FOIA Number: 2013-0661-F
(3)

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: 24220

FolderID:

Folder Title:
USDA [Department of Agriculture]/Americorps - Clinton Library Copies - FY96 3rd Quarter Progress Reports-MA-ME [Massachusetts-Maine] [1]

Stack:	Row:	Section:	Shelf:	Position:
S	66	1	8	3

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	[Personally Identifiable Information] [partial] (24 pages)	08/15/1996	b(6)

COLLECTION:
Clinton Presidential Records
AmeriCorps
General Files
OA/Box Number: 24220

FOLDER TITLE:
USDA [Department of Agriculture]/AmeriCorps-Clinton Library Copies-FY96 3rd Quarter Progress Reports-MA-ME [Massachusetts-Maine] [1]

2013-0661-F
rs3852

RESTRICTION CODES

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

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]

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.

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

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]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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.

MA

Divider Title:_____

AMERICORPS NATIONAL SERVICE

UNITED STATES DEPARTMENT OF AGRICULTURE

August 27, 1996

TO: Marc MacQueen, AmeriCorps Project Director, NRCS, Massachusetts

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
Y25A	2	1		3		
Y25B	5		1	1	3	
Y25D	1				1	
Y25E	2		1		1	
X25A	14	1	1	2	6	3
Y25F	1				1	

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.

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

Your forms appear to be up-to-date except for site Y25B. I show no member assigned to this site. Please explain. Also include any End of Term forms for members who have now 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 previously submitted the forms requested above, please send in a copy of that form.

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 - 95ADFDC047XXXX

8/27/96
2:11 pm

FIRST THREE QUARTERS' PROGRESS TOWARDS ACOMMPLISHING 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
MA	X25A	1	EN-E004B	Hazardous debris removed from community sites	4	lots - cleaned	0	0.00 %
MA	X25A	1	EN-E004B	Clean-up four lots	4	lots - cleaned	1	25.00 %
MA	X25A	4	EN-E017B	Conduct workshops on gardening with limited space or on contaminated soils.		presentations - educational	1	0.00 %
MA	X25A	3	EN-E017B	Conduct workshops	2	presentations - educational	1	100.00 %
MA	X25A	4	EN-E018B	Redesign gardens at FFHD to increase use by the disabled and the elderly		acres - accessible	0	0.00 %
MA	X25A	2	EN-E020C	Design nature trail for the blind	1	designs - accessible	0	0.00 %
MA	X25A	4	EN-E055A	Construct compost piles	2	projects - initiate recycling	1	50.00 %
MA	X25A	3	EN-E056	Continue recycling campaign begun in FY 95			0	0.00 %
MA	X25A	5	EN-E072	Encourage abutters to plant fruit trees	6	abutters	0	0.00 %
MA	X25A	2	EN-E080A	Improve paths at Franklin Park	2	miles - trails aided	0	0.00 %
MA	X25A	5	EN-E089	Landscape open spaces	3	spaces - landscaped	5	166.67 %
MA	X25A	3	EN-E105	Install bird houses, bat boxes & plantings at local sites	5	sites - wildlife habitat	0	0.00 %
MA	X25A	4	EN-H004A	Staff Farmers' Market outreach on nutrittion & WIC	1500	people - staff farmer's market	1500	100.00 %

USDA AMERICORPS - 95ADFDC047XXXX

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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
MA	Y25A	6	EN-E035A	Inventory other potential sites for implementing techniques	800	acres - inventoried	450	56.25 %
MA	Y25A	6	EN-E101B	Implement various aquaculture techniques at sites	34	sites - water quality	89	261.76 %

8/27/96
2:11 pm

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FIRST THREE QUARTERS' PROGRESS TOWARDS ACOMMPLISHING 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
MA	Y25B	7	EN-E037A	Create a map of local attractions	1	maps - digitized	1	133.00 %
MA	Y25B	7	EN-E079A	Renovation of rail trails	4	miles - trails renovated	0	5.00 %
MA	Y25B	7	EN-E099B	Construction of Osprey platforms	2	sites - wildlife habitat	0	0.00 %
MA	Y25B	7	EN-E105A	Coordinate construction & installation of nesting boxes	5	boxes - wildlife habitat	3	60.00 %
MA	Y25B	11	EN-R001A	Historic site trail map	1	MAP	0	0.00 %

USDA AMERICORPS - 95ADFDC047XXXX

8/27/96
2:11 pm

FIRST THREE QUARTERS' PROGRESS TOWARDS ACOMMPLISHING 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
MA	Y25D	8	EN-E009C	Install BMP's at various sites	3	acres - BMP's installed	0	0.00 %

State: MA

OP SITE: Y25E

USDA AMERICORPS - 95ADFDC047XXXX

8/27/96 FIRST THREE QUARTERS' PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

2:11 pm 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
MA	Y25E	9	EN-E038D	Survey shoreline to identify & prioritize major nonpoint source pollution problems	8	miles - shoreline surveyed	8	100.00 %
MA	Y25E	9	EN-E109A	Complete plans for recreation/commercial development	3	plans - land use	0	0.00 %

State: MA

OP SITE: Y25F

USDA AMERICORPS - 95ADFDC047XXXX

8/27/96

FIRST THREE QUARTERS' PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

2:11 pm

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
MA	Y25F	10	EN-E009C	Install BMP's at various sites	5	acres - BMP's installed	0	0.00 %

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:** MASS.

3. **Agency:** ARS ❑ NRCS ☑ Forest Service ❑ RECD ❑ FSA ❑ FCS ❑

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

4. **Contact Name:**

Marc MacQueen
USDA, NRCS
15 Cranberry Highway
West Wareham, MA 02576

Last

5. Title: _____

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

_____ _____ _____
City **State** **Zip**

7. **Telephone number:** 508-295-1481

8. **Fax number:** 508-291-2368

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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8/15/96

10. MEMBER DATA:

OP SITE ID: Y25C
STATE: MA

Site Supervisor: Gaylord Burke
Agency/Org Name: Merrimack Valley Planning Comm.
City: Haverhill , MA

PHONE: 508-374-0519
FAX: 5083724890

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
BEAULIEU , KRISTIN L.	(b)(6)	F	A	I	147	498	485	307	~~1130~~ 1437

Total Hours: ~~1130~~ 1437

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

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: Y25E Site Supervisor: Barbara Offenhartz PHONE: 508-692-1904
Agency/Org Name: Organization for the Assabet River FAX: 5083921305
STATE: MA City: West Concord , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
CHURCH , ELISE C.	(b)(6)	F	A	I	40	480	571	565	~~1091~~ 1656

Total Hours: ~~1091~~ 1656

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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REMEMBER, MEMBERS WHOSE PORMS 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: Y25A Site Supervisor: Daniel Lenthall PHONE: 508-692-1904
Agency/Org Name: USDA, NRCS FAX: 5083921305
STATE: MA City: Westford , MA

No. of Members Allocated by USDA: 0

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
GERWIN , JOEL B.	(9)(6)	F	A	I	0	326	501	335	~~326~~ 1162

Total Hours: ~~326~~ 1162

No. of Members Allocated by USDA: ~~0~~ 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*: ~~-1~~

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

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8/15/96

10. MEMBER DATA:

OP SITE ID: Y25F Site Supervisor: Ed Himlan PHONE: 508-534-0379
Agency/Org Name: MA Watershed Coalition FAX: 5085341329
STATE: MA City: Leominster , MA

No. of Members Allocated by USDA: 1

Member Name		SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
HAMM , ALLISON	M.	(b)(6)	F	A	I	0	458	486	453	~~944~~ 1397

Total Hours: ~~944~~ 1397

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

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

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8/15/96

10. MEMBER DATA:

OP SITE ID: Y25D Site Supervisor: Nancy Phillips PHONE: 508-448-0299
Agency/Org Name: Nashua River Watershed Assoc FAX: 5084480941
STATE: MA City: Groton , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
LOVIGLIO , MICHAEL J.	(b)(6)	F	A	I		100	495	483	~~595~~ 1078

Total Hours: ~~595~~ 1078

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

10. MEMBER DATA:

OP SITE ID: X25A Site Supervisor: Jamiese Martin PHONE:

STATE: MA Agency/Org Name: Healthy Boston Coalition FAX:

City: Dorchester , MA

No. of Members Allocated by USDA: 10

Member Name			SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
ANDERSON	, ANDREW	J.	(b)(6)	F	A	I		438	463	~~561~~ 461	~~1362~~ ~~901~~ 1362
BOOKER	, LILLIE	Y.		F	E	II	51	~~27~~	0	0	~~78~~ ~~51~~ 78
CANNON	, DAMON	J.		F	A	I			321	154	~~475~~ ~~321~~ 475
COSME	, BETZAIDA	.		F	E	II	160	3	0	0	163
GRAHAM	, TODD	W.		F	A	I	115	502	490	473	1580 ~~1106~~ 1580
HURD	, LARRY	J.		F	A	I			284	486	~~770~~ ~~284~~ 770
JAMES	, DONNELL	T.		F	E	II				0	0
MORRIS	, PATRICIA	M.		F	A	I		210	535	508	1253 ~~745~~ 1253
MYERS	, JAMES	A.		F	A	I	362	~~552~~ ~~525~~	539	~~445~~ 345	~~1064~~ 1798
PARISH	, EUGENE	.		F	E	II	55			0	0 55
PRIDGETT	, LISA	M.		F	A	I		138	296	220	~~434~~ 654
REED	, WINSTON	L.		F	A	I			594	381	~~594~~ 975
SCOTT	, MARCIE	A.		F	E	II	186	464	249	0	899
SINGLETON	, KOREY	K.		F	A	I	283	693	552	337	~~1528~~ 1865
COLLINS,	ROOSEVELT	L.		F	A	I				80	80
FRANCIS,	GARRY	L.		F	A	I				143	143
RIVERS,	FREDERICK	D.		F	C		854	481	324	THIS NUMBERS IS WRONG	~~805~~ 1659

8/15/96

10. MEMBER DATA:

OP SITE ID: X25A Site Supervisor: Jamiese Martin PHONE:
Agency/Org Name: Healthy Boston Coalition FAX:
STATE: MA City: Dorchester , MA

No. of Members Allocated by USDA: 10

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
					~~1812~~ 2066	3568	4647	3588	Total Hours: ~~8090~~ 13,809

No. of Members Allocated by USDA: 10

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 14

No. of Members for Whom Forms Have NOT Been Recieved*: -4

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.

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
10	8	140	485	643

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
360	91	1256	21,029	22,736

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

"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

"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

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 QTY Target	QTY Unit of Measure	4th QTR Quantity	Year's Success Target	Success Unit of Measure	4th QTR Success
MA	X25A	1	EN-E004B	Hazardous debris removed from community sites	4	lots - cleaned	4	15 TONS	# of punds or tons of debris removed	15 TONS
MA	X25A	1	EN-E004B	Clean-up four lots	4	lots - cleaned	4	90	% measures meeting professional standards	100%
MA	X25A	2	EN-E020C	Design nature trail for the blind	1	designs - accessible	0		% of sites meeting standards	0
MA	X25A	2	EN-E080A	Improve paths at Franklin Park	2	miles - trails aided	0.1 MI		% of trails meeting professional standards	100% FOR WHAT WAS DONE
MA	X25A	3	EN-E056	Continue recycling campaign begun in FY 95					% of decrease in solid waste	5%
MA	X25A	3	EN-E017B	Conduct workshops	2	presentations - educational	2	200 PEOPLE	% of adults demonstrating increased knowledge	33%
MA	X25A	3	EN-E105	Install bird houses, bat boxes & plantings at local sites	5	sites - wildlife habitat	6		% of boxes meeting professional standards	
MA	X25A	4	EN-E018B	Redesign gardens at FFHD to increase use by the disabled and the elderly	1	acres - accessible	1	10% 10	% increase in use of gardens by senior citize	15%
MA	X25A	4	EN-E017B	Conduct workshops on gardening with limited space or on contaminated soils.	2	presentations - educational	1	200	% of adults demonstrating increased knowledge	100

EN E020C, EN E080A – BOTH INVOLVED WORK AT FRANKLIN PARK. THE CITY CHOSE NOT TO PURSUE TRAIL AND PATH IMPROVEMENTS AT THIS TIME.

X25A

8/15/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 QTY Target	QTY Unit of Measure	4th QTR Quantity	Year's Success Target	Success Unit of Measure	4th QTR Success
MA	X25A	4	EN-E055A	Construct compost piles	2	projects - initiate recycling	2	5%	% of decrease in solid waste	5%
MA	X25A	4	EN-H004A	Staff Farmers' Market outreach on nutrittion & WIC	~~1500~~ 3400	people - staff farmer's market	2 MARKETS		COUPONS DISTRIBUTED TO 3400 FAMILIES	227%
MA	X25A	5	EN-E089	Landscape open spaces	3	spaces - landscaped	4	100	% of work meeting professional standards	100%
MA	X25A	5	EN-E072	Encourage abutters to plant fruit trees	6	abutters	6	83%	% of trees that survive after set time	100%

8/15/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 QTY Target	QTY Unit of Measure	4th QTR Quantity	Year's Success Target	Success Unit of Measure	4th QTR Success
MA	C Y25A	6	EN-E101B	Implement various aquaculture techniques at sites	34	sites - water quality	54	100% 74	% of measures meeting professional standards	159%
MA	C Y25A	6	EN-E035A	Inventory other potential sites for implementing techniques	800	acres - inventoried	800	100% 100	% of work meeting professional standards	100%

8/15/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 QTY Target	QTY Unit of Measure	4th QTR Quantity	Year's Success Target	Success Unit of Measure	4th QTR Success
MA	Y25B	11	EN-R001A	Historic site trail map	1	MAP	1	200	number of people using trail	50%
MA	Y25B	7	EN-E037A	Create a map of local attractions	1	maps - digitized	1	50	% used to implement actions	100%
MA	Y25B	7	EN-E099B	Construction of Osprey platforms	2	sites - wildlife habitat	1	2	% of measures meeting professional standards	50%
MA	Y25B	7	EN-E079A	Renovation of rail trails	4	miles - trails renovated	1	4	% of trails meeting professional standards	30%
MA	Y25B	7	EN-E105A	Coordinate construction & installation of nesting boxes	5	boxes - wildlife habitat	0	5	% of boxes meeting professional standards	0

↳ FOCUS OF PROJECT CHANGED TO LAND ACQUISITION + PROTECTION.

8/15/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 QTY Target	QTY Unit of Measure	4th QTR Quantity	Year's Success Target	Success Unit of Measure	4th QTR Success
MA	Y25D	8	EN-E009C	Install BMP's at various sites	3	acres - BMP's installed	3 / 1	5	% decrease in environmental problem	5 %

8/15/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 QTY Target	QTY Unit of Measure	4th QTR Quantity	Year's Success Target	Success Unit of Measure	4th QTR Success
MA	Y25E	9	EN-E109A	Complete plans for recreation/commercial development	3	plans - land use	2 — 1		plans implemented	1
MA	Y25E	9	EN-E038D	Survey shoreline to identify & prioritize major nonpoint source pollution problems	8	miles - shoreline surveyed	8 — 20		% of survey used to implement measures	30 %

8/15/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 QTY Target	QTY Unit of Measure	4th QTR Quantity	Year's Success Target	Success Unit of Measure	4th QTR Success
MA	Y25F	10	EN-E009C	Install BMP's at various sites	5	acres - BMP's installed	25	5	% decrease in environmental problem	10

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 "I st 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	Unit of Measure	1st QTR Quantity	Year's Success Target	Unit of Success Measure
{SAMPLE:}									
CA	Y05A	18	EN96	Constrcuting whale nesting boxes	3	Boxes	1	90	% meeting stand. 95%
MA	X25A	~~11~~ 4	H003	UTILIZATION OF FARMERS' MARKET NUTRITION PROGRAM	1500		3400	$5,000	INCENTIVES DISTRIBUTED.
MA	X25A	~~12~~ 11	E087	PUBLIC HOUSING UNITS REHABILITATED	2		2	160	PEOPLE
MA	X25A	~~13~~ 4	H033	AT FOOD BANK FOOD SORTED + DISTRIB.				600	FAMILIES FED

ST Op Site	Obj. No.	PGM Code	Obj/Impact Statement	Year's Quantity Target	Qty Unit of Meas.	4th Qtr Quantity	Year's Success Target	Success Unit of Measure	4th QTR Success
MA Y25A	6	E102	Shellfish areas protected	2	structures	2	100%	% meeting prof. standards	100%
MA Y25A	6	E104	Shellfish seed stocked	10,000	# stocked	10,000	70%	% survival	85%
MA Y25B	7	E128	Inventory Community resources	1	# done	1	100%	meeting prof. standards	100%
MA Y25F	10	E038	Shoreline surveys performed	3	# surveys	4	20%	used to implement actions	30%

Answers to Question #15: Community Service Objectives Narrative.

For Site X25A:

1) The Boston Environmental Corps expanded its effort into other areas besides the objectives listed. Because they are part of a local network, they were asked to distribute window guards (to keep children from falling out of unscreened windows) and smoke detectors. They distributed 250 and 100 respectively, and helped improve safety for 135 families.
2) They conducted a workshop on bicycle safety, and distributed helmets, and sets of knee, elbow and wrist padding to 100 children.
3) They also coordinated a workshop at which community organizations made presentations on the kinds of summer programs they had available for children. 350 families attended.

For Site Y25A:

1) Wrote a brochure on opportunities for passive recreation in Salisbury. Distributed 1,500 copies; looking for funds to print more and expand guide.
2) Established a team of Land Protection Experts. Drafted a land protection and management plan for Salisbury. Contacted some landowners, and digitized parcel and wetland information for 35% of town.
3) Established a Trails Committee which will continue improve rail trails. They are raising funds to resurface the trails, erect signs, provide handicapped access and benches.

For Site Y25C:

1) The Merrimack Valley Planning Commission is working with the Mass. Division of Marine Fisheries to sample water quality at 12 sites along a 15 mile reach of the Merrimack River. Historically, the river has been extremely polluted, but has become much cleaner in recent years. Data are being used to assess potential to re-open shellfish beds in the river.

For Site Y25F:

1) The AmeriCorps volunteer has brought together a coalition of 30-40 organizations in the Blackstone River watershed to address water resource protection and restoration.
2) Extensive community outreach in the Tatnuck Brook watershed, with flyers, meetings, newspaper articles, etc.
3) Coordinated training in shoreline surveys for 65 people, of whom 40 have signed up to survey sections of Tatnuck Brook.

Answers to Question #16, Community Building Objectives.

For Site X25A: AmeriCorps volunteers' work has had a direct impact on the following issues;

1) The Healthy Boston Coalition, which runs the Dorchester site, has become stronger as a result of focusing on AmeriCorps. They have set up more collaborative programs and now look for ways to share resources.
2) Two housing projects that did not previously communicate have set up a joint staffing position for a Street Worker.
3) Because of our weatherization and rehabilitation projects, Mason Cathedral has set up full-fledged summer programs, a food pantry and a mentoring program for adult women. They also set up joint youth programs with the newly-constructed Boys and Girls Club across the street. Our work helped greatly to reduce or eliminate street violence, prostitution and the open sale of drugs on two streets.
4) ReVision House, a shelter for teen mothers, received enhanced community support for transitional housing. They got grants to rehabilitate two more three-decker apartment buildings.
5) To maintain the landscaping work done at two housing projects, both sites have set up a Building Captain program, in which residents agree to "adopt" and maintain trees and flower gardens.
6) The Mass. Department of Agriculture is considering establishment of an indoor Farmers' Market in "communities of color" (minority neighborhoods) because of the success of AmeriCorps work at the Franklin Park farmers' market.

For Site Y25D:

1) Revitalization of the Squannacook River Task Force. This has brought community groups with antithetical agendas together to develop a common plan. In addition, people from different towns have joined to protect or enhance the river. The Task Force will sustain itself regardless of what happens with further AmeriCorps involvement

For Site Y25F:

1) Helped organize the Blackstone Headwaters Coalition, which features 6 Task Forces:
    1. Organizational Task Force.
    2. Shoreline Surveys Coordinating Task Force.
    3. Water Quality Monitoring Task Force.
    4. "Daylighting and Dechannelizing" Task Force.
    5. Education Coordination Task Force.
    6. River Access Task Force ("Bring the People to the River").

For Question 17: AmeriCorps Member Development Objectives.

Site X25A:

1) Three members received their GEDs; of those, one went on to become a construction apprentice on Boston's Central Artery project.
2) Two have gone to college full-time.
3) Five have found permanent jobs, as Lead Outreach Coordinator, Housing Advocate for the homeless, Social and Recreational Coordinator, Human Resources Manager for a corporation and Administrative Assistant at a health agency.
4) One individual, a cancer survivor, re-integrated herself into the world of work, and already has a job waiting for her in another service program when she completes her AmeriCorps commitment.
5) One member was homeless and had tuberculosis when he entered the program. He is cured, and has found permanent housing.
6) All males in the program were able to join the Black Male Health Initiative. This provided dental care, counseling of various kinds, screening and treatment for numerous illnesses, and a strong education and training program that greatly increased members' awareness of how to care for their health.
7) Several members volunteered to train "Displaced Homemakers" in life and work skills.
8) As a result of training while in AmeriCorps, four members have become certified CPR Instructors.
9) All members were eligible for training and employment vouchers through the Enterprise Zone Voucher System.

Site Y25A:

1) Great opportunity to be trained in marine aquaculture techniques, and develop many professional contacts in the field of marine fisheries. Further, she has been trained in use of several computer programs and use of GIS. She will go on to graduate school at Tufts University in Spring 1997.

Site Y25D:

1) Learned construction site techniques, and received training in water resource issues. Plans to pursue graduate work in fresh water ecology.

Site Y25F:

1) Great opportunity to learn about watershed protection issues and techniques, community outreach, coalition-building and group facilitation. She is contemplating graduate study in environmental planning or management. That will complement her legal expertise.

Responses for Question 18: Unique Successes or Great Stories:

Site Y25F:

1) Allison Hamm, the AmeriCorps volunteer for the Mass. Watershed Coalition, was instrumental in establishing the Blackstone Headwaters Coalition. Through her activities, numerous volunteers got involved in shoreline surveys, water quality monitoring, public outreach and education, fund-raising and technical assistance.

Numerous support letters and media coverage from several projects will be attached to this report.

Responses to Question 19: Difficulties Faced by the Program:

Site X25A:

With very few exceptions, the Boston project took on tasks that weren't easy to do. Rather than requiring job sponsors to have all tools, materials, etc., they helped people to get the resources they needed to accomplish the task. In some cases this led to new ways of doing things, as when the Boston Housing Authority issued purchase orders to the AmeriCorps program for procurement of plant materials. They had never done this before.

Site Y25A:

It was difficult to achieve the objective of renovating or improving 4 miles of trail. This year we built community interest and involvement in the trail, and initiated the trail-planning process. This needs lots of community involvement, and construction will probably be feasible in 1997 or 1998.

Site Y25C:

Difficulty getting cooperation from a state agency, which was very reluctant to give information on coastline maps. Because of the way we built bridges, we hope this situation will change.

Site Y25D:

The main BMP, stabilization of the Howard Park riverbank, took an inordinate amount of time, because local residents kept proposing alternative designs and questioning the responses. This was finally resolved. Difficulties might have been reduced if NRCS staff had joined community meetings to answer questions as they arose.

Answer to Question #20: National Identity Activities.

Site X25A: Work with University of Tennessee volunteers at a shelter for teen mothers; cooperation with City Year at two housing projects; collaboration with the Safe Futures Initiative, and neighborhood access to Enterprise Zone funds.

Answer to Question #21, Organizational Changes.

Site X25A: We developed a partnership among the US EPA, NRCS, Suffolk County Conservation District, Healthy Boston Coalition and the Mass. Audubon Society to run next year's program. NRCS will continue to pay members' stipends (assuming the program is authorized); Healthy Boston and the Suffolk County Conservation District will run the program; US EPA will provide $58,000 annually for at least two years to pay for local program management; and the AmeriCorps crew will help develop an Urban Audubon Sanctuary. This will involve constructing two miles of trails and boardwalks; helping to rehabilitate the caretaker's residence; re-designing and providing irrigation for 12-15 acres of community gardens; conducting plant inventories and occasional general site cleanup.

Answer to Question #22, Organizational Improvements.

none given.

Answer to Question #23, Primary Training and Technical Assistance Needs.

Site X25A: AmeriCorps could be used to promote the USDA agenda in cities. People should conduct more thorough training programs for team members as well as leaders; train people in all aspects of USDA; develop a method for USDA agencies and volunteers to evaluate each other for potential employment. The leadership training for members would give all volunteers the chance to talk with others from different programs, network, and develop pride in being part of a national effort.

UNITED STATES DEPARTMENT OF AGRICULTURE

AmeriCorps *USA

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

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

SECTION I - STATE INFORMATION

2. **State:** MA

3. **Agency:** ARS o NRCS ✓ Forest Service o RECD o FSA o FCS o

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

4. **Contact Name:** Marc MacQueen
USDA, NRCS
15 Cranberry Highway
West Wareham, MA 02576
Last

5. Title: _____

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

_____ _____ _____
City **State** **Zip**

7. **Telephone number:** 508-295-1481

8. **Fax number:** 508-291-2368

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

SECTION III - MEMBER DATA:

[redacted]. 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 [redacted]ember 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.

[redacted]

6/04/96

10. MEMBER DATA:

OP SITE ID: X25A
STATE: MA

Site Supervisor: Jamiese Martin
Agency/Org Name: Healthy Boston Coalition
City: Dorchester , MA

PHONE:
FAX:

No. of Members Allocated by USDA: 10

Member Name			SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
ANDERSON	, ANDREW	J.	(b)(6)	F	A	A		438	463	____	901 ~~438~~
BOOKER	, LILLIE	Y.		F	~~E~~	~~C~~			0	____	0
CANNON	, DAMON	J.		F	A	A			321	____	321 ~~0~~
COSME	, BETZAIDA	.		F	E	C	160	3	0	____	163
GRAHAM	, TODD	W.		F	A	A	115	502	490	____	1107 ~~616~~
HURD	, LARRY	J.		F	A	A			284	____	284 ~~0~~
MORRIS	, PATRICIA	M.		F	A	A		210	535	____	745 ~~210~~
MYERS	, JAMES	A.		F	A	A		525	539	____	1064 ~~525~~
PRIDGETT	, LISA	M.		F	A	A		138	296	____	~~434~~ ~~138~~
REED	, WINSTON	L.		F	A	A			594	____	594 ~~0~~
SCOTT	, MARCIE	A.		F	~~E~~	~~E~~	186	464	222	____	872 ~~650~~
SINGLETON	, KOREY	K.		F	A	A	283	693	552	____	1528 ~~976~~

FROM FY 94 PROGRAM

GARRIS	, MICHAEL			F	~~C~~	B			106	106 } 430
RIVERS	, FREDERICK	D.		F	C	B			324	324 }

6/04/96

10. MEMBER DATA:

OP SITE ID: Y25A Site Supervisor: Daniel Lenthall PHONE: 508-692-1904
Agency/Org Name: USDA, NRCS FAX: 5083921305
STATE: MA City: Westford , MA

No. of Members Allocated by USDA: 0

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
GERWIN , JOEL B.	(b)(6)	F	A	A	0	326	472	____	~~326~~ 798

Total Hours: ~~326~~ 798

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* 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: Y25C
STATE: MA

Site Supervisor: Gaylord Burke
Agency/Org Name: Merrimack Valley Planning Comm.
City: Haverhill , MA

PHONE: 508-374-0519
FAX: 5083724890

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
BEAULIEU , KRISTIN L.	(b)(6)	F	A	A	147	498	485	____	1130 ~~645~~
							Total Hours:		1130 ~~645~~

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* 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.]

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6/04/96

10. MEMBER DATA:

OP SITE ID: Y25E Site Supervisor: Barbara Offenhartz PHONE: 508-692-1904
Agency/Org Name: Organization for the Assabet River FAX: 5083921305
STATE: MA City: West Concord , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
CHURCH , ELISE C.	(b)(6)	F	A	A	40	480	571	____	~~520~~ 1091

Total Hours: ~~520~~ 1091

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6/04/96

10. MEMBER DATA:

OP SITE ID: Y25D
STATE: MA

Site Supervisor: Nancy Phillips
Agency/Org Name: Nashua River Watershed Assoc
City: Groton , MA

PHONE: 508-448-0299
FAX: 5084480941

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
LOVIGLIO , MICHAEL J.	(b)(6)	F	A	A		100	495	___	~~100~~ 595
							Total Hours:		~~100~~ 595

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6/04/96

10. MEMBER DATA:

OP SITE ID: Y25F Site Supervisor: Ed Himlan PHONE: 508-534-0379
Agency/Org Name: MA Watershed Coalition FAX: 5085341329
STATE: MA City: Leominster , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
HAMM , ALLISON M.	(b)(6)	F	A	A	0	458	486	____	~~458~~ 944

Total Hours: ~~458~~ 944

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* 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.]

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6/04/96

10. MEMBER DATA:

OP SITE ID: X25A Site Supervisor: Jamiese Martin PHONE:
Agency/Org Name: Healthy Boston Coalition FAX:
STATE: MA City: Dorchester , MA

No. of Members Allocated by USDA: 10

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
								Total Hours:	8013 ~~3716~~

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* 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: Y25B Site Supervisor: Ralph Goodno PHONE: 508-681-5777
Agency/Org Name: Merrimack Watershed Council FAX: 5086819637
STATE: City: Lawrence , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
, .							____	____	0
							Total Hours:		0

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* 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!!!

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
____	8	140	____	148

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
____	91	1256	____	1347

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 "3rd QTR Quantity" and the column marked "3rd 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

"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 ACOMMPLISHING 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 Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit of Measure	3rd QTR Success
MA	X25A	1	EN-E004B	Hazardous debris removed from community sites	4	lots - cleaned	0		# of punds or tons of debris removed	
MA	X25A	1	EN-E004B	Clean-up four lots	4	lots - cleaned	0	90	% measures meeting professional standards	
MA	X25A	2	EN-E020C	Design nature trail for the blind	1	designs - accessible	0		% of sites meeting standards	
MA	X25A	2	EN-E080A	Improve paths at Franklin Park	2	miles - trails aided	0		% of trails meeting professional standards	
MA	X25A	3	EN-E056	Continue recycling campaign begun in FY 95			0		% of decrease in solid waste	
MA	X25A	3	EN-E017B	Conduct workshops	2	presentations - educational	1		% of adults demonstrating increased knowledge	5%
MA	X25A	3	EN-E105	Install bird houses, bat boxes & plantings at local sites	5	sites - wildlife habitat	0		% of boxes meeting professional standards	
MA	X25A	4	EN-E018B	Redesign gardens at FFHD to increase use by the disabled and the elderly		acres - accessible	0	10	% increase in use of gardens by senior citize	
MA	X25A	4	EN-E017B	Conduct workshops on gardening with limited space or on contaminated soils.		presentations - educational	0	200	% of adults demonstrating increased knowledge	
MA	X25A	4	EN-E055A	Construct compost piles	2	projects - initiate recycling	0		% of decrease in solid waste	

6/04/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit of Measure	3rd QTR Success
MA	X25A	4	EN-H004A	Staff Farmers' Market outreach on nutrittion & WIC	1500	people - staff farmer's market	1500	1500		100
MA	X25A	5	EN-E089	Landscape open spaces	3	spaces - landscaped	2	3 100	% of work meeting professional standards	67%
MA	X25A	5	EN-E072	Encourage abutters to plant fruit trees	6	abutters	0		% of trees that survive after set time	

6/04/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit of Measure	3rd QTR Success
MA	Y25A	6	EN-E101B	Implement various aquaculture techniques at sites	34	sites - water quality	38	74	% of measures meeting professional standards	>100%
MA	Y25A	6	EN-E035A	Inventory other potential sites for implementing techniques	800	acres - inventoried	450	100	% of work meeting professional standards	56 %

6/04/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit of Measure	3rd QTR Success
MA	Y25B	11	EN-R001A	Historic site trail map	1	~~site~~ MAP		200	number of people using trail	80%
MA	Y25B	7	EN-E105A	Coordinate construction & installation of nesting boxes	5	boxes - wildlife habitat	3	3	% of boxes meeting professional standards	60% *
MA	Y25B	7	EN-E037A	Create a map of local attractions	1	maps - digitized	100%		% used to implement actions	100%
MA	Y25B	7	EN-E099B	Construction of Osprey platforms	2	sites - wildlife habitat	0		% of measures meeting professional standards	0
MA	Y25B	7	EN-E079A	Renovation of rail trails	4	miles - trails renovated	0.2	150 PEOPLE BUILDING	% of trails meeting professional standards	60 PEOPLE WORKED

* SUCCESS OF BIRD BOX USE TO BE DETERMINED NEXT SPRING.

6/04/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit of Measure	3rd QTR Success
MA	Y25D	8	EN-E009C	Install BMP's at various sites	3	acres - BMP's installed			% decrease in environmental problem	

6/04/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit of Measure	3rd QTR Success
MA	Y25E	9	EN-E038D	Survey shoreline to identify & prioritize major nonpoint source pollution problems	8 MI	surveys - shoreline	8 MI	100%	% of survey used to implement measures	150 %
MA	Y25E	9	EN-E109A	Complete plans for recreation/commercial development	3	plans - land use	0	67%	plans implemented	0

Y25F

6/04/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING 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 Target	QTY Unit of Measure	3rd QTR Quantity	Year's Success Target	Success Unit of Measure	3rd QTR Success
MA	Y25F	10	EN-E009C	Install BMP's at various sites	5	acres - BMP's installed	0	60%	% decrease in environmental problem	0

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.

The Boston ~~project~~ site finds projects to work on easily, but no funds to implement. We are attempting to link them with Mass. Audubon for work on an urban Sanctuary next year.

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}

AmeriCorps *USA

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

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

SECTION I - STATE INFORMATION

2. **State:** MASSACHUSETTS

3. **Agency:** ARS o NRCS ✓ Forest Service o RECD o FSA o FCS o

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

4. **Contact Name:**

Marc McQueen
NRCS
15 Cranberry Highway
West Wareham MA 02576

Last

5. **Title:** _____

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

_____ _____ _____
City **State** **Zip**

7. **Telephone number:** 508-295-1481

8. **Fax number:** 508-291-2368

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

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
10	~~8~~ 12			22

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
360	~~371~~ 483			843

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:

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"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"

3/12/96

10. MEMBER DATA:

OP SITE ID: X25A Site Supervisor: Jamiese Martin PHONE:
Agency/Org Name: Healthy Boston Coalition FAX:
STATE: MA City: Dorchester , MA

No. of Members Allocated by USDA: 10

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
COSME , BETZAIDA .	(9)(a)	F	E	C	160	3			~~160~~ 163
GRAHAM , TODD W.		F	A	A	115	501.5			~~115~~ 616.5
SCOTT , MARCIE A.		F	A	A	186	463.5			~~186~~ 649.5
SINGLETON , KOREY K.		F	A	A	283	693			~~283~~ 976
								Total Hours:	~~744~~ 4735

No. of Members Allocated by USDA: 10

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 4

No. of Members for Whom Forms Have NOT Been Recieved*: 6

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

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

* 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

SEE ATTACHED SHEET

Additional hours for Members not recorded in your database:

10. MEMBER DATA:

OP SITE ID: X25A
STATE: MA

Site Supervisor: Jamiese Martin
Agency/Org Name: Healthy Boston Coalition
City: Dorchester, MA

Phone: (617)287-1481
Fax: (617)287-0593

No. of Members Allocated by USDA: 10

			1st	2nd	3rd	4th	Total

NOTE: The following three members were enrolled late in the FY 94 Program, and will finish their commitments shortly. They also earned hours during the first quarter. We will send that information in soon.

GARRIS,	MICHAEL	(b)(6)	F	A	A	422.75
RIVERS,	FREDERICK		F	A	A	480.75
MYERS,	JAMES		F	A	A	552
		TOTAL 2ND QUARTER:				1455.5

NOTE: Some of the following members worked during the first quarter, and I will send you those hours shortly. All of the people listed below were enrolled in the FY 95 program.

MORRIS,	PATRICIA		F	A	A	210
ANDERSON,	ANDREW		F	A	A	438
PRIDGETT,	LISA		F	A	A	138
BOOKER,	LILLIE		F	E	C	27
		TOTAL 2ND QUARTER:				813

3/12/96

10. MEMBER DATA:

OP SITE ID: Y25B Site Supervisor: Ralph Goodno PHONE: 508-681-5777
STATE: Agency/Org Name: Merrimack Watershed Council FAX: 5086819637
City: Lawrence , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total	
						____	____	____		0
GERWIN, JOEL B.	(b)(6)	F	A	A	325.5	Total Hours: 325.5				0

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 1 ~~0~~

No. of Members for Whom Forms Have NOT Been Recieved*: 0 ~~1~~

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

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

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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.

3/12/96

10. MEMBER DATA:

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OP SITE ID: Y25CA Site Supervisor: Gaylord Burke PHONE: 508-374-0519
Agency/Org Name: Merrimack Valley Planning Comm. FAX: 5083724890
STATE: MA City: Haverhill , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
BEAULIEU , KRISTIN L.	(b)(6)	F	A	A	147	497.5	____	____	644.5 ~~147~~

Total Hours: ~~147~~ 644.5

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: _____

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

* 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.

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3/12/96

10. MEMBER DATA:

OP SITE ID: Y25D Site Supervisor: Nancy Phillips PHONE: 508-448-0299
Agency/Org Name: Nashua River Watershed Assoc FAX: 5084480941
STATE: City: Groton , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
LOVIGLIO, MICHAEL	(b)(6)	F	A	A		99.5	___	___	~~0~~ 99.5
							Total Hours:		~~0~~

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: _____

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3/12/96

10. MEMBER DATA:

OP SITE ID: Y25E Site Supervisor: Barbara Offenhartz PHONE: 508-692-1904
Agency/Org Name: Organization for the Assabet River FAX: 5083921305
STATE: City: West Concord , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total	
CHURCH, ELISE C	(b)(6)	F	A	A		480			~~480~~	0
								Total Hours:	520	0

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: _____

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

* 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.

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3/12/96

10. MEMBER DATA:

OP SITE ID: Y25F
STATE:

Site Supervisor: Ed Himlan
Agency/Org Name: MA Watershed Coalition
City: Leominster , MA

PHONE: 508-534-0379
FAX: 5085341329

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
HAMM, M. ALLISON	(b)(6)	F	A	A		458			458
								Total Hours:	458

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: _____

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

* 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.

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3/13/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

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 begining approximatley 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 be 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 QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
MA	X25A	1	EN-E004	Hazardous debris removed from community sites DELETE	4	lots			# of punds or tons of debris removed	
MA	X25A	1	EN-E004	Clean-up four lots OK	4	lots		90	% measures meeting professional standards	
MA	X25A	2	EN-E020	Design nature trail for the blind OK	1	design			% of sites meeting standards	
MA	X25A	2	EN-E080	Improve paths at Franklin Park DELETE	2	miles			% of trails meeting professional standards	
MA	X25A	3	EN-E056	Continue recycling campaign begun in FY 95 OK					% of decrease in solid waste	
MA	X25A	3	EN-E017	Conduct workshops OK	2	workshops			% of adults demonstrating increased knowledge	
MA	X25A	3	EN-E105	Install bird houses, bat boxes & plantings at local sites OK	5	sites			% of boxes meeting professional standards	

MA X25A 6 — 7 WORKSHOPS — 150/WKSHOP — TO BE DETERMINED

3/13/96

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
MA	X25A	4	EN-							
MA	X25A	4	EN-E018	Redesign gardens at FFHD to increase use by the disabled and the elderly OK		number of acres of gardens aided	0	10	% increase in use of gardens by senior citize	0 —
MA	X25A	4	EN-E017	Conduct workshops on gardening with limited space or on contaminated soils. OK		workshops	0	200	% of adults demonstrating increased knowledge	0 —
MA	X25A	4	EN-E055	Construct compost piles OK	2	piles	1		~~% of decrease in solid waste~~ LANDOWNERS EDUCATED	1 PILE CONSTRUCTED
MA	X25A	4	EN-H004	Staff Farmers' Market outreach on nutrittion & WIC OK	1500	people	0			
MA	X25A	5	EN-E089	Landscape open spaces OK	3	spaces	0	100	% of work meeting professional standards	—
MA	X25A	5	EN-E072	Encourage abutters to plant fruit trees OK	6	abutters	0		% of trees that survive after set time	—

WE WISH TO RENEW THIS SITE.

3/13/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
MA	Y25A	6	EN-E101	Implement various aquaculture techniques at sites OK	34	sites	26	74	% of measures meeting professional standards	0
MA	Y25A	6	EN-E035	Inventory other potential sites for implementing techniques OK	800	acres	0	100	% of work meeting professional standards	0

WE WISH TO RENEW THIS SITE.

3/13/96

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
MA	Y25B	7	EN-E105	Coordinate construction & installation of nesting boxes DELETE		boxes	0		% of boxes meeting professional standards	0
MA	Y25B	7	EN-E037	Create a map of local attractions DELETE	1	map	1/3 DONE		% used to implement actions	
MA	Y25B	7	EN-E099	Construction of Osprey platforms DELETE	2	platforms	0		% of measures meeting professional standards	0
MA	Y25B	7	EN-E079	Renovation of rail trails OK	4	miles	0		% of trails meeting professional standards	0

WE WISH TO RENEW THIS SITE.

Y25B 7 ENE078 CONSTRUCT SPUR TRAILS 2 MILES

% of trails meeting prof. standards

Second Quarter update for Salisbury Americorps Project -- March, 1996

Question 13

The MRWC would like to renew the Salisbury site for next year.

Delete nesting boxes.
Delete map of local attractions
Delete construction of Osprey platforms
OK on renovation of rail trails

Additions:

State	OP Site	Obj/Impact Statement	QTY	unit of measure	Success unit of measure
MA	Y25B	Construction of spur trails	2	miles	% of trails meeting professional standards
MA	Y25B	Open new trails to public	3	miles	% of trails meeting professional standards
MA	Y25B	Facilitate bicycling in town	6	miles	miles of bike lane
			3	racks	racks installed
			$10,000		$ spent on bike related activities in town
MA	Y25B	Protect natural lands	75	acres	acres of land protected through ownership, or easement

3/13/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
MA	Y25D	8	EN-E009	Install BMP's at various sites OK	3	sites	0		% decrease in environmental problem	0 ✓

WE WISH TO RENEW THIS SITE.

3/13/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success	
MA	Y25E	9	EN-E038	Survey shoreline to identify & prioritize major nonpoint source pollution problems	OK	surveys	0		% of survey used to implement measures	0	✓
MA	Y25E	9	EN-E109	Complete plans for recreation/commercial development	OK	3 plans	0		plans implemented	0	✓

WE WISH TO RENEW THIS SITE.

3/13/96

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State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	2 nd QTR Quantity	Year's Success Target	Success Unit of Measure	2 nd QTR Success
MA	Y25F	10	EN-E009	Install BMP's at various sites OK	5	sites	0		% decrease in environmental problem	0

WE WISH TO RENEW THIS SITE.

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 "I st 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	2nd 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%
MA Y25B	11	R001	HISTORIC SITE TRAIL MAP	1	#DISTRIB MAPS	0	200	# PEOPLE USING TRAIL	0

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.

LATE START. IN ADDITION, SEVERAL PROGRAMS DO NOT HAVE A FULLY-DEVELOPED SET OF TASKS FOR THE VOLUNTEER TO IMPLEMENT. IN THOSE CASES (SITES Y25A, Y25D, Y25E AND Y25F), PROJECT SPONSORS AND VOLUNTEERS ARE BUILDING THE CONSTITUENCY THAT WILL SUPPORT IMPLEMENTATION LATER THIS YEAR OR NEXT YEAR.

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}

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) o Second (1/1 - 3/31) o Third (4/1 - 6/30) o Fourth (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. **State:** MA

3. **Agency:** ARS o NRCS ✓ Forest Service o RECD o FSA o FCS o

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

4. **Contact Name:**

Marc McQueen
NRCS
15 Cranberry Highway
West Wareham MA 02576

Last

5. **Title:** _____

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

_____ _____ _____
City **State** **Zip**

7. **Telephone number:** 508-295-1481

8. **Fax number:** 508-291-2368

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

SECTION III - MEMBER DATA:

[redacted]. 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 fro 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.

[redacted]he second type of sheets give an Operating Site ID number and the name of the site supervisor but has no Member [redacted]nes 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 --- 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.

[redacted]

1/30/96

10. MEMBER DATA:

OP SITE ID: X25A Site Supervisor: Jamiese Martin PHONE:
Agency/Org Name: Healthy Boston Coalition FAX:
STATE: MA City: Dorchester , MA

No. of Members Allocated by USDA: 10

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

No. of Members Allocated by USDA: 10

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 4

No. of Members for Whom Forms Have NOT Been Recieved*: 6

ENTER the number of vacancies that you intend to fill in the next reporting period: 6

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.

							1ST QTR. HOURS	TOTAL
**	ANDERSON,	ANDREW	J.	[redacted]	F	A	A	~~40~~ 0	
*	MYERS,	JAMES	A.		F	A	A	446	446
*	RIVERS,	FREDERICK			F	A	A	483	483
*	GARRIS,	MICHAEL			F	A	A	496.5	496.5
**	BOOKER,	CICILE			F	A	A	8	8
**	PARRISH,	EUGENE			F	A	A	55	55

* - Last year

** - This year

1/30/96

10. MEMBER DATA:

OP SITE ID: X25A
STATE: MA

Site Supervisor: Jamiese Martin
Agency/Org Name: Healthy Boston Coalition
City: Dorchester , MA

PHONE:
FAX:

No. of Members Allocated by USDA: 10

Member Name			SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
COSME	, BETZAIDA	.	(b)(6)	F	A	A	160				160
GRAHAM	, TODD	W.		F	A	A	114.5				114.5
SCOTT	, MARCIE	A.		F	A	A	186				186
SINGLETON	, KOREY	K.		F	A	A	283				283

1/30/96

10. MEMBER DATA:

OP SITE ID: Y25C Site Supervisor: Gaylord Burke PHONE: 508-374-0519
Agency/Org Name: Merrimack Valley Planning Comm. FAX: 5083724890
STATE: MA City: Haverhill , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
BEAULIEU , KRISTIN L.	(b)(6)	F	A	A	147				147

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: ____

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: Y25E Site Supervisor: Barbara Offenhartz PHONE: 508-692-1904
Agency/Org Name: Organization for the Assabet River FAX: 5083921305
STATE: City: West Concord , MA

No. of Members Allocated by USDA: 1

Member Name	SSN	SER STAT	PGM STAT	TRT STAT	HOURS 1st Rpt	2nd Rpt	3rd Rpt	4th Rpt	Total
CHURCH, ELISE C.	(b)(6)	F	A	A	40				40

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: 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.

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	SSN	SER STAT	PGM STAT	TRT STAT	HRS 1ST QTR
CHURCH, ELISE C.	(b)(6)	F	A	A	40

1/30/96

10. MEMBER DATA:

OP SITE ID: Y25F Site Supervisor: Ed Himlan PHONE: 508-534-0379
Agency/Org Name: MA Watershed Coalition FAX: 5085341329
STATE: City: Leominster , MA

No. of Members Allocated by USDA: 1

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

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: 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.

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1/30/96

10. MEMBER DATA:

OP SITE ID: Y25D Site Supervisor: Nancy Phillips PHONE: 508-448-0299
Agency/Org Name: Nashua River Watershed Assoc FAX: 5084480941
STATE: City: Groton , MA

No. of Members Allocated by USDA: 1

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

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: 1

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

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* 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.

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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 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: Y25A Site Supervisor: Daniel Lenthall PHONE: 508-692-1904
Agency/Org Name: USDA, NRCS FAX: 5083921305
STATE: City: Westford , MA

No. of Members Allocated by USDA: 0

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

No. of Members Allocated by USDA: 0

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*: 0

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

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

---

* 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.

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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 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: Y25B Site Supervisor: Ralph Goodno PHONE: 508-681-5777
Agency/Org Name: Merrimack Watershed Council FAX: 5086819637
STATE: City: Lawrence , MA

No. of Members Allocated by USDA: 1

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

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: 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.

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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 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.

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
10				

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
360				

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"

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
MA	X25A	1	E004	Clean-up four lots	4	lots	1	90% REMOVAL	% measures meeting professional standards	95% REMOVAL
MA	X25A	1	E004	Hazardous debris removed from community sites	4	lots			# of punds or tons of debris removed	
MA	X25A	2	E004	Institute street cleaning program at school yards, fields & parks					% measures meeting professional standards	
MA	X25A	2	E020	Design nature trail for the blind	1	design			% of sites meeting standards	
MA	X25A	2	E080	Improve paths at Franklin Park	2	miles			% of trails meeting professional standards	
MA	X25A	3	E056	Continue recycling campaign begun in FY 95					% of decrease in solid waste	
MA	X25A	3	E017	Conduct workshops	2	workshops			% of adults demonstrating increased knowledge	
MA	X25A	3	E105	Install bird houses, bat boxes & plantings at local sites	5	sites			% of boxes meeting professional standards	
MA	X25A	4	E017	Conduct workshops on gardening with limited space or on contaminated soils.		workshops	1	200 RESIDENTS	~~% of~~ adults demonstrating increased knowledge	22 RESIDENTS @ FIRST WORKSHOP
MA	X25A	4	E018	Redesign gardens at FFHD to increase use by the disabled and the elderly		number of acres of gardens aided		10	% increase in use of gardens by senior citize	

TO BE REVISED. NOT FEASIBLE.

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
MA	X25A	4	E055	Construct compost piles	2	piles			% of decrease in solid waste	
MA	X25A	5	E089	Landscape open spaces	3	spaces	3	100	% of work meeting professional standards	100
MA	X25A	5	E072	Encourage abutters to plant fruit trees	6	abutters			% of trees that survive after set time	

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
MA	Y25A	6	E035	Inventory other potential sites for implementing techniques	800	acres	0	100	% of work meeting professional standards	0
MA	Y25A	6	E101	Implement various aquaculture techniques at sites	342	sites	25	74	% of measures meeting professional standards	88%

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
MA	Y25B	7	E105	Coordinate construction & installation of nesting boxes		boxes			% of boxes meeting professional standards	
MA	Y25B	7	E037	Create a map of local attractions	1	map			% used to implement actions	
MA	Y25B	7	E099	Construction of Osprey platforms	2	platforms			% of measures meeting professional standards	
MA	Y25B	7	E079	Renovation of rail trails	4	miles			% of trails meeting professional standards	

√ VOLUNTEER BEGAN 1/22/96. NO ACTION 1ST QTR.

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
MA	Y25D	8	E009	Install BMP's at various sites	3	sites			% decrease in environmental problem	

No activity 1st. Qtr. Volunteer not yet placed.

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
MA	Y25E	9	E038	Survey shoreline to identify & prioritize major nonpoint source pollution problems		surveys			% of survey used to implement measures	
MA	Y25E	9	E109	Complete plans for recreation/commercial development	3	plans			plans implemented	

NO ACTIVITY. VOLUNTEER BEGAN 12/26/95

2/06/96

QUESTION 13. PROGRESS TOWARDS ACOMMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

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

State	OP Site	Obj No.	PGM Code	Obj/Impact Statement	Year's QTY Target	QTY Unit of Measure	1 st QTR Quantity	Year's Success Target	Success Unit of Measure	1 st QTR Success
MA	Y25F	10	E009	Install BMP's at various sites	5	sites			% decrease in environmental problem	

No ACTIVITY. VOLUNTEER BEGAN 1/2/96

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 "I st QTR Success," provide a hard number indicating progress towards the "Year's Success Target" that was accomplished during this reporting period.

IGNORE I'll DO

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%
MA X25A	4	H004	STAFF FARMER'S MARKET OUTREACH ON NUTRITION & WIC	3 WEEKS		3	~~150~~ 1,500	#PEOPLE	2,000
MA X25A	4		PUBLIC HEALTH WORKSHOPS	# WORKSHOPS		7	10	150 PEOPLE	70%

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.

In the Dorchester project, several residents of the Franklin Hill Housing Development helped the AmeriCorps crew to plant approximately 6,000 flower bulbs in October and November. In addition, residents some have agreed to work with Housing Development crew to water plants, and pick up trash in certain flower beds.

The Federal Reserve Bank of Boston, which was re-landscaping its grounds, donated four large flowering trees (10-15' tall, 8" diameter) to be planted at Franklin Hill. The labor to dig up, transport and replant the trees was donated. Nurserymen estimate that the trees and labor are worth about $600 per tree, for an overall donation of $2,400. BULBS WORTH $4, TOT.

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.

Many of out projects began late. The Rural Development programs were especially affected because of local uncertainty over the AmeriCorps budget. One sponsor also lost its AmeriCorps program leader, and has not yet appointed its AmeriCorps volunteer. We hope to accomplish this within two weeks.

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}