

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Americorps

Series/Staff Member: General Files

Subseries:

OA/ID Number: 24219

FolderID:

Folder Title:

USDA [Department of Agriculture]/Americorps - Clinton Library Copies - FY 96 3rd Quarter
Progress Reports FL-HI [3]

Stack:
S

Row:
66

Section:
1

Shelf:
8

Position:
2

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	[Personally Identifiable Information] [partial] (16 pages)	08/15/1996	b(6)

COLLECTION:

Clinton Presidential Records
AmeriCorps
General Files
OA/Box Number: 24219

FOLDER TITLE:

USDA [Department of Agriculture]/AmeriCorps-Clinton Library Copies-FY96 3rd
Quarter Progress Reports-FL-HI [Florida-Hawaii] [3]

2013-0661-F
rs3851

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

- C. Closed in accordance with restrictions contained in donor's deed of gift.
- PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
- RR. Document will be reviewed upon request.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

III

Divider Title: _____



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

August 27, 1996

TO: Michael Kolman, AmeriCorps Project Director, NRCS, Hawaii

FROM: Joel Berg, USDA Director of National Service *JB*

SUBJECT: Year-to-Date Data on Objectives and Member Forms

Attached is a "year-to-date" progress report showing accomplishments on objectives through the third quarter report. **This data, plus the fourth quarter data, will be provided to members of Congress representing your state and to your agency leaders. It is imperative that the information reflected in this report be as accurate as possible.** The report also shows the degree to which you have accomplished your objectives which were agreed to at the beginning of this program year.

I ask that you carefully review this report. Review each objective with the following items in mind:

1. **Accuracy of the data.** This information will be shared with many different groups, and it is important to be accurate in our reporting as well as getting credit for all the great work you have done during the year.

2. **Completion of community service objectives.** One way to determine the successful completion of objectives is to measure accomplishments against the target quantity measurement which you established at the beginning of the year. The table below gives you a snapshot picture of your accomplishments through the third quarter. The last five columns reflects your work measured against the target quantity.

SITE #	NUMBER OF OBJECTIVES	NUMBER OF OBJECTIVES EXCEEDED	NUMBER OF OBJECTIVES AT 100%	NUMBER OF OBJECTIVES 50-100% COMPLETE	NUMBER OF OBJECTIVES 0-50% COMPLETE	NO TARGET QUANTITY
Y15A	11	3		3	3	2
Y15B	11	4		1	2	4

3. **Program codes.** Review the program code for each of your objectives. Please be sure that the data you are recording for quantity matches the quantity for that program code. If you are counting something other than the quantity measurement for the code, please indicate exactly what you are counting.

4. **Double counting.** Please do NOT double count your accomplishments. For example, if your objective is to plant 5000 trees, code E072A, you cannot use the same trees under code E070A as 10 acres of timber stand improved. For the 5,000 trees planted, you may use either code but not both. If you wish to show that your 5,000 trees covered 10 acres, just make a footnote to that effect do not enter another code.

5. **Congressional Districts.** Please indicate in which Congressional District(s) the work was actually accomplished. This will let us be very specific to Members of Congress as to what work was done in their district.

6. **Volunteers.** Please explain what the volunteers have done with your AmeriCorps members. Also ensure that the volunteer numbers you have been providing to us each quarter is for the quarter **only**, not cumulative for the year.

Your assistance in this reporting enables us to meet our legal obligations as well as providing us with the necessary information to promote our USDA AmeriCorps program to all interested parties. Providing this data in an accurate and timely manner is one of your most important duties as an AmeriCorps Project Director.

Member Forms

A review of your member forms reveals that the only problem in that area is the matter of Kelly Arlos. I will prepare a memo to the Corporation to request a waiver to re-enroll him. They may or may not grant our request.

Please submit your End of Term forms for members when they have completed their term of service.

If we are to have all our records in order and insure that those AmeriCorps Members who are entitled to benefits receive them and that those who are not entitled to benefits do not receive them, all forms must be submitted to this office..

If you have any questions or problems, please contact Dee DiFiore at (202) 690-3051 or Ron DeMunbrun at (202) 690-3894.

Thank you for your cooperation on this matter.

Attachment

cc:

Larry Holmes, AmeriCorps Program Manager, NRCS

USDA AMERICORPS - 95ADPDC047XXXX

8/27/96
2:11 pm

FIRST THREE QUARTERS' PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES
BY STATE AND PROGRAM (OBJECTIVE) CODE

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	FIRST 3 QTR's Quantity	PERCENT COMPLETE
HI	Y15A		EN-E012A	Students provided conservation education	150	students - educated	122	81.33 %
HI	Y15A	3	EN-E017A	Adults provided educated	45	adults - educated	91	202.22 %
HI	Y15A	3	EN-E017B	# of Presentations on conservation	7	presentations - educational	8	114.29 %
HI	Y15A	4	EN-E023A	Install fire control measures	300	acres - fire protection	90	30.00 %
HI	Y15A		EN-E032A	Seed planting	21500	seeds - planted	1300	6.05 %
HI	Y15A	1	EN-E039B	Develop seedlings	11500	plants - developed	6774	58.90 %
HI	Y15A		EN-E040A	Greenhouse built		square feet	924	0.00 %
HI	Y15A	2	EN-E072A	Plant # of trees	11500	trees - planted	1271	11.05 %
HI	Y15A		EN-E073A	Land reforested	90	acres - planted	10000	***** %
HI	Y15A		EN-E113	Conservation display development		displays - developed	1	0.00 %
HI	Y15A		EN-E132A	Seed cleaning	25	pounds - seeds cleaned	18	72.00 %

USDA AMERICORPS - 95ADPDC047XXXX

8/27/96

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HI	Y15B	3	EN-E017A	Adults provided educated	30	adults - educated	86	286.67 %
HI	Y15B	3	EN-E017B	# of Presentations on conservation	2	presentations - educational	16	800.00 %
HI	Y15B		EN-E021A	Fences built		fences - built	2	0.00 %
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UNITED
STATES
DEPARTMENT
OF AGRICULTURE

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First Second Third Fourth
(10/1 - 12/31) (1/1 - 3/31) (4/1 - 6/30) (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Hawaii
3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION:

(Make Corrections if Necessary)

4. Contact Name: Michael
Michael Kolman Last
NRCS
P.O. Box 50004
Honolulu, HI 96850
5. Title: Project Director

6. Address: _____
street, number, and PO (if applicable)

City State Zip

7. Telephone number: 808-541-2602
8. Fax number: 808-541-1335
9. E-Mail Address (if any): _____

RECEIVED
SEP 13 1996



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Withdrawal/Redaction Sheet

Clinton Library

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8/15/96

10. MEMBER DATA:

OP SITE ID: X15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Hoolehua, Molokai, HI

PHONE: 808-567-6885

FAX:

STATE: HI

No. of Members Allocated by USDA: 6

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
ARLOS, KELLY	M.	F	AE	IC					0
ARLOS, KELLY	M.	F	EA	IIAB	144	346	430	<u>353</u>	920 1080.5
CRIVELLO, LINDSEY	K.	F	E	IC	123	0	0		123
GALAM, JR, GORDON	W.	F	E	IC	322	0	0		322
KANEAKUA, JONATHAN	A.	F	A	IC	230	286	186	<u>335</u>	701 652
KANEAKUA, LANCE	K.	F	A	IC	416	285	226	<u>88</u>	927 918
MOKIAO, JOHN	K.	F	A	IAB	480	485	517	<u>590</u>	1482 2000
RITTE, KALANIUA	.	F	A	IAB	431	372	348	<u>357</u>	1151 1411



Not Allowed 330 397.5

8/15/96

10. MEMBER DATA:

OP SITE ID: X15B

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Lanai City, Lanai , HI

PHONE: 808-567-6885

FAX:

STATE: HI

No. of Members Allocated by USDA: 2

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
CHACHLEIGH , CLARABAL	V. (b)(6)	F	A	Y AB	393 457	361 377	201 209	282 ✓	1237 1043
VALLEY , BRIAN	L. (b)(6)	F	A	Y AB	439.5 488	395 418	389 405	555 ✓	1778.5 1311
Total Hours:									2354

No. of Members Allocated by USDA: 2

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 2

No. of Members for Whom Forms Have NOT Been Recieved*: 0

REMEMBER THAT THE TOTAL NUMBER OF HOURS FOR EACH MEMBER SHOULD BE THE HOURS SERVED AND NOT INCLUDE THE HOURS FOR PERSONAL LEAVE (40) AND HOLIDAYS (72). IF YOU HAVE BEEN COUNTING THESE IN THE FIRST 3 QUARTERS, PLEASE ADJUST THE 4TH QUARTERS HOURS SO THAT THE TOTAL IS AT LEAST 1700 OF SERVICE (assuming the person was full-time and successfully completed the program.) You can have more than 1700 hrs for a total just be sure all the hours were service hours. Thank You

- * If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

8/15/96

10. MEMBER DATA:

OP SITE ID: Y15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Field Office
City: Hoolehua, Molokai, HI

PHONE: 808-567-6885
FAX:

STATE: HI

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
SEGURITAN, BETTY	J. (b)(6)	F	E	IB	386	193		✓	579
Total Hours:									579

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 1

No. of Members for Whom Forms Have NOT Been Recieved*: 0

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8/15/96

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OP SITE ID: Y15B

Site Supervisor: Robert Joy

PHONE: 808-567-6885

Agency/Org Name: TBD

FAX:

STATE: HI

City: Lanai City, Lanai , HI

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
MARIE , LINDA	(b)(6)	F	A	LAB	367 399	475 491	479 487	504	1825 1377 ✓
Total Hours:								1377	

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If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

11. Please list the total number of **volunteers** who took part in activities which were sponsored or organized by all the Members in the state during this period.

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>29</u>	<u>27</u>	<u>14</u>	<u>0</u>	<u>70</u>

12. Please list the total number of **hours of community service** completed by the volunteers cited above during this period.

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>162</u>	<u>92</u>	<u>28</u>	<u>74</u>	<u>356</u>

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

13. **Original Community Service Objectives:** Attached are sheets summarizing the community service objectives that were originally approved for each operating site. In cases where a single objective may take an entire year to complete, that objective may have a sub-objectives listed. **You need to fill in the column marked "4th QTR Quantity" and the column marked "4th QTR Success" --- as well as any column that is blank, has a zero, or has a question mark --- for EVERY operating site.** Each chart should have the following columns:

"State" - The standard two-letter code for your state

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"Op Site" - Each site's unique operating site identification

"PGM Code" - Each type of service has been assigned a unique code to describe that type of service. See the appendix to this report entitled "Community Service PGM Code List"

"Obj/Impact Statement" - A few words verbally summarizing the community service objective

"Year's QTY Target" - The year's numerical goal for the people or things to be aided

"Target Unit of Measurement" - The unit of measure used in the previous column

"4th QTR Quantity" - Provide a hard number indicating progress towards the "Year's QTY Target"

"Year's Success Target" - Number for a way of measuring *quality* of service provided --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"Success Unit of Measure" - Explanation of the number in the previous column --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"4th QTR Success" - Provide a hard number indicating progress towards the "Year's Success Target"

8/15/96

Y15A

QUESTION 13. PROGRESS TOWARDS ACOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES
(Under "4th QTR Quantity" enter the amount of work done in the fourth quarter. Do the same for "4th QTR Success".)

Remember, since this is the last or final report, there should be no objectives with a zero entered in quantity or success, if a zero was entered for the first Three quarters. (See your last quarterly report) If you have objectives that you could not do anything on please explain why.

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's		Year's			
					QTY Target	QTY Unit of Measure	4th QTR Quantity	Success Target	Success Unit of Measure	4th QTR Success
HI	Y15A		EN-E113	Conservation display development	<i>No goals</i>	displays - developed	—		# of requests for displays	—
HI	Y15A		EN-E040A	Greenhouse built	<i>no goal</i>	square feet	—		% of work meeting professional standards	—
HI	Y15A		EN-E132A	Seed cleaning	25	pounds - seeds cleaned	15	80	% of seeds planted	90% ✓
HI	Y15A		EN-E073A	Land reforested	90	acres - planted	4.5	90	% of work meeting professional standards	100% ✓
HI	Y15A		EN-E012A	Students provided conservation education	150	students - educated	—	100	% of students with increased knowledge	— ✓
HI	Y15A		EN-E032A	Seed planting	21500	seeds - planted	1496		% survival rate	90% ✓
HI	Y15A	1	EN-E039B	Develop seedlings	11500	plants - developed	441	90	Number of plants surviving	95% ✓
HI	Y15A	2	EN-E072A	Plant # of trees	11500	trees - planted	43	90	% survival rate	95% ✓
HI	Y15A	3	EN-E017B	# of Presentations on conservation	7	presentations - educational	—		% of adults demonstrating increased knowledge	— ✓

8/15/96

Y15A

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Under "4th QTR Quantity" enter the amount of work done in the fourth quarter. Do the same for "4th QTR Success".)

Remember, since this is the last or final report, there should be no objectives with a zero entered in quantity or success, if a zero was entered for the first Three quarters. (See your last quarterly report) If you have objectives that you could not do anything on please explain why.

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's		4th QTR			4th QTR Success
					QTY Target	QTY Unit of Measure	Quantity	Target	Success Unit of Measure	
HI	Y15A	3	EN-E017A	Adults provided educated	45	adults - educated	—	60	% of adults with increased knowledge	—
HI	Y15A	4	EN-E023A	Install fire control measures	300	acres - fire protection	—		% fire damage reduced	—

8/15/96

Y15B

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES
(Under "4th QTR Quantity" enter the amount of work done in the fourth quarter. Do the same for "4th QTR Success".)

Remember, since this is the last or final report, there should be no objectives with a zero entered in quantity or success, if a zero was entered for the first Three quarters. (See your last quarterly report) If you have objectives that you could not do anything on please explain why.

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's		4th QTR	Year's		4th QTR
					QTY Target	QTY Unit of Measure		Success Target	Success Unit of Measure	
HI	Y15B		EN-E113	Conservation display development	<i>no goals</i>	displays - developed	—		# of requests for displays	—
HI	Y15B		EN-E021A	Fences built	<i>no goals</i>	fences - built	—		% of work meeting professional standards	—
HI	Y15B		EN-E121A	Beach clean-up	<i>no goals</i>	miles - cleaned	—		% reduction in pollution	—
HI	Y15B		EN-E040A	Greenhouse built	<i>no goals</i>	square feet	—		% of work meeting professional standards	—
HI	Y15B		EN-E073A	Land reforested	20	acres - planted	5	90	% of work meeting professional standards	90% ✓
HI	Y15B		EN-E012A	Students provided conservation education	75	students - educated	275		% of students with increased knowledge	100% ✓
HI	Y15B		EN-E039B	Develop seedlings	1000	plants - developed	48	90	Number of plants surviving	95% ✓
HI	Y15B		EN-E072A	Trees planted	2000	trees - planted	323	90	% survival rate	70% ✓
HI	Y15B		EN-E132A	Seed cleaning	10000	pounds - seeds cleaned	184	80	% planted	<i>too early to tell</i> ✓

8/15/96

Y15B

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES
 (Under "4th QTR Quantity" enter the amount of work done in the fourth quarter. Do the same for "4th QTR Success".)

Remember, since this is the last or final report, there should be no objectives with a zero entered in quantity or success, if a zero was entered for the first Three quarters. (See your last quarterly report) If you have objectives that you could not do anything on please explain why.

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's		4th QTR Quantity	Year's		4th QTR Success
					QTY Target	QTY Unit of Measure		Success Target	Success Unit of Measure	
HI	Y15B	3	EN-E017B	# of Presentations on conservation	2	presentations - educational	5		% of adults demonstrating increased knowledge	100%
HI	Y15B	3	EN-E017A	Adults provided educated	30	adults - educated	105	60	% of adults with increased knowledge	100%
HI	Y15B	4	EN-E023A	Install fire control measures	100	acres - fire protection	—		% fire damage reduced	—

15. Community Service Objectives Narrative (optional):

X15A and X15B Hawaii-NRCS

Original Objectives: 1) reforestation of critical watershed areas, 2) establishment of fire breaks and 3) increased public awareness of watershed resource needs.

On small islands, even 3-7 member AmeriCorps projects' activities are noticed. Through activities such as seed collecting, plant gathering, convening of an Advisory Board (comprised of community, nonprofit and private sector representatives), community and school presentations, the public's awareness was raised of the importance of positive action to preserve their watersheds. Although we had to lower our tree planting goals due to difficult planting conditions, we were very productive at other projects sites. The team members and their leaders were flexible in accomodating community requests for assistance. For example, on Molokai, the members helped on a fishpond restoration project and on Lanai, fences to protect plants from deer, recycling bins were constructed and beach cleanup was performed.

16. Community Building Objectives (optional):

Lanai: The major landowner, The Lanai Company has provided use of facilities, trees, equipment, a vehicle and supplies. The Lanai Advisory Board was comprised of a cross-section of the community represented by various organizations. The concern for the watershed appeared to unite interests that may have had opposing points of view in other matters. Our AmeriCorps team appeared to work well with all segments of the community and has received positive responses to their presentations.

Molokai: This year, as evidenced by inquiries on the continuation of the project for next year, awareness of the importance for caring for the watershed appears to have been raised. The project has continued to receive support from diverse groups with often strongly opposing points of view. The need to build partnerships and pool resources was explained and there were significant contributions made to the project by the Department of Hawaiian Homelands and the Molokai Ranch.

17. AmeriCorps Member Development Objectives Narrative (optional):

Increased knowledge and skills: Despite in some cases, poor attendance, informal conversations and the End-of-Term forms filled out by all Members showed that they felt that they had learned knowledges and gained skills from working on the Projects.

Special skills developed: Plant and seed identification and recognition, effective procedures to follow and materials to use to grow plants successfully, recognition of proper sites for planting. Awareness of the importance of fire breaks in forests, ability to build and maintain firebreaks. Some Members took advantage of the opportunity to develop better communication skills through keeping the group log and taking an active part in the public presentations.

Use of benefits: 1 - further training in police work; 1 graduate study; 1 completion of an AA degree; 1 beginning work on an AA degree.

Ethic of work, citizenship or community volunteerism: Even from those who had high rates of absences, we heard that they had developed a positive appreciation for the importance of community volunteerism. The community education and awareness objective was effective in that it encouraged members to articulate why it is important to preserve the watershed and how important it was that the community must help in this effort. The Project Manager stressed a team approach to the tasks and for the most part members learned and practiced the necessary skills to be effective in this situation.

18. Unique Success or Great Stories:

19. Difficulties Faced by the Program:

State - Agency partnership to achieve training objectives:

We experienced coordination and follow-through problems with the State Commission on AmeriCorps. Training was promised but finally never materialized. Our project held off planning some training on the State Commission's continued assurances that fully-paid-for-by-the-State training would be held.

Receiving very little information on other AmeriCorps projects in our State from the State Commission (which surprisingly did not have the information), our project finally networked on our own with other AmeriCorps projects. With the more active participation of the Corporation for National Service (Federally staffed) in our state since August, it appears coordination and communication problems will improve.

Lack of trees: Our sources did not have a sufficient number of trees. Trees had to be grown from seeds that had to be gathered as there was agreement that native trees would be planted.

Need to plant after a rain: Trees could not be planted until after a rain. We had several long dry spells. More attention next year to how trees will be watered or choice of trees with lower water needs will need to be addressed.

Administrative: Objectives, their creation and reporting on their achievement was a headache as the codes came out after the project objectives were approved.

Health Plan: The health plan administrators appear to be confused as to who to bill especially perhaps because our state's personnel work is done by Oregon and our financial work is done by Washington State. One or two health plan people

contacted for questions were very helpful; however, there were several instances when it took days of leaving messages for a question to be answered.

Island Environment: Operating in an island environment was challenging because of the logistics of bringing people together and the because of the minimal resources available for technical and required training on sparsely populated islands.

NRCS' idea to link new project states with second year project states was very much appreciated. Our mentors from the state of Texas, Eddie Seidensticker and Nancy Webb were responsive and answered many day-to-day types of questions.

20. National Identity Activities (optional): Not done this year but a good idea.

21. Organizational Changes: None

22. Organizational Improvements (Optional):

I recommend the NRCS mentor program for all new sites.

A master calendar with due dates for all AmeriCorps requirements would be helpful.

23. Primary Training and Technical Assistance Needs (Optional):



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First Second Third Fourth
(10/1 - 12/31) (1/1 - 3/31) (4/1 - 6/30) (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Hawaii
3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION: (Make Corrections if Necessary)

4. Contact Name: Michael Michale Kolman Last
NRCS
P.O. Box 50004
Honolulu, HI 96850
5. Title: AmeriCorps Project Director
6. Address: _____
street, number, and PO (if applicable)

City

State

Zip

7. Telephone number: 808-541-2602

8. Fax number: 808-541-1335

9. E-Mail Address (if any): _____

6/04/96

10. MEMBER DATA:

OP SITE ID: X15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Hoolehua, Molokai, HI

PHONE: 808-567-6885

FAX:

STATE: HI

No. of Members Allocated by USDA: 6

Member Name	SSN	SER- STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
ARLOS, KELLY M.	(b)(6)	F	A	A	144 Not allowed	346	<u>430</u>		346 490 776
CRIVELLO, LINDSEY K.		F	E	C	123	0			123
GALAM, JR, GORDON W.		F	E	C	322	0			322
KANEAKUA, JONATHAN A.		F	A	A	230	286	<u>186</u>		516 702
KANEAKUA, LANCE K.		F	A	A	416 424	285	<u>226</u>		701 708 927
MOKIAO, JOHN K.		F	A	A	480 504	485	<u>517</u>		965 989 1482
RITTE, KALANIUA .		F	A	A	431 439	372	<u>348</u>		803 810 1151
Total Hours:									3776 3957 5483

* The number of Members allocated should equal the number of active members, those members whose trust status is "A" and whose Program Status is "A". If your report shows five members with "A" "A" status and yet you only have four active members, this means you have not submitted an end of term of service form for the member for the member who is no longer active. Conversely, if your report shows five members with an "A" "A" status and you actually have six members active, you have not submitted an enrollment form for the active member whose name is not shown on this report. If that is the case, list the names, SSN, Status and hours of the missing members on this sheet and send the enrollment forms to the USDA Director of National Service. If enrollment form was sent directly to the Corporation, send copies to the USDA Director of National Service immediately. If you have replaced members be certain to indicate whether the replacements are full or part-time [NOTE: The USDA Director of National Service must approve conversion of full-time slots to part-time slots IN ADVANCE.]

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

6/04/96

10. MEMBER DATA:

OP SITE ID: X15B

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Lanai City, Lanai , HI

PHONE: 808-567-6885
FAX:

STATE: HI

No. of Members Allocated by USDA: 2

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
CHACHLEIGH , CLARABAL	V. (b)(6)	F	A	A	457	377	<u>209</u>	_____	834 1043
VALLEY , BRIAN	L. (b)(6)	F	A	A	488	418	<u>405</u>	_____	906 1311
								Total Hours:	1740 2354

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6/04/96

10. MEMBER DATA:

DP SITE ID: Y15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Field Office
City: Hoolehua, Molokai, HI

PHONE: 808-567-6885

FAX:

STATE: HI

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
SEGURITAN, BETTY	J. (b)(6)	F	A	A	386 370	193			579 562.5
Total Hours:									579 562.5

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6/04/96

10. MEMBER DATA:

OP SITE ID: Y15B

Site Supervisor: Robert Joy

PHONE: 808-567-6885

STATE: HI

Agency/Org Name: TBD

FAX:

City: Lanai City, Lanai, HI

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
MARIE, LINDA	(b)(6)	F	A	A	399 423	491	487		890 914 1377
								Total Hours:	890 914 1377

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1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>29</u>	<u>27</u>	<u>14</u>	_____	_____

12. Please list the total number of **hours of community service** completed by the volunteers cited above during this period.

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>162</u>	<u>92</u>	<u>28</u>	_____	_____

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"Year's QTY Target" - The year's numerical goal for the people or things to be aided

"Target Unit of Measurement" - The unit of measure used in the previous column

"3rd QTR Quantity" - Provide a hard number indicating progress towards the "Year's QTY Target"

"Year's Success Target" - Number for a way of measuring *quality* of service provided --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"Success Unit of Measure" - Explanation of the number in the previous column --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"3rd QTR Success" - Provide a hard number indicating progress towards the "Year's Success Target"

6/04/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Under "3rd QTR Quantity" enter the amount of work done in the third quarter. Do the same for "3rd QTR Success".)

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's		3rd QTR Quantity	Year's		3rd QTR Success
					QTY Target	QTY Unit of Measure		Success Target	Success Unit of Measure	
HI	Y15A		EN-E113	Conservation display development						✓
HI	Y15A		EN-E113	Conservation display development						
HI	Y15A		EN-E040A	Greenhouse built		square feet			% of work meeting professional standards	—
HI	Y15A		EN-E132A	Seed cleaning	25	pounds - seeds cleaned approx 21,500 seeds	0		80% number of pounds planted	✓
HI	Y15A		EN-E072A	^{73A} Land Reforested Trees planted	11500 90 3	Acres Planted Trees planted Locations	0		100% meeting professional standards 90% survival rate	✓
HI	Y15A	1	EN-E039B	Develop seedlings/plants/cuttings	11500 30000	plants - developed	1058		90% of plants surviving 90% number of plants surviving 10350	95 ✓
HI	Y15A	2	EN-E072A	^{Trees Planted} Plant # of trees	11500 21000	trees - planted	0		90% survival rate 75% 10350	✓
HI	Y15A	3	EN-E017B	# of Presentations on conservation	45	presentations - educational	4		45% of adults demonstrating increased knowledge ^{educated}	✓
HI	Y15A	3	EN-E017A	Adults provided educated	45	adults - educated	76		60% of adults with increased knowledge	—
HI	Y15A	4	EN-E023A	Install fire control measures	300	acres - ^{treated} fire protection	60		100% fire damage reduced	100 ✓
HI	Y15A		EN-E012	Students Provided Consrvtn Ed	150	Students educated	122		100% Teachers expressing approval	100% ✓
HI	Y15A		EN-E132	Seed planting	21,500	Seeds planted	1300			

* Not an year's objective

** Goal achieved

6/04/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Under "3rd QTR Quantity" enter the amount of work done in the third quarter. Do the same for "3rd QTR Success".)

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY		3rd QTR Quantity	Year's Success		3rd QTR Success
					Target	QTY Unit of Measure		Target	Success Unit of Measure	
HI	Y15B		EN-E132A	Seed cleaning	10,000	pounds - seeds cleaned	0	80%	Planted	0
HI	Y15B		EN-E021A	Fences built		fences - built			% of work meeting professional standards	
HI	Y15B		EN-E121A	Beach clean-up		miles - cleaned			% reduction in pollution	
HI	Y15B		EN-E040A	Greenhouse built		square feet			% of work meeting professional standards	
HI	Y15B		EN-E072A	Trees planted	2000 812	trees - planted	400	90	% survival rate 1800	93%
HI	Y15B		EN-E072A	^{73 Land Reforested} Trees planted	20 2000 5	Acres planted trees planted Locations	4 4	100%	90 meeting professional standards % survival rate	100%
HI	Y15B	3	EN-E017B	# of Presentations on conservation	2	presentations - educational	11	30	% of adults ^{educated} demonstrating increased knowledge	14
HI	Y15B	3	EN-E017A	Adults provided educated	30	adults - educated	14	60	% of adults with increased knowledge	
HI	Y15B	4	EN-E023A	Install fire control measures	100	acres - fire protection ^{treated}	0	0	% fire damage reduced	0
HI	Y15B		EN-E113	Conservation Displays Developed			4			
HI	Y15B		EN-E039A	Dev seedlings	1000	plants grown	169	90	% Number plants growing	85
HI	Y15B		EN-E012	Students Provided Conservtn education	75	students educated	224	100%	Teachers expressing satisfaction	100%

* Not an year's objective.

* Goal achieved

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

Use this section to report progress towards completing additional new objectives --- those objectives in addition to the main objectives of each project listed on the preceding page. Please fill in all columns for all objectives. It is important to make sure that each objective is listed with its own "OP site" (Operating site) code; this ensures that we know precisely what service is performed at each site. Please fill in all columns for each objective. Under "Obj No.," please give each new objective a number different from the number used for any of the objectives on the preceding page. Under "PGM Code", please use a one-letter and three-digit code to describe the service from the code list provided at the end of this report. Under "Obj/Impact statement," provide a several-word summary of the nature of the service project -- this verbal summary should roughly match the "PGM Code" listed in the previous column. Under "Year's QTY Target," provide a hard number for the people or things aided. Under "Target Unit of Measurement," specify what unit of measure was used in the previous column -- such as miles, number of people served, acres, etc. Under "1st QTR Quantity," provide a hard number indicating progress towards the "Year's QTY Target" that was accomplished during this reporting period. Under "Year's Success Target," provide a hard number for a way of measuring how well the service was provided. Under "Successes Unit of Measure," specify exactly what the number in the previous column meant. Under "1st QTR Success," provide a hard number indicating progress towards the "Year's Success Target" that was accomplished during this reporting period.

1st QTR State Op Site Measure	Obj PGM		Obj/Impact statement	Year's	Year's	Success	Unit of
	No.	Code		QTY	QTY	1st QTR	
				Target	Unit of Measure	Quantity	Target

{SAMPLE:}

CA	Y05A	18	EN96	Constrcuting whale nesting boxes	3	Boxes	1	90	%
meeting stand. 95%									

HC	Y15A	E022		Fences Removed	6	miles removed	100%		
----	------	------	--	----------------	---	---------------	------	--	--

HI	Y15A	E158		Care Maintenance Trees	50				
----	------	------	--	------------------------	----	--	--	--	--

HI	Y15B	E121		Beach Clean-Up	19	hours			
----	------	------	--	----------------	----	-------	--	--	--

"	"	"		Park Cleanup	2	hours			
---	---	---	--	--------------	---	-------	--	--	--

"	"	E121		Water Kane pull	54	hours			
---	---	------	--	-----------------	----	-------	--	--	--

15. **Community Service Objectives Narrative (optional):** If you feel it is necessary and/or helpful, you may use this space to describe in more detail accomplishments towards the original community service objectives reported in question 13 and/or your additional community service objectives reported in question 14. Please make sure you include the Operating Site ID Number in each narrative description so we can be clear which accomplishment is matched to which site.

16. **Community Building Objectives Narrative (optional):** Briefly describe how projects have brought together diverse groups of people, empowered communities to solve their own problems, built long-term structures that will last beyond each AmeriCorps Member's term of service, and generally improved the abilities of local citizens to help improve their own lives.

17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Members themselves have benefited from serving in the program, particularly in regard to expanding their own educational opportunity and increasing their own ethic of personal responsibility. Describe specific skills learned by Members through either their service or training. Describe any Members that earned a GED or otherwise advanced their education. Describe any Members that left public assistance to join AmeriCorps. Relate how AmeriCorps allowed Members to continue college or graduate school. Describe how Members may have changed their ethic of work, citizenship, or community volunteerism.

SECTION V - SUCCESS STORIES:

18. **Unique Successes or Great Stories :** Briefly describe one or two unique and/or exceptional success stories, a program highlight, or a 'great story' from your state. Please explain any instance in which AmeriCorps Members recruited non-AmeriCorps community volunteers for projects. Please include all media coverage, including original newspaper clips, videotapes of TV coverage, and cassette tapes of radio coverage; any letters of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

Our Molokai group worked together with an Alternative Education group of high school students. They mulched and checked on the condition of the trees. The students and teachers were very appreciative.

SECTION VI - CHALLENGES

19. **Difficulties Faced by the Program:** Use this section to report on any problems your Members have encountered in the program this period. These should be significant issues which were related to achieving objectives, significant delays in implementation, administrative problems, or any other expectations, events or incidents that have caused the Members concern. State the problem concisely and how the issue has, or has not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

SECTION V - GENERAL INFORMATION

20. **National Identity Activities (OPTIONAL):** Please describe any activities undertaken by Members that fostered the national identity of AmeriCorps. These could include joint service activities, meetings with other AmeriCorps projects, national telephone conference calls, use of Internet to communicate with other sites, etc.

21. **Organizational Changes:** Please outline and describe any changes in your program's organization and/or structure during the quarter.

22. **Organizational Improvements (OPTIONAL):** Please write any suggestions by you, your Members, site managers, or anyone else regarding ways in which the USDA or CNS AmeriCorps program could be improved.

23. **Primary Training and Technical Assistance Needs (OPTIONAL):** Please specify precisely what kind of staff or Member training or other technical assistance can be provided by USDA, the Corporation for National Service, or other sources to improve your projects.

{END OF REPORT}

3rd Qtr - Molokai - Lanai Rejuvenation Project

PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY OBJECTIVES

	Molokai	Lanai
E052 How many acres were treated for fire protection?	<u>60</u>	<u>-</u>
What percentage of these acres had fire on them?	<u>0</u>	<u>-</u>
E132 How many plants were collected?	<u>-</u>	<u>122</u>
What percentage survived?	<u>-</u>	<u>95</u>
E132 How many pounds of seeds were cleaned?	<u>-</u>	<u>-</u>
What percentage of these seeds were planted?	<u>-</u>	<u>-</u>
E132 How many seeds were planted in pots?	<u>1300</u>	<u>165</u>
What percentage survived?	<u>95</u>	<u>90</u>
E072 How many trees were planted in the ground?	<u>-</u>	<u>400</u>
What percentage survived?	<u>-</u>	<u>93</u>
E073 How many acres planted?	<u>-</u>	<u>4</u>
In how many locations?	<u>-</u>	<u>4</u>
E073 How many plants/seedlings/cuttings were grown/developed.	<u>1058</u>	<u>169</u>
What percentage survived?	<u>95</u>	<u>85</u>
E113 How many conservation displays were developed?	<u>-</u>	<u>4</u>
E017 How many presentations were made to adults?	<u>4</u>	<u>11</u>
How many adults were in the audiences at these presentations?	<u>76</u>	<u>14</u>
E012 How many presentations were made to students?	<u>8</u>	<u>10</u>
How many students were in the audiences?	<u>122</u>	<u>224</u>
After student presentations, how many teachers expressed approval?	<u>-1</u>	<u>-</u>
Number of volunteers for AmeriCorps projects.	<u>14</u>	<u>-</u>
Number of community service hours performed by volunteers.	<u>28</u>	<u>-</u>
What community projects were completed?		
Molokai: DHHL - taking fence out from Homelani Cemetery		
Cleaning and mulching with alternative education people		
Lanai: Beach Clean-Up 19 hours at 3 sites		
Park Clean-Up 2 hours at 1 site		
Water Kanepuu 54 hours		
Miscellaneous 15 hours		
2 news articles		

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First (10/1 - 12/31) Second (1/1 - 3/31) Third (4/1 - 6/30) Fourth (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Hawaii
3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION: (Make Corrections if Necessary)

4. Contact Name: _____ Michael Kolman _____
NRCS Last
P.O. Box 50004
Honolulu HI 96850
5. Title: AmeriCorps Project Director
6. Address: _____
street, number, and PO (if applicable)
- _____ City _____ State _____ Zip
7. Telephone number: 808-541-2602
8. Fax number: 808-541-1335
9. E-Mail Address (if any): _____

SECTION III - MEMBER DATA:

10. Attached are sheets concerning AmeriCorps Member data. The first type of Member Data sheet lists each Member, by operating site, for whom the USDA Office of National Service has received at least a Member enrollment form. The sheet will also list the number of slots allotted to that site and the number of enrollment forms received by the Department; you will need to fill in the number of Members actually enrolled. The sheets give the Member's name, social security number, and enrollment status. Please review the data and check for:

- a. Correct spelling of the name;
- b. Accuracy of the Social Security Number;
- c. Service type (F= Full-time member; P= Part-time member);
- d. Program Status (A = Active; C = Completed; E = Ended Service Early)*
- e. Trust Status (A = Earning Award; B = Earned Award; C = Did Not Earn Award; D = On Hold by the Corporation for National Service; E = Under Review).

Alongside each name, give the total number of hours served (includes training time) by the Member this reporting period. Do this even if the Member has terminated during the reporting period. For Members who are on the list but have terminated or had their service type or status changed, just cross out the old status and print the new one alongside it. Make your corrections directly on this sheet and submit it along with the other portions of your progress report.

The second type of Member Data sheets give an Operating Site ID number and the name of the site supervisor but has no Member names listed. That is because the USDA Office of National Service has not received Enrollment forms for **any** Members from these sites. Please print the necessary information for each member on the appropriate sheet and submit an Enrollment form to the Department. If a Member began service but terminated, we still need a form for that person --- indicates their status as terminated. Also note whether or not the site sent the enrollment form directly to the Corporation for National Service. It is hoped that by now everyone understands that all forms (except health and child care) should come directly to the USDA Director of National Service and NOT--- repeat NOT --- the Corporation for National Service.

REMEMBER:

- a. ALL members should be listed even though they only served a few days. If an enrollment form was submitted for a Member who then terminates either by officially notifying you or simply by walking away from the program, an End of Term of Service Form **MUST** be submitted for the Member.
- b. If Members are serving at an operating site and their name does not appear on the list for that site, first check to see if the Member is listed under a different operating site; if not, then an Enrollment Form must be submitted so the person can be enrolled in the program.
- c. List all the hours a Member served during the reporting period regardless if they terminated or if they started in the middle of the period.

3/12/96

10. MEMBER DATA:

OP SITE ID: X15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Hoolehua, Molokai, HI

PHONE: 808-567-6885

FAX:

STATE: HI

No. of Members Allocated by USDA: 6

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
ARLOS, KELLY M.	(b)(6)	F	A	A	144	<u>346</u>	—	—	144
CRIVELLO, LINDSEY K.	(b)(6)	F	E	C	123	<u>0</u>	—	—	123 ^{Sep 96/96}
GALAM, JR, GORDON W.	(b)(6)	F	E	C	322	<u>0</u>	—	—	322 ^{Sep 96/96}
KANEAKUA, JONATHAN A.	(b)(6)	F	A	A	230	<u>2855</u>	—	—	230
KANEAKUA, LANCE K.	(b)(6)	F	A	A	424	<u>2845</u>	—	—	424
MOKIAO, JOHN K.	(b)(6)	F	A	A	504	<u>485</u>	—	—	504
RITTE, KALANIUA	(b)(6)	F	A	A	439	<u>3715</u>	—	—	439

3/12/96

10. MEMBER DATA:

OP SITE ID: X15B

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Lanai City, Lanai , HI

PHONE: 808-567-6885

FAX:

STATE: HI

No. of Members Allocated by USDA: 2

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
CHACHLEIGH , CLARABAL	V. (b)(6)	F	A	A	457	377	---	2	457
VALLEY , BRIAN	L. (b)(6)	F	A	A	488	418	---	---	488
Total Hours:									945

No. of Members Allocated by USDA: 2

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 2

No. of Members for Whom Forms Have NOT Been Recieved*: 0

ENTER the number of vacancies that you intend to fill in the next reporting period: N/A

ENTER the number of vacancies you intend to relinquish for the program year: 0

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

3/12/96

10. MEMBER DATA:

OP SITE ID: Y15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Field Office
City: Hoolehua, Molokai, HI

PHONE: 808-567-6885

FAX:

STATE: HI

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	1st Rpt	HOURS			Total
						2nd Rpt	3rd Rpt	4th Rpt	
SEGURITAN, BETTY	J. (b)(6)	F	A	A	386	192.5			386.5
Total Hours:									386

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 1

No. of Members for Whom Forms Have NOT Been Recieved*: 0

ENTER the number of vacancies that you intend to fill in the next reporting period: 1

ENTER the number of vacancies you intend to relinquish for the program year: 0

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

3/12/96

10. MEMBER DATA:

OP SITE ID: Y15B

Site Supervisor: Robert Joy

PHONE: 808-567-6885

STATE: HI

Agency/Org Name: TBD

FAX:

City: Lanai City, Lanai , HI

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
MARIE , LINDA	(b)(6)	F	A	A	423	491			423
Total Hours:									423

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 1

No. of Members for Whom Forms Have NOT Been Recieved*: 0

ENTER the number of vacancies that you intend to fill in the next reporting period: N/A

ENTER the number of vacancies you intend to relinquish for the program year: 0

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

3/12/96

10. MEMBER DATA:

OP SITE ID: X15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Hoolehua, Molokai , HI

PHONE: 808-567-6885

FAX:

STATE: HI

No. of Members Allocated by USDA: 6

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
								Total Hours:	2184

No. of Members Allocated by USDA: 6

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 7

No. of Members for Whom Forms Have NOT Been Recieved*: -1

ENTER the number of vacancies that you intend to fill in the next reporting period: 1

ENTER the number of vacancies you intend to relinquish for the program year: 0

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

11. Please list the total number of **volunteers** who took part in activities which were sponsored or organized by all the Members in the state during this period.

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>29</u>	<u>27</u>	_____	_____	_____

12. Please list the total number of **hours of community service** completed by the volunteers cited above during this period.

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>162</u>	<u>92</u>	_____	_____	_____

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

13. **Original Community Service Objectives:** Attached are sheets summarizing the community service objectives that were originally approved for each operating site. In cases where a single objective may take an entire year to complete, that objective may have a sub-objectives listed. **You need to fill in the column marked "1st QTR Quantity" and the column marked "1st QTR Success" --- as well as any column that is blank, has a zero, or has a question mark --- for EVERY operating site.** Each chart should have the following columns:

"State" - The standard two-letter code for your state

"Obj No" - Each community service objective for each site is assigned an individual number

"Op Site" - Each site's unique operating site identification

"PGM Code" - Each type of service has been assigned a unique code to describe that type of service. See the appendix to this report entitled "Community Service PGM Code List"

"Obj/Impact Statement" - A few words verbally summarizing the community service objective

"Year's QTY Target" - The year's numerical goal for the people or things to be aided

"Target Unit of Measurement" - The unit of measure used in the previous column

"1st QTR Quantity" - Provide a hard number indicating progress towards the "Year's QTY Target"

"Year's Success Target" - Number for a way of measuring *quality* of service provided --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"Success Unit of Measure" - Explanation of the number in the previous column --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"1st QTR Success" - Provide a hard number indicating progress towards the "Year's Success Target"

Hawaii requests renewal of this project for 1997-1998.

3/14/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Fill in All Blank Columns or Those with Question Marks. Use the Attached Blank Form to Enter New Objectives.)

As you are aware, one of the key pieces of information you are to provide with this 2nd QTR progress report is whether or not you intend to renew this site for the next program year beginning approximately Sept/Oct 1996. If you intend to renew this site for the next program year, indicate whether the objectives listed below will remain the same for the next year's program. If they will remain the same write OK next to them, if one will not be an objective to be performed at this site for next year, write the word DELETE next to it. If you are proposing one or more new objectives for this site identify them using the format attached to question 14. You may write them on this sheet (be sure to include quantity and quality measures) or you may use a separate piece of paper BUT be certain you clearly identify the operating site to which they belong.

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's		2 nd QTR		Year's		2 nd QTR	
					QTY Target	QTY Unit of Measure	Quantity	Success Target	Success Unit of Measure	Success		
HI	Y15A		EN-E040	Greenhouse built								
ok HI	Y15A		EN-E113	Conservation display development								
ok HI	Y15A		EN-E132	Seed cleaning								
ok HI	Y15A	1	EN-E039	Develop seedlings	300000	seedlings		90		Number of plants surviving		
ok HI	Y15A	2	EN-E072	Plant # of trees	210000	trees		75		% survival rate		
ok HI	Y15A	3	EN-E017	# of Presentations on conservation	7	presentations				% of adults demonstrating increased knowledge		
ok HI	Y15A	4	EN-E023	Install fire control measures	400	acres				% fire damage reduced		

* Please see attached sheets for revised Year's Target amounts.

ST	OP	SITE	OBJ NO.	PGM CODE	OBJ/IMP STATEMENT	YEAR'S QTY TARGET	QTY UNIT OF MEAS	1ST QTR 2ND QTR QUANTITY	YEAR'S SUCCESS TARGET	SUCCESS UNIT MEASURE	1ST QTR 2ND QTR SUCCESS
HI	15A		1	E132	SEED CLNG/COLL	25 LBS	# LBS SEEDS COLL/CLNED	18 LBS	_____	TREES PLNTD	10,000 (?) PLNTD
HI	15B		1	E132	SEEDS CLNG/COLL	10,000 SEEDS	SEEDS COLL/CLND	8750 COLL 5554 CLND	10,000 COLL _____	TREES PLNTD	1500 PLNTD
HI	15A		1	EO39	PLANT MAT GROWN	11,500 TREES PLNTD	TREES PLNTD	10,000 TREES PLNTD	90% SURV 6 MOS	TREES SURV	90% SURV 900 TREES
HI	15B		1	EO39	PLANT MAT GROWN	812 TREES PLNTD	TREES PLNTD	812 TREES PLNTD	90% SURV 6 MOS	TREES SURV	90% SURV 507 TREES

ST	OP	SITE	OBJ NO.	PGM CODE	OBJ/IMP STATEMENT	YEAR'S QTY TARGET	QTY UNIT OF MEAS	1ST QTR 2ND QTR QUANTITY	YEAR'S SUCCESS TARGET	SUCCESS UNIT MEASURE	1ST QTR 2ND QTR SUCCESS
HI	15A		2	E072	TREES PLANTED	90 11,500	ACRES TREES PLNTD	60 5,693	90% SURV	% SURV	90%
HI	15B		2	E072	TREES PLANTED	20 2,000	ACRES TREES PLNTD	15 1179	90% SURV	% SURV	63%
HI	15A		2	E073	LAND REFORESTED	90 3	ACRES LOCATIONS	60 2	100%	PROF STAND	100%
HI	15B		2	E073	LAND REFORESTED	20 5	ACRES LOCATIONS	15 3	100%	PROF STAND	100%

ST	OP	SITE	OBJ NO.	PGM CODE	OBJ/IMP STATEMENT	YEAR'S QTY TARGET	QTY UNIT OF MEAS	1ST QTR 2ND QTR QUANTITY	YEAR'S SUCCESS TARGET	SUCCESS UNIT MEASURE	1ST QTR 2ND QTR SUCCESS
HI	15A		3	E012	STUD PROV EDUC	150 6	STUDENTS PRESENTATIONS	_____ _____	60% KNOWL INCREASE	100% TEACH SATIS	TO BEGIN 4/96
HI	15B		3	E012	STUD PROV EDUC	75 3	STUDENTS PRESENTATIONS	123 5	60% KNOWL INCREASE	100% TEACH SATIS	100% TEACH SATIS
HI	15A		3	E017	ADULTS PROV EDUC	45 5	ADULTS PRESENTATIONS	15 1	60% KNOWL INCREASE	VOLUN	7 VOLUN
HI	15B		3	E017	ADULTS PROV EDUC	30 2	ADULTS PRESENTATIONS	72 4	60% KNOWL INCREASE	VOLUN	_____ VOLUN
HI	15A		3	E113	DISPLAYS DEVELOPED		# DEVELOPED	1		____# REQ	_____
HI	15B		3	E113	DISPLAYS DEVELOPED		# DEVELOPED	2		____# REQ	_____

ST	OP	SITE	OBJ NO.	PGM CODE	OBJ/IMP STATEMENT	YEAR'S QTY TARGET	QTY UNIT OF MEAS	1ST QTR 2ND QTR QUANTITY	YEAR'S SUCCESS TARGET	SUCCESS UNIT MEASURE	1ST QTR 2ND QTR SUCCESS
HI	15A		4	E023	FIRE CONT MEAS	300	ACRES	30	ZERO FIRES 1 YR	%	100%
HI	15B		4	E023	FIRE CONT MEAS	100	ACRES	—	ZERO FIRES 1 YR	%	100%

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

Use this section to report progress towards completing additional new objectives --- those objectives in addition to the main objectives of each project listed on the proceeding page. Please fill in all columns for all objectives. It is important to make sure that each objective is listed with its own "OP site" (Operating site) code; this ensures that we know precisely what service is performed at each site. Please fill in all columns for each objective. Under "Obj No.," please give each new objective a number different from the number used for any of the objectives on the proceeding page. Under "PGM Code", please use a one-letter and three-digit code to describe the service from the code list provided at the end of this report. Under "Obj/Impact statement," provide a several-word summary of the nature of the service project -- this verbal summary should roughly match the "PGM Code" listed in the previous column. Under "Year's QTY Target," provide a hard number for the people or things aided. Under "Target Unit of Measurement," specify what unit of measure was used in the previous column -- such as miles, number of people served, acres, etc. Under "1st QTR Quantity," provide a hard number indicating progress towards the "Year's QTY Target" that was accomplished during this reporting period. Under "Year's Success Target," provide a hard number for a way of measuring how well the service was provided. Under "Successes Unit of Measure," specify exactly what the number in the previous column meant. Under "1st QTR Success," provide a hard number indicating progress towards the "Year's Success Target" that was accomplished during this reporting period.

State	Op Site	Obj No.	PGM Code	Obj/Impact statement	Year's QTY Target	QTY Unit of Measure	1st QTR Quantity	Year's Success Target	Success Unit of Measure	1st QTR Success
{SAMPLE:}										
CA	Y05A	18	EN96	Constrcuting whale nesting boxes	3	Boxes	1	90	% meeting stand.	95%

Please see attached sheets.

OTHER OBJECTIVES ACCOMPLISHED

ST	OP	SITE	OBJ NO.	PGM CODE	OBJ/IMP STATEMENT	YEAR'S QTY TARGET	QTY	UNIT	OF	MEAS	1ST QTR 2ND QTR QUANTITY	YEAR'S SUCCESS TARGET	SUCCESS UNIT MEASURE	1ST QTR 2ND QTR SUCCESS
HI	15A			EO40	GREENHOUSES BUILT		SQ	FT			924		# PLNT CAPACITY	✓
HI	15B			EO40	GREENHOUSES BUILT		SQ	FT			1800 30X60		# PLNT CAPACITY	✓
HI	15B			E121	BEACH CLEAN-UP		#	MILES			APPROX 4		# LBS TRASH	✓
HI	15B			E021	FENCES BUILT		#	MI	BLT		1.5		% MT PROF STND	✓

15. Community Service Objectives Narrative (optional): If you feel it is necessary and/or helpful, you may use this space to describe in more detail accomplishments towards the original community service objectives reported in question 13 and/or your additional community service objectives reported in question 14. Please make sure you include the Operating Site ID Number in each narrative description so we can be clear which accomplishment is matched to which site.

16. Community Building Objectives Narrative (optional): Briefly describe how projects have brought together diverse groups of people, empowered communities to solve their own problems, built long term structures that will last beyond each AmeriCorps Member's term of service, and generally improved the abilities of local citizens to help improve their own lives.

17. AmeriCorps Member Development Objectives Narrative (optional): Briefly describe how the AmeriCorps Members themselves have benefited from serving in the program, particularly in regard to expanding their own educational opportunity and increasing their own ethic of personal responsibility. Describe specific skills learned by Members through either their service or training. Describe any Members that earned a GED or otherwise advanced their education. Describe any Members that left public assistance to join AmeriCorps. Relate how AmeriCorps allowed Members to continue college or graduate school. Describe how Members may have changed their ethic of work, citizenship, or community volunteerism.

SECTION V - SUCCESS STORIES:

- 18. Unique Successes or Great Stories :** Briefly describe one or two unique and/or exceptional success stories, a program highlight, or a 'great story' from your state. Please explain any instance in which AmeriCorps Members recruited non-AmeriCorps community volunteers for projects. Please include all media coverage, including original newspaper clips, videotapes of TV coverage, and cassette tapes of radio coverage; any letters of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

SECTION VI - CHALLENGES

- 19. Difficulties Faced by the Program:** Use this section to report on any problems your Members have encountered in the program this period. These should be significant issues which were related to achieving objectives, significant delays in implementation, administrative problems, or any other expectations, events or incidents that have caused the Members concern. State the problem concisely and how the issue has, or has not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

SECTION V - GENERAL INFORMATION

20. **National Identity Activities (OPTIONAL):** Please describe any activities undertaken by Members that fostered the national identity of AmeriCorps. These could include joint service activities, meetings with other AmeriCorps projects, national telephone conference calls, use of Internet to communicate with other sites, etc.

21. **Organizational Changes:** Please outline and describe any changes in your program's organization and/or structure during the quarter.

None

22. **Organizational Improvements (OPTIONAL):** Please write any suggestions by you, your Members, site managers, or anyone else regarding ways in which the USDA or CNS AmeriCorps program could be improved.

23. **Primary Training and Technical Assistance Needs (OPTIONAL):** Please specify precisely what kind of staff or Member training or other technical assistance can be provided by USDA, the Corporation for National Service, or other sources to improve your projects.

{END OF REPORT}

OBJECTIVE 1 SELECTION/PROPAGATION OF SEEDLINGS

TYPE OF SERVICE PERFORMED: SELECT AND DEVELOP SEEDLINGS FOR 6 LOCATIONS (300 ACRES) ON MOLOKAI AND 3 LOCATIONS (100 ACRES) ON LANAI

QUANTITY MEASUREMENT: 300,000 SEEDLINGS SELECTED AND PROPAGATED

SUCCESS MEASUREMENT: 80% PLANTED WILL BE HEALTHY 6 MONTHS AFTER PLANTING

SEED CLEANING/COLLECTION

E132 = TYPE OF SERVICE PERFORMED: ASSIST WITH SEED CLEANING

QUANTITY MEASUREMENT: NUMBER OF POUNDS OF SEEDS CLEANED

SUCCESS MEASUREMENT: NUMBER OF POUNDS OF SEEDS EVENTUALLY PLANTED

MOLOKAI

LANAI

3/25/96 18 LBS OF SEEDS COLLECTED/CLEANED
18 X 800 = 14,400 SEEDS CLEANED
10,000 PLANTED 90 % SURV RATE

8750 SEEDS COLLECTED
5554 SEEDS CLEANED
1500 PLANTED

REVISED GOALS

9/30/96 25 LBS OF SEEDS COLLECTED/CLEANED
GOAL APPROXIMATELY 21,500 SEED
(TOTALS) _____ PLANTED

10,000 SEEDS COLLECTED

CLEANED

PLANTED

DEVELOP SEEDLING

EO39 = TYPE OF SERVICE PERFORMED: PLANTED MATERIALS GROWN

QUANTITY MEASUREMENT: NUMBER OF PLANTS GROWN

SUCCESS MEASUREMENT: NUMBER OF PLANTS SURVIVING AND/OR PLANTED

MOLOKAI

LANAI

12/31/95

3/25/96 10,000 PLANTED 90% SURVIVAL RATE
(TOTALS) 9000 TREES

255 PLANTED 90% SURVIVAL RATE (Ck sdlgs/nat trans)
229 TREES
557 PLANTED 50% SURVIVAL RATE (Ck sdlgs/nat trans)
278 TREES

812 PLANTED 63% SURVIVAL RATE
507 TREES

REVISED GOALS

9/30/96 11,500 PLANTED 90% SURVIVAL RATE
10350 TREES

1000 PLANTED 90% SURVIVAL RATE (Ck sdlgs/nat trans)
900 TREES

OBJECTIVE 2 REFORESTATION OF CRITICAL AREAS
TYPE OF SERVICE PERFORMED: TREE PLANTING IN CRITICAL WATERSHED AREAS TO PROTECT LAND BASE FROM DEGRADATION
QUANTITY MEASUREMENT: 150,000 SEEDLINGS PLANTED IN 6 LOCATIONS (300 ACRES ON MOLOKAI) AND 60,000 TREES ON 3 LOCATIONS (100 ACRES) ON LANAI
SUCCESS MEASUREMENT: 75% PLANTED WILL BE HEALTHY 1 YEAR AFTER PLANTING

TREE PLANTING AND REFORESTATION

E072 = TYPE OF SERVICE PERFORMED: TREES PLANTED
QUANTITY MEASUREMENT: NUMBER OF ACRES PLANTED
SUCCESS MEASUREMENT: PERCENTAGE OF TREES THAT SURVIVE AFTER A SET PERIOD OF TIME

MOLOKAI

3/25/96 60 ACRES 2 LOCATIONS
5,693 TR PLNTD 90% SURVIVAL RATE
5124 TREES

LANAI

15 ACRES 3 LOCATIONS
790 TR PLNTD 60% SURVIVAL RATE
474 TREES
389 TR PLNTD 85% SURVIVAL RATE
331 TREES
1179 TREES TOTAL PLANTED

REVISED GOALS

9/30/96 90 ACRES 3 LOCATIONS
11,500 TR PLNTD 90% SURVIVAL RATE
10,350 TREES

20 ACRES 5 LOCATIONS
2,000 TR PLNTD 90% SURVIVAL RATE
1800 TREES

E073 = TYPE OF SERVICE PERFORMED: LAND REFORESTED
QUANTITY MEASUREMENT: ACRES OF LAND
SUCCESS MEASUREMENT: PERCENTAGE WORK MEETING PROFESSIONAL STANDARDS

MOLOKAI

3/25/96 60 ACRES 2 LOCATIONS
100% MEETING PROFESSIONAL STANDARDS

LANAI

15 ACRES 3 LOCATIONS
100% MEETING PROFESSIONAL STANDARDS

REVISED GOALS

9/30/96 90 ACRES 3 LOCATIONS
100% MEETING PROFESSIONAL STANDARDS

20 ACRES 5 LOCATIONS
100% MEETING PROFESSIONAL STANDARDS

OBJECTIVE 3

CONSERVATION EDUCATION

TYPE OF SERVICE PERFORMED: PROVIDE MENTORED RESOURCE CONSERVATION LEARNING OPPORTUNITIES TO AMERICORPS MEMBERS AND MEMBERS OF THE COMMUNITY

QUANTITY MEASUREMENT: 3 SCHOOL PRESENTATIONS ON LANAI (75 STUDENTS) AND 2 COMMUNITY ORGANIZATION PRESENTATIONS(30 ADULTS), 6 SCHOOL PRESENTATIONS ON MOLOKAI (150 STUDENTS) AND 5 COMMUNITY ORGANIZATION PRESENTATIONS(45 ADULTS)

SUCCESS MEASUREMENT: 60% INCREASE IN KNOWLEDGE BASED ON PRE AND POST PRESENTATION SURVEY

E012 = TYPE OF SERVICE PERFORMED: STUDENTS PROVIDED CONSERVATION/ENVIRONMENTAL AND/OR AGRICULTURAL EDUCATION PRESENTATIONS

QUANTITY MEASUREMENT: NUMBER OF STUDENTS EDUCATED

SUCCESS MEASUREMENT: PERCENTAGE OF STUDENTS DEMONSTRATING INCREASED KNOWLEDGE ON PRE- AND POST-SERVICE TEST; PERCENTAGE OF TEACHERS EXPRESSING SATISFACTION WITH PRESENTATIONS

MOLOKAI

LANAI

3/25/96 IN PLANNING STAGE/WILL BEGIN 4/17

5 SCHOOL PRESENTATIONS
123 STUDENTS
100% OF TEACHERS EXPRESSING SATISFACTION

REVISED GOALS

9/30/96 5 SCHOOL PRESENTATIONS 150 STUDENTS)
100% OF TEACHERS EXPRESSING SATISFACTION

GOAL ACHIEVED/CONTINUING

E017 = TYPE OF SERVICE PERFORMED: ADULTS PROVIDED CONSERVATION/ENVIRONMENTAL EDUCATION PRESENTATIONS

QUANTITY MEASUREMENT: NUMBER OF ADULTS EDUCATED

SUCCESS MEASUREMENT: PERCENTAGE OF ADULTS DEMONSTRATING INCREASED KNOWLEDGE ON PRE- AND POST-SERVICE TEST; PERCENTAGE OF ADULTS UTILIZING CONSERVATION PRACTICES DESCRIBED IN THE PRESENTATION

MOLOKAI

LANAI

3/25/96 1 ADULT PRESENTATION
15 ADULTS
___% UTILIZING INFO (OR)
___% INCREASE IN KNOWLEDGE

4 ADULT PRESENTATIONS
72 ADULTS
___% UTILIZING INFO (OR)
___% INCREASE IN KNOWLEDGE

REVISED GOALS

9/30/96 5 ADULT PRESENTATIONS
45 ADULTS
___% UTILIZING INFO (OR)
___% INCREASE IN KNOWLEDGE

GOAL ACHIEVED/CONTINUING

OBJECTIVE 4 FIRE CONTROL MEASURES

TYPE OF SERVICE PERFORMED: INSTALLATION OF FIRE CONTROL PRACTICES SUCH AS FIREBREAKS AT ACCESS ROADS THAT WILL CONTROL FOREST FIRES

QUANTITY MEASUREMENT: 300 ACRES ON REFORESTED LAND ON MOLOKAI AND 100 ACRES ON REFOREST LANAI LAND

SUCCESS MEASUREMENT: NO FIRES ON PROTECTED LANDS WITHIN A 1 YEAR SPAN AFTER INSTALLATION

E023 = TYPE OF SERVICE PERFORMED: LAND PHYSICALLY TREATED TO REDUCE FUEL LADDERS OR OTHER FIRE RISKS

QUANTITY MEASURE: A = ACRES TREATED; B = LAND OWNERS HELPED

SUCCESS MEASUREMENT: PERCENTAGE REDUCTION IN FIRE DAMAGE AND/OR PERCENTAGE OF LAND OWNERS WHO RATE SERVICE AS IMPORTANT

MOLOKAI

LANAI

3/25/96 30 ACRES
NO FIRES ON TREATED LANDS

REVISED GOALS

9/30/96 300 ACRES
NO FIRES ON TREATED LANDS

100 ACRES
NO FIRES ON TREATED LANDS

OTHER OBJECTIVES ACCOMPLISHED

GREENHOUSES BUILT

E040 = TYPE OF SERVICE PERFORMED: GREENHOUSES BUILT

QUANTITY MEASUREMENT: A = NUMBER OF GREENHOUSES BUILT; B = NUMBER OF SQUARE FEET OF GREENHOUSES CREATED

SUCCESS MEASUREMENT: NUMBER OF PLANT CAPACITY OF GREENHOUSE

MOLOKAI

LANAI

3/25/96 1 GREENHOUSE BUILT 924 SQ FT

1 GREENHOUSE BUILT 400 SQ FT

BEACH CLEANUP

E121 = TYPE OF SERVICE PERFORMED: CLEAN-UP LITTER OR ILLEGAL DUMPSITES

QUANTITY MEASUREMENT: A = NUMBER OF MILES/FEET CLEANED; B = NUMBER OF ACRES CLEANED-UP

SUCCESS MEASUREMENT: NUMBER OF TONS OF TRASH REMOVED

MOLOKAI

LANAI

3/25/96

APPROX 12 MILES (3 MEMBERS-4 HOURS EACH)

CONSERVATION DISPLAYS DEVELOPED

E113 = TYPE OF SERVICE PERFORMED: CONSERVATION DISPLAYS DEVELOPED

QUANTITY MEASUREMENT: NUMBER OF DISPLAYS DEVELOPED

SUCCESS MEASUREMENT: NUMBER OF REQUEST FOR DISPLAYS

MOLOKAI

LANAI

3/25/96 1 MULTIPART DISPLAY

2 MULTIPART DISPLAYS
USED FOR PRESENTATIONS

SLIDE PRESENTATION ADAPTABLE
TO AUDIENCES' LEVEL

Mailed 3/1/96



UNITED STATES DEPARTMENT OF AGRICULTURE

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First (10/1 - 12/31) Second (1/1 - 3/31) Third (4/1 - 6/30) Fourth (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Hawaii

3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION: (Make Corrections if Necessary)

4. Contact Name: Michael Kolman _____ Last
NRCS

P.O. Box 50004
Honolulu HI 96850
5. Title: AmeriCorps Project Director

6. Address: _____
street, number, and PO (if applicable)

_____ City State Zip

7. Telephone number: 808-541-2602

8. Fax number: 808-541-1335

9. E-Mail Address (if any): _____

SECTION III - MEMBER DATA:

Attached are sheets concerning AmeriCorps Member data. The first type of sheet lists each Member, by operating site, for whom the USDA Office of National Service has received at least a Member enrollment form. The sheet will also list the number of slots allotted to that site and the number of enrollment forms received by the Department; you will need to fill in the number of Members actually enrolled. The sheets give the Member's name, social security number, and enrollment status. Please review the data and check for:

- a. Correct spelling of the name;
- b. Accuracy of the Social Security Number;
- c. Service type (F= Full-time member; P= Part-time member);
- d. Program Status (A = Active; C = Completed; E = Ended Service Early)*
- e. Trust Status (A = Earning Award; B = Earned Award; C = Did Not Earn Award; D = On Hold by the Corporation for National Service; E = Under Review).

Alongside each name, give the total number of hours served (includes training time) by the Member this reporting period. Do this even if the Member has terminated during the reporting period. For Members who are on the list but have terminated or had their service type or status changed, just cross out the old status and print the new one alongside it. Make your corrections directly on this sheet and submit it along with the other portions of your progress report.

The second type of sheets give an Operating Site ID number and the name of the site supervisor but has no Member names listed. That is because the USDA Office of National Service has not received Enrollment forms for **any** Members at these sites. Please print the necessary information for each member on the appropriate sheet and submit an enrollment form to the Department. If a Member began service but terminated, we still need a form for that person --- indicate their status as terminated. Also note whether or not the site sent the enrollment form directly to the Corporation for National Service. It is hoped that by now everyone understands that all forms (except health and child care) should come directly to the USDA Director of National Service and NOT--- repeat NOT --- the Corporation for National Service.

REMEMBER:

- a. ALL members should be listed even though they only served a few weeks. If an enrollment form was submitted for a Member who then terminates either by officially notifying you or simply by walking away from the program, an End of Term of Service Form MUST be submitted for the Member.
- b. If Members are serving at an operating site and their name does not appear on the list for that site, first check to see if the Member is listed under a different operating site; if not, then an Enrollment Form must be submitted so the person can be enrolled in the program.
- c. List all the hours a Member served during the reporting period regardless if they terminated or if they started in the middle of the period.

1/30/96

10. MEMBER DATA:

OP SITE ID: X15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Hoolehua, Molokai, HI

PHONE: 808-567-6885
FAX:

STATE: HI

No. of Members Allocated by USDA: 6

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
1. ARLOS, KELLY	(b)(6)	F	A	A	144				
CRIVELLO, LINDSEY		F	E	A	122.5				Separated 1/6
GALAM, JR, GORDON		F	E	A	322				Separated 1/6
2. KANEAKUA, LANCE		F	A	A	423.5				
MARIE, LINDA		F	A	A	423				
3. MOKIAO, JOHN		F	A	A	504				Y15B
4. RITTE, KALANIUA	F	A	A	438.5					
5. SEGURITAN, BETTY	F	A	A	386					
6. Kanakua, Jonathan Jr.	F	A	A	229.5				Y15A	

Move to Y15B

Move to Y15A ←

Molokai - X15A 6 members allocated 2 members separated (Crivello & Galam)

1 more member to be selected to fill vacancy

* Arlos. Separated 11/8/95. Hours worked until 11/8/95 not creditable to education award.
Reemployed 1/22/96. (See attached End of Term Form)

1/30/96

10. MEMBER DATA:

OP SITE ID: X15B

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Lanai City, Lanai , HI

PHONE: 808-567-6885

FAX:

STATE: HI

No. of Members Allocated by USDA: 2

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
CHACHLEIGH , CLARABAL	V. (b)(6)	F	A	A	457	_____	_____	_____	_____
VALLEY , BRIAN	L. (b)(6)	F	A	A	487.5	_____	_____	_____	_____

No. of Members Allocated by USDA: 2

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 2

No. of Members for Whom Forms Have NOT Been Recieved*: 0

ENTER the number of vacancies that you intend to fill in the next reporting period: 0

ENTER the number of vacancies you intend to relinquish for the program year: 0

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

PLEASE REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED HERE AT USDA ARE NOT CONSIDERED OFFICIALLY ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, HEALTH CARE, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please provide an explanation for this over enrollment. (It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.)

1/30/96

10. MEMBER DATA:

OP SITE ID: Y15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Field Office
City: Hoolehua, Molokai, HI

PHONE: 808-567-6885

FAX:

STATE:

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
* Seguritan, Betty J.	(b)(6)	F	A	A	386				

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 0

No. of Members for Whom Forms Have NOT Been Recieved*: 1

ENTER the number of vacancies that you intend to fill in the next reporting period: 0

ENTER the number of vacancies you intend to relinquish for the program year: 0

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

PLEASE REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED HERE AT USDA ARE NOT CONSIDERED OFFICIALLY ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, HEALTH CARE, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please provide an explanation for this over enrollment. (It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

* on OP site ID X15A sheet (please change)

1/30/96

10. MEMBER DATA:

OP SITE ID: Y15B

Site Supervisor: Robert Joy

PHONE: 808-567-6885

STATE:

Agency/Org Name: TBD
City: Lanai City, Lanai, HI

FAX:

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	
* Marie Linda	(b)(6)	F	A	A	423				

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 0

No. of Members for Whom Forms Have NOT Been Recieved*: 1 (?)

ENTER the number of vacancies that you intend to fill in the next reporting period: 0

ENTER the number of vacancies you intend to relinquish for the program year: 0

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

PLEASE REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED HERE AT USDA ARE NOT CONSIDERED OFFICIALLY ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, HEALTH CARE, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please provide an explanation for this over enrollment. (It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

* ON OP SITE ID X15A sheet - (please change)

1/30/96

10. MEMBER DATA:

OP SITE ID: X15A

Site Supervisor: Robert Joy
Agency/Org Name: NRCS Plant Materials Cntr
City: Hoolehua, Molokai , HI

PHONE: 808-567-6885
FAX:

STATE: HI

No. of Members Allocated by USDA: 6

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS				Total
					1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	

No. of Members Allocated by USDA:									6
No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations):									8
No. of Members for Whom Forms Have NOT Been Recieved*:									-2 (?)
ENTER the number of vacancies that you intend to fill in the next reporting period:									<u>1</u>
ENTER the number of vacancies you intend to relinquish for the program year:									<u>0</u>

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

PLEASE REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED HERE AT USDA ARE NOT CONSIDERED OFFICIALLY ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, HEALTH CARE, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please provide an explanation for this over enrollment. (It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

Island of Molokai

2/06/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Fill in ALL Blank Columns or Those with Question Marks. Use the Attached Blank Form to Enter New Objectives.)

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's		Year's		Success Unit of Measure	1 st QTR Success
					QTY Target	Unit of Measure	1 st QTR Quantity	Success Target		
HI	Y15	1	E039	Develop seedlings	300000	seedlings	5456	4910	Number of plants surviving	90%
HI	Y15	2	E072	Plant # of trees	210000	trees	481 <i>Molokai Ranch</i>	75%	% survival rate	
HI	Y15	3	E017	# of Presentations on conservation	7	presentations			% of adults demonstrating increased knowledge	
HI	Y15	4	E023	Install fire control measures	400	acres			% fire damage reduced	

E040 & E041 Greenhouse (Shade House) built

E132 Seed cleaning (to prepare for potting)

E113 Conservation Display Development

Island of Lanai

2/06/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES
 (Fill in All Blank Columns or Those with Question Marks. Use the Attached Blank Form to Enter New Objectives.)

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's		Year's		1 st QTR Success	
					QTY Target	QTY Unit of Measure	1 st QTR Quantity	Success Target		Success Unit of Measure
HI	Y15	1	E039	Develop seedlings	300000	seedlings	260	234	Number of plants surviving	90% Survival
HI	Y15	2	E072	Plant # of trees	210000	trees	790	78	% survival rate	90% Survival
HI	Y15	3	E017	# of Presentations on conservation	7	presentations (see Below)			% of adults demonstrating increased knowledge	
HI	Y15	4	E023	Install fire control measures	400	acres			% fire damage reduced	

E017 *Advising Board Presentation*
Molokai Crew
Bihu Rescue Tourists
Kanepuu Tourists } 4 presentations
 25 adults.

E021 *Hui Malama Pono Lanai*
Abatement - fence Building

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

Use this section to report progress towards completing additional new objectives --- those objectives in addition to the main objectives of each project listed on the proceeding page. Please fill in all columns for all objectives. It is important to make sure that each objective is listed with its own "OP site" (Operating site) code; this ensures that we know precisely what service is performed at each site. Please fill in all columns for each objective. Under "Obj No.," please give each new objective a number different from the number used for any of the objectives on the proceeding page. Under "PGM Code", please use a one-letter and three-digit code to describe the service from the code list provided at the end of this report. Under "Obj/Impact statement," provide a several-word summary of the nature of the service project -- this verbal summary should roughly match the "PGM Code" listed in the previous column. Under "Year's QTY Target," provide a hard number for the people or things aided. Under "Target Unit of Measurement," specify what unit of measure was used in the previous column -- such as miles, number of people served, acres, etc. Under "1st QTR Quantity," provide a hard number indicating progress towards the "Year's QTY Target" that was accomplished during this reporting period. Under "Year's Success Target," provide a hard number for a way of measuring how well the service was provided. Under "Successes Unit of Measure," specify exactly what the number in the previous column meant. Under "1st QTR Success," provide a hard number indicating progress towards the "Year's Success Target" that was accomplished during this reporting period.

State	Op Site	Obj No.	PGM Code	Obj/Impact statement	Year's QTY Target	QTY Unit of Measure	1st QTR Quantity	Year's Success Target	Success Unit of Measure	1st QTR Success
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{SAMPLE:}

CA	Y05A	18	EN96	Constrcuting whale nesting boxes	3	Boxes	1	90	% meeting stand.	95%
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See individual island reports

11. Please list the total number of **volunteers** who took part in activities which were sponsored or organized by all the Members in the state during this period.

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>29</u>	_____	_____	_____	_____

12. Please list the total number of **hours of community service** completed by the volunteers cited above during this period. (In question 18, briefly explain what these volunteers accomplished)

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
<u>162</u>	_____	_____	_____	_____

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

13. **Original Community Service Objectives:** Attached are sheets summarizing the community service objectives that were originally approved for each operating site. In cases where a single objective may take an entire year to complete, that objective may have a sub-objective listed. **You need to fill in the column marked "1st QTR Quantity" and the column marked "1st QTR Success" --- as well as any column that is blank, has a zero, or has a question mark --- for EVERY operating site.** Each chart should have the following columns:

"State" - The standard two-letter code for your state

"Obj No" - Each community service objective for each site is assigned an individual number

"Op Site" - Each site's unique operating site identification

"PGM Code" - Each type of service has been assigned a unique code to describe that type of service. See the appendix to this report entitled "Community Service PGM Code List"

"Obj/Impact Statement" - A few words verbally summarizing the community service objective

"Year's QTY Target" - The year's numerical goal for the people or things to be aided

"Target Unit of Measurement" - The unit of measure used in the previous column

"1st QTR Quantity" - Provide a hard number indicating progress towards the "Year's QTY Target"

"Year's Success Target" - Number for a way of measuring *quality* of service provided --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"Success Unit of Measure" - Explanation of the number in the previous column --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"1st QTR Success" - Provide a hard number indicating progress towards the "Year's Success Target"

15. **Community Service Objectives Narrative (optional):** If you feel it is necessary and/or helpful, you may use this space to describe in more detail accomplishments towards the original community service objectives reported in question 13 and/or your additional community service objectives reported in question 14. Please make sure you include the Operating Site ID Number in each narrative description so we can be clear which accomplishment is matched to which site.

See attachments

16. **Community Building Objectives Narrative (optional):** Briefly describe how projects have brought together diverse groups of people, empowered communities to solve their own problems, built long term structures that will last beyond each AmeriCorps Member's term of service, and generally improved the abilities of local citizens to help improve their own lives.

17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Members themselves have benefited from serving in the program, particularly in regard to expanding their own educational opportunity and increasing their own ethic of personal responsibility. Describe specific skills learned by Members through either their service or training. Describe any Members that earned a GED or otherwise advanced their education. Describe any Members that left public assistance to join AmeriCorps. Relate how AmeriCorps allowed Members to continue college or graduate school. Describe how Members may have changed their ethic of work, citizenship, or community volunteerism.

SECTION V - SUCCESS STORIES:

18. **Unique Successes or Great Stories :** Briefly describe one or two unique and/or exceptional success stories, a program highlight, or a 'great story' from your state. Please explain any instance in which AmeriCorps Members recruited non-AmeriCorps community volunteers for projects. Please include all media coverage, including original newspaper clips, videotapes of TV coverage, and cassette tapes of radio coverage; any letters of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

See attachments

SECTION VI - CHALLENGES

19. **Difficulties Faced by the Program:** Use this section to report on any problems your Members have encountered in the program this period. These should be significant issues which were related to achieving objectives, significant delays in implementation, administrative problems, or any other expectations, events or incidents that have caused the Members concern. State the problem concisely and how the issue has, or has not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

SECTION V - GENERAL INFORMATION

20. **National Identity Activities (OPTIONAL):** Please describe any activities undertaken by Members that fostered the national identity of AmeriCorps. These could include joint service activities, meetings with other AmeriCorps projects, national telephone conference calls, use of Internet to communicate with other sites, etc.
21. **Organizational Changes:** Please outline and describe any changes in your program's organization and/or structure during the quarter.
22. **Organizational Improvements (OPTIONAL):** Please write any suggestions by you, your Members, site managers, or anyone else regarding ways in which the USDA or CNS AmeriCorps program could be improved.
23. **Primary Training and Technical Assistance Needs (OPTIONAL):** Please specify precisely what kind of staff or Member training or other technical assistance can be provided by USDA, the Corporation for National Service, or other sources to improve your projects.

Project Manager Bob Joy, Team Leaders John Mokias and Linda Marie attended the Washington training and benefitted from hearing other success stories

{END OF REPORT}

15. Community Service Objectives Narrative (optional):

Lanai

"We gave presentations to the "Hui Malama Pono O' Lanai" and also two seventh grade classes about our activities on Lanaihale and in the nursery. We showed the children how we plant the trees and talked about seed propagation. A slide presentation was included with each presentation. We are helping in a beach cleanup, which will bring more people together."

16. Community Building Objectives Narrative (optional):

Lanai

Building a fence around a plot of endangered plants brought together people from DLNR plus the AmeriCorps team and native Hawaiians in a common effort to help protect endangered species.

17. AmeriCorps Member Development Objectives Narrative (optional):

Lanai

I benefited from AmeriCorps by getting away from painting houses and learning and doing something I've loved all my life. It has helped me decide to learn as much as I can about plants, trees and the environment. Before, I thought it was a hopeless situation but now through doing and educating, maybe people will learn to take care of their land.

18 Unique Successes or Great Stories:

Lanai

The highlight for me was being involved with and watching the building of the fence to protect the Abutilon. It was such a remote area and difficult to work there. I thought it was amazing how the materials were brought in by helicopter and the caliber work that was done on the very steep side of a gulch halfway up the mountain.

19 Challenges:

Lanai

No great problems.

Molokai

Weather has been a problem as the trees must be planted when the ground has the right amount of moisture. However, time that would have been used for planting has been put to uses such as tearing down and then building a new shade house.

2/12/96

All current member hours until 1/7/96 (end of pp 26) were totalled for this report.

MOLOKAI REFORESTATION PROJECT

Hrs incldg all 01, 66 & 67 time

Kelly Arlos	144 Hours
Jonathan Kaneakua.	229.5 Hours
Lance Kaneakua.	423.5 Hours
John Mokiao	504 Hours
Kalaniua Ritte	438.5 Hours
B.J. Seguritan	386 Hours
TOTAL	2125.5 Hours

LANAI REFORESTATION PROJECT

Hrs incldg all 01, 66 & 67 time

Chachleigh Clarabal	457 Hours
Linda Marie	423 Hours
Brian Valley	487.5 Hours
TOTAL	1367.5 Hours

Separated Molokai Member Hours

Lindsey Crivello	122.5 Hours
Gordon Galam	322 Hours
TOTAL	444.5 Hours

As a reminder: TO QUALIFY FOR THE EDUCATION AWARD

Required by Law - Direct Community Service: 1700 Hours

Completed in no less than 9 months and no more than 12 months.

Personal Leave	40 Hours
Federal Holidays	72 Hours

TOTAL HOURS	1812 Hours
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AmeriCorps: Getting Things Done:
AmeriCorps Reforestation Project
Lanai, Hawaii [brochure]

4 pages



AMERICORPS

GETTING THINGS DONE

AmeriCorps Reforestation Project
Lana'i, Hawai'i