parents (Youth Enrichment Survey.doc)** and the **Youth Enrichment Survey for Program Staff (Youth Enrichment Survey - PS.doc)**. These were developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete these forms and attach them to your monthly reports.

Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.



# LISC AmeriCorps Member Objective Worksheet

## Needs and Services #5 Increase Economic Opportunities for Low & Moderate Income Neighborhoods

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_  
Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Job Placement           | <input type="checkbox"/> Earned Income Tax Credit Assistance |
| <input type="checkbox"/> Job Training            | <input type="checkbox"/> Tax preparation services            |
| <input type="checkbox"/> Job Referral            | <input type="checkbox"/> Child Care Tax Credit Assistance    |
| <input type="checkbox"/> Coordinate IDA Programs | <input type="checkbox"/> Other: _____                        |

Please describe briefly what you will do, how often it will occur, for how long, and where it will take place:

\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, residents in a predominately minority low income neighborhood.

\_\_\_\_\_

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number of services you will provide.

Please place a number near all that apply.

- \_\_\_\_\_ Number of tax returns to be prepared
- \_\_\_\_\_ Number of people who will receive EITC assistance
- \_\_\_\_\_ Number of people who will receive Child Care Tax Credit assistance
- \_\_\_\_\_ Number of people who will receive job training
- \_\_\_\_\_ Number of people who will be referred for jobs
- \_\_\_\_\_ Number of people who will be enrolled in IDA programs and accumulate assets
- \_\_\_\_\_ Other:

**OUTCOMES:** What specific changes will occur as a result of your activities?

Please place a number near all that apply.

- \_\_\_\_\_ Number (or percent) of people who will be able to claim EITC
- \_\_\_\_\_ Number (or percent) of people who will be able to claim Child Care Tax Credit
- \_\_\_\_\_ Number (or percent) of people who will be placed in a job
- \_\_\_\_\_ Number (or percent) of people who will be satisfied with the services offered
- \_\_\_\_\_ Other:

**MEASURE:** What tools/ methods will you use to measure outputs and outcomes?

**Earned Income Tax Credit Report (EITC Report.doc)** and the **Community Outreach Log (Community Outreach Log.doc)**. These were developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete these forms and attach them to your monthly reports.

Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.



# LISC AmeriCorps Member Objective Worksheet

## Community Strengthening #1 Volunteer Recruitment

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_  
Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

- Recruit volunteers
- Train volunteers
- Coordinate volunteers
- Other: \_\_\_\_\_

Please describe briefly what you will do, how often it will occur, for how long, and where it will take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, residents in a predominately minority low income neighborhood.

\_\_\_\_\_  
\_\_\_\_\_

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number of services you will provide

Please place a number near all that apply.

- \_\_\_\_\_ Number of new volunteers to be recruited
- \_\_\_\_\_ Number of repeat volunteers to be recruited
- \_\_\_\_\_ Number of volunteer hours to be served
- \_\_\_\_\_ Other:

**MEASURE:** What tools/ methods will you use to measure outputs and outcomes?

**Volunteer Sign-In Record (Volunteer Sign-In Record.doc)** – This was developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete this forms and attach them to your monthly reports.



# LISC AmeriCorps Member Objective Worksheet

## Community Strengthening #2 Strengthen/ Form Neighborhood Groups/ Associations

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_  
 Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Form block groups                     | <input type="checkbox"/> Strengthen block groups                     | <input type="checkbox"/> Identify issues |
| <input type="checkbox"/> Form crime watches                    | <input type="checkbox"/> Strengthen crime watches                    | <input type="checkbox"/> Resolve Issues  |
| <input type="checkbox"/> Form resident/ homeowner associations | <input type="checkbox"/> Strengthen resident/ homeowner associations | <input type="checkbox"/> Other: _____    |

Please describe briefly what you will do, how often it will occur, for how long, and where it will take place:

\_\_\_\_\_  
 \_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, residents/ neighborhood watches/ tenant associations in a predominately minority low-income neighborhood.

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number of services you will provide

**Formed:** Please place a number in all that apply

Block Groups	Crime Watches	Resident/ Tenant/ Homeowner Groups	<b>GROUPS FORMED ONLY</b>
			Number of groups
			Number of meetings held
			Number of participants at meetings
			Number of issues identified
			Number of issues resolved/ going toward resolution
			Number of action plans created

**Strengthened:** Please place a number in all that apply

Block Groups	Crime Watches	Resident/ Tenant/ Homeowner Groups	<b>GROUPS STRENGTHENED ONLY</b>
			Number of groups
			Number of meetings held
			Number of participants at meetings
			Number of issues identified
			Number of issues resolved/ going toward resolution
			Number of action plans created

**OUTCOMES:** What specific changes will occur as a result of your activities? Please place a number in all that apply

- Number (or percent) of participants in the newly formed groups express a desire to continue with the group
- Number (or percent) of participants in the newly formed groups who feel better able to affect change in their community
- Number (or percent) of participants in the strengthened groups express a desire to continue with the group
- Number (or percent) of participants in the strengthened groups who feel better able to affect change in their community
- Number of groups that have become self-sufficient

**MEASURE:** What tools/ methods will you use to measure outputs and outcomes?

**Neighborhood Association Survey (Neighborhood Association Survey.doc)** – This was developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete these forms and attach them to your monthly reports.

Please feel free to add any additional comments/ outputs/ outcomes/ activities to a separate sheet.



**MONTHLY REPORTING FORM**

**Needs & Services #1:  
 Increasing Housing Opportunities for Low and Moderate Income  
 Neighborhoods  
 Housing Counseling - Homeownership**

Member Name: \_\_\_\_\_ CDC Name: \_\_\_\_\_  
 Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITIES:** What activities will you engage in to achieve your objective? Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Distribute flyers                   | <input type="checkbox"/> Conduct information sessions |
| <input type="checkbox"/> Publish/ edit newsletters           | <input type="checkbox"/> Run trainings/ workshops     |
| <input type="checkbox"/> Create/ distribute resource manuals | <input type="checkbox"/> Other: _____                 |

Please describe briefly what you will do, how often it will occur, for how long, and where it will take place:

\_\_\_\_\_  
 \_\_\_\_\_

**BENEFICIARIES:** Who will directly benefit from these activities? For example, residents in a predominately minority low income neighborhood.

\_\_\_\_\_  
 \_\_\_\_\_

How many people will benefit? \_\_\_\_\_

**OUTPUTS:** Count the number services you will provide  
 Please place a number near all that apply.

- \_\_\_\_\_ Number of different flyers to be created
- \_\_\_\_\_ Number of people who will receive flyers
- \_\_\_\_\_ Number of different newsletters to be published
- \_\_\_\_\_ Number of people who will receive newsletters
- \_\_\_\_\_ Number of different resource manuals to be created
- \_\_\_\_\_ Number of people who will receive resource manuals
- \_\_\_\_\_ Number of workshops/ trainings to be held
  
- \_\_\_\_\_ Number of workshop/ training participants
- \_\_\_\_\_ Number of information sessions to be held
  
- \_\_\_\_\_ Number of information session participants
- \_\_\_\_\_ Other:

**OUTCOMES:** What specific changes will occur as a result of your activities?

Please place a number near all that apply.

- \_\_\_\_\_ Number (or percent) of participants in the workshops/ trainings who indicate that they learned new skills
  
- \_\_\_\_\_ Number (or percent) of participants in the information sessions who indicate that they received information of value
  
- \_\_\_\_\_ Number (or percent) of participants in the workshops/ trainings who indicate they have a better understanding of how to access resources
- \_\_\_\_\_ Number (or percent) of participants in the information sessions who indicate they have a better understanding of how to access resources
- \_\_\_\_\_ Other:

**MEASURE:** What tools/ methods will you use to measure impact? **Community Outreach Log (Community Outreach Log.doc)** and the **Community Training Evaluation (Community Training Evaluation.doc)**. These were developed by the National LISC AmeriCorps Program with the help of local LISC programs to measure change in this area. You will need to complete these forms and attach them to your monthly reports.



**MONTHLY REPORTING FORM**

**Needs & Services #1:**

**Increasing Housing Opportunities for Low and Moderate Income  
 Neighborhoods**

**Housing Counseling - Homeownership**

Member's Name: \_\_\_\_\_ Reporting Period: \_\_\_\_\_  
 Site/CDC Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

<p><b><u>Describe your activities this month:</u></b></p>	<p><b><u>Check all services provided:</u></b></p> <p><input type="checkbox"/> Homeownership counseling/education</p> <p><input type="checkbox"/> Referrals to credit counseling agencies</p> <p><input type="checkbox"/> Credit counseling</p> <p><input type="checkbox"/> Help with down payment assistance applications</p> <p><input type="checkbox"/> Marketing/outreach for homeownership programs</p> <p><input type="checkbox"/> Other (please describe): _____</p>
<p><b><u>What were your outputs (how many people did you serve) during this reporting period?</u></b></p> <p>_____ Number of people who received mortgage approval</p> <p>_____ Number of people who received homeownership counseling/education</p> <p>_____ Number of people to whom you provided credit counseling</p> <p>_____ Number of people you helped with down payment assistance applications</p> <p>_____ Number of people you referred to credit counseling agencies</p> <p>_____ Number of people who received marketing materials</p> <p>_____ Number of homeownership education workshops held</p> <p>_____ Other:</p>	<p><b><u>What were your outcomes (what was the impact of your activities) during this reporting period?</u></b></p> <p>_____ Number (or percent) of people who purchased a home</p> <p>_____ Number (or percent) of people counseled who indicated they are more knowledgeable about the process of being a homeowner</p> <p>_____ Number (or percent) of people counseled who indicated they are more knowledgeable about resources available to purchase a home</p> <p>_____ Other:</p>
<p><b><u>Describe any successes from your work this reporting period:</u></b></p>	<p><b><u>Describe any challenges with your work this reporting period:</u></b></p>

If you would like to provide additional information regarding your activities, please feel free to attach to this report. Be sure to attach any **Housing Counseling Surveys** you collected for the people you worked with.



## MONTHLY REPORTING FORM

**Needs & Services #1A:  
 Increasing Housing Opportunities for Low and Moderate Income  
 Neighborhoods  
 Housing Counseling – Rental Assistance**

Member's Name:		Reporting Period:	
Site/CDC Name:		Date Submitted:	

<p><b><u>Describe your activities this month:</u></b></p>    	<p><b><u>Check all services provided:</u></b></p> <p><input type="checkbox"/> Identifying &amp; securing apartments</p> <p><input type="checkbox"/> Help with eviction proceedings</p> <p><input type="checkbox"/> Help with repair issues</p> <p><input type="checkbox"/> Administer rental assistance grant program</p> <p><input type="checkbox"/> Help with rental assistance applications</p> <p><input type="checkbox"/> Referrals to rental assistance programs</p> <p><input type="checkbox"/> Other (please describe):</p>
<p><b><u>What were your outputs (how many people did you serve) during this reporting period?</u></b></p> <p><input type="checkbox"/> Number of people who received rental assistance counseling</p> <p><input type="checkbox"/> Number of people who received assistance to secure apartments</p> <p><input type="checkbox"/> Number of rental assistance applications completed</p> <p><input type="checkbox"/> Number of people referred to rental assistance programs</p> <p><input type="checkbox"/> Other:</p>	<p><b><u>What were your outcomes (what was the impact of your activities) during this reporting period?</u></b></p> <p><input type="checkbox"/> Number (or percent) of people who were able to secure cash assistance</p> <p><input type="checkbox"/> Number (or percent) of people able to avoid eviction/ stay in their homes/ secure permanent affordable rental housing</p> <p><input type="checkbox"/> Number of people able to secure temporary/ transitional housing</p> <p><input type="checkbox"/> Other:</p>
<p><b><u>Describe any successes from your work this reporting period:</u></b></p>   	<p><b><u>Describe any challenges with your work this reporting period:</u></b></p>   

If you would like to provide additional information regarding your activities, please feel free to attach to this report. Be sure to attach any **Housing Counseling Surveys** you collected for the people you worked with.



## MONTHLY REPORTING FORM

**Needs & Services #2:  
 Increasing Housing Opportunities for Low and Moderate Income  
 Neighborhoods  
 Housing Development**

Member's Name:		Reporting Period:	
Site/CDC Name:		Date Submitted:	

<p><b><u>Describe your activities this month:</u></b></p>   	<p><b><u>Check all services the projects you worked on:</u></b></p> <p><input type="checkbox"/> New construction</p> <p><input type="checkbox"/> Major Rehabilitation Project</p> <p><input type="checkbox"/> Single Family</p> <p><input type="checkbox"/> Multi-Family</p> <p><input type="checkbox"/> Other (please describe):</p>
<p><b><u>What were your outputs (how many units did you work with) during this reporting period?</u></b></p> <p><input type="text"/> Number of units in Stage 1</p> <p><input type="text"/> Number of units in Stage 2</p> <p><input type="text"/> Number of units in Stage 3</p> <p><input type="text"/> Number of units in Stage 4</p> <p><input type="text"/> Number of units in Stage 5</p>	<p><b><u>What were your outcomes (what was the impact of your activities) during this reporting period?</u></b></p> <p><input type="text"/> Number of units that have completed the development process and are ready for occupancy</p>
<p><b><u>Describe any successes from your work this reporting period:</u></b></p>      	<p><b><u>Describe any challenges with your work this reporting period:</u></b></p>      

If you would like to provide additional information regarding your activities, please feel free to attach to this report. Be sure to attach a **Housing Development Checklist** for each project that you are working with.



## MONTHLY REPORTING FORM

**Needs & Services #2A:  
 Increasing Housing Opportunities for Low and Moderate Income  
 Neighborhoods  
 Housing Development – Minor Repair/ Rehab Programs**

Member's Name: \_\_\_\_\_ Reporting Period: \_\_\_\_\_  
 Site/CDC Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

<p><b><u>Describe your activities this month:</u></b></p>  	<p><b><u>Check all services that you provided:</u></b></p> <p>_____ Coordinated minor repairs</p> <p>_____ Coordinated minor rehab</p> <p>_____ Other (please describe):</p>
<p><b><u>What were your outputs (how many units did you work with) during this reporting period?</u></b></p> <p>_____ Total number of units repaired</p> <p>_____ Total number of units rehabbed</p> <p>_____ Other:</p>	<p><b><u>What were your outcomes (what was the impact of your activities) during this reporting period?</u></b></p> <p>_____ Number (or percent) of clients who indicated their housing situation is better due to repair work</p> <p>_____ Number (or percent) of clients who indicated repairs made were to their satisfaction</p> <p>_____ Other:</p>
<p><b><u>Describe any successes from your work this reporting period:</u></b></p>   	<p><b><u>Describe any challenges with your work this reporting period:</u></b></p>   

If you would like to provide additional information regarding your activities, please feel free to attach to this report. Be sure to attach a **Housing Counseling Survey** for each project that you are working with.



# MONTHLY REPORTING FORM

**Needs & Services #3:  
Revitalize Neighborhoods**

Member's Name: \_\_\_\_\_ Reporting Period: \_\_\_\_\_  
 Site/CDC Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

<p><b><u>Describe your activities this month:</u></b></p>	<p><b><u>Check all services that you provided for your site:</u></b></p> <p>_____ Neighborhood clean-ups</p> <p>_____ Plant community garden(s)/ greenspace(s)</p> <p>_____ Improve parks</p> <p>_____ Façade improvements</p> <p>_____ Other public space restorations (describe):</p> <p>_____</p> <p>_____ Special events (block parties, festivals, community celebrations)</p> <p>_____ Other (please describe):</p> <p>_____</p>
<p><b><u>What were your outputs (how many events were completed) during this reporting period?</u></b></p> <p>_____ Number of garden(s) planted /park(s) improved</p> <p>_____ Number of other public space restorations that were completed</p> <p>_____ Number of special events (block parties, festivals, community celebrations) held</p> <p>_____ Number of façade improvements completed</p> <p>_____ Number of clean-ups completed</p> <p>_____ Total number of people involved in planning the event(s)</p> <p>_____ Total number of participants that attended event (estimate or actual)</p>	<p><b><u>What were your outcomes (what was the impact of your activities) during this reporting period?</u></b></p> <p>_____ Number (or percent) of people involved in planning events who felt that the activities met the goal</p> <p>_____ Number (or percent) of people involved in planning events who feel more connected to their community</p> <p>_____ Number (or percent) of people involved in planning events who feel an increased sense of pride in their community</p> <p>_____ Number (or percent) of people involved in planning events who indicated they will participate in a similar event in the future</p> <p>_____ Other:</p> <p>_____</p>
<p><b><u>Describe any successes from your work this reporting period:</u></b></p>	<p><b><u>Describe any challenges with your work this reporting period:</u></b></p>

If you would like to provide additional information regarding your activities, please feel free to attach to this report. Be sure to attach the **Neighborhood Revitalization Surveys** you collected this reporting period.



## MONTHLY REPORTING FORM

**Needs & Services #4:  
Create Safe Spaces for Children to Learn & Grow**

Member's Name: \_\_\_\_\_ Reporting Period: \_\_\_\_\_  
 Site/CDC Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

<p><b><u>Describe your activities this month:</u></b></p>          	<p><b><u>Check all services that you provided:</u></b></p> <p><input type="checkbox"/> Homework help</p> <p><input type="checkbox"/> Tutorial assistance</p> <p><input type="checkbox"/> Literacy</p> <p><input type="checkbox"/> Cultural programs</p> <p><input type="checkbox"/> Arts/ Crafts</p> <p><input type="checkbox"/> Dance</p> <p><input type="checkbox"/> Computer training</p> <p><input type="checkbox"/> Service learning</p> <p><input type="checkbox"/> Summer program</p> <p><input type="checkbox"/> Recreation</p> <p><input type="checkbox"/> Sports program</p> <p><input type="checkbox"/> Leadership development</p> <p><input type="checkbox"/> Other (please describe): _____</p>		
<p><b><u>What were your outputs (how many students did you serve) during this reporting period?</u></b></p> <p>Number of new students for this reporting period _____</p> <p>Number of continuing students (from last month) for this reporting period _____</p>	<p><b><u>What were your outcomes (what was the impact of your activities) during this reporting period?</u></b></p> <p>Number (or percent) of parents who indicated that children involved in the activities demonstrate improved attitudes, social skills, and self-esteem _____</p> <p>Number (or percent) of additional programs that the CDC was able to offer as a result of the member's activities _____</p> <p>Number (or percent) of additional children who the CDC served as a result of the member's activities _____</p> <p>Other _____</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="padding: 5px;"><b>Total number of youth participants that you worked with during this reporting period</b></td> </tr> </table>		<b>Total number of youth participants that you worked with during this reporting period</b>	
	<b>Total number of youth participants that you worked with during this reporting period</b>		
<p><b><u>Describe any successes from your work this reporting period:</u></b></p>          	<p><b><u>Describe any challenges with your work this reporting period:</u></b></p>          		

If you would like to provide additional information regarding your activities, please feel free to attach to this report. Be sure to attach the **Youth Enrichment Surveys** you collected from parents and/or the **Youth Enrichment Surveys for Program Staff** you collected from program staff/ teachers for this reporting period.



## MONTHLY REPORTING FORM

**Needs & Services #5:  
Increase Economic Opportunities for Low and Moderate Income  
Neighborhoods**

Member's Name:		Reporting Period:	
Site/CDC Name:		Date Submitted:	

<p><b><u>Describe your activities this month:</u></b></p>          	<p><b><u>Check all services that you provided:</u></b></p> <p><input type="checkbox"/> Job placement</p> <p><input type="checkbox"/> Job training</p> <p><input type="checkbox"/> Job referral</p> <p><input type="checkbox"/> Earned Income Tax Credit Assistance</p> <p><input type="checkbox"/> Child Care Tax Credit assistance</p> <p><input type="checkbox"/> Tax preparation services</p> <p><input type="checkbox"/> IDA Program services</p> <p><input type="checkbox"/> Other (please describe):</p>
<p><b><u>What were your outputs (how many people did you serve) during this reporting period?</u></b></p> <p><input type="checkbox"/> Number of people who received Child Care Tax Credit assistance</p> <p><input type="checkbox"/> Number of people who received EITC assistance</p> <p><input type="checkbox"/> Number of people enrolled in IDA programs</p> <p><input type="checkbox"/> Number of people who were referred for jobs</p> <p><input type="checkbox"/> Number of people who received job training</p> <p><input type="checkbox"/> Number of tax returns prepared</p> <p><input type="checkbox"/> Other:</p>	<p><b><u>What were your outcomes (what was the impact of your activities) during this reporting period?</u></b></p> <p><input type="checkbox"/> Number (or percent) of people who received an EITC or Child Care Tax Credit as a part of refund</p> <p><input type="checkbox"/> Number (or percent) of people who were placed in jobs</p> <p><input type="checkbox"/> Number (or percent) of people who were satisfied with the services offered</p> <p><input type="checkbox"/> Other:</p>
<p><b><u>Describe any successes from your work this reporting period:</u></b></p>          	<p><b><u>Describe any challenges with your work this reporting period:</u></b></p>          

If you would like to provide additional information regarding your activities, please feel free to attach to this report. Be sure to attach the **Earned Income Tax Credit Report** and the **Community Outreach Logs** you collected.



## MONTHLY REPORTING FORM

**Community Strengthening #1:  
Volunteer Recruitment**

Member's Name:		Reporting Period:	
Site/CDC Name:		Date Submitted:	

<p><b><u>Describe your activities this month:</u></b></p>   	<p><b><u>Check all services that you provided:</u></b></p> <p><input type="checkbox"/> Volunteer recruitment</p> <p><input type="checkbox"/> Volunteer training</p> <p><input type="checkbox"/> Volunteer coordination</p> <p><input type="checkbox"/> Other (please describe):</p>
---	---

**What were your outputs (how many people did you serve) during this reporting period?**

Number of **new** volunteers that you worked with

Number of **continuing/ repeat** volunteers you worked with

**Total number of volunteers (total of new and repeat)**

**Total number of volunteer hours served**

**Describe the activities volunteers were involved in (e.g. worked with youth, neighborhood clean-up):**

  
  
  
  
  
  
  

**Were any of your volunteers from neighborhood business, city agencies, other non-profits, other AmeriCorps program or corporations/ foundations? If yes, please tell us how many there were and which group they were affiliated.**

  
  
  
  
  
  
  

If you would like to provide additional information regarding your activities, please feel free to attach to this report. Be sure to attach the **Volunteer Sign-In Records** you collected this reporting period from people you worked with.



# MONTHLY REPORTING FORM

## Community Strengthening #2: Strengthen/ Form Neighborhood Groups/ Associations

Member's Name: \_\_\_\_\_ Reporting Period: \_\_\_\_\_  
 Site/CDC Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

<b><u>Describe your activities this month:</u></b>     				<b><u>Check all services that you provided:</u></b> <input type="checkbox"/> Worked with residents to form block groups <input type="checkbox"/> Worked with residents to form crime watches <input type="checkbox"/> Worked with residents to form resident/ tenant or homeowner associations <input type="checkbox"/> Worked with residents to strengthen block groups <input type="checkbox"/> Worked with residents to strengthen crime watches <input type="checkbox"/> Worked with residents to strengthen resident/ tenant or homeowner associations <input type="checkbox"/> Worked with residents to identify issues <input type="checkbox"/> Worked with residents to resolve issues <input type="checkbox"/> Other (please describe): _____					
<b><u>What were your outputs (how many people did you serve) during this reporting period?</u></b>				<b><u>What were your outcomes (what was the impact of your activities) during this reporting period?</u></b>					
Block Groups	Crime Watches	Resident/ Tenant/ Homeowner Associations	<b>Groups Formed</b>				Number (or %) of participants in the newly formed groups who expressed a desire to continue with the group		
			Number of groups formed					Number (or %) of participants in the newly formed groups who feel able to affect change in their community	
			Number of meetings held						
			Number of participants at meetings						
			Number of issues identified						
			Number of issues resolved						
			Number of action plans created				Number (or %) of participants in the strengthened groups who expressed a desire to continue with the group		
Block Groups	Crime Watches	Resident/ Tenant/ Homeowner Associations	<b>Groups Strengthened</b>						Number (or %) of participants in the strengthened groups who feel better able to affect change in their community
			Number of groups formed						
			Number of meetings held						
			Number of participants at meetings						
			Number of issues identified						
			Number of issues resolved						
			Number of action plans created				Number of groups that have become self-sufficient		
<b><u>Describe any successes from your work this month:</u></b>				<b><u>Describe challenges with your work this month:</u></b>					
<b><u>Were any collaborations formed with other groups or non-profit organizations? If yes, please describe:</u></b>									

If you would like to provide additional information regarding your activities, please feel free to attach to this report. Be sure to attach the **Neighborhood Association Surveys** you collected this reporting period.

Member's Name: \_\_\_\_\_ Reporting Period: \_\_\_\_\_  
 Site/CDC Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

<p><b><u>Describe your activities this month:</u></b></p>	<p><b><u>Check all services that you provided:</u></b></p> <p>_____ Information distribution (flyers)</p> <p>_____ Publish/ edit newsletters</p> <p>_____ Create resource manuals</p> <p>_____ Distribute resource manuals</p> <p>_____ Conduct information sessions</p> <p>_____ Conduct trainings/ workshops</p> <p>_____ Other (please describe):</p> <p>_____</p>
<p><b><u>What were your outputs (how many people did you serve) during this reporting period?</u></b></p> <p>_____ Number of flyers created</p> <p>_____ Number of people who received flyers</p> <p>_____ Number of newsletters published</p> <p>_____ Number of people who received newsletters</p> <p>_____ Number of resource manuals created</p> <p>_____ Number of people who received resource manuals</p> <p>_____ Number of workshops/ trainings held</p> <p>_____ Number of participants in the workshop/ training</p> <p>_____ Number of information sessions held</p> <p>_____ Number of information session participants</p> <p>_____ Other:</p>	<p><b><u>What were your outcomes (what was the impact of your activities) during this reporting period?</u></b></p> <p>_____ Number (or %) of participants in the workshops/ trainings who indicated that they received information of value</p> <p>_____ Number (or %) of participants in the information sessions who indicated that they received information of value</p> <p>_____ Number (or %) of participants in workshops/ trainings who indicated a better understanding of how to access resources</p> <p>_____ Number (or %) of participants in the information sessions who indicated a better understanding of how to access resources</p> <p>_____ Other:</p>
<p><b><u>Describe any successes from your work this month:</u></b></p>	<p><b><u>Describe challenges with your work this month:</u></b></p>
<p><b><u>Were any collaborations formed with other groups or non-profit organizations? If yes, please describe.</u></b></p>	

If you would like to provide additional information regarding your activities, please feel free to attach to this report.

Be sure to attach the **Community Outreach Logs** and **Community Training Evaluations** you collected.

## HOUSING COUNSELING SURVEY

Date: \_\_\_\_\_

Please tell us about the housing assistance you received from **the** LISC AmeriCorps Member. All answers are confidential. Comments will help us to improve our services and programs. Thank you.

**What programs and/or services did your family receive?** (check all that apply).

- Home Ownership Counseling  
  Tenant Counseling  
  Credit Counseling  
  Rental Assistance  
 Other(please describe): \_\_\_\_\_

**How many times did you meet with the LISC AmeriCorps Member?** (check one)

- 1 time  
  2-3 times  
  4-5 times  
  6-10 times  
  10 plus times  
  Not at all

**For how long did you work with the LISC AmeriCorps Member?** (check one)

- less than 1 week  
  1-3 weeks  
  1-3 months  
  4-6 months  
  6 plus months  
  Not at all

Please answer the following questions. Place a check mark in the box that best describes your experience with **the** LISC AmeriCorps Member.

	A lot	Some	A little	Does Not Apply
<b>I got help filling out applications</b>				
<b>I increased my knowledge about housing</b> (for example, budgets, housing options, <b>the steps to purchase a home</b> )				
<b>I got useful referrals</b> (for example, to a lender or landlord, credit <b>repair</b> agency, budget help)				
<b>I used the information to access new resources</b> (for example, applied for VA, FHA <b>or other loans for first time homebuyers, down payment</b> or cash assistance)				
<b>The assistance helped me make a decision</b> about staying at my current residence				
<b>It helped me to rent or maintain an affordable apartment</b>				
<b>It helped me to avoid eviction.</b>				
<b>It helped me to buy a home.</b>				
<b>My housing situation is better than it was before the assistance</b>				
Other:				

7. What I found most helpful about the housing assistance \_\_\_\_\_

8. How the assistance has made a difference for me and my family: \_\_\_\_\_

9. Things that could be improved about the assistance: \_\_\_\_\_

## HOUSING DEVELOPMENT CHECKLIST

The purpose of this instrument is to help you document how **your** activities are supporting the development of affordable housing. Please complete one form for each development project. Use this form to report only on activities **you** carried out. (LISC AmeriCorps wants to know about AmeriCorps Member impacts on the community.) Provide details of how each activity was accomplished under the "What did you do?" column of the *Member Monthly Reporting Form*.

Name of Project: \_\_\_\_\_ Name of Member: \_\_\_\_\_

Name of CDC: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Today's date: \_\_\_\_\_

Type of work (check all that apply): \_\_\_ New construction \_\_\_ Rehabilitation \_\_\_ Single family unit \_\_\_ Multi-family units

Starting date of your work: \_\_\_\_\_ Ending date (if applicable): \_\_\_\_\_ How many total months did you work on this project? \_\_\_\_\_

According to the stages listed below, at what stage of development was the housing project when you became involved?(circle one): 1 2 3 4 5

At what stage of development is the project now? (circle one): 1 2 3 4 5

	<b>STAGE 1: Conceptual</b>	<b>STAGE 2: Early Pre Development</b>	<b>STAGE 3: Late Pre Development</b>	<b>STAGE 4: Construction</b>	<b>STAGE 5: Operations</b>
A. Funding/ Financing	<input type="checkbox"/> Funding Sources Identified	<input type="checkbox"/> 50% of Funding Secured	<input type="checkbox"/> 100% of Construction Funding Secured <input type="checkbox"/> Application for Permanent Financing		<input type="checkbox"/> Permanent Financing Closed
B. Community	<input type="checkbox"/> Community Issues Identified  <input type="checkbox"/> Key Community Members Identified  <input type="checkbox"/> Zoning Issues Identified	<input type="checkbox"/> Plan to Address Issues Developed  <input type="checkbox"/> Key Community Members Involved  <input type="checkbox"/> Zoning Change Process Identified	<input type="checkbox"/> Feedback from Key Members that Plan Addresses Comm. Issues <input type="checkbox"/> Other Community Members Involved (Community Meeting) <input type="checkbox"/> Application for Zoning Changes/ Hearings	<input type="checkbox"/> Relocation Support Provided	<input type="checkbox"/> Develop Resident Council <input type="checkbox"/> Resident Services
C. Real Estate Market	<input type="checkbox"/> Determine Need for Housing	<input type="checkbox"/> Determining Rent <input type="checkbox"/> Determine Op. Expenses <input type="checkbox"/> Determining Sales Price		<input type="checkbox"/> Marketing and Outreach	<input type="checkbox"/> Rent-up
D. Site	<input type="checkbox"/> Community Mapping to Assess Resources/ Needs <input type="checkbox"/> Building Design Issues (e.g. Accessibility, Safety) Identified <input type="checkbox"/> Potential Sites Identified	<input type="checkbox"/> Site Selected and Purchase Agreement <input type="checkbox"/> Environmental Concerns Identified <input type="checkbox"/> Work with Architect to Address Design Issues	<input type="checkbox"/> Environmental Concerns Addressed <input type="checkbox"/> Building Department Reviews Plans	<input type="checkbox"/> Construction management begins <input type="checkbox"/> Construction administration <input type="checkbox"/> Building Permit Obtained	



**YOUTH ENRICHMENT SURVEY**

(can be used with Parents/Teacher/Program Staff)

Student's Name: \_\_\_\_\_ **participated in an** after school and/or summer enrichment **program** from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_.

Your comments will help us gauge the effectiveness of this **program**.

Thank you.  
**(Site/Organization Name)**

Did you know the student named above was receiving assistance through the LISC AmeriCorps Program and \_\_\_\_\_? (check one) \_\_\_Yes \_\_\_No

During his/her participation in the program, have you seen improvement in:	How much?					COMMENTS
	A lot	Some	A Little	None	Not Sure	
1. Interest in school?						
2. Completion of homework assignments?						
3. Attendance ?						
4. Grades?						
5. Academic skills?						
6. Social skills?						
7. Ability to resolve conflicts?						
8. Self-esteem?						
9. Leadership ability?						
10. Other:						

Please feel free to write additional comments:

Date: \_\_\_\_\_

**YOUTH ENRICHMENT SURVEY**

(for Program Staff)

We are pleased to be able to place LISC AmeriCorps Members in your program. We would like to gauge the impact of their work. **Our funding is contingent upon receiving this type of impact data from our partners.** This information will also help us to improve our program. Please complete **this survey form for the LISC AmeriCorps member assigned to your site.** Thank you.

Teacher/Staff Name:	Member's Name:
School/ Program Name:	Organization Name:

**Please circle one number for each question:**

How many months has the Member worked with you?	1	2	3	4	5+
How many times per week is this Member at your site?	1	2	3	4	5+
How many total hours per week does the member spend at your site?	1	2	3	4	5+
How many youth does he/she usually work with at one time?	1	2	3	4	5+
What is the average number of youth who participate in your program on a weekly basis?	1	2	3	4	5+

*To what degree do you agree with the following statements*

**When the Member is on site...**

	Agree Strongly	Agree	Disagree	Disagree Strongly	Not sure
I can spend more time addressing individual needs					
I can more effectively address the needs of all the youth					
It is easier to plan and implement activities					
More youth benefit from individualized attention					
There are fewer behavioral outbursts					
The target youth make more progress					
The youth can participate in more activities					
We can offer a greater variety of programs and services					
We can offer higher quality programs and services					
Other:					

**The Member...**

	Agree Strongly	Agree	Disagree	Disagree Strongly	Not Sure
Relates well to the youth					
Relates well to teacher/program staff					
Is punctual and reliable					
Is asked about by youth when (s)he is not there					
Is asked about by parents					
Is included in stories or pictures by students					
Comforts student(s) when upset or bothered					
Has a positive influence on the environment					
Uses her/his special talents – art, music, storytelling, etc.					
Other:					

Other comments or suggestions:

## EARNED INCOME TAX CREDIT REPORT

Your Name:		Date:
Site Name:		
Which VITA training session did you attend? _____		
Please circle which sections you passed? <b>I</b> <b>II</b> <b>III</b> <b>IV</b> <b>V</b>		
Number tax returns you completed:	Average EITC return for yourself:	

Please provide a brief description of the tax preparation assistance you **provided**:

Number of tax returns prepared:	Average <b>dollar amount of</b> EITC return for your site:
Number non-AmeriCorps Volunteers:	Total number of non-AmeriCorps <b>volunteer</b> hours:
Number of repeat volunteers:	
Number <b>of</b> AmeriCorps member volunteers (include self)	Total number of AmeriCorps hours spent on this project:

Marketing Efforts: Please describe **what you did to market the program**. Include number of flyers distributed, media results, etc.

EITC Assistance: **Tell** a story **about** someone you helped (e.g., a **woman** with two children **received** a refund of \$3,725. Now she can pay some bills off and get her children some **new** clothes).

What part of the tax preparation assistance worked best?

How would you improve the assistance provided?

**Please return form by April 30, 200\_\_.**

By LISC AmeriCorps in conjunction with Project STAR

## COMMUNITY OUTREACH LOG

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site/CDC Name: \_\_\_\_\_ Period \_\_\_\_\_

Please help LISC AmeriCorps in our evaluation efforts by filling out this log. Where items do not apply to you, please write N/A in the cell or blank. DO NOT LEAVE ANY CELLS BLANK. Thank you.

**1. What did you do to provide public awareness of community resources or services?** (For example, give presentations about available resources, run information fairs.)

Type of public awareness activity	Number of each type	Total number of people served	Results of any evaluations given (For example x% report they are satisfied/helped, x% gained useful knowledge.)
Speech/Presentation			
Community Service Fair			
Individual Contacts			
TV Broadcast			
Radio Broadcast			
Newspaper Article			
Other (please specify)			

**2. What did you do to facilitate information/resource sharing?** (For example: maintaining a volunteer list to share, developing a web site to provide information or resources to the public.)

Type of Resource Sharing	Number of times resource was used or distributed	Results of any evaluations given (For example x% report they are satisfied, x% gained useful knowledge.)
Volunteer lists to share with other organizations		
Information & Referral lists for other organizations/individuals to use		
Community calendars		
Web Sites		
Resource Manuals Distributed		
Informational Flyers Distributed		
Other (please specify)		

**3. How many volunteers did you recruit for special events and ongoing work?** Count any volunteers that you trained, assigned or supervised.

<b>Name of project/activity</b>	<b>Number of volunteers</b>	<b>Total number of hours contributed</b>	<b>Volunteered more than once? (yes/no)</b>	<b>Name of Organization that volunteer is affiliated with?</b>
1				
2				
3				
<b>TOTAL</b>				

**4. Please list the collaborations/ teams with which you work, and indicate the purpose, frequency of meeting and average percent attendance for each.**

<b>Name of Collaboration/Team</b>	<b>Purpose: Please tell why the collaboration has been formed</b>	<b>Frequency of meeting (# / yr)</b>	<b>Average % Attendance</b>

**5. What, if any, other Community Building activities have you conducted? (Not listed above)**

<b>Type/name of activity</b>	<b>Result of activity</b>	<b>Number of people served</b>

**NEIGHBORHOOD ASSOCIATION SURVEY**

**Date:** \_\_\_\_\_

Please tell us about the neighborhood group you work with in conjunction with LISC AmeriCorps **and** (Name of Organization). Your comments will help us to improve our programs.

Thank you. *(Name of Organization)*

**What type of neighborhood group did you participate in?** (check all that apply).

- Neighborhood/Crime Watch       Tenant/Resident Association  
 Block Association                       Homeowners Association  
 Other (please describe): \_\_\_\_\_

Place a check mark in the box that best describes your experience with your group. Provide any additional comments in the space provided.

	<b>A lot</b>	<b>Som e</b>	<b>A little</b>	<b>Not at all</b>	<b>Does Not Apply</b>	<b>COMMENTS</b>
<b>I was involved in identifying community needs/issues</b>						
<b>I was involved in identifying solutions/action plans to address those needs/issues</b>						
<b>I got others from the community involved in the group</b>						
<b>I helped to organize the group</b>						
<b>My participation in the group has given me a better sense of community</b>						
<b>My participation in the group has given me a sense of empowerment to positively change things that effect my community</b>						
<b>I have been satisfied with the role the AmeriCorps member played in working with the group.</b>						
<b>I plan to continue my participation with the group next year.</b>						

In what ways has the group made a difference for community residents?

What could be improved about the group or its activities?

**VOLUNTEER SIGN-IN RECORD**

Activity		Member	
Organization		Date	

Volunteer Name	Phone number (with Area Code)	Is this the first time you have volunteered for this organization?	Do you plan to continue to volunteer for this organization?	Time In	Time Out	Total Hours
	( )	Y N	Y N			
	( )	Y N	Y N			
	( )	Y N	Y N			
	( )	Y N	Y N			
	( )	Y N	Y N			
	( )	Y N	Y N			
	( )	Y N	Y N			
	( )	Y N	Y N			
	( )	Y N	Y N			
	( )	Y N	Y N			
	( )	Y N	Y N			

**COMMUNITY TRAINING EVALUATION**

Name (optional): \_\_\_\_\_ Date(s): \_\_\_\_\_

Title or Session Topic: \_\_\_\_\_

On a scale of 1-5, where 1 is “strongly disagree” and 5 is “strongly agree”, please rate the following areas:

	<b>Strongly Agree</b>				<b>Strongly Disagree</b>
<b>The speaker was prepared</b>	5	4	3	2	1
<b>The materials provided were useful</b>	5	4	3	2	1
<b>The format was useful</b>	5	4	3	2	1
<b>The content was useful</b>	5	4	3	2	1
<b>I learned skills/ gained a better understanding of the topic</b>	5	4	3	2	1

**What aspect of the presentation was most useful to you?**

**Would you attend another training/ workshop sponsored by this organization?      YES      NO**

**On a scale of 1 – 5 with “5” being “excellent and “1” being poor, please rate the overall workshop.**

\_\_\_\_\_

**Other comments/suggestions:**